



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



CPHA ACSP
CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

2014

COMMUNICATING
ABOUT THE
SOCIAL
DETERMINANTS
OF HEALTH

INCOME INEQUALITY AND HEALTH



Contact Information

National Collaborating Centre for Determinants of Health
St. Francis Xavier University
Antigonish, NS B2G 2W5
nccdh@stfx.ca
tel: (902) 867-5406
fax: (902) 867-6130
www.nccdh.ca
@NCCDH_CCNDS

Contact Information

Canadian Public Health Association
404-1525 Carling Avenue,
Ottawa, Ontario K1Z 8R1
info@cpha.ca
Tel: (613) 725-3769
Fax: (613) 725-9826
www.cpha.ca

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health and Canadian Public Health Association. (2014). *Communicating about the Social Determinants of Health: Income inequality and health*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; Ottawa, ON: Canadian Public Health Association.

The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University.

ISBN: 978-1-987901-12-2

Production of this document has been made possible in part by a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Determinants of Health.

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the websites of the National Collaborating Centre for Determinants of Health at www.nccdh.ca and the Canadian Public Health Association at www.cpha.ca.

La version française est également disponible au : www.ccnds.ca et www.cpha.ca/fr.

ACKNOWLEDGEMENTS

This booklet is a joint project of the Canadian Public Health Association (CPHA) and the National Collaborating Centre for Determinants of Health (NCCDH). It is based on work conducted by Provoke, a communications firm in Calgary, Alberta. NCCDH and CPHA thank Provoke for their contribution to this project.

Staff at the NCCDH and CPHA, authored the booklet:

- Sume Ndumbe-Eyoh (NCCDH)
- Pemma Muzumdar (NCCDH)
- Frank Welsh (CPHA)

Thanks to reviewers for helpful comments and feedback: Connie Clement and Heidi Sinclair, (NCCDH); and Diana Daghofer and Elizabeth Seymour (external).

ABOUT THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases, and health inequities.

The National Collaborating Centre for Determinants of Health focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence with public health organizations and practitioners to influence interrelated determinants and advance health equity.

ABOUT THE CANADIAN PUBLIC HEALTH ASSOCIATION

Founded in 1910, the Canadian Public Health Association (CPHA) is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world.



About this booklet

Communication is a core competency for public health. Effective communication can increase the awareness, understanding, and action on the everyday factors that affect our health. These factors are referred to by public health practitioners as the “social determinants of health.” We have chosen to use the simpler more descriptive language of “the everyday factors that affect health” throughout this document.

This booklet is a companion piece to the strategic document, *Communicating the Social Determinants of Health: Guidelines for Common Messaging*¹. Produced by the Canadian Council on Social Determinants of Health, these guidelines examine how various audiences receive messages about the everyday factors that affect health, outline the components of effective messages, and advise how messages can be tailored for nine different audiences.

This booklet applies the guidelines to income, a major factor that affects health and the growing income gap in Canada. This income gap has

detrimental effects on societal wellbeing and health. As part of action to improve daily living conditions and address the distribution of power and resources, many public health organizations are engaged in activities to reduce the income gap. More effective communication can further contribute to this end.

Public health practitioners can use the approach modelled here to reach audiences that typically have not been aware of or open to messages that contain what is considered to be public health jargon. The aim is for public health practitioners to develop messages that resonate, are memorable, and drive action, as well as messages that are easy to repeat and share with others. This approach can be applied to large-scale communication efforts, as well as to messages shared through day-to-day conversations and routine projects (e.g. program reports, presentations, website content, meetings).

Resources have been inserted throughout the document that can be used to further support communication efforts.

2

Applying an effective communication approach to the income gap

2.1 Crafting Messages

The approach begins by crafting messages; expressing concepts with facts and carefully chosen words. The guidelines including good communication practices, are summarized in Table 1.

TABLE 1: SUMMARY OF GUIDELINES FOR EFFECTIVELY COMMUNICATING SOCIAL DETERMINANTS OF HEALTH (SDH)¹

WHAT TO DO	WHAT TO AVOID
Use clear, plain language	Technical language or jargon
Make issues tangible with stories	Abstract concepts or terms
Break down and round numbers: place numbers in context	Complex numbers, or large numbers without any context
Challenge conventional wisdom with one unexpected fact	Exhaustive documentation
Use inclusive language (we, our, us)	Creating distance between groups (them, they)
Identify people by shared experience	Labeling people by group membership
Prime your audience with a fact, image or story they are likely to believe, based on their values, interests and needs	Facts, images or stories that audiences may find too contentious or extreme to be believable (even if they are true)
Leave the audience with a memorable story or fact that can be easily understood	Being forgettable
Use a conversational and familiar tone	A clinical or academic tone
Take the time to understand your audience	Assuming the same messages will work for everyone
Prepare your message content and presentation	Speaking off the cuff
Focus on communicating one thing at a time	Trying to do too many things at once

Selecting concepts and messages

We are trying to explain and have our audience care that a wide gap in income is bad for our communities and society as a whole. To do this we need to explain the societal context and social benefits of closing the income gap.

In general, we want audiences to:

- 1) understand this complex topic
- 2) see that change is possible, and required
- 3) carry messages into change moments

Messaging associated with the societal context and social benefits of reducing the income gap include:

- Canada's income gap is growing. When the income gap becomes too large, we will all be negatively affected. Social problems emerge: people experience poor health, live shorter lives, and businesses and the economy suffer.²
- Societies with larger income gaps are worse off than those with smaller income gaps.
- The concentration of wealth at the high socio-economic end results in lower overall tax revenue generated. As a consequence, government is pressured to deliver services with less resources.^{2,3}
- Some groups of Canadians are overrepresented at the low end of the income spectrum - single parents, women, new Canadians, racialized Canadians, people living with disabilities and indigenous peoples.^{4,5,6}
- Most Canadians agree that a large income gap does not reflect Canadian values.
- As individual Canadians, we can affect the income gap in several ways by:
 - creating awareness; encouraging political and civic participation
 - speaking to our representatives to draw attention to the issue and
 - supporting policies that reduce the income gap.
- Managing a more moderate gap is partly in the control of government and business. Canadians also believe that managing the income gap is one of the responsibilities of governments.⁷

■ When the income gap is reduced all Canadians benefit by having:

- healthier people, living longer lives with a better quality of life, and less pressure on health and social services
- safer communities, lower crime rates, and less use of the justice system
- increased stability in the economy, sustained growth, and increases in capital/ investments
- more opportunity for people to improve their earning potential across all income groups.

Useful Facts

Here are some useful facts about the income gap. In our final messages we will use one compelling fact to arouse interest, attention and emotion.

- The richest 1% of Canadians made 15 times more than the average Canadian made in 2010. In 1980, the ratio was 9 times.⁸
- In 2013 median CEO compensation in Canada increased 11% while average worker pay increased 1.8% and the cost of living increased by 0.9% in 2013.⁸
- When compared with the richest 20%, the poorest 20% of Canadians have more than double the chance of having two or more chronic health conditions like heart disease and diabetes.⁹
- In major Canadian cities there is an 11 year gap in life expectancy between men in the lowest and highest income neighbourhoods¹⁰.

Refining messages to align with audience beliefs

Research shows that people are more likely to accept messages that align with their own values. Thus, it is important to understand your audience, identify where alignment exists, and match desired messages and outcomes with your audiences' beliefs and values.

In explaining the income gap for the selected, audiences we suggest appealing to values which resonate with the 'journey metaphor.' This metaphor was chosen because it allows us to engage those whose beliefs and values are aligned with it and will still resonate with those who have a more 'system view.'

RESOURCES ON INCOME INEQUALITY AND HEALTH

Social Determinants of Health: The Canadian Facts

Mikkonen J, Raphael D. Social Determinants of Health: The Canadian Facts [Internet]. Toronto: York University School of Health Policy and Management; 2010. Available from: www.thecanadianfacts.org/The_Canadian_Facts.pdf

Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada

Canadian Institute for Health Information. Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada [Internet]. Ottawa, ON: Canadian Institute for Health Information; 2008. Available from: <https://secure.cihi.ca/estore/productSeries.htm?locale=en&pc=PCC448>

Focus Canada 2012. Public opinion research on the record

The Environics Institute. Focus Canada 2012. Public opinion research on the record [monograph on the Internet]. [Toronto, ON]: The Environics Institute; 2012 [cited 2014 April 14]. 62 p. Available from: www.environicsinstitute.org/uploads/institute-projects/environics%20institute%20-%20focus%20canada%202012%20final%20report.pdf

Indicators of Well-being in Canada: Financial Security - Income Distribution

Employment and Social Development Canada [Internet]. Ottawa, ON: Employment and Social Development Canada, Government of Canada. Indicators of well-being in Canada; [date unknown]; [about 7 screens]. Available from: www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=22

Does income inequality cause health and social problems? (Sept 2011)

Rowlingson K. Does income inequality cause health and social problems? [Internet]. York: Joseph Rowntree Foundation; 2011. Available from: www.jrf.org.uk/sites/files/jrf/inequality-income-social-problems-full.pdf

Income Inequality

The Conference Board of Canada: How Canada Performs [Internet]. [Ottawa, ON]: The Conference Board of Canada; 2014. Income inequality; 2013 January [cited 2014 April 14]; [about 10 screens]. Available from: www.conferenceboard.ca/hcp/details/society/income-inequality.aspx

The spirit level: Why equality is better for everyone

Wilkinson RG, Pickett K. The spirit level: why equality is better for everyone. London: Penguin Books; 2009.

WORLDVIEWS AND FRAMES

Social justice vs. market justice

In a market justice world, the free will of the market and effort of individuals is the ultimate driver which determines the outcome.

In a social justice world, emphasis is placed on the collective good, where basic assurances are available to all.

As individuals we will gravitate to one world view more than the other, but there are shades of gray in our beliefs. Most Canadians have a propensity to default to a market justice orientation, as it is how we are organized as a society.⁷

Journey vs. structural metaphor

We tend to make sense of the world through one of two worldviews:

- **Structural:** In a structural view of the world everything is tied together, there is an orientation towards equality, and inequality is a sign of imbalance. This view seeks balance and equality.
- **Journey:** Life is about evolution in an uncertain world. Imbalance is natural, equality is unrealistic. This view seeks overall progress.

As communicators, our task is to determine how to communicate with people through their world view. It is critical to recognize your own world view, so that you can purposefully communicate between both perspectives in a respectful and meaningful manner.

The preferred path for communicators is to equip “structural and social justice” individuals with language that resonates with “journey and market justice” people. Appealing to the journey metaphor will not offend those who support the structural metaphor and will have greater resonance for a wider range of people.^{11,12}

See *Communicating the Social Determinants of Health*¹ and Robert Wood Johnson Foundation resources^{11,12} for more information.

Making your messages forward looking

Individuals respond well when they can understand the benefit of what you’re proposing in relation to what they care about and their hopes for society. Therefore, when you are building understanding about and commitment to redress the income gap, solution-oriented strategies are important parts of the message.

Solutions to narrow the income gap could include:

- Raising awareness about the income gap and the impact of an increasing gap
- Enforcing policies that already exist (e.g. reduce tax evasion) and reducing the income gap through progressive taxation policies
- Improving labour market policy and regulations, e.g. living wage policies and increased minimum wage
- Reassigning current funding to programs to better support people to obtain and keep jobs, especially stable, full-time jobs
- Strengthening child and family protection benefits; further developing public policy to reduce child and family poverty, reducing cost of child care and improving early child development interventions
- Connecting people in financial distress with existing social supports, and support people working to transition out of living with low incomes, e.g. improving access to training and post-secondary opportunities

RESOURCES - SOLUTIONS TO REDUCE THE INCOME GAP

Skill-Based Technological Change and Rising Wage Inequality: Some Problems and Puzzles

Card D, DiNardo JE. Skill-based technological change and rising wage inequality: some problems and puzzles. *J Labor Econ* [Internet]. 2002; 20(4): 733-783. Available from: www.nber.org/papers/w8769

Bridging the gap between research and practice: Empower the community-New Brunswick's approach to overcoming poverty

National Collaborating Centre for Determinants of Health. Bridging the gap between research and practice: empower the community-New Brunswick's approach to overcoming poverty. Antigonish, NS; 2012. Available from: www.nccdh.ca/resources/entry/casestudy-NB

Bridging the gap between research and practice: Improving health equity in Saskatoon: From data to action

National Collaborating Centre for Determinants of Health. Bridging the gap between research and practice: improving health equity in Saskatoon: from data to action [Internet]. Antigonish, NS; 2012. Available from: <http://nccdh.ca/resources/entry/casestudy-SK>

Study of Income Inequality in Canada — What Can Be Done Presentation to the House of Commons Standing Committee on Finance

Yalnizyan A. Study of Income Inequality in Canada — What Can Be Done Presentation to the House of Commons Standing Committee on Finance [Internet]. Ottawa, ON: Canadian Centre for Policy Alternatives; 2013 April 30. Available from: www.parl.gc.ca/Content/HOC/Committee/411/FINA/WebDoc/WD6079428/411_FINA_IIC_Briefs%5CCanadianCentreforPolicyAlternatives2E.pdf

Health Disparity in Saskatoon: Analysis to Intervention

Lemstra M, Neudorf C. Health Disparity in Saskatoon: analysis to intervention [Internet]. Saskatoon, SK: Saskatoon Health Region; 2008. Available from: www.saskatoonhealthregion.ca/locations_services/Services/Health-Observatory/Documents/Reports-Publications/HealthDisparityRept-complete.pdf#search=%20Health%20Disparities%20in%20Saskatoon%3A%20Analysis%20to%20Intervention%20

2.2 Conveying the messages

We chose to focus on three primary groups of public health stakeholders.

Audiences

Professionals –
health sector



Sectoral leaders –
private sector



Media



Communicating the Social Determinants of Health: Common Messaging Guidelines (2013) defines three key components to convey messages: selecting tools, defining priming audiences and detailing one's audiences.

Selecting your Tools

The following tools and tactics are appropriate for these audiences, depending upon your access and local circumstances. You will want to target specific, key decision makers.

- Person-to-person conversations and in-meeting dialogues
- Key messages and facts
- Slideshows, visual stories and short information packages
- Dissemination through websites and social media that the audience would frequent, in mailings to them, or delivered through meetings

Remember that, as you refine your messaging, it is essential to be consistent in your use of key messages.

- Use consistent, effective messaging in every situation
- Purposefully model the effective language

- Take messages into meetings, presentations, phone calls, email, in collaborative relationships – get it on the table in all discussions, particularly at moments of decision
- Equip supporters with consistent messages and language to connect with influential people who can affect decisions and policy

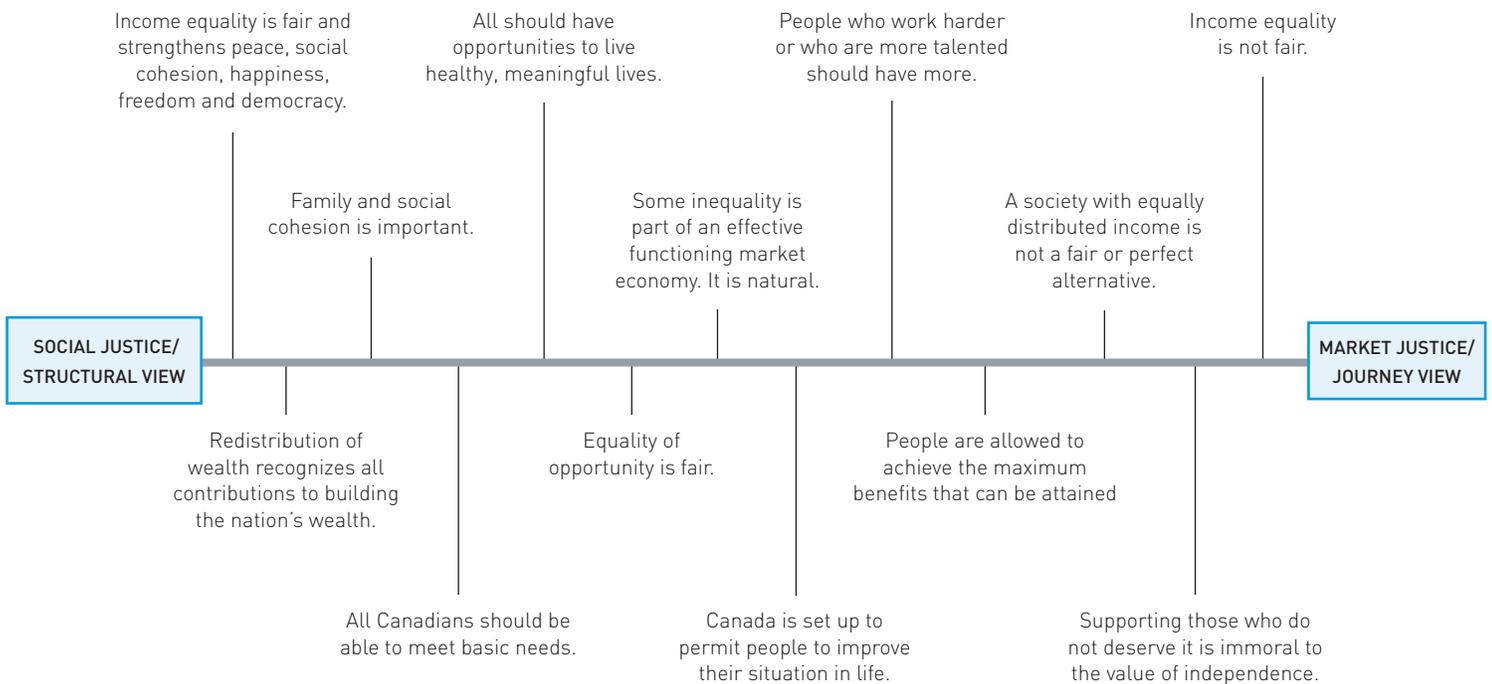
Priming the audience

Priming audiences simply means to prepare them to receive your message. This is done by setting your message within what your audience's believes, when there's a match between belief and audience. To prime the audience, we need to clarify:

- a. Why does the issue matter to each identified audience? Where are they on this issue (e.g., awareness, frames/worldviews/beliefs, values, knowledge, motivation to connect to issue)?
- b. Who does this issue affect? Who needs to be involved in making change?
- c. What impact do we want to have?

The following diagram illustrates a continuum of probable beliefs about income gap. People who currently support the idea of narrowing the income gap will align more to the left side (social justice/structural view). Those who are unsure of or opposed to the idea will align more to the bottom half of the list. Recent research indicates that 80% of respondents believed that Canada is less fair than it previously was, and nearly as many (77.7%) believe that the income gap has grown over the last 5 years. This sentiment is spread across political beliefs, religion and region with at least 70% of people in these groups agreeing with this belief¹³.

DIAGRAM: BELIEFS ABOUT INCOME INEQUALITY



2.3 Proposed Messages with Audience Analysis

In this section, an analysis is provided for each of the three audiences. The following tables provide: audience-specific commonly held knowledge, beliefs and values; suggest some considerations; and propose one statement that may catch attention (called a 'hook'), one statement to prime this audience, and some main messages that you can use in reaching out to these audiences in your locale.

TABLE 2A: AUDIENCE ANALYSIS – PROFESSIONALS: HEALTH PRACTITIONERS

Professionals: Health Practitioners	
SDH Knowledge & Common beliefs and values	<ul style="list-style-type: none"> • Moderate, but tend to focus on individual and medical care • May lean to social justice and structural frames, but the people they work with may not • Know about the social factors that affect health, but understanding and support is varied, particularly in terms of their own role • Many still tend to fall back on service provision and behavior change strategies • Feel the pain of the system and the future issues for health and population
Consideration	<ul style="list-style-type: none"> • Health practitioners tend to show leadership in the area of awareness and education. • They're positioned to influence decisions and expand support for closing the income gap that contributes to population health
Hook	<ul style="list-style-type: none"> • I am required to affect the health of my patients and clients
Prime	<ul style="list-style-type: none"> • I can make a difference to population health by educating and focusing decision makers on the idea of narrowing the income gap.
Sample messages	<ul style="list-style-type: none"> • A smaller income gap leads to more social and economic stability, which spurs on more frequent and sustained periods of economic growth and improved health. Then there is more opportunity and reward for all of us, at all income levels. • As a health practitioner, help raise awareness among the leaders of our country and urge them to use their governing power to improve the health of Canadians by developing a vibrant Canadian economy with a smaller income gap. • When all working Canadians earn incomes that allow us to take hold of opportunities to improve our circumstances we will be healthier, live longer, and provide our children with a better future.

TABLE 2B: AUDIENCE ANALYSIS – SECTORAL LEADERS: PRIVATE SECTOR

Sectoral Leaders: Private sector	
SDH Knowledge & Common beliefs and values	<ul style="list-style-type: none"> • Knowledge of the social factors that affect health is likely low • Share the Canadian values of individualism and care about a just society • The journey and market justice frames are dominant • Need to know the pay-off in the short and long-term • Reluctant to have government involvement • Self-reliance is a moral obligation • Bottom line oriented, and may have a corporate social responsibility agenda
Consideration	<ul style="list-style-type: none"> • They tend to be decision makers and change agents. As leaders, they can affect this issue. Therefore, ask that they consider our perspectives and help to expand the perspectives and solution options of their colleagues.
Hook	<ul style="list-style-type: none"> • Show them how narrowing the income gap affects the bottom line
Prime	<ul style="list-style-type: none"> • Being part of the solution to narrowing the income gap increases prosperity and quality of life for all of us.
Sample messages	<ul style="list-style-type: none"> • In a competitive free market like Canada, some workers earn lots and some earn little. The difference between those who earn lots and those who earn little is known as the income gap. • The income gap affects us all. As we go down the pay scale, people get sicker and die earlier. As the gap widens nationally, the economy’s growth slows down. • When changes in policies and laws close the gap, we end up with a healthier, more prosperous society.

TABLE 2C: AUDIENCE ANALYSIS – MEDIA

Media	
SDH Knowledge & Common beliefs and values	<ul style="list-style-type: none"> • Knowledge of the social factors that affect health is low and/or misinformed • Share the Canadian values of individualism, a just world, • All frames will exist in this group, and within their audiences, most are trained to lean to the journey/market justice angle • Frame health as an individual responsibility, put a human face to the story, generally ignore societal context of the issue • Self-reliance is a moral obligation • Fear of stigmatizing or marginalizing
Consideration	<ul style="list-style-type: none"> • They will want to provide their audience with a newsworthy angle that makes the contextual story relevant and resonant.
Hook	<ul style="list-style-type: none"> • Canadians care about the income gap. You can provide a platform for this issue to surface and be debated in the public sphere.
Prime	<ul style="list-style-type: none"> • Be a catalyst for an important conversation on the gap between people who earn low and high incomes
Sample messages	<ul style="list-style-type: none"> • As a journalist, you inspire important reflection and conversation. Canadians want to have these conversations. • With income being a top contributor to health, should we not ensure that workers earn a wage which lets them cover their basic costs? • When it comes to the difference between the highest and lowest paid working Canadians, how much of a gap is the right gap? • Have Canada’s wealthy and powerful maintained a commensurate level of responsibility and paid their fair share of taxes? • I ask you to keep this message in your mind, and share it whenever this topic is being discussed to ensure this point of view is represented. I am available to be interviewed and provide more information.

In closing

In this booklet we apply a common messaging guideline for communicating about the social determinants of health to the issue of the growing income gap. Using the recommended process we demonstrate how to frame and develop messages for selected audiences. These sample messages can be used and adapted for other audiences and issues. As public awareness about the income gap grows, effective communication can be used to harness this awareness and advocate for more action.

Resources

Sample Resources Communicating Income Inequality

Infographic: Outrageous Fortune: Canada's Wealth Gap

Canadian Centre for Policy Alternatives

This infographic provides information on the gap between the richest and average Canadian income earner. www.policyalternatives.ca/publications/facts-infographics/infographic-outrageous-fortune-canadas-wealth

Let's start a conversation about health without talking about health care

Sudbury and District Health Unit

This website is focused on SDH and features a video and guide as well as links to resources by others. www.sdhu.com/content/healthy_living/doc.asp?folder=3225&parent=3225&lang=0&doc=11749#video (video)
www.sdhu.com/content/healthy_living/doc.asp?folder=3225&parent=3225&lang=0&doc=7846 (posters)

Health Happens Here

California Endowment

Health Happens Here is a project which challenges us to think about people's health beyond the doctor's office and beyond the good vs. bad choices people make. www.youtube.com/user/HealthHappensHere (videos)

Place Matters

http://youtube/saREW_BfxwY (video)

This portal site illustrates concepts related to the impact of everyday factors on health, using a poem and other text. The resources are designed to be used to engage stakeholders from communities across the US

Code Red

Hamilton Spectator

Code Red, a series of in-depth newspaper articles on in the Hamilton Spectator is notable for bringing together academics and the media to provide information and foster public conversation through an ongoing public vehicle. <http://webapps.hcdsb.org/classportal/files/8585-7219-HealthWorlds.PDF>

Communication Resources

Canadian Council on Social Determinants of Health. (2013). *Communicating the Social Determinants of Health Guidelines for Common Messaging*. Ottawa, ON: Author

Robert Wood Johnson Foundation. (2010). *A new way to talk about the social determinants of health*. Robert Wood Johnson Foundation. www.rwjf.org/files/research/vpmessageguide20101029.pdf

Robert Wood Johnson Foundation (2009). *Breaking through on the social determinants of health and health disparities: An approach to message translation, Issue Brief 7: Message translation*. www.commissiononhealth.org/PDF/0d5f4bd9-2209-48a2-a6f3-6742c9a7cde9/Issue%20Brief%207%20Dec%2009%20-%20Message%20Translation.pdf

Dorfman, L., Wallack, P. & Woodruff, K. (2005). *More Than a Message. Framing Public Health Advocacy to Change Corporate Practices*. www.mediastudiesgroup.org/documents/6HEB-Dorfman.pdf

Clarke CE, Niederdeppe J, Lundell HC. Narratives and images used by public communication campaigns addressing social determinants of health and health disparities. *Int J Environ Res Public Health*. 2012 Dec;9(12):4254-77.

Communication for Social Change Consortium [Internet]. South Orange (NJ): Communication for Social Change Consortium; [date unknown] [cited 2013 April 21]. Available from: www.communicationforsocialchange.org/ FrameWorks Institute.

- Framing public issues [Internet]. Washington (DC): FrameWorks Institute; 2002 [cited 2013 April 21]. Available from: www.frameworksinstitute.org/assets/files/PDF/FramingPublicIssuesfinal.pdf
- Strategic Frames Analysis www.frameworksinstitute.org/sfa-overview.html
- Talking about Racial disparities www.frameworksinstitute.org/toolkits/race/
- Talking about Early Childhood Development www.frameworksinstitute.org/toolkits/ecd/

Gasher M, Hayes M, Hackett R, Gutstein D, Ross I, Dunn J. Spreading the news: social determinants of health reportage in Canadian daily newspapers. *Canadian journal of communication* [Internet]. 2007 [cited 2013 April 21];32(3&4): 557-574. Available from: www.academia.edu/2413328/Spreading_the_News_Social_Determinants_of_Health_Reportage_in_Canadian_Daily_Newspapers

Hayes M, Ross I, Gasher M, Gutstein D, Dunn J, Hackett R. Telling stories: news media, health literacy and public policy in Canada. *Soc Sci Med*. 2007 May; 64(9):1842-1852.

Niederdeppe J, Bu QL, Borah P, Kindig DA, Robert S. Message design strategies to raise public awareness of social determinants of health and population health disparities. *Milbank Q*. 2008 Sep; 86(3):481-513.

REFERENCES

1. Canadian Council on Social Determinants of Health. Communicating the Social Determinants of Health: Guidelines for common messaging [monograph on the Internet]. [Ottawa, ON]: Canadian Council on Social Determinants of Health (Canada); 2013 October 23 [cited 2014 April 14]. 18 p. Available from: http://ccsddh.ca/images/uploads/Communicating_the_Social_Determinants_of_Health.pdf
2. Yalnizyan A. The rise of Canada's richest 1% [monograph on the Internet]. Ottawa (ON): Canadian Centre for Policy Alternatives; 2010 December [cited 2014 April 14]. 22 p. Available from: www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2010/12/Richest%201%20Percent.pdf
3. The Conference Board of Canada: How Canada Performs [Internet]. [Ottawa, ON]: The Conference Board of Canada; 2014. Income inequality; 2013 January [cited 2014 April 14]; [about 10 screens]. Available from: www.conferenceboard.ca/hcp/details/society/income-inequality.aspx
4. Laurie N. The cost of poverty: An analysis of the economic cost of poverty in Ontario [monograph on the Internet]. Toronto (ON): Ontario Association of Food Banks; 2008 November [cited 2014 April 14]. 36 p. Available from: www.oafb.ca/assets/pdfs/CostofPoverty.pdf
5. Cornish M. A living wage as a human right [monograph on the Internet]. Toronto (ON): Canadian Centre for Policy Alternatives; 2012 October 5 [cited 2014 April 14]. 18 p. Available from: www.policyalternatives.ca/sites/default/files/uploads/publications/Ontario%20Office/2012/10/Living%20Wage%20as%20a%20Human%20Right.pdf
6. Canadian Centre for Policy Alternatives [Internet]. Ottawa (ON): Canadian Centre for Policy Alternatives; 2014. Hennessy's Index: Canada's pay gap; 2013 April [cited 2014 April 14]; [about 4 screens]. Available from: www.policyalternatives.ca/publications/commentary/canadas-pay-gap
7. The Environics Institute. Focus Canada 2012. Public opinion research on the record [monograph on the Internet]. [Toronto, ON]: The Environics Institute; 2012 [cited 2014 April 14]. 62 p. Available from: www.environicsinstitute.org/uploads/institute-projects/environics%20institute%20-%20focus%20canada%202012%20final%20report.pdf
8. Canadian Centre for Policy Alternatives [Internet]. Ottawa (ON): Canadian Centre for Policy Alternatives; 2014. They're richer than you think; 2013 January [cited 2014 April 14]; [about 2 screens]. Available from: <https://www.policyalternatives.ca/publications/facts-infographics/theyre-richer-you-think>
9. Canadian Centre for Policy Alternatives [Internet]. Ottawa (ON): Canadian Centre for Policy Alternatives; 2014. Overcompensating: A fact sheet on executive pay in Canada; 2013 January 1 [cited 2014 April 14]; [about 2 screens]. Available from: www.policyalternatives.ca/publications/facts-infographics/overcompensating-fact-sheet-executive-pay-canada
10. Le Blanc MF, Raynault MF, Lessard R. 2011 Report of the director of public health. Social inequalities in health in Montréal. Progress to date [monograph on the Internet]. Montréal (QC): Agence de la santé et des services sociaux de Montréal; 2011 [cited 2014 April 14]. 21 p. Available from : http://publications.santemontreal.qc.ca/uploads/tx_asssmpublications/978-2-89673-119-0.pdf
11. Carger E, Westen D. A new way to talk about the social determinants of health [monograph on the Internet]. Princeton (NJ): Robert Wood Johnson Foundation; 2010 July 29 [cited 2014 April 14]. 42 p. Available from: www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023
12. Arkin E, DeForge D, Rosen AM. Breaking through on the social determinants of health and health disparities: An approach to message translation [monograph on the Internet]. [Place of publication unknown]: Robert Wood Johnson Foundation: Commission to Build a Healthier America; 2009 December [cited 2014 April 14]. 9 p. Available from: www.commissiononhealth.org/PDF/0d5f4bd9-2209-48a2-a6f3-6742c9a7cde9/Issue%20Brief%207%20Dec%2009%20-%20Message%20Translation.pdf
13. Northrup D, Jacobs L. The growing income inequality gap in Canada: A national survey [monograph on the Internet]. Toronto (ON): York University; 2014 January 31 [cited 2014 April 14]. 39 p. Available from: http://news.yorku.ca/files/IncomeGap2014_FullReport.pdf



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

St. Francis Xavier University Antigonish, NS B2G 2W5

tel: (902) 867-5406 fax: (902) 867-6130

email: nccd@stfx.ca web: www.nccd.ca