

HEALTH EQUITY COMMUNITY MESSAGING

Framework



A guide for communicating fairness, care, and belonging through the lens of health equity.

INTRODUCTION

Many Americans face widening gaps in access to care, support, and opportunity. While the term “DEI” has become politically charged, the lived experiences beneath it remain universally human: families navigating limited healthcare, small towns managing shrinking resources, faith leaders supporting communities under strain, and neighbors stepping in where systems fall short.

Health equity: the belief that everyone deserves a fair and just opportunity to be as healthy as possible. Health equity is not abstract. It is not partisan. It is foundational to strong families, strong communities, and a strong country.

American Pride Rises (APR) exists to make health equity visible, relatable, and rooted in American values. This framework provides guidance for communicating about health equity in a way that is accessible, human-centered, and aligned with the values of fairness, care, and belonging.

WHAT AMERICAN PRIDE RISES STANDS FOR

Our Goal: To strengthen communities by advancing health equity, ensuring every person has access to the conditions that support wellness and dignity.

Our Belief: Fairness is a deeply American value hidden in plain sight. Health equity is how we operationalize that value. When communities have access to care, representation in decision-making, and systems designed around real needs, everyone benefits.

Our Role:

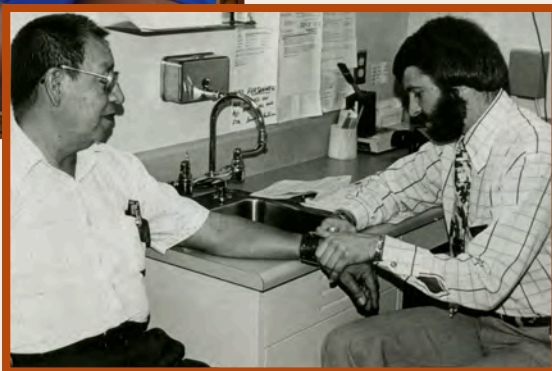
- Translate complex equity concepts into everyday values
- Elevate stories that reflect fairness and care in action
- Build messaging that reduces division and increases understanding
- Support leaders in communicating the benefits of health equity and DEI

HEALTH EQUITY AND DEI: HOW THEY WORK TOGETHER

Health Equity (Primary Lens): Health equity means giving everyone a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as cost, distance, discrimination, language barriers, and lack of representation.

DEI (Secondary Structural Lens): Diversity, equity, and inclusion reflect core American values to ensure everyone has fair access, a sense of belonging, and the chance to participate fully. DEI helps build systems that represent the people they serve, create inclusive care experiences, and ground policy decisions in fairness. In this way, DEI provides the structure that makes health equity possible.

The Relationship: DEI creates the conditions, but health equity delivers the outcomes.



HEALTH EQUITY MESSAGING PILLARS

These three pillars represent the core barriers shaping health in American communities. They also provide the foundation for APR’s messaging.

PILLAR 1: ACCESS THAT WORKS

<p>The Challenge</p> <p>For many people, care is difficult to reach, too expensive, or too inflexible. Long distances, limited appointment availability, language barriers, and complicated insurance processes force individuals to delay or avoid care altogether.</p>	<p>The Need</p> <p>Care that fits real life: nearby, affordable, available at workable times, and delivered in ways people can understand.</p>	<p>The Opportunity</p> <p>Health equity improves access by expanding local options, increasing culturally responsive services, reducing cost burdens, and designing care around the realities of families, workers, and rural communities.</p>	<p>Messaging Angle</p> <p>“Care should fit people’s lives and not the other way around.”</p>
---	---	---	---

PILLAR 2: FAIR TRUST, SAFETY, REPRESENTATION & RESPECT

<p>The Challenge</p> <p>Past negative experiences, rushed interactions, discrimination, and confusing information make people feel invisible or unsafe. When care feels judgmental or dismissive, trust erodes and people avoid seeking help.</p>	<p>The Need</p> <p>Care environments that feel safe, respectful, credible, and aligned with people’s lived experiences.</p>	<p>The Opportunity</p> <p>Health equity strengthens trust by ensuring people are listened to, by reducing bias in care, by making information clearer, and by building environments where everyone feels seen, heard, and valued.</p>	<p>Messaging Angle</p> <p>“People seek care when they feel safe, respected, and truly seen.”</p> <p>“If you’ve ever felt dismissed in care, you deserve better. Health equity helps make everyone feel seen and cared for.”</p>
--	--	--	--

PILLAR 3: EVERYDAY CONDITIONS & HEALTHY ENVIRONMENTS

<p>The Challenge</p> <p>Many communities live in environments that undermine health: unsafe housing, poor air quality, unreliable transportation, food insecurity, and social isolation. At the same time, decisions about community health are often made without input from the people most affected.</p>	<p>The Need</p> <p>Communities need both healthier environments and a voice in shaping the systems that impact their daily lives.</p>	<p>The Opportunity</p> <p>Health equity improves the full set of conditions that shape health like housing, transportation, food access, neighborhood safety, and ensures decisions reflect the realities of those who live them.</p>	<p>Messaging Angle</p> <p>“Where we live and who is heard shapes our health”</p> <p>“Much of our health depends on forces we can’t control like housing, air quality, safety. Working towards health equity helps make those conditions fair.”</p>
--	--	--	---

AUDIENCE OVERVIEW:
THE UNAWARE BUT AFFECTED

Who They Are: People who feel the everyday consequences of inequity like stress, limited care, financial strain, unsafe conditions, but do not identify with DEI or health equity language.

WHAT THEY VALUE

- Fairness
- Family stability
- Practical solutions
- Kindness and decency
- Faith, community, and responsibility
- Hard work and self-sufficiency
- Safety and predictability

HOW TO REACH THEM:

They respond to...

- Clear, human language
- Local examples
- Nonpolitical framing
- Values-driven messages
- Solutions that feel tangible

They resist...

- Jargon
- Activist terminology
- Blame and guilt
- Abstract concepts that feel ‘too educated’



PERSONA PROFILES

Each persona reflects a common way Americans experience the issues described in the three pillars, and what they need to hear to connect to health equity + APR.



The Well-Meaning Neighbor

“I see and treat everyone the same. I just wish people would stop fighting about it.”

Profile

Linda, 62, retired teacher in a small Midwestern suburb. She's the neighbor who bakes for new families and organizes coat drives. **She believes in kindness but thinks DEI “goes too far.”** She doesn’t recognize that “treating everyone the same” can still leave some people unseen.

Example

When her local school started an after-hours reading program for immigrant kids, she first worried it would “stir things up.” But after seeing the kids light up, she started volunteering because she understood it as caring for neighbors, not politics.

Primary Concern

Feeling like cultural change has become “too political” and feels nostalgic for a simpler sense of community where everyone got along.

Key Motivators

Keeping peace in her town, doing good in tangible ways, being seen as kind and dependable by her neighbors.

Tailored Message

Lead with familiar values: community, fairness, neighborliness.
For example: “Good neighbors make sure every family is cared for.”



The Practical Provider

“I just want fair, affordable care that works for my family and my employees.”

Profile

Brian is a 57-year-old small business owner in Macon, Georgia. Recently diagnosed with prediabetes, he’s trying to manage his own health while providing basic coverage for his employees. He believes in hard work and fairness but is skeptical of anything that sounds political. **When he hears “health equity,” he tunes out, but when he hears about lowering costs or supporting his community, he listens.**

Example

In Georgia, small-town business owners often take on community leadership roles. One local mechanic partnered with a nearby clinic to offer free checkups to employees and their families—reducing missed shifts and building goodwill. Framing health as a shared local value made it feel like neighbors helping neighbors and not a mandate.

Primary Concern

Rising healthcare costs, lack of local services, and frustration with feeling like small businesses and local neighbors are left to handle problems big systems should help solve.

Key Motivators

Keeping his small business stable, ensuring employees can stay healthy and show up for work, protecting his family’s financial security.

Tailored Message

Lead with shared values and economic sense.
For example: “Healthy workers mean stronger businesses. Small business owners shouldn’t have to shoulder healthcare alone. We need systems that help businesses and workers thrive.”

PERSONA PROFILES (CONTINUED)



The Devoted Father

“When my daughter can’t breathe, the only thing that matters is getting her help fast.”

Profile

Luis is a 51-year-old Puerto Rican father in Orlando, Florida. He works long hours to provide for his family. His daughter has asthma, and because regular appointments are hard to schedule around his job, Luis often ends up at the ER. **He’s not familiar with terms like “DEI” or “health equity” but he wants his daughter to stay healthy.** Spanish-language resources and familiar faces help him feel safe when systems fail.

Example

In Orlando, a bilingual community health center began offering flexible after-hours pediatric asthma clinics. Parents like Luis said it helped them avoid costly ER visits and manage their child’s symptoms better. The center promoted these sessions through Spanish radio and church announcements, luckily meeting families where they already were.

Primary Concern

Unreliable access to specialists, cost of medication, and fear of emergency situations where he has no choice but to depend on neighbors.

Key Motivators

Keeping his daughter safe, finding affordable care and help from people close to home, and balancing family and work responsibilities.

Tailored Message

Lead with family, care, and trust.
For example: “When dads can’t get care for their kids, we all lose something close to home”



The Resilient Caregiver

“I’m just trying to keep my family healthy with what we’ve got and what we’ve been through.”

Profile

Mary is a 48-year-old Black woman in Flint, Michigan. She works full-time at a packaging facility and cares for her elderly mother and two kids. Years of contaminated conditions have worsened her son’s asthma and her own diabetes. **She doesn’t use words like “health equity” or “DEI” - she just wants fair, reliable care for her family.**

Example

In Flint, residents continue to face long-term health issues tied to environmental injustice. Mothers like Mary rely on neighborhood clinics and church-led initiatives to fill care gaps. She trusts her neighbors far more than any institution as they’re the ones who pitch in when something breaks or someone gets sick.

Primary Concern

Unsafe air and water, lack of affordable care, unsafe living conditions, and a long history of systems (political, health, and social) failing her neighborhood.

Key Motivators

Protecting her family, keeping her kids and mother healthy, wanting her neighborhood to get the cleaner and safer conditions it deserves.

Tailored Message

Lead with care, fairness, and belonging, not jargon.
For example: “Every mother deserves to raise her kids in a safe, healthy home”

PERSONA PROFILES (CONTINUED)



The Faithful Shepherd

“My job is to serve God and take care of the body, mind, and spirit.”

Profile

Pastor James is a 49-year-old Black Baptist minister in rural North Carolina. He leads a mid-sized church that doubles as a food pantry and shelter hub. He believes in service as an act of faith, not politics. **He's cautious about endorsing anything labeled “DEI” but passionately preaches about love, dignity, and justice – values that deeply align with equity work.** When trusted messengers (like health workers or other clergy) frame issues as caring for neighbors or protecting God's creation, he becomes a powerful amplifier.

Primary Concern

Keeping his congregation unified and spiritually healthy while avoiding the political polarization that divides families and churches.

Example

During COVID, Pastor James partnered with a local clinic to host vaccination drives at his church. He was wary of government messaging but trusted the clinic's nurse, a longtime congregant. By framing it as “loving thy neighbor,” he brought in hundreds of families who otherwise would've stayed away.

Key Motivators

Serving his community through compassion and service, protecting families' wellbeing, ensuring his church remains as a core of for belonging in the neighborhood.

Tailored Message

Lead with faith as service and care as the foundation of community health.

For example:

“Health is part of God's care for us and we show that care by showing up for each other.”

“Caring for our neighbors' health is one of the clearest ways we reflect God's love close to home.”

CREATIVE MESSAGING TOOLKIT

Tone & Voice

- Human and grounded
- Smart but accessible
- Warm, not performative

Writing Guidelines

- Lead with the human experience
- Explain barriers in plain terms
- Use local, everyday settings
- Show benefits, not blame
- Keep sentences clean and digestible

Phrases to Use ✓

- Fair shot
- Care that listens
- Healthy families
- Safe homes
- Strong communities
- Respect
- Dignity
- Peace of mind
- Welcome

Phrases to Avoid ✕

- Marginalized
- Systemic racism
- Anti-racism
- Underserved
- Bias training
- Equity lens
- Vulnerable populations

CALL TO ACTION

Fairness should be felt *close to home*, in our neighborhoods and in our systems. Health equity is how fairness becomes real.

DEI helps build systems that deliver that *fairness*. Together, they give every family and every community a chance to *thrive*.