Key Cross-Cutting Challenges and the Implications for Federal Health Communication

Key Cross-Cutting Challenges and the Implications for Federal Health Communication

Moderator: **Jeff Niederdeppe** (Member*), McCourt School of Public Policy, Cornell University*

Presentations:

The challenge of declining trust in institutions
Henry Brady, *University of California, Berkeley*

The challenge of the current health communication environment
Andy King, *University of Utah*

The challenge of health communication in a climate of political polarization and politicization of health and science
Bruce Hardy, *Temple University*

The challenges of equity in health and health communication
K. Vish Viswanath, *Harvard T. H. Chan School of Public Health*

The Challenge of Declining Trust in Institutions

Henry E. Brady and Thomas Kent
UC Berkeley

Why Does it Matter?
Do People Trust Major Institutions?

- **Confidence and Trust essential** to legitimacy and the ability of institutions to operate effectively
- **Confidence in Governing institutions has fallen**
- **Confidence in Governing institutions is politically polarized**
- **What about non-political institutions such as:**
  - Non-governmental profit (e.g., business) and non-profit (e.g., churches, medicine, science, higher education)
  - Governmental non-political (e.g., police, military, medicine, higher education)

Basic Questions about Trust or Confidence

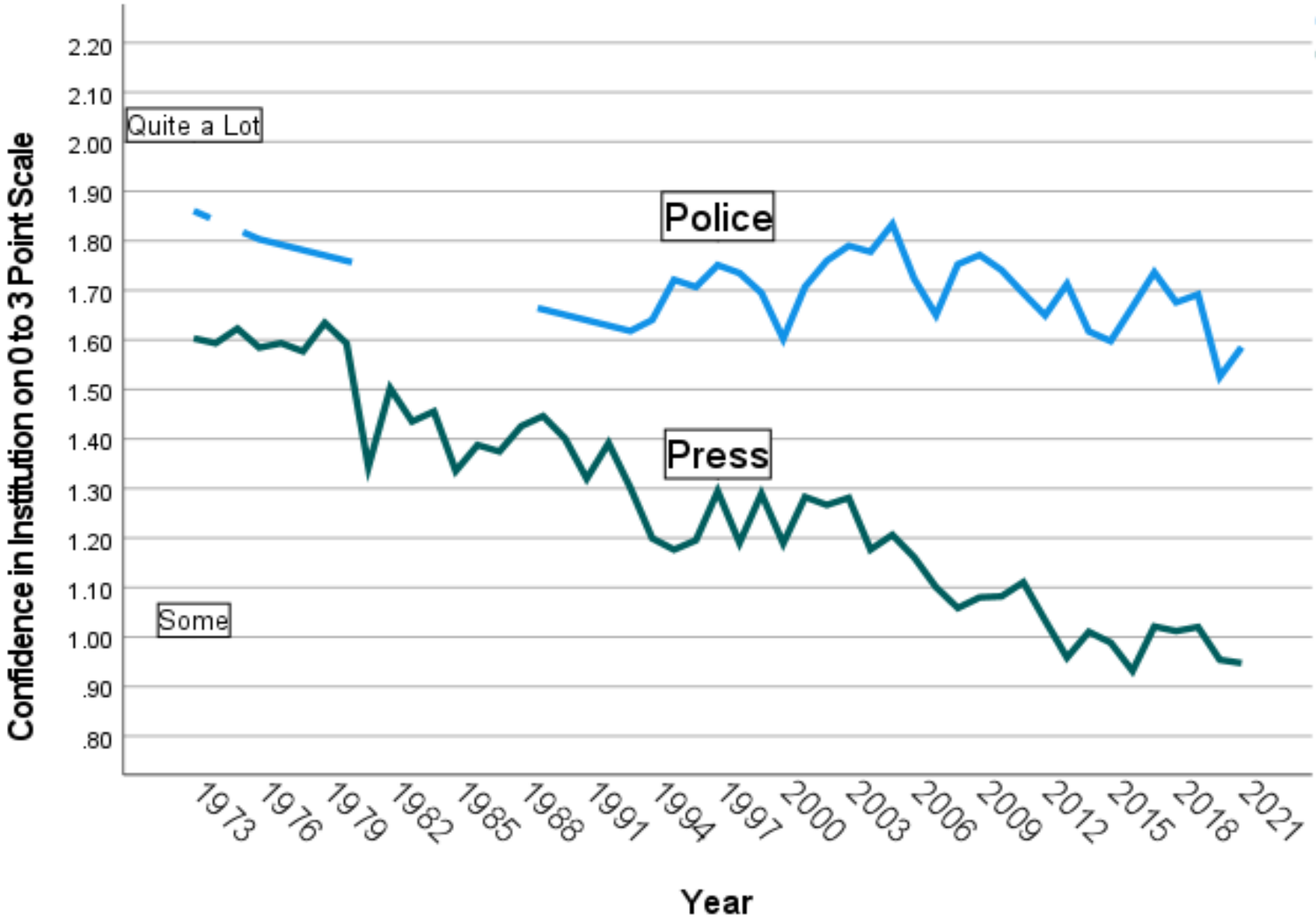
- **Harris (from 1967) and General Social Survey (from 1972) and CCES (2019)**
  - "As far as people in charge of running [institution] are concerned, would you say you have a great deal of confidence, only some confidence, or hardly any confidence at all in them?" (three categories)

- **Gallup (from 1973)**
  - "Now I am going to read you a list of institutions in American society. Please tell me how much confidence you, yourself, have in each one – a great deal, quite a lot, some or very little?" (four categories)

- **Our Scale for each institution for 165,000 respondents and 128 surveys from 1972 to 2021:**

  3 A great deal of confidence
  2 Quite a lot of confidence
  1 Some confidence
  0 Hardly Any Confidence

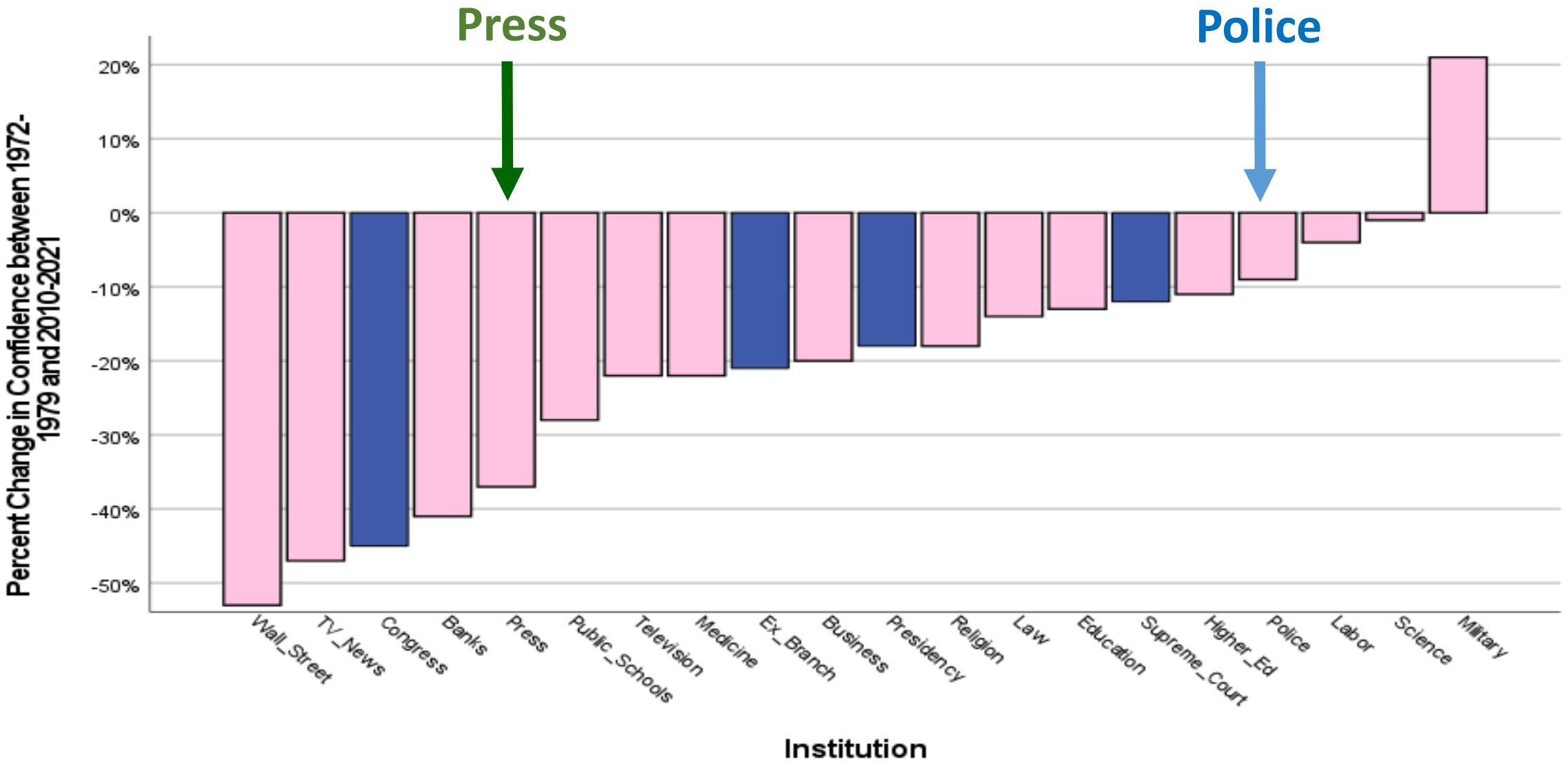
Confidence in Police and Press over Time



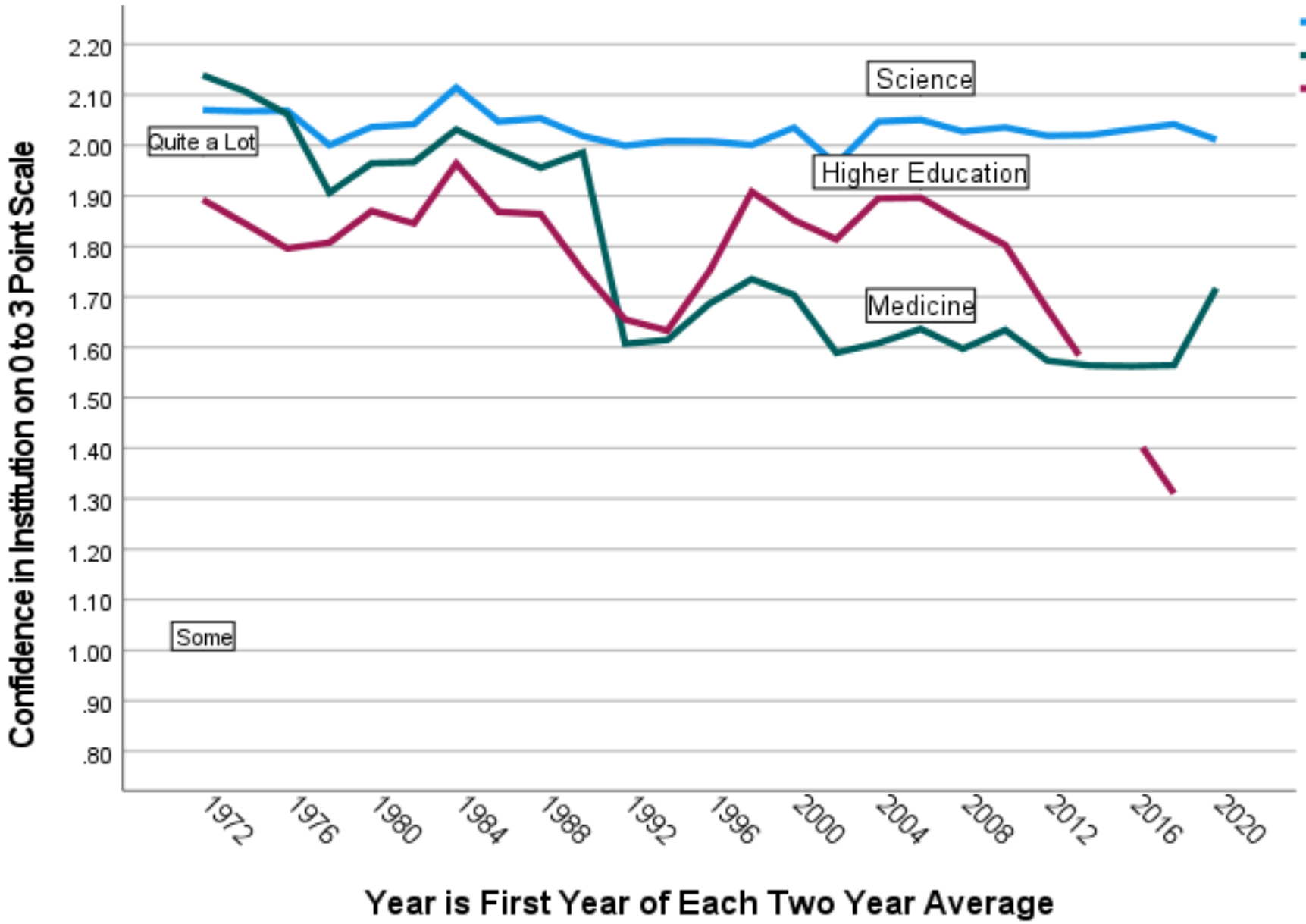
Confidence in Police Declines a Bit

Confidence in Press Declines Precipitously

Percent Change in Confidence between 1970s and 2010s



Confidence in Science, Medicine, and Higher Education Over Time

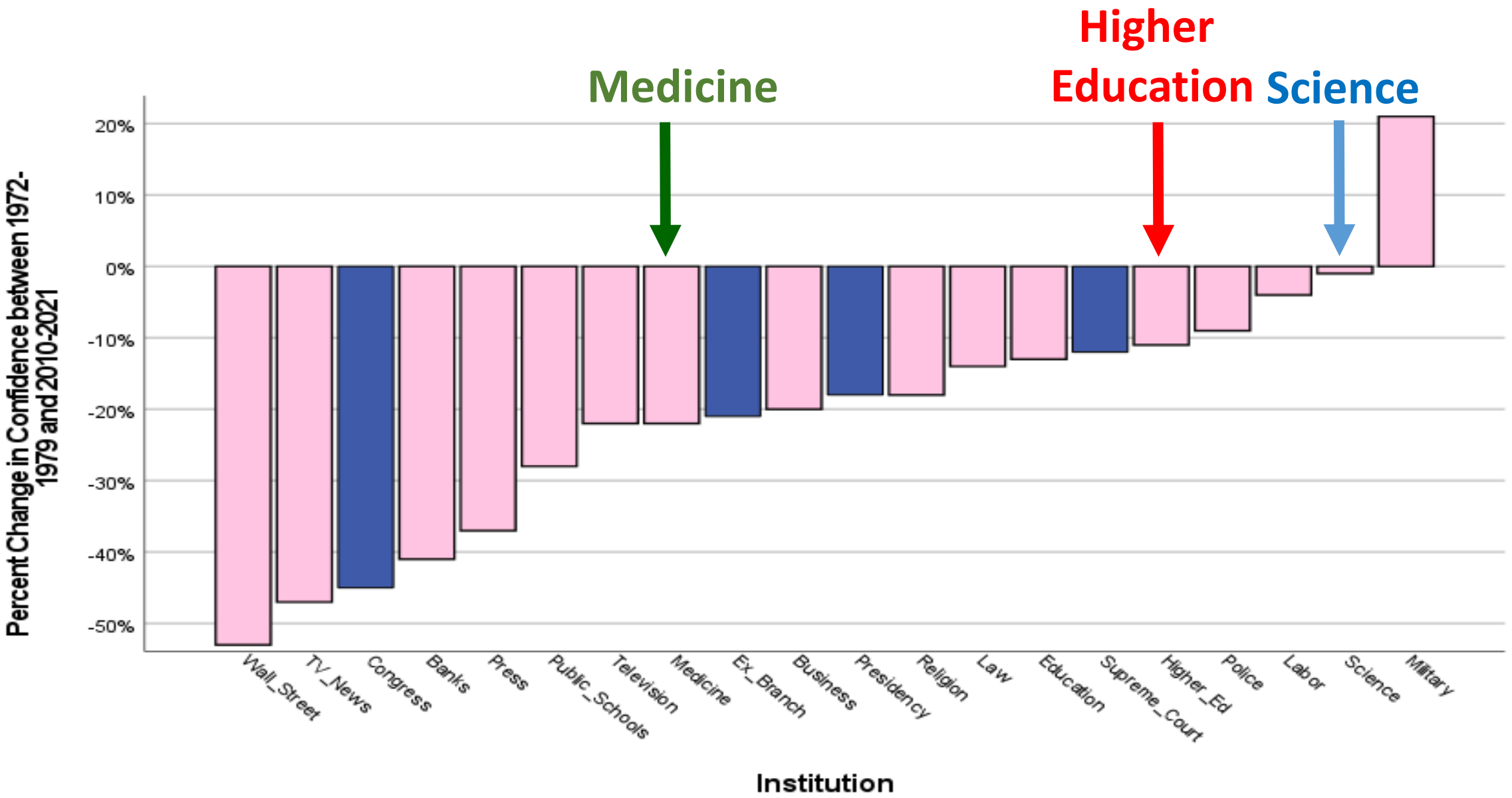


Confidence in Science Seems Steady

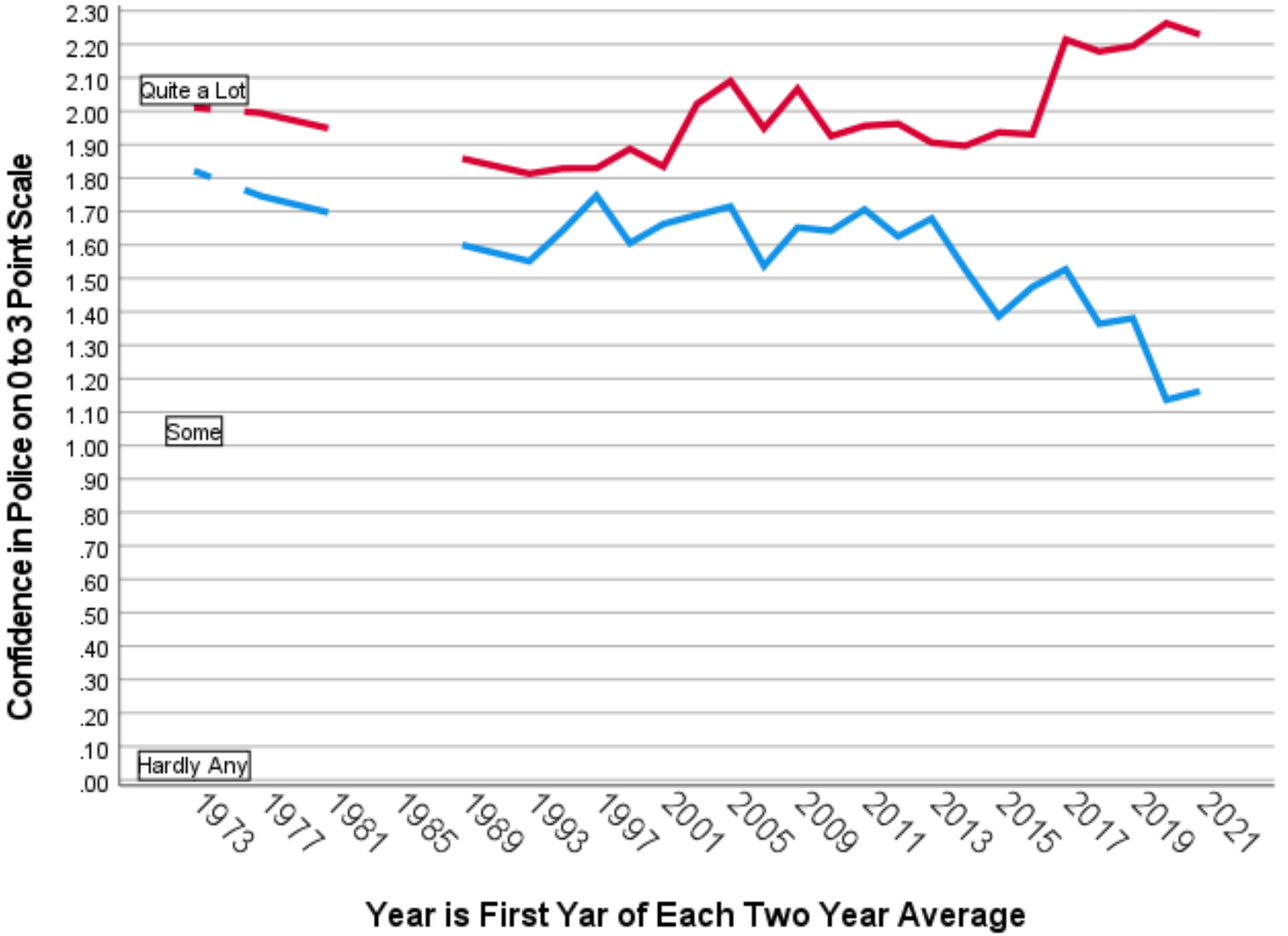
Confidence in Higher Education Dropping Recently

Confidence in Medicine Declined in Past

Percent Change in Confidence between 1970s and 2010s



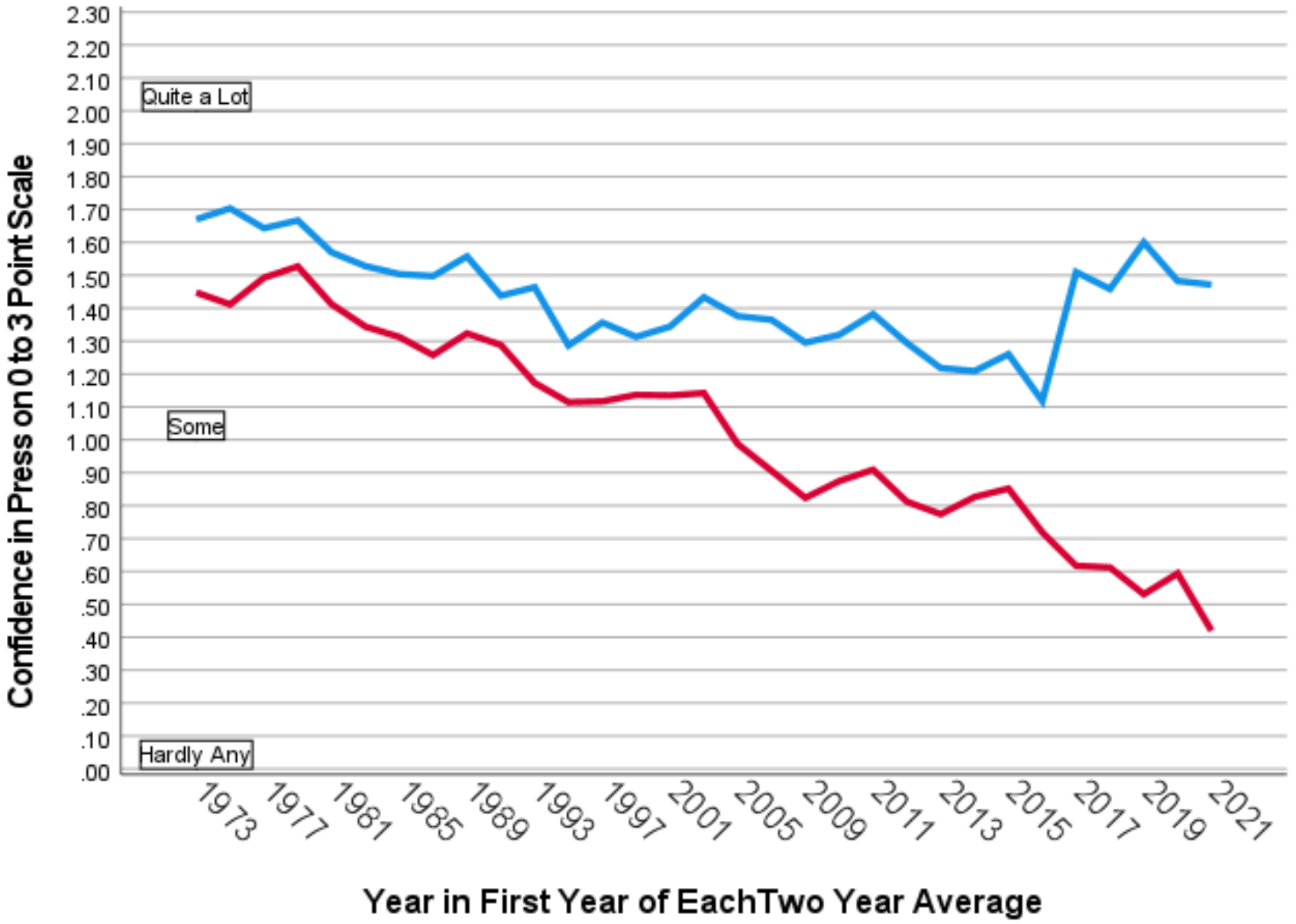
Partisan Confidence in Police Over Time



Republicans Confidence In Police Increases Somewhat Over Time

Democrats Confidence In Police Drops A Lot Over Time

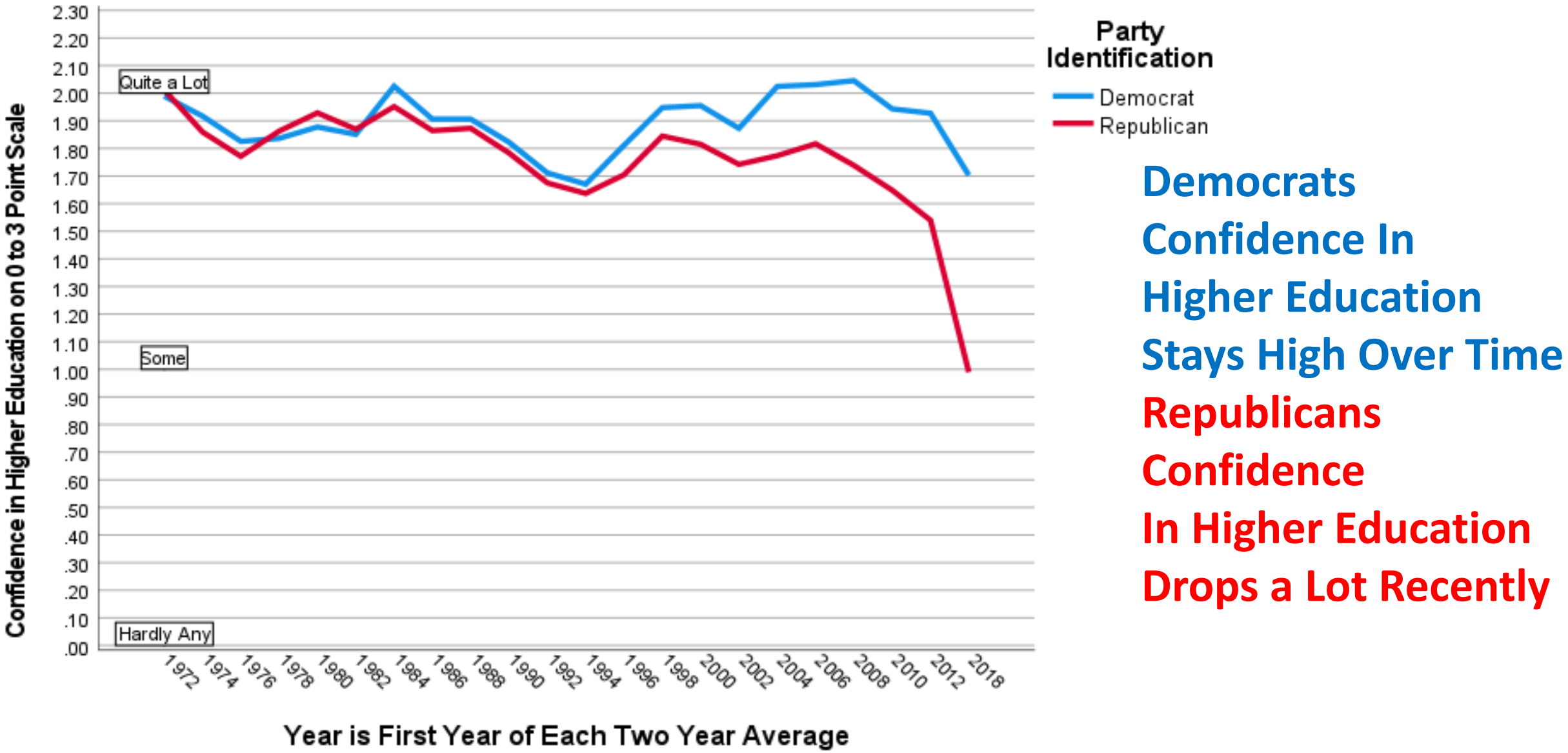
Partisan Confidence in Press Over Time



Democrats Confidence In Press Stays High Over Time

Republicans' Confidence In Press Drops A Lot Over Time

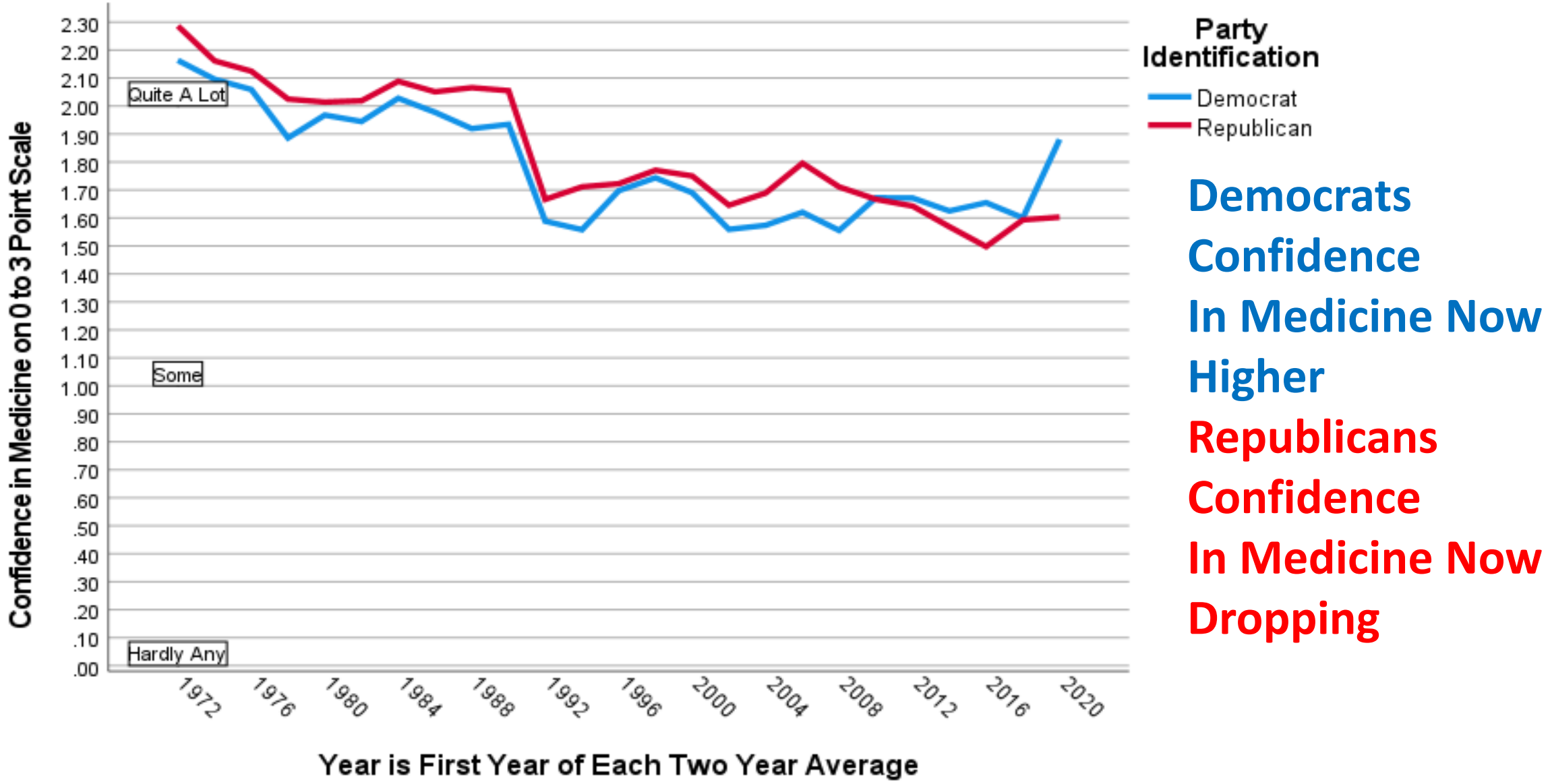
Partisan Confidence in Higher Education



Democrats Confidence In Higher Education Stays High Over Time

Republicans Confidence In Higher Education Drops a Lot Recently

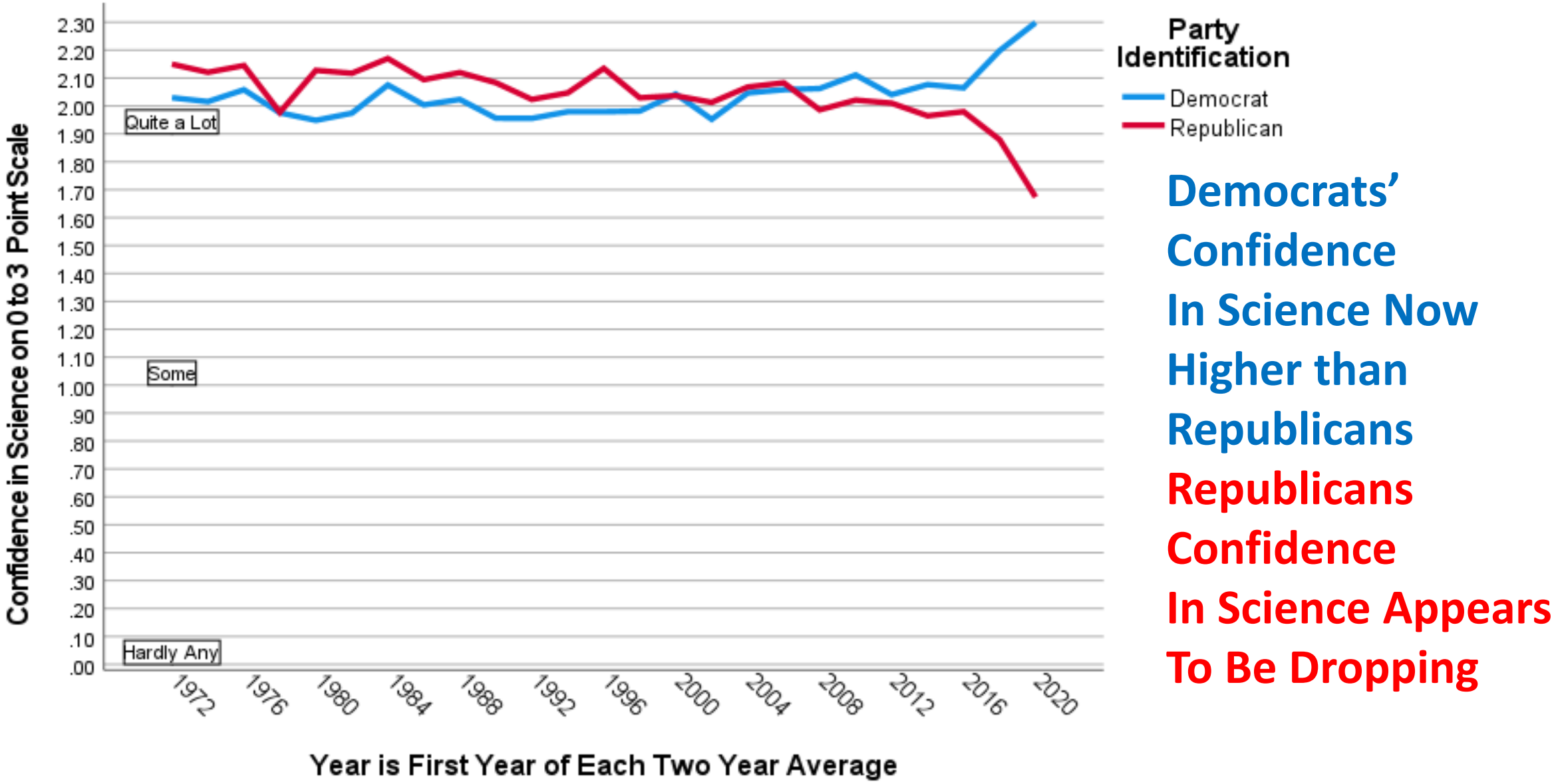
Partisan Confidence in Medicine Over Time



Democrats Confidence In Medicine Now Higher

Republicans Confidence In Medicine Now Dropping

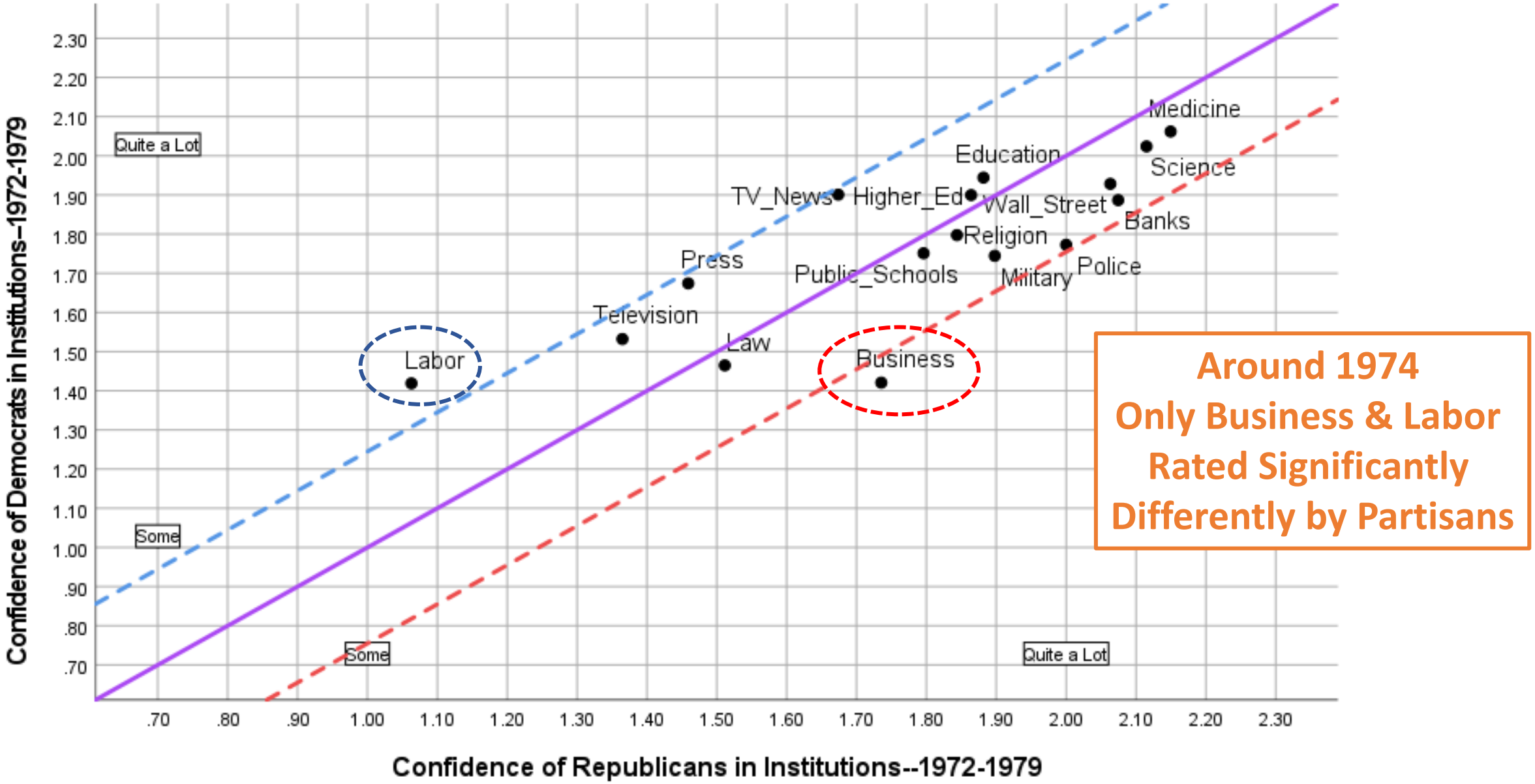
Partisan Confidence in Science Over Time



Democrats' Confidence In Science Now Higher than Republicans

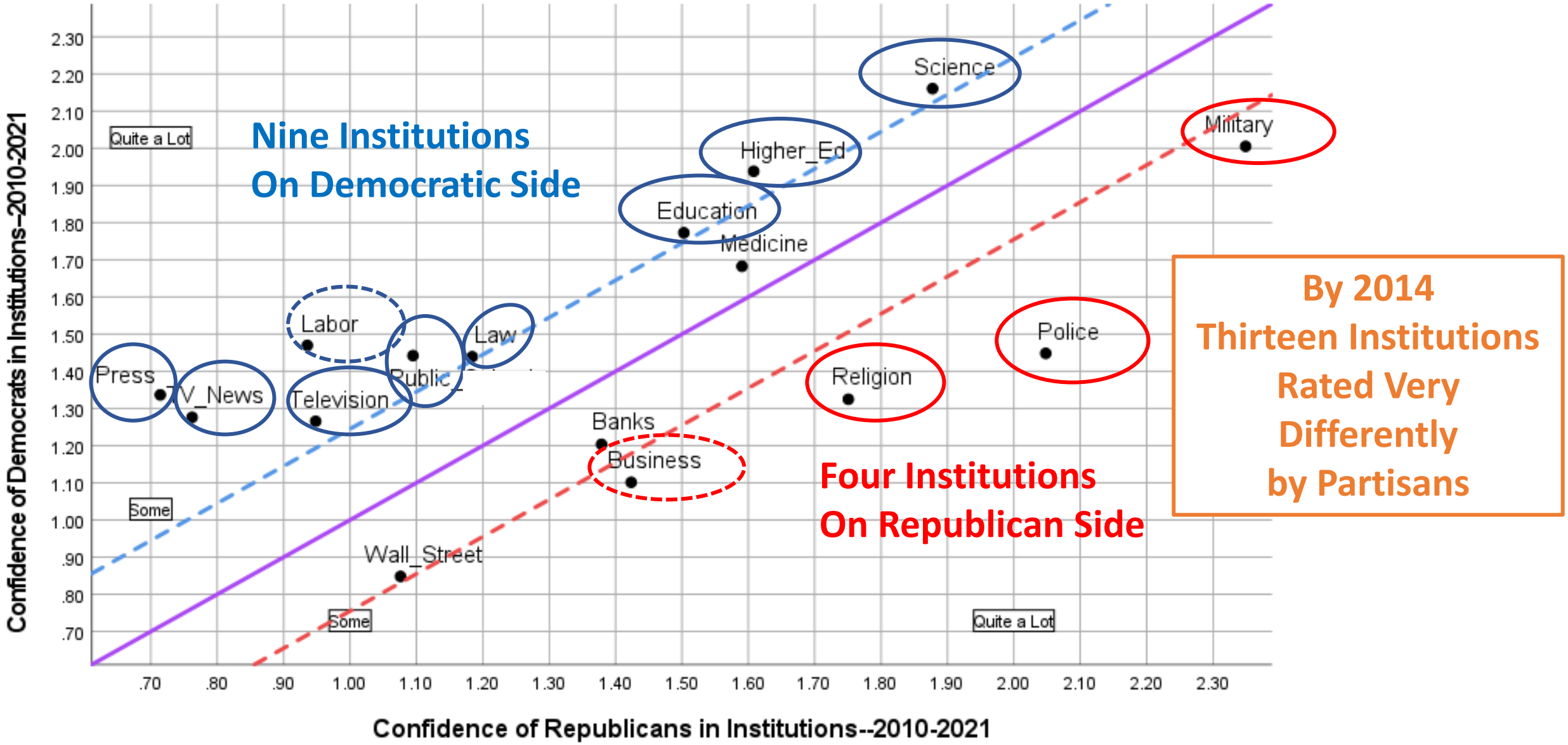
Republicans Confidence In Science Appears To Be Dropping

Polarization in Confidence in Institutions in 1972-1979



Around 1974
Only Business & Labor
Rated Significantly
Differently by Partisans

Polarization in Confidence in Institutions in 2010-2021



What Have We Found for Non-Political Institutions?

- DECLINE IN CONFIDENCE -- Confidence in non-political institutions has declined since the 1970s except for the military
- ONLY ECONOMIC INSTITUTIONS USED TO BE POLARIZED -- Confidence in all non-political institutions used to be polarized between just Business and Labor.
- POLARIZATION IN CONFIDENCE ACROSS ALL INSTITUTIONS NOW -- Confidence now polarized among almost all non-political institutions with:
  - Republicans more confident in Business, the Military, the Police, Religion
  - Democrats more confident in Labor, the Press, Television, Public Schools, Higher Education, Law, Science, and maybe Medicine

Why is this So? Some Speculations

- EVENTS--one-third of decline in trust due to specific events:
  - Scandals, bank-failures, police behavior, changes in press coverage, etc.

- GENERALIZED DISTRUST--One-third of decline due to generalized distrust in institutions fueled by Watergate and other events

- POLARIZATION--One-third or more due to increasing polarization along dimensions other than economic policy:
  - Rise of social, cultural, and racial issues that now affect beliefs about institutions
  - Selection of professionals into certain institutions – Democrats into the press, public schools, and higher education; Republicans into religion, the military, and the police.

Trust in Medicine, the Health System & Public Health, Robert J. Blendon and John M. Benson

- Across 177 counties in 2021, trust associated with lower COVID rates
- In 1974 a majority (54%) had “great deal of confidence in those running medicine.” Today in 2021, only 38%.
- Trust in medicine low , but in 2021, Nurses (85%) and Doctors (84%) trusted “somewhat” or “completely” – Also seen as ethical and moral
- Only 34% see Public Health System as “excellent” or “good” in 2021
- CDC and FDA advice trusted a lot by 51% and 50%; big partisan differences
- Reasons not to get vaccine in 2021: Three of top four indicate mistrust in institutions: “See what happens” (58%), “distrust government” (37%), “distrust scientists and companies” (28%) – only one concerns medical issues (allergies)

What Can be Done?
Robert J. Blendon and John M. Benson

- Key government officials must be more visible
- Public health officials must not be seen as affiliated with political parties
- Scientific spokespeople must be identified with all demographics
- Better explanations of scientific findings and what they mean
- State and local health officials need to have more contact with the public

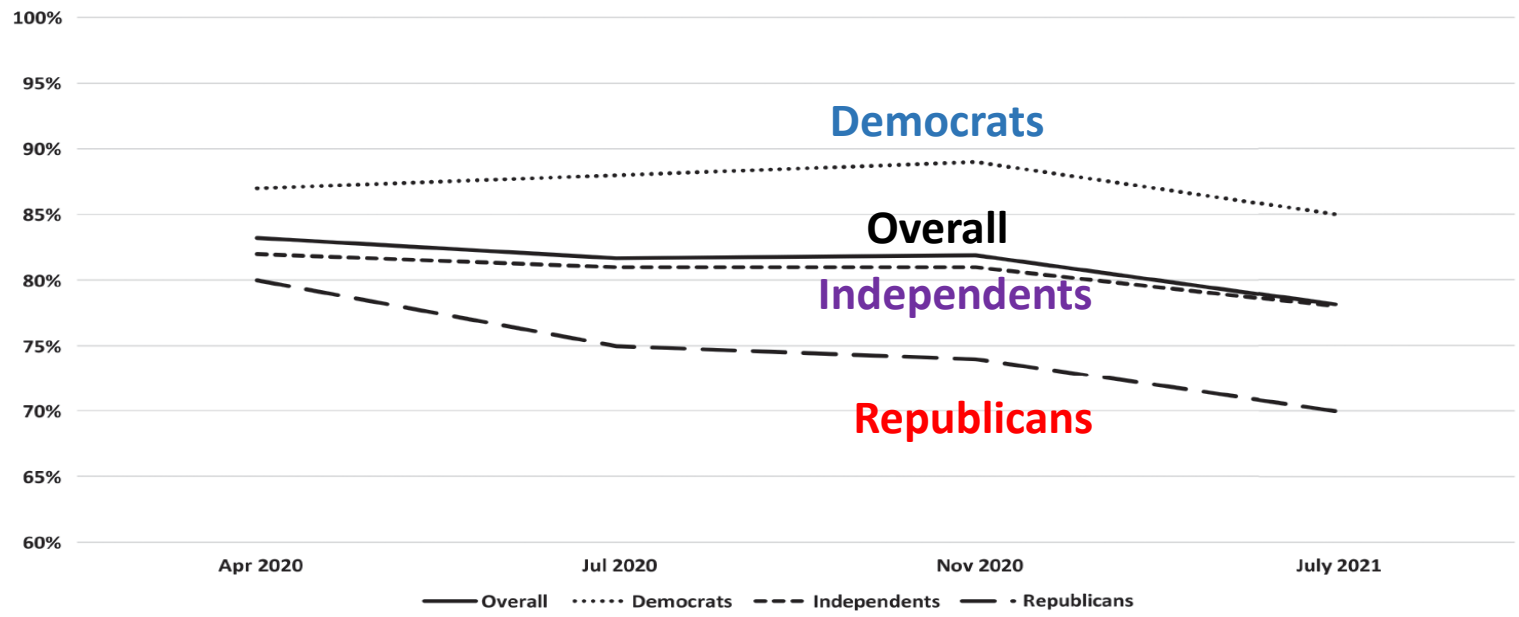
American Trust in Science & Institutions in the Time of COVID-19, C. Ross Hatton, Colleen L. Barry, Adam S. Levine, Emma E. McGinty & Hahrie Han

- Large survey fielded April, July, November 2020 and then July/August 2021
- Trust in science highly correlated with support for wearing masks, social distancing, and contact tracing ("No trust in science" implies about 50% support; "A lot of support for science" implies support from 88%-94%)
- Trust in science is strongest correlate after many controls
- Pervasive role of partisanship and ideology in support for science

- Recommendation: Use local governments and states and municipal health departments because they are most trusted.

Trust in Science by Partisanship

Figure 2
Average Trust in Science by Party Identification, April 2020 – July 2021



Respondents were asked prior to joining our panel survey for their party identification. We then treated this one-time party identification as constant throughout the panel survey.
Source : Authors' calculations from the Johns Hopkins COVID-19 Civic Life and Public Health Survey, https://snfagora.jhu.edu/project/the-johns-hopkins-covid-19-civic-life-and-public-health-survey.

15% Partisan Difference by July 2021

Other Directly Relevant Essays

- “From Anti-Government to Anti-Science: Why Conservatives Have Turned Against Science,” Naomi Oreskes and Erik M. Conway
- “Networked Trust & the Future of Media,” Lee Rainie
- “Trust & Models of Policing,” Tracey L. Meares
- “Trust in Elections,” Charles Haines Stewart

How do We Restore Trust?

Source of Legitimacy or Trust	Basic Mechanism	Problems	Examples of Problems	Solutions
Regulatory endorsement by government	Borrows legitimacy from government	Government may not be trusted or legitimate	Government not seen as legitimate; too "far away"; not responsive	Use local governments or non-profits
Effectiveness and efficiency in providing goods or services	Produces utility for individuals in good and useful products	Goods or services may be poorly provided	Products are shoddy; services are delivered poorly; quality of service is poor; long waits; too costly	Produce better products; perform better
Adherence to Ethical and Normative Standards of Society	Thought to be fair within the existing rules of the game	Violation of normative standards	Requiring bribes; getting kickbacks; acting immorally; harassing work culture; large profits or compensation	Avoid unethical behavior and be transparent about eliminating it
Culturally appropriate and acceptable	Appeals to basic cultural worldview	Lack of understanding of culture and subcultures	Selling culturally inappropriate products to children; Not understanding personal "safety"; Not understanding need for	Understand different cultures in the population and relate to them

The End

The challenge of the current health communication ecosystem

Andy J. King, PhD
University of Utah

UNIVERSITY OF UTAH
HUNTSMAN CANCER INSTITUTE

COMMUNICATION RESEARCH GROUP

Takeaways

1. The health communication ecosystem has grown and changed rapidly. This makes reaching intended audiences and addressing complex public health problems more challenging.

2. Improved communication infrastructure and communication strategizing are needed for effective public health communication at the federal level moving forward.

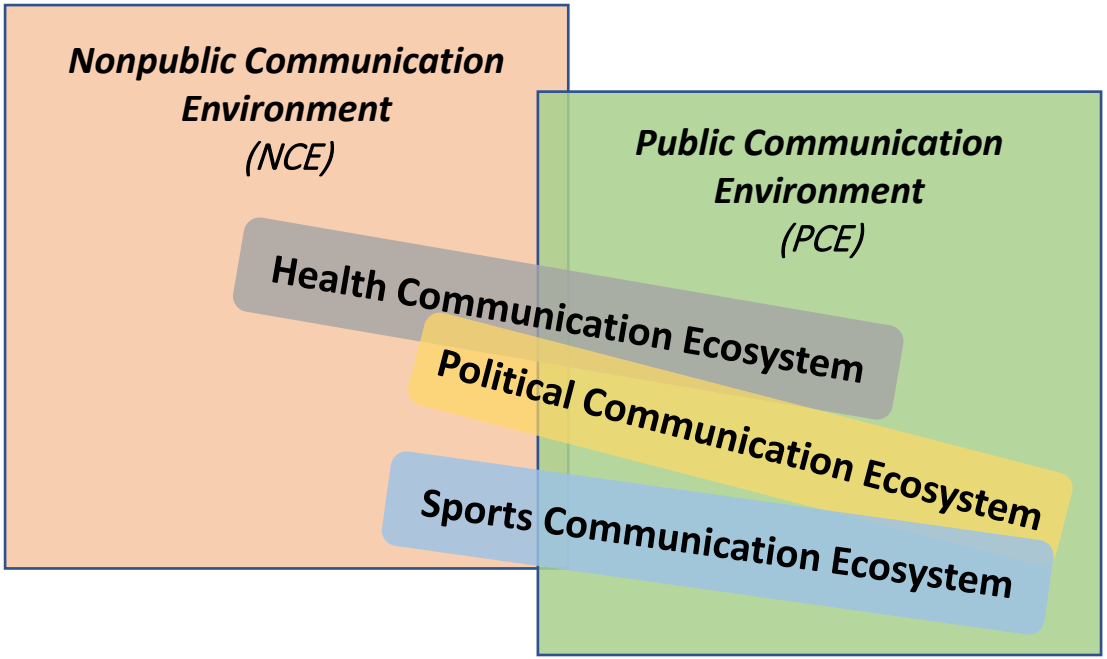
Overview

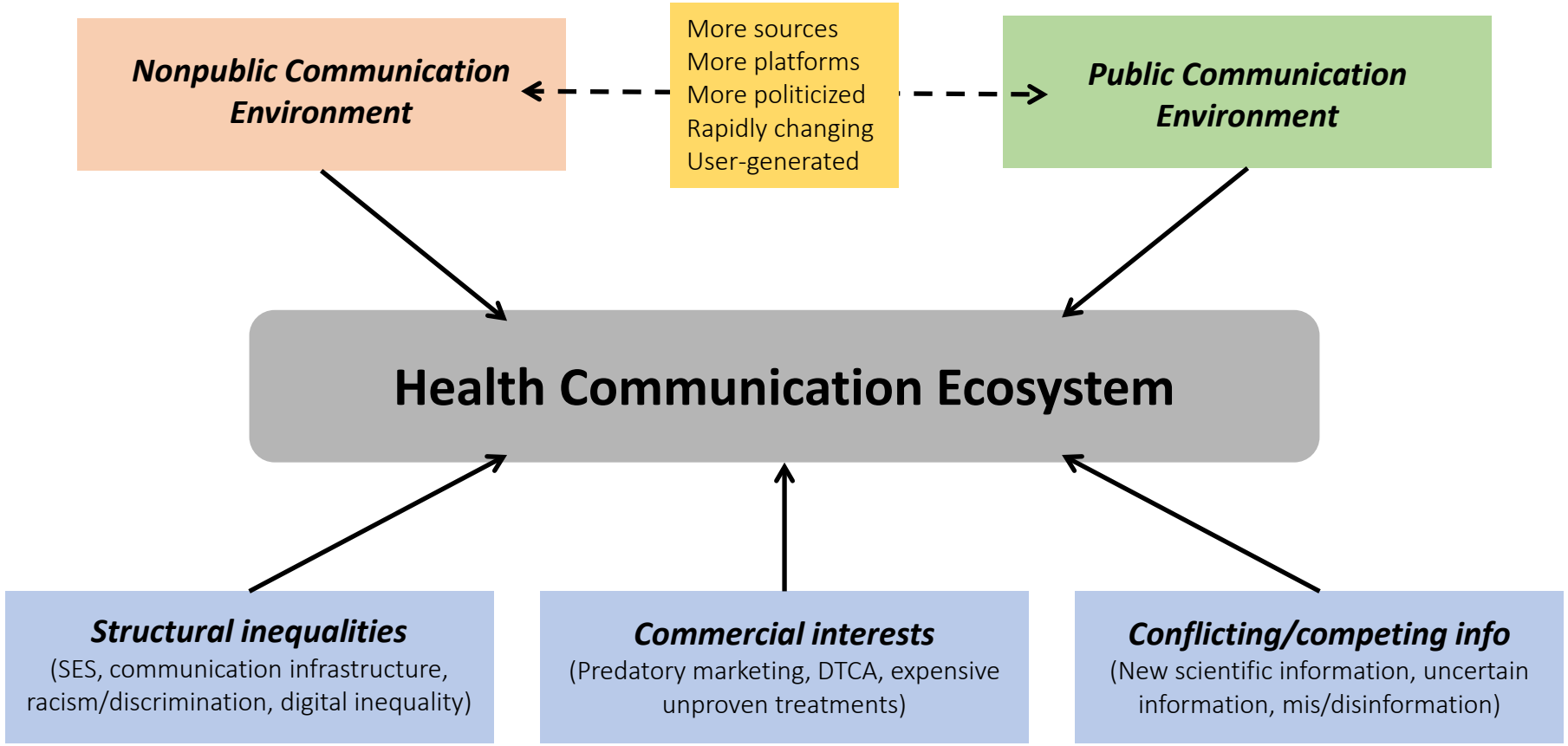
On challenges…

- What is/influences the health communication ecosystem?
- Where do people go looking for health information?

On solutions…

- **What are some current communication challenges?**
- **How might these challenges be addressed?**


Nonpublic Communication Environment (NCE)
Public Communication Environment (PCE)
Health Communication Ecosystem
Political Communication Ecosystem
Sports Communication Ecosystem


Nonpublic Communication Environment
More sources
More platforms
More politicized
Rapidly changing
User-generated
Public Communication Environment
Health Communication Ecosystem
Structural inequalities
(SES, communication infrastructure, racism/discrimination, digital inequality)
Commercial interests
(Predatory marketing, DTCA, expensive unproven treatments)
Conflicting/competing info
(New scientific information, uncertain information, mis/disinformation)

Where do people go for health info?

- "The internet" (i.e., online sources), however…
- Online sources include a lot of sites and platforms
  - Federal agency sites
  - Health news sites
  - General news sites
  - Social media platforms
- Important to consider seeking (actively looking for info) *and* scanning (encountering info without actively looking)

More social media platforms

2003

AOL Instant Messenger

WIKIPEDIA
The Free Encyclopedia

LinkedIn

myspace

friendster

4chan

2023

TRUTH.

tumblr

Quora

twitch

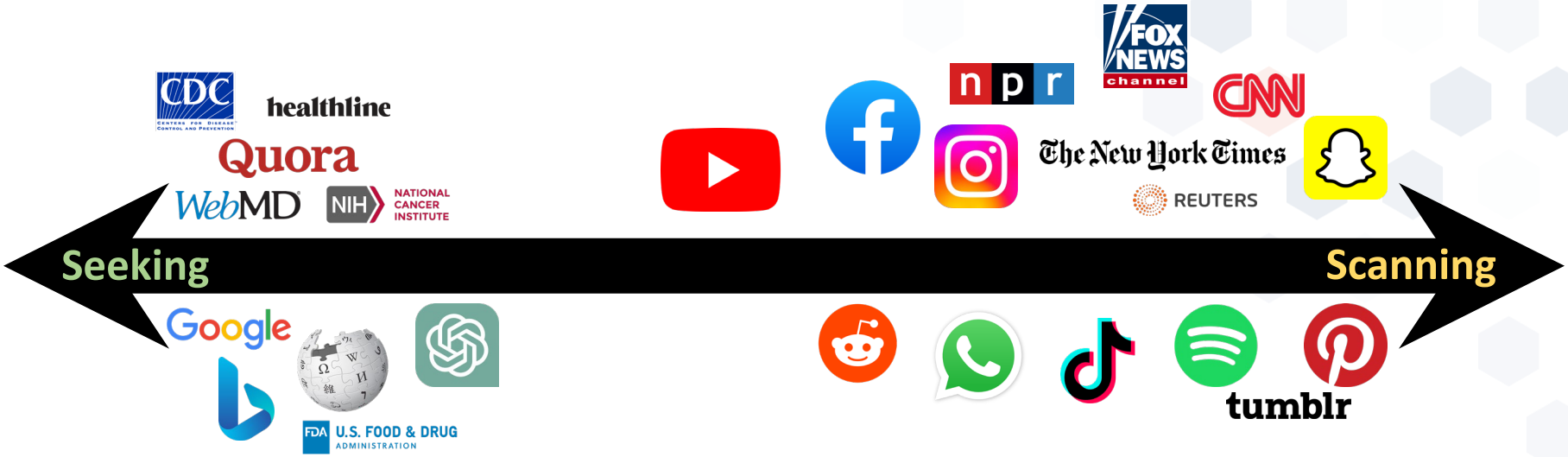
kun

BeReal.

gab

GETTR

Where do people go online for health info?



Current health communication challenges

- Consumers oversaturated with content & platform options
- Fatigue & exhaustion about health messages
  - Politicization and dis/misinformation
  - Erosion of trust in certain institutions
  - Persistent health communication inequalities
- Getting people useful information when they're seeking it

What about solutions?

- *Improving communication infrastructure*
  - Build capacity to use modern platforms to interact with audiences
  - More community-level involvement in communication efforts
  - Partner with diverse storytellers across platforms
- *Improving communication strategy*
  - Avoid strategy that assumes more info = the solution (even in part)
  - Identify short-term, long-term, and crisis communication goals
  - Agile planning to adapt communication strategies/tactics to goals

Thank you.

Andy J. King, PhD
University of Utah
andy.king@utah.edu

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HUNTSMAN CANCER INSTITUTE

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The challenge of health communication in a climate of political polarization and politicization of health and science

Monday, March 20, 2023:
Effective Health Communication within the Current Information Environment and the Role of the Federal Government: A Workshop

Panel: Key Cross-Cutting Challenges and the Implications for Federal Health Communication

Bruce Hardy

Department of Communication and Social Influence
Klein College, Temple University
bruce.hardy@temple.edu

NATIONAL ACADEMIES Sciences Engineering Medicine

Some Foundational Theories

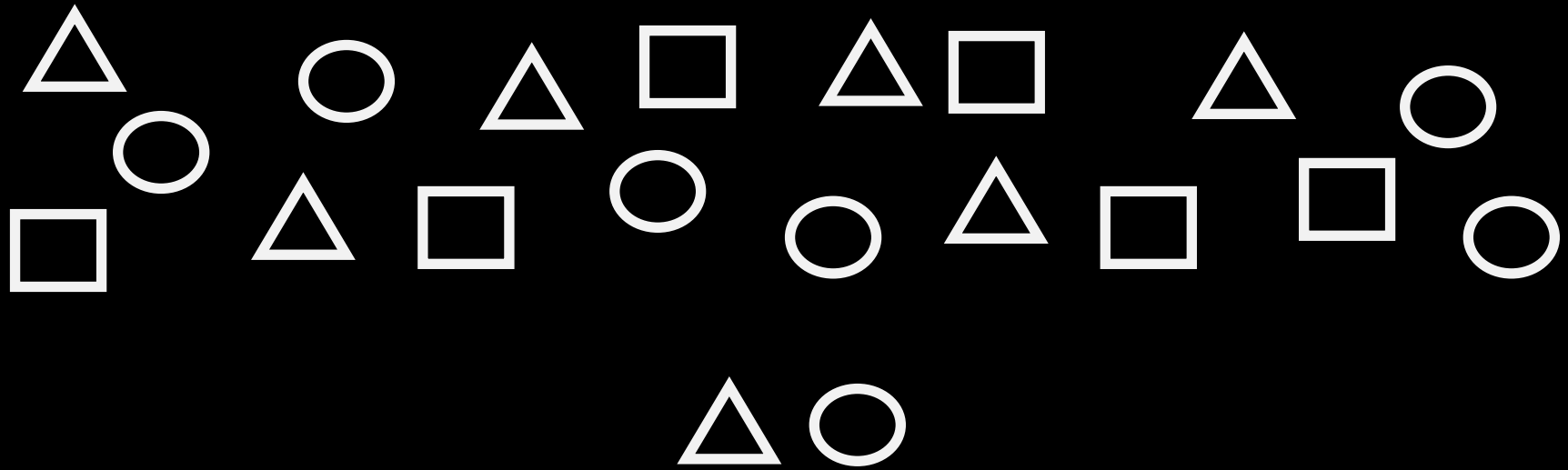
Social Identity Theory

Attitude Consistency

Identity Protective Cognition

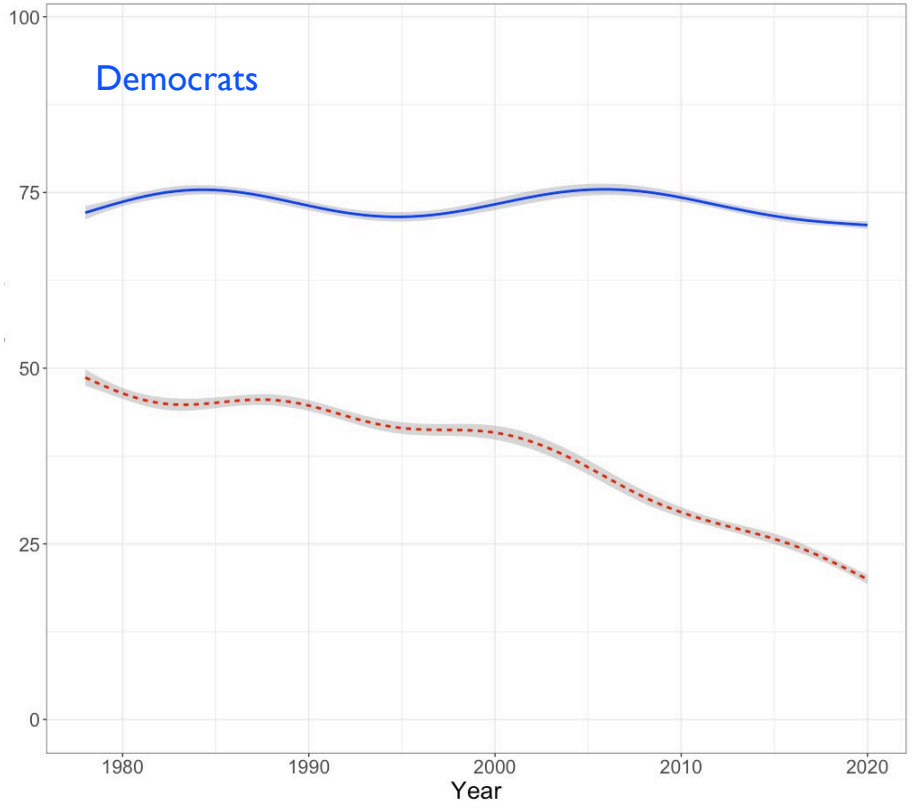
Social Identity Theory

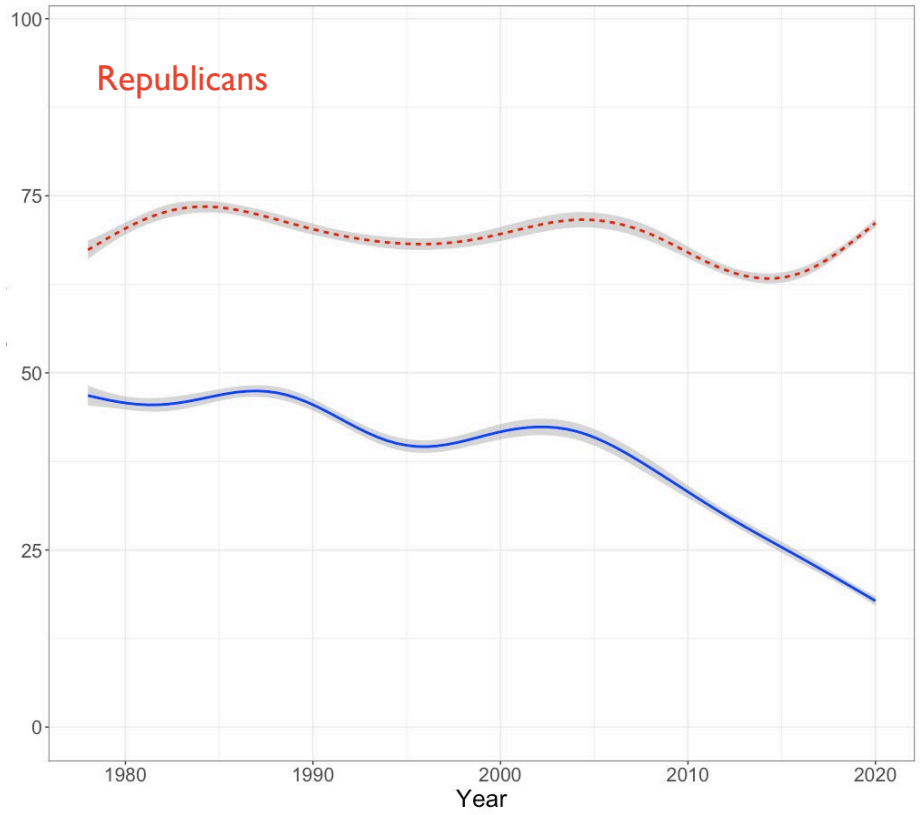
Social Categorization → Social Identification → Social Comparison → Reinforced Social Identity

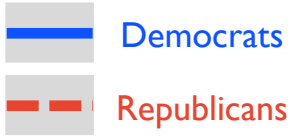


Tajfel, H., Turner, J. C., Austin, W. G., & Worchel, S. (1979). An integrative theory of intergroup conflict. *Organizational identity: A reader*, *56*(65), 9780203505984-16.

Affective Polarization

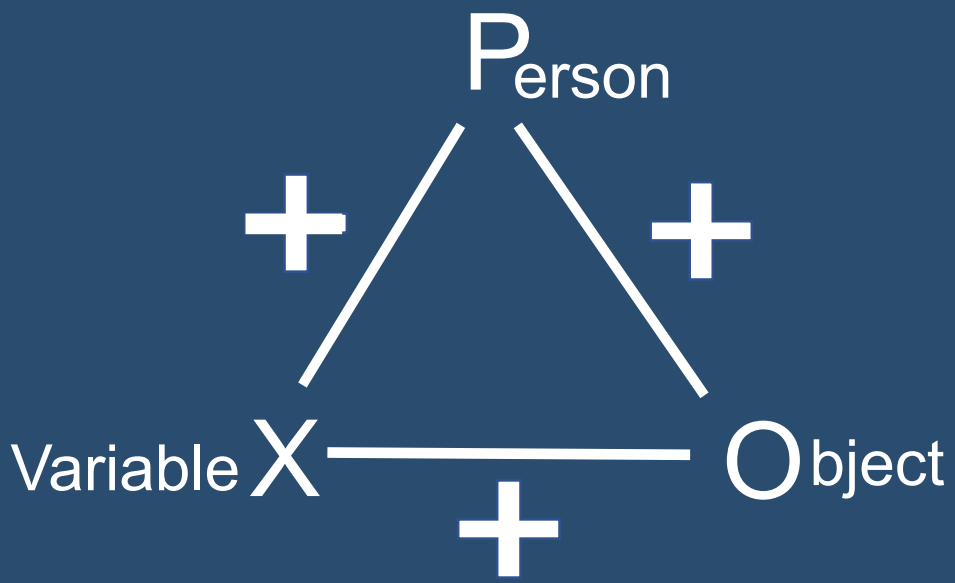






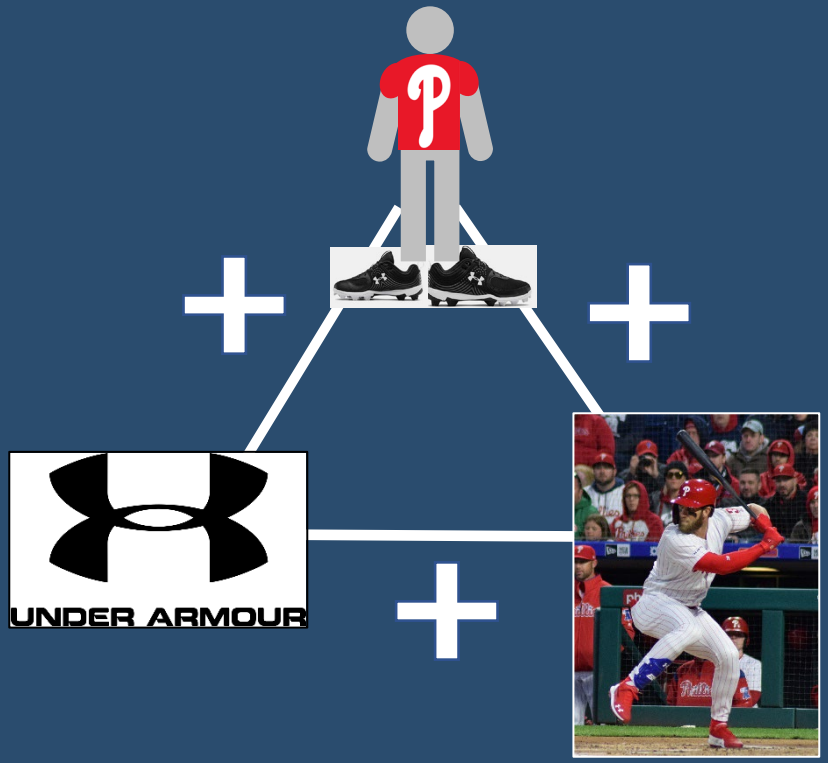
Unweighted ANES Data

Attitude Consistency



Heider, F. (1946). Attitudes and cognitive organization. *The Journal of Psychology*, *21*(1), 107-112.

Attitude Consistency



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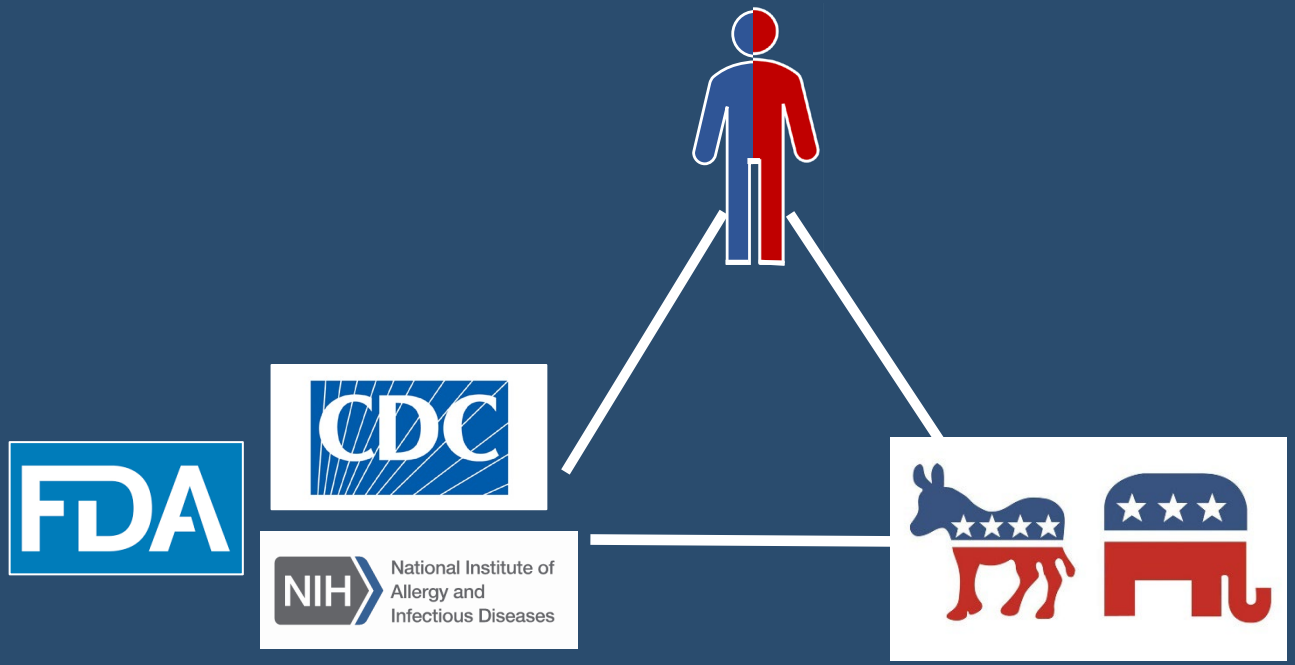

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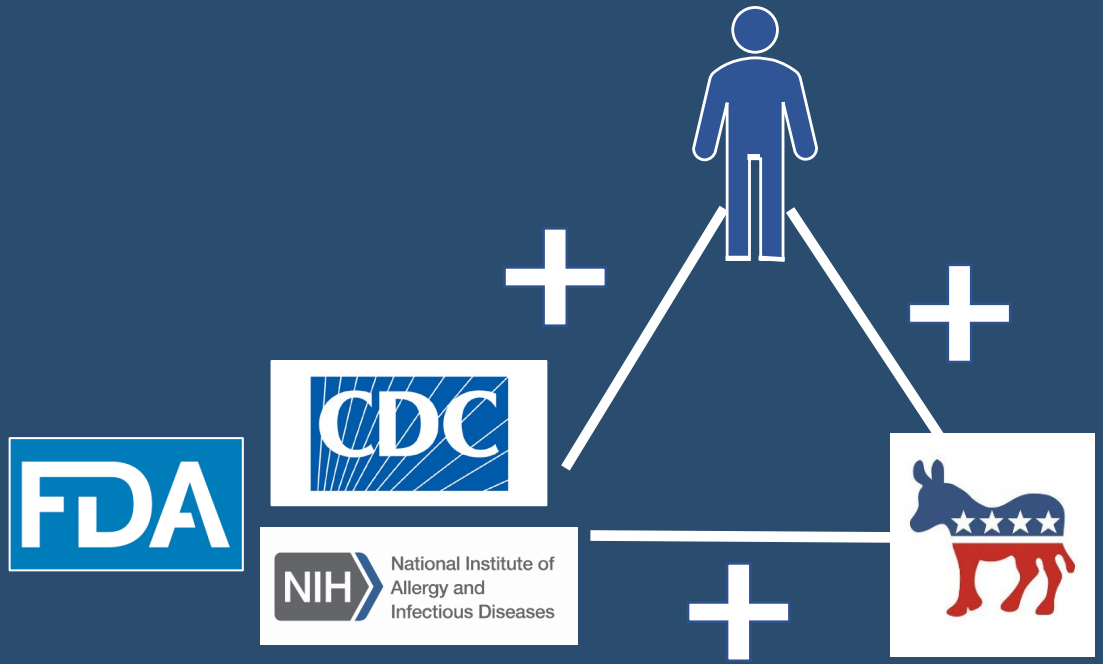

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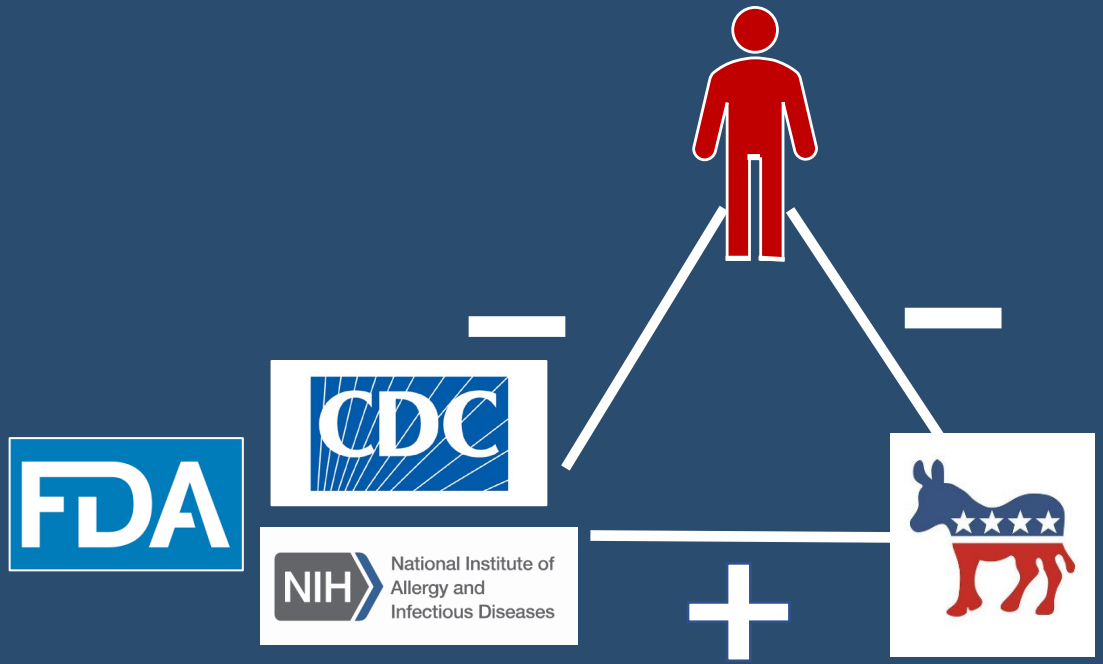

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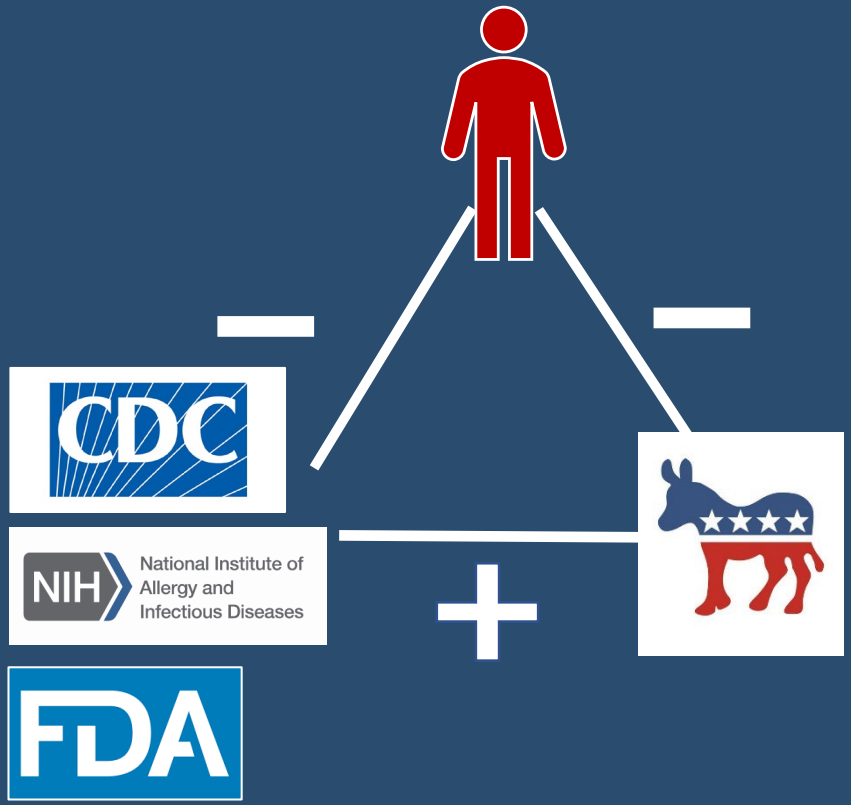
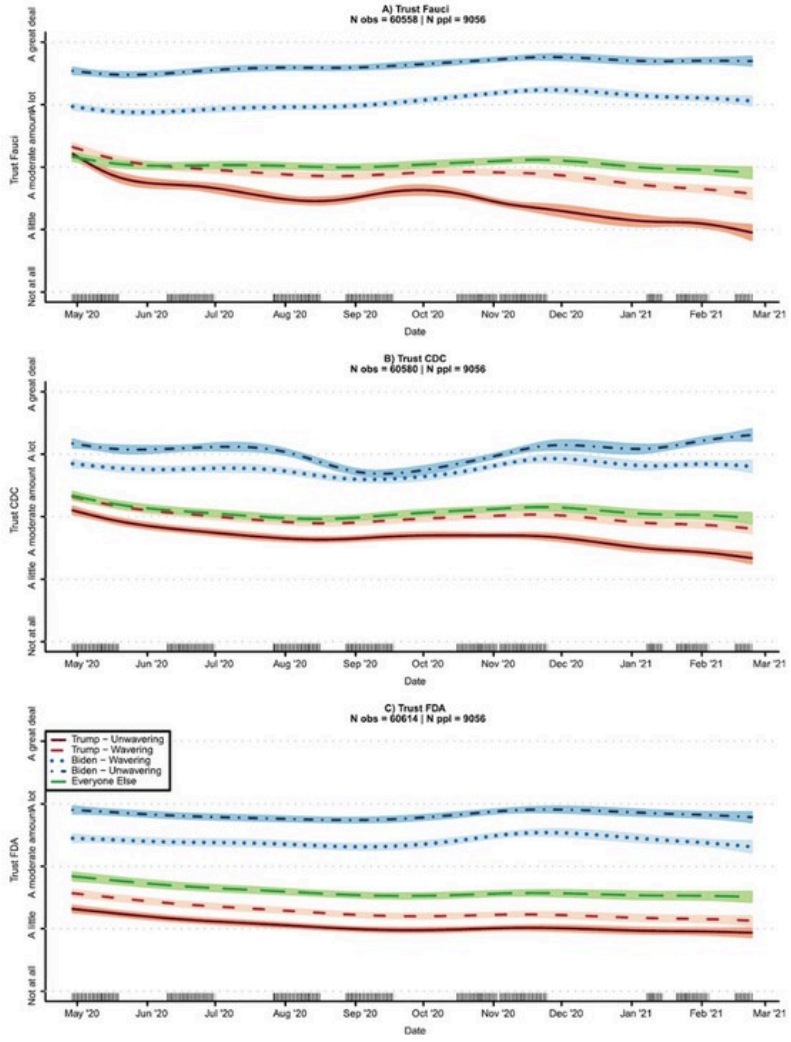




The Annenberg IOD Collective (Levendusky, M., Pasek, J., Holbert, R. L., Hardy, B. W. Kenski, K., Ophir, Y., Renninger, A., Romer, R., Walter, D., Winneg, K. & Jamieson, K. H.). (2023). *Democracy amid crises: Polarization, pandemic, protests, and persuasion.* Oxford University Press.

Identity Protective Cognition

We reject information, evidence, and messages that threaten our identity and challenge our attitude consistency

Is there a political identity that is becoming associated with science and public health?

Figure 1. Interactions predicting feeling thermometer ratings of scientists (2016 ANES).

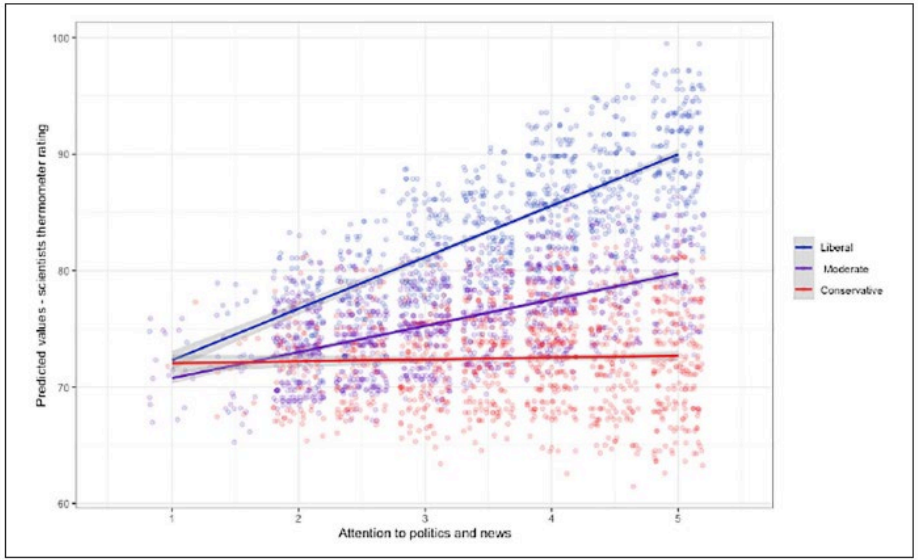
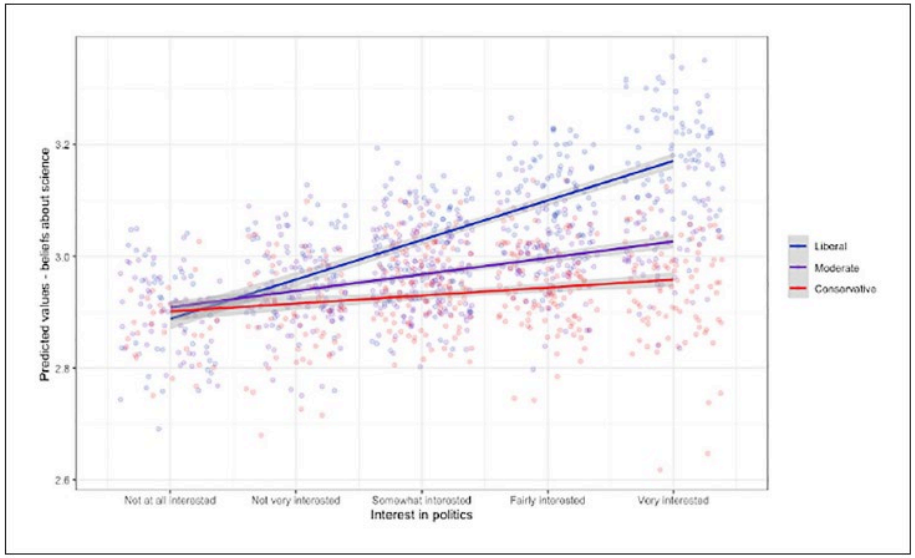
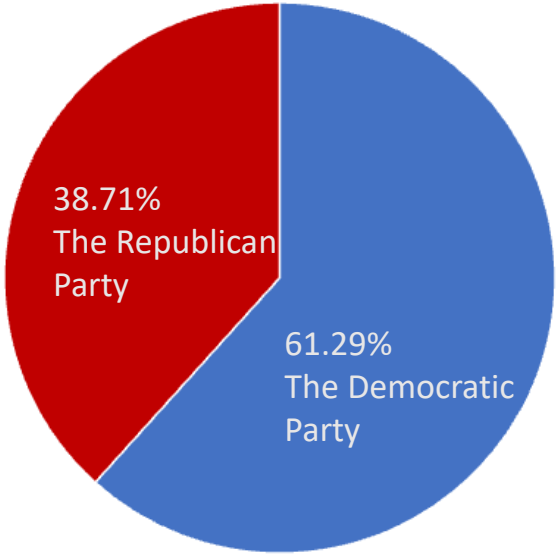


Figure 2. Interaction predicting beliefs about scientists and science (2016 GSS).

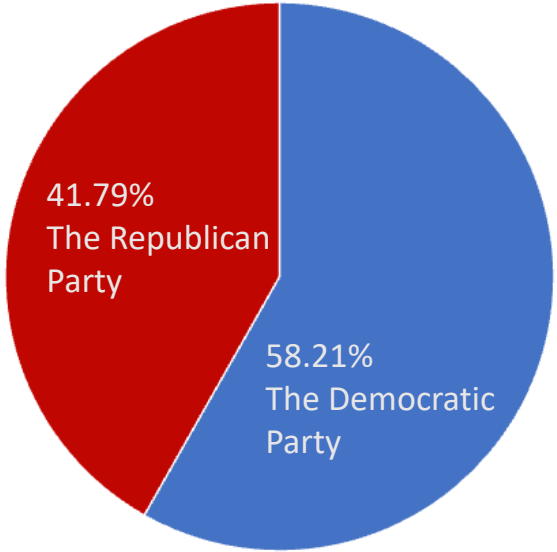


Hardy, B. W., & Tallapragada, M. (2021). The moderating role of interest in politics and news consumption in the relationship between political ideology and beliefs about science and scientists in the United States. *Group Processes & Intergroup Relations, 24,* 783-796.

Could science and public health turn into “issues” that are “owned” by a party?

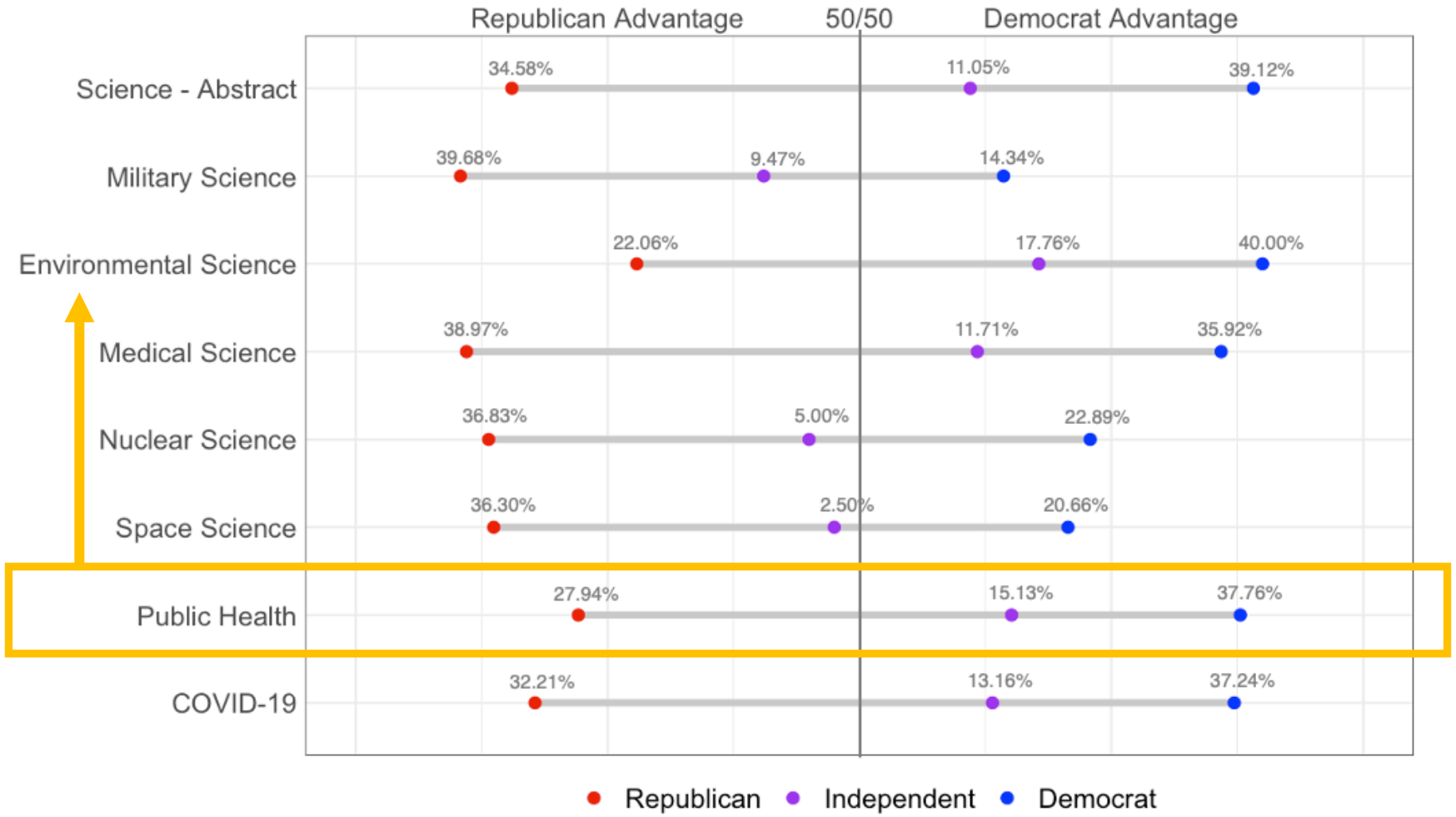


Which party cares more about science?



Which party is more capable to deal with issues related to science?

Hardy, B. W., Tallapragada, M., Baik, E., & Koshy, A. (Under Review). Issue Ownership of Science.

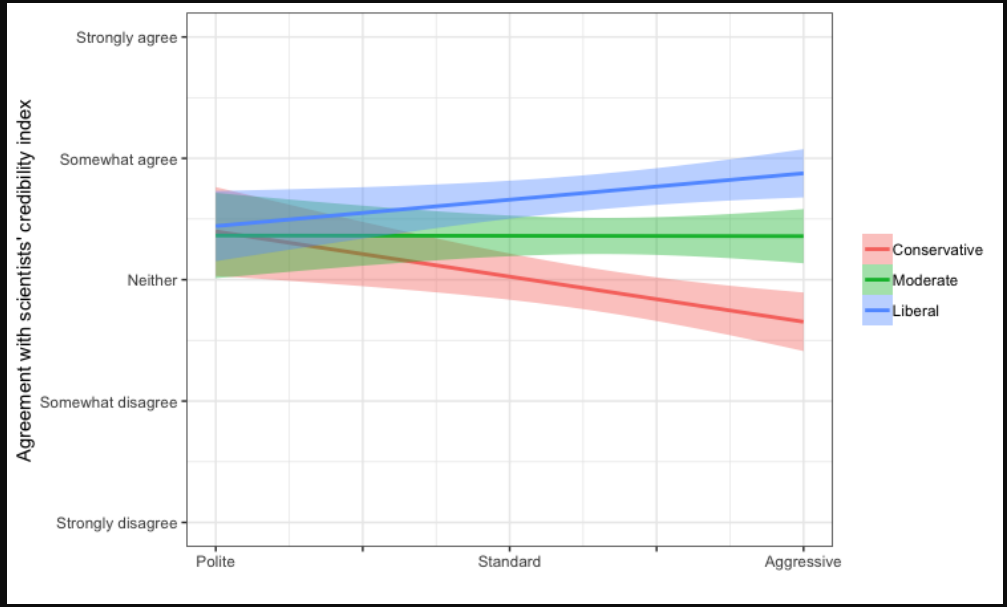


Hardy, B. W., Tallapragada, M., Baik, E., & Koshy, A. (Under Review). Issue Ownership of Science.

What should we do?

Don’t use conflict narratives and aggressive messaging that telegraphs in-group/out-group divisions and political identity.

We tested the “War on Science” frame and it further polarized.



Hardy, B. W., Tallapragada, M., Besley, J. C., & Yaun, S. (2019). The effects of the “War on Science” frame on scientists’ credibility. *Science Communication*, *41*(3), 90-112.

What should we do?

Use strategic communication to reduce identity protective cognition

Guide people away from ~~directional~~ motivated reasoning and toward accuracy motivated reasoning.

The LIVA Model

1) Leverage source credibility
2) Involve the audience
3) Visualize the data
4) Analogize the data

Akin, H., Hardy, B. W., & Jamieson, K. H. (2020). Countering identity protective responses to climate change. *Environmental Communication, 14,* 1111-1126.

Hardy, B. W., & Jamieson, K. H. (2017). Overcoming endpoint bias in climate change communication: the case of Arctic Sea ice trends. *Environmental Communication*, *11*(2), 205-217.

Jamieson, K. H., & Hardy, B. W. (2014). Leveraging scientific credibility about Arctic sea ice trends in a polarized political environment. *Proceedings of the National Academy of Sciences* no. 111, Supplement 4:13598-13605.

Use strategic communication to influence identity salience and reduce identity protective cognition

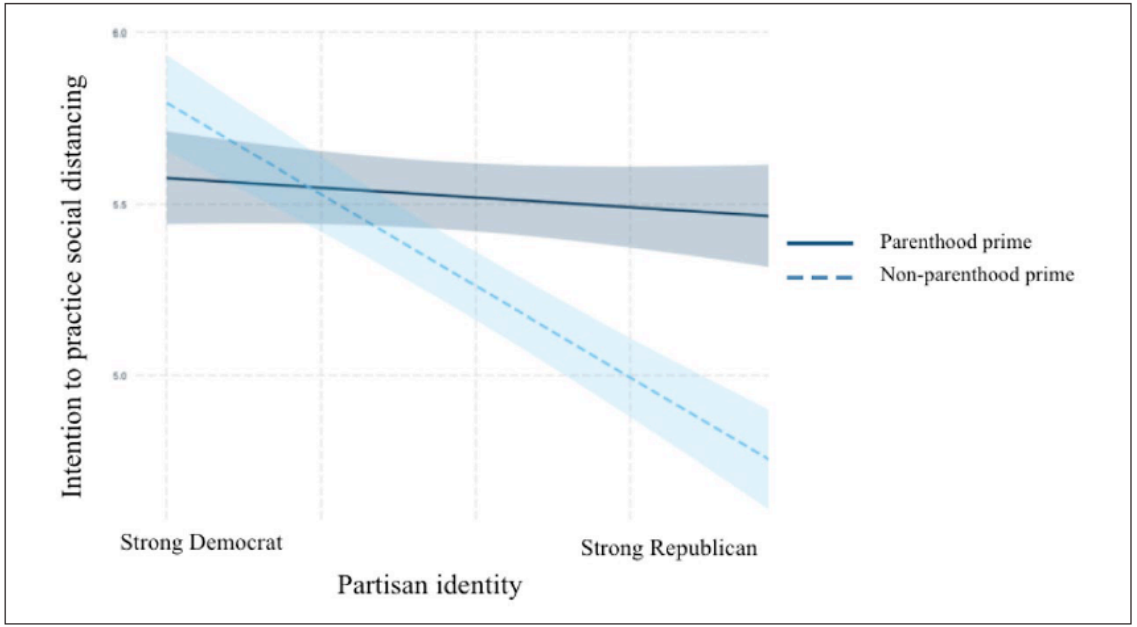


Figure 6. Interaction between partisan identity and parenthood prime on social distancing.

Zeng, C. (2021). A relational identity-based solution to group polarization: Can priming parental identity reduce the partisan gap in attitudes toward the COVID-19 pandemic. *Science Communication*, *43*(6), 687-718.

Thank you.
bruce.hardy@temple.edu

Bruce Hardy

Department of Communication and Social Influence
Klein College, Temple University
bruce.hardy@temple.edu

VISWANATH LAB

Health Communication in the Federal Government: Centering Equity and Community

K. “Vish” Viswanath, PhD

Harvard School of Public Health
Dana-Farber Cancer Institute
Dana-Farber/Harvard Cancer Center

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- Dana-Farber Cancer Institute
- Lee Kum Sheung Center for Health and Happiness, Harvard T.H. Chan School of Public Health

Three stories

HEALTH INEQUALITIES

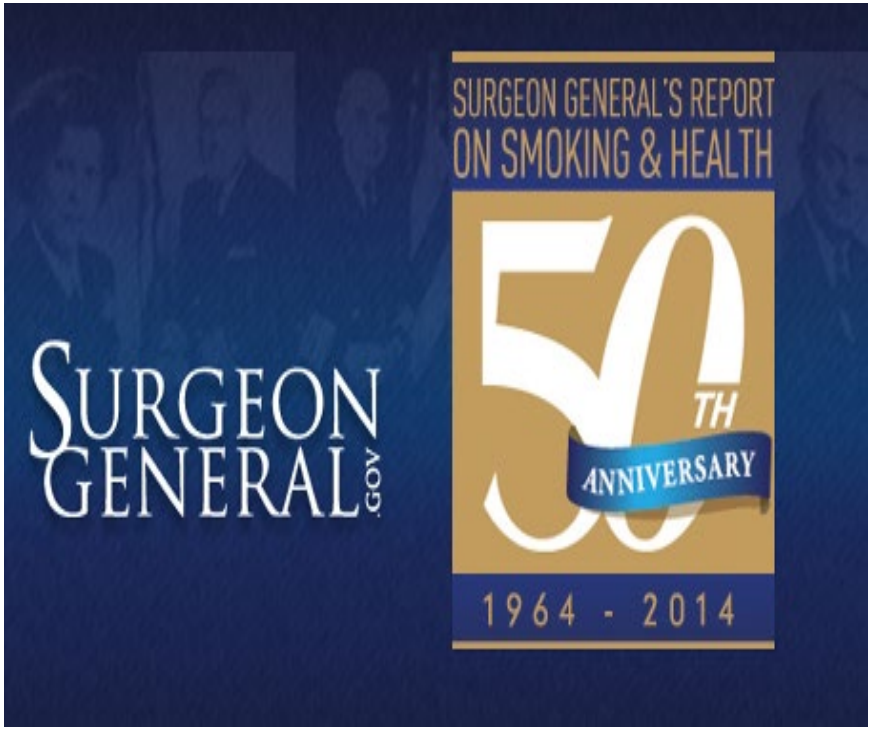
What we know

Dana-Farber Cancer Institute

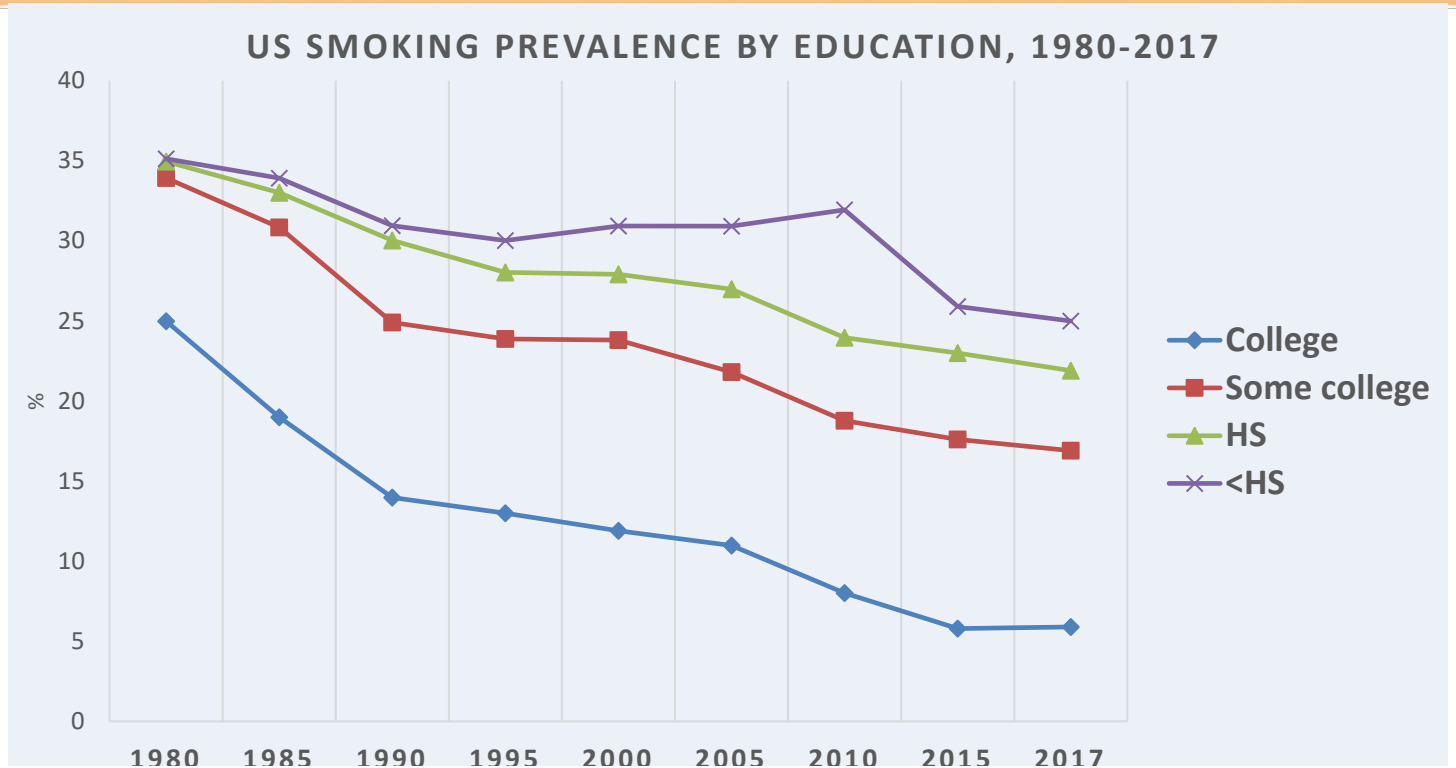
We know the story…..

Health Inequalities

Health, like wealth, is unequally distributed


SURGEON GENERAL'S REPORT
ON SMOKING & HEALTH
SURGEON GENERAL.GOV
50TH
ANNIVERSARY
1964 - 2014

US Smoking Prevalence by Education, 1980-2017



Data Source: National Center for Health Statistics, CDC

* National Health Interview Surveys have been conducted since 1957. NHIS data for 2015 and 2017 added to CDC graph from 1980-2010

Social Drivers of inequalities

- **Living conditions**
- **Socioeconomic status**
  - Income
  - Education
  - Occupation
- **Stressful life events**
- **Caste**
- **Gender**
- **Place**

COMMUNICATION INEQUALITIES

What we know

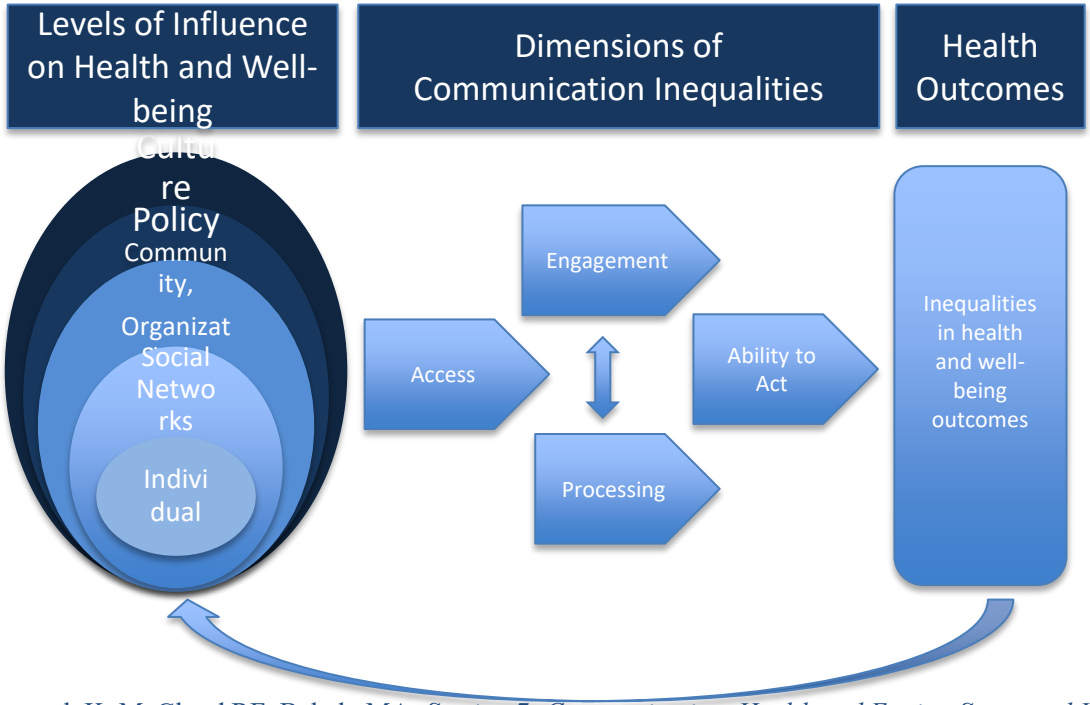
Dana-Farber Cancer Institute

Who benefits from health communications –practices and policy, and who does not?

Communication Inequalities…

…are differences among social classes in the manipulation, and distribution of information at the group level and differences in access to and ability to take advantage of information at the individual level.

Viswanath K, McCloud RF, Bekalu MA. *Section 7: Communication, Health and Equity: Structural Influences*. In T. L. Thompson & N. G. Harrington. (Eds.) **Routledge Handbook of Health Communication**. Routledge; 2022.

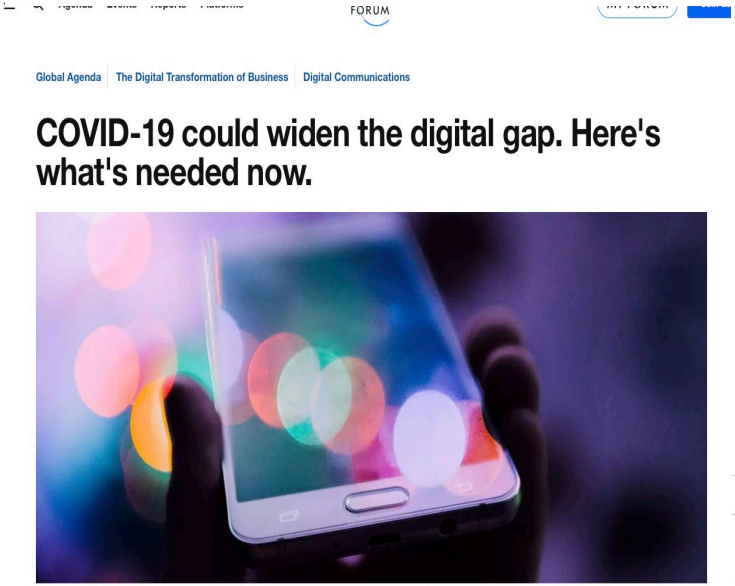


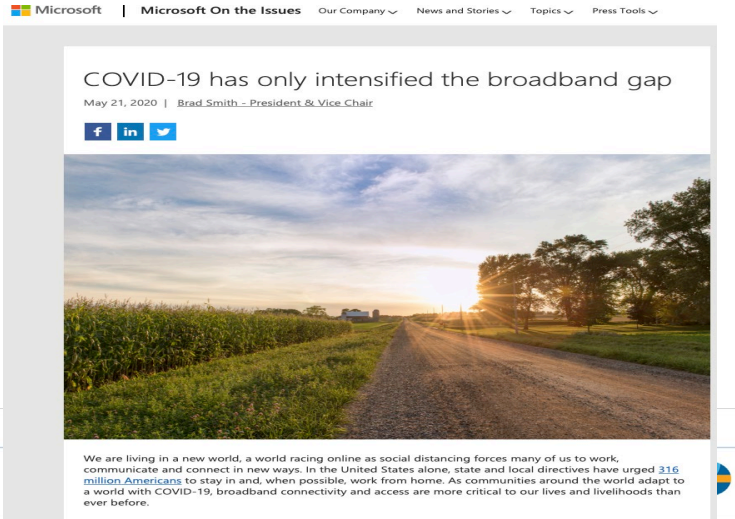
Viswanath K, McCloud RF, Bekalu MA. *Section 7: Communication, Health and Equity: Structural Influences*. In T. L. Thompson & N. G. Harrington. (Eds.) **Routledge Handbook of Health Communication**. Routledge; 2022.

- What matters?
  - Class matters
  - Race (& ethnicity) matters
  - Place matters
  - Policy matters
- Data Absenteeism

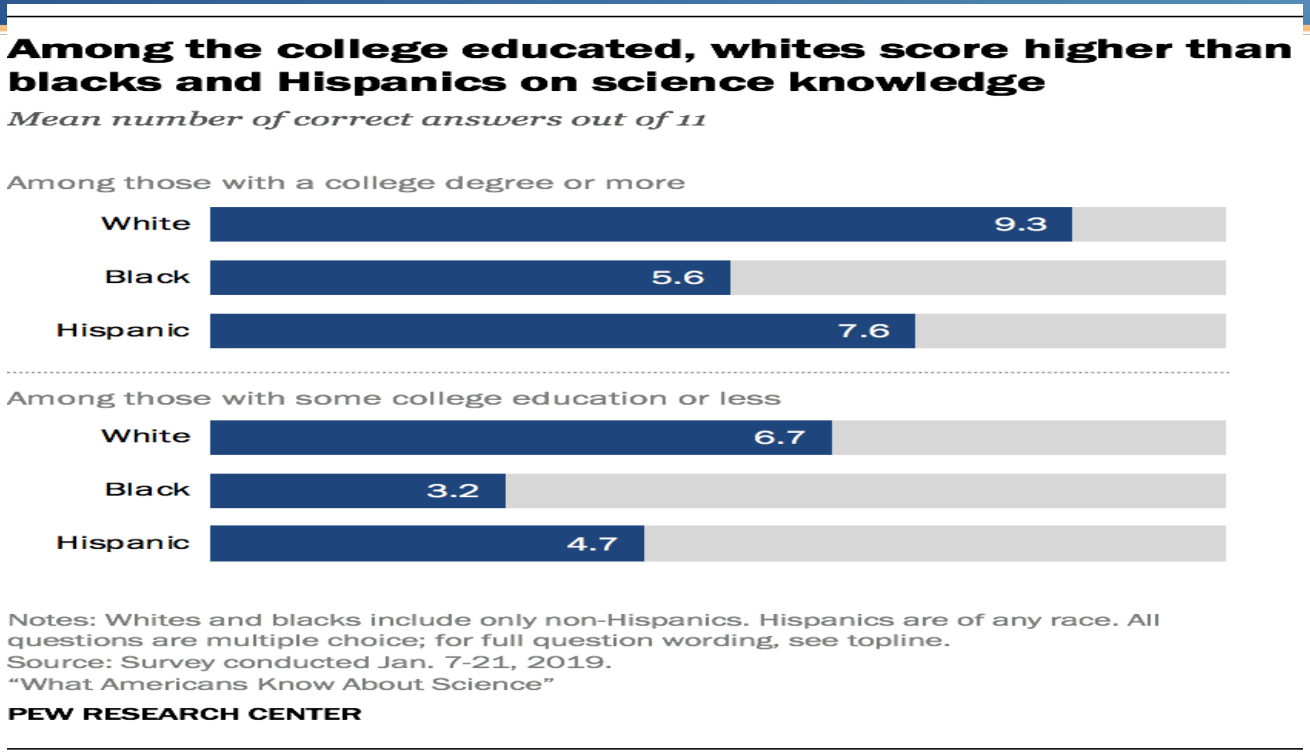
COVID-19 vaccines aren't getting to those in need. Blame the broadband gap

For many seniors and people of color, technology is a barrier to getting the vaccine.





Intersectionality



Viswanath K, Lee EWJ, Pinnamaneni R. We need the lens of equity in covid-19 communication. *Health Communication*. 2020 Dec 5;35(14):1743–6.

Stress and communication

Mindset of scarcity

- Differential allocation of attention
- Pressing demands and juggling
- Cognitive overload

Shah, AK., Mullainathan S., Shafir E. Some Consequences of Having Too Little. Science 338, 682 (2012).

Data Absenteeism

The absence of data from groups experiencing social vulnerability – whether by class, race or ethnicity or geography, in sufficient quality and quantity, resulting in a failure to draw reliable inferences about the groups with implications for practice and policy in science communication (Viswanath et al., 2022; Lee & Viswanath, 2020; National Research Council, 2004)

“hard to reach” or *hardly reached?*

- **Reasons for lack of inclusion**
  - Recruitment practices including survey research practices
  - “Ideology” of “Community” research
  - Where does “Expertise” lie?

Expanded view: Health Communication

	GfK (weighted)	Community-based Subgroups					
	Total	Community-based total (n=498)	White (n=166)	African American (n=105)	Hispanic (n=188)	Below $20K (n=249)	Homeless (n=85)
Ever looked for health information	85%	85%	83%	87%	87%	81%	76%
Issues experienced during last health information search							
Too much effort to find information	24%	39%	34%	42%	43%	43%	55%
Felt frustrated during search	23%	31%	34%	24%	34%	29%	45%
Too hard to understand	16%	28%	30%	29%	29%	29%	30%
Concerned about information quality	46%	50%	50%	57%	47%	47%	48%

McCloud RF, Bekalu MA, Maddox N, Minsky SJ, **Viswanath K**. Leveraging breadth and depth: strategies to characterize population diversity to address cancer disparities in the df/hcc catchment area. *Cancer Epidemiol Biomarkers Prev*. 2019 Mar;28(3):435–41.

Consequences of Communication inequalities

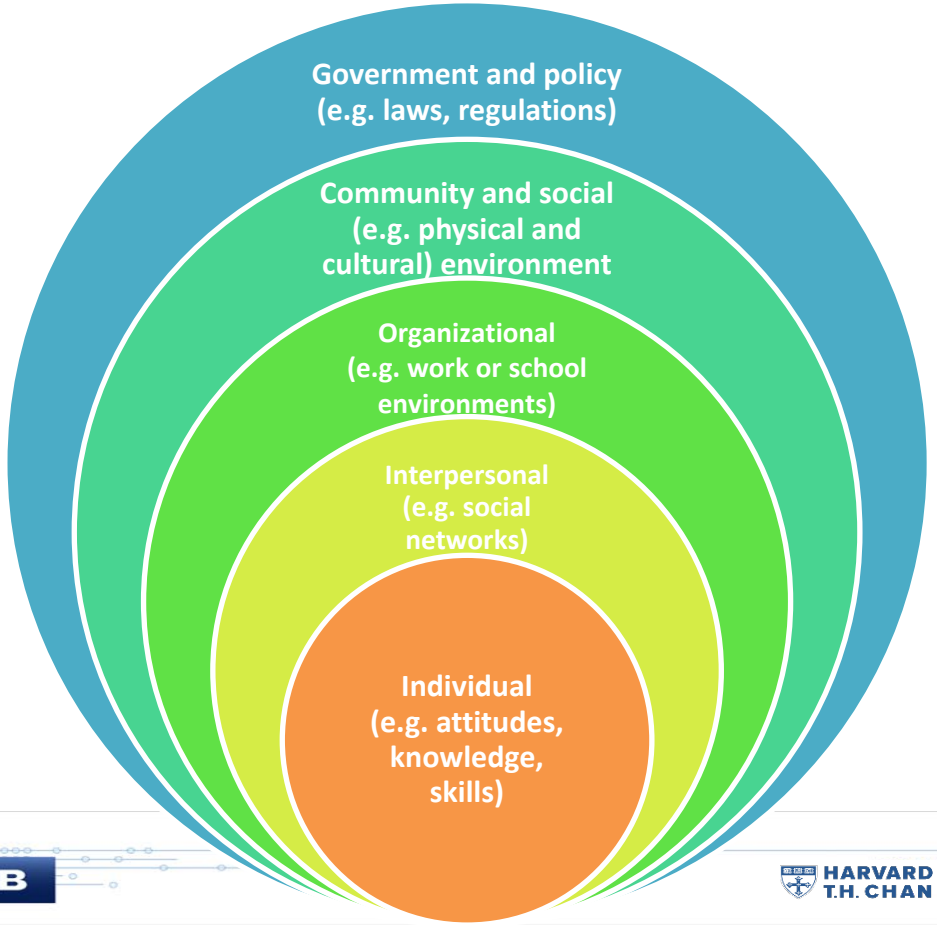
- Lower knowledge
- Norms conducive to unhealthy behaviors
- Limited or no access to services
- Inability to act on opportunities even when available
- Higher disease incidence, prevalence and even mortality

WHAT CAN WE DO?

Draw on…communication and social and behavioral sciences, and focus on…

- Communication sciences
- Science of Engagement
- Participatory and inclusive science

Levels of Influence on Health



Drawing on Communication Sciences

62% "Very Effective"

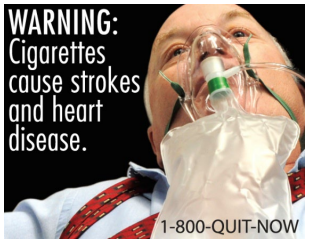
Felt "Extremely"

Grossed out	47%
Scared	30%
Sad	30%
Worried	28%

58% "Very Effective"

Felt "Extremely"

Grossed out	42%
Worried	31%
Sad	28%
Scared	26%



56% "Very Effective"

Felt "Extremely"

Sad	31%
Scared	29%
Worried	29%
Gross	27%

Engagement of stakeholders

PLANET MassCONECT

Search

HOME | ABOUT | PROGRAM PLANNING | RESOURCE FINDER | ADDITIONAL RESOURCES | TRAINING | CONTACT

COVID-19 Dashboard

Evidence-based programs for healthy communities

WHAT'S NEW

Given the global pandemic, there is an urgent need for reliable information that is technically and scientifically sound and easily understandable. It has become increasingly difficult to separate truth from fiction even though

"Planet MassCONECT gives you the tools to identify successful evidence-based programs [and] get immediate access to important data... I utilize the website regularly to research evidence-based programs that might work in my community."

Rev. Albert Whitaker
NE Regional Director of Community Health Strategies, American Diabetes

SANCHAR | Science And News: Communicating Health And Research

T.H. CHAN | India Research Center

English | हिंदी

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COVID-19 Dashboard

Welcome to the site. The rapid spread of COVID-19 virus across the globe is affecting millions of people and is at the same time resulting in the spread of information, misinformation (false information spread without malicious intent) and disinformation (false information spread with the intent to deceive). Our intention is not to create additional information but to bring together credible COVID-19 related information that is easy to access, understand and act upon. Here, we try and address how to navigate the large amounts of information and will update this page as more evidence becomes available. Our target audiences are people we have been working with: journalists, non-governmental organizations and members of the communities we are engaging in. Others too may find this useful.

Over the next few weeks we will expand, modify and update this information. Please visit as often as you can and let us know how this site can be more helpful.

Frequently Asked Questions

Frequently Asked Questions about COVID-19

Go to FAQs

Myths vs Facts

False information about COVID-19 with facts debunking these myths

Go to Myths vs Facts

Social Media Tips

How to use social media responsibly during COVID-19

Go to Social Media Tips

Data Spotlight

Latest numbers on COVID-19 cases around the world

Health & Well-being

Tips to manage stress and promote mental, physical, and social well-being

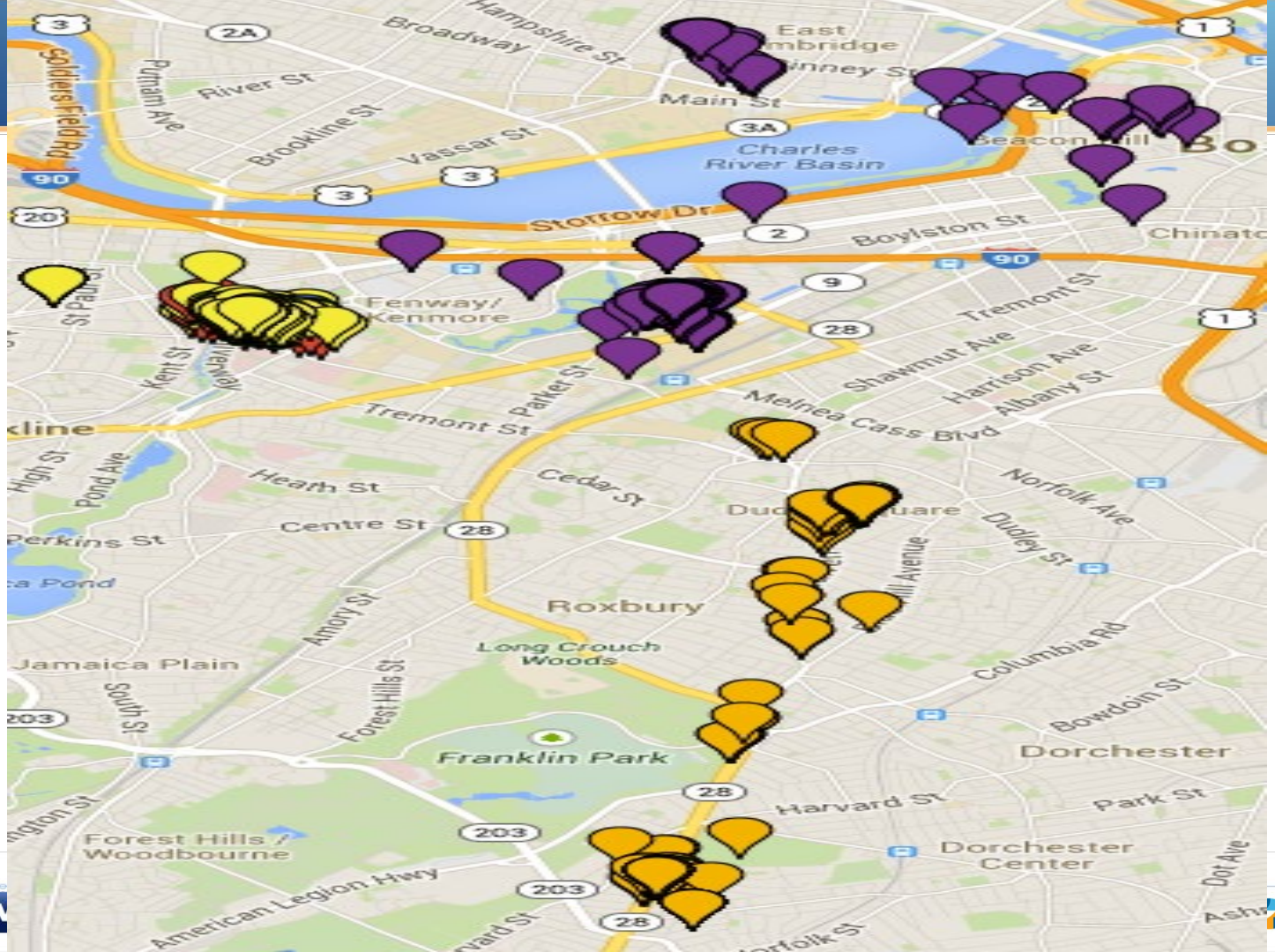
Tobacco Control

Tips for smokers and tobacco users

VISV

Dana-Farber Cancer Institute

Participatory and Inclusive Science


Broadway
Hampshire St
East
Main St
River St
Putnam Ave
Brookline St
Vassar St
Charles
River Basin
Storrow Dr
Boylston St
Fenway/
Kenmore
Kent St
Parker St
Tremont St
Shawmut Ave
Harrison Ave
Albany St
Melnea Cass Blvd
Cedar St
Norfolk Ave
Dudley St
Centre St
Roxbury
Long Crouch
Woods
Jamaica Plain
Amory St
Forest Hills St
South St
Columbia Rd
Bowdoin St
Franklin Park
Dorchester
Harvard St
Park St
Forest Hills /
Woodbourne
American Legion Hwy
Dorchester
Center
Perkins St
Heath St
Pond Ave
High St

Leaves us with a fundamental question….

How is it that inequities in communication continue to manifest, with often devastating consequences, despite what we have learned about natural and human-made disasters?

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www.viswanathlab.org