

Communicating *for Change*

3

Shaping Public Debate with
Framing and Messages



Communicating for Change | Module 3: Shaping Public Debate with Framing and Messages

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Framing and Messages



Center for Healthy Communities

Foreword

The California Endowment recognizes that no single policy or systems change will achieve our goals. Rather, we believe that many policy, system and organizational changes are necessary at the local, state and national levels to achieve these goals. We also believe that everyone has a role to play and that all organizations can contribute to a change process.

In order to help build the capacity of our partners to elevate our collective goals and put forth solutions, The Endowment's Communications and Public Affairs Department and the Center for Healthy Communities have developed *Communicating for Change* as part of the Center's Health ExChange Academy. The *Communicating for Change* series is designed to provide advocates with the resources they need to effectively use media advocacy and other strategic communications tools to ensure that their policy goals for improving the health of California's underserved communities remain in the spotlight.

Special thanks are due to the team at Berkeley Media Studies Group and all the other partners who participated in the design of this curriculum, which we hope will help you amplify your voices for change.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert K. Ross', with a stylized, flowing script.

Robert K. Ross, M.D.
President and Chief Executive Officer
The California Endowment

Curriculum Introduction

The California Endowment's *Communicating for Change* training series will help advocates learn to engage the news media strategically. Whether the goal is increasing state funding for physical education programs or requiring hospitals to provide language access services, advocates can harness the power of the news media to amplify their voices, reach policymakers, and advance their policy goals.

This seven-session training series, which combines advocacy case studies with hands-on activities and group worksheets, will help advocates develop the skills to engage the news media effectively. The goal is to learn how media advocacy strategies can best support policy-change efforts to create healthier communities.

This manual is for participants of the third training session of the *Communicating for Change* curriculum, Module 3: *Shaping Public Debate with Framing and Messages*. The topics for the other six training sessions are listed on the next page. We hope you enjoy this training and that it helps you reach your goals of creating healthier communities across California.

CURRICULUM OVERVIEW

Module 1: *Making the Case for Health with Media Advocacy*

Module 1 introduces how to use media advocacy strategically to advance policy. Participants will learn to recognize the news media's role in shaping debates on community health. They will clarify their overall strategy and learn how it relates to a media strategy, a message strategy, and a media access strategy. This will be the basis for subsequent trainings.

Module 2: *Planning Ahead for Strategic Media Advocacy*

Module 2 takes participants through each step of developing a media advocacy plan: setting goals and objectives, identifying strategies and tactics, assessing resources, determining timelines and specifying who will do what. Participants will learn to integrate communications planning organizationally and plan for timely, proactive news coverage.

Module 3: *Shaping Public Debate with Framing and Messages*

Module 3 explains framing—what it is and why it matters—and helps participants apply that knowledge to developing messages in advocacy campaigns. Participants will practice framing a range of community health issues to support policy change.

Module 4: *Creating News that Reaches Decision Makers*

Module 4 explores different news story elements so participants can get access to journalists by emphasizing what is newsworthy about their issue. Participants will explore how to create news, piggyback on breaking news, meet with editorial boards, submit op-eds and letters to the editor, and develop advocacy ads.

Module 5: *Engaging Reporters to Advance Health Policy*

Module 5 gives participants intensive practice being spokespeople for their issue, including on-camera training. Participants will learn to anticipate and practice answering the tough questions reporters ask.

Module 6: *Targeting Audiences with New Communication Tools*

Module 6 gives participants a tour of new communications tools, including blogs, e-flicks, and viral marketing so they can tailor their advocacy communications to specific goals and audiences.

Module 7: *Training Allies in Strategic Media Advocacy*

In Module 7 those who want to train others in their organizations learn interactive techniques for teaching media advocacy.

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Pictures in Our Heads: An Introduction

1

In 1922, renowned journalist and commentator Walter Lippmann observed that society was far too big for any single person to have direct personal experience with everything that mattered. Instead, he said, when we make decisions we have to rely on “pictures in our heads” to tell us how the world works and what is important. Of course, our personal experience still influences our thinking about the world around us, but it is not the only influence. And in some cases, especially when we have no direct personal experience with the issue at hand, the pictures in our heads might matter more.

So where do those pictures come from? And what do they mean for media advocates?

In the 85 years since Lippmann’s observation, researchers from many disciplines—social psychologists, political scientists, sociologists, and linguists—have explored this issue, asking: How do people come to understand—and assign importance to—events and issues in the world around them? These days, a popular term for what they are trying to explain is “framing.” In this module, we focus on what framing is and why it is important for media advocates. We describe:

- **How people’s brains use frames to make sense of the world around them. This has implications for how people understand community health problems and their solutions;**
- **How framing applies specifically to news stories and how audiences interpret news stories. This has implications for how advocates talk about community health problems and their solutions; and**
- **What all this has to do with developing messages for policy advocacy.**

If health advocates understand how frames work in people’s minds and in the news, they will have an easier time communicating effectively about health policy.

“For the most part, we do not first see, and then define, we define first and then see.”

— Walter Lippmann

LEARNING OBJECTIVES FOR MODULE 3

By the end of Module 3 participants will:

- Be able to describe how a common default frame—individualism—affects how people understand what to do about community health problems.
- Be able to describe how the common default frame appears in news stories.
- Recognize how frames can support or challenge policy goals.
- Understand the importance of strategically framing health issues in public debates and news coverage.
- Be able to name story elements that can make it easier for reporters to tell stories from the advocate’s perspective.
- Have practiced reframing issues with the aim of helping policymakers and the public understand what is at stake for a community’s health.
- Have developed relationships with other advocates.

The Promise and Perils of Framing

Before we delve into framing, one caveat: Framing is extremely important; that's why we are devoting an entire module to it. Even so, it is only one important factor in an advocacy campaign.

Framing can help groups:

- Clarify their values;**
- Generate strategy ideas;**
- Provide the basis for developing effective messages for different constituencies;**
- Link across different issues;**
- Understand the default frames in American culture that are most audiences' starting point; and**
- Explain their version of how the world works and what needs changing.**

But framing does not take the place of other work essential in an advocacy campaign—such as community organizing, coalition building, cultivating relationships, background research, and other activities necessary to advance policy. Developing the right frame is a process that takes time, and evolves as a movement evolves. Framing is not a silver bullet, but it is an essential part of social change.

2

From the Pictures in Our Heads to Frames

Frames help people make sense of what they see and hear by triggering concepts that already exist in their minds.

Linguists say that framing is the process our minds use to recognize patterns of ideas, categorize them, and derive meaning from them. Like Lippmann’s “pictures in our heads,” the frames exist inside our brains. Frames help us integrate new information into our existing understanding of how the world works, which helps us determine what is important and act accordingly.

Frames Already Exist in Our Heads

Frames help people make sense of what they see and hear by triggering concepts that already exist in their minds. Political scientist Frank Gilliam explains that frames are the “labels the mind uses to find what it knows. Frames...signal what to pay attention to—and what not to, they allow us to fill in or infer missing information, and they set up a pattern of reasoning that influences decision outcomes. Framing, therefore, is a translation process between incoming information and the pictures in our heads.”

Just a few cues—a word, an image—may trigger whole frames that determine the deeper meaning of that word or image. In the image below, your mind fills in the bottom of the letters for you, so you “see” the words “COMMUNITY HEALTH” behind the blue box. That’s how frames work: they fill in the blanks, giving meaning to information you receive.

Just a few cues...

COMMUNITY HEALTH

Our minds are so efficient at “filling in the blanks” that the process is unconscious and unquestioned, which can be a problem when the cues steer us in the wrong direction.

...might surprise you.

GQMMIJNJT V I IFAI TI I

Our minds attach meaning, including values, judgments, and causal explanations, to the information we receive. Frames create tracks for a train of thought and once on that track it’s hard to get off. In the case of policy discussions, the frames determine the parameters of debate.

Frames Help Us Understand How the World Works

Social psychologists have shown that in the United States the most common frame people use to understand the world emphasizes personal motivations, not the situations influencing personal decisions. Over the years, hundreds of experiments have demonstrated that people tend to “see the actors and miss the stage.” So, for example, in an experiment where people watched different groups of basketball players and were asked why one group did better than the other, the observers suggested that the players were more skilled or practiced or talented. The observers understood the players’ behavior in terms of individual characteristics. The observers did not notice that, in fact, the group that did poorly was playing in a gym where the lights had been dimmed. When explaining others’ behavior, people in the U.S. tend to emphasize personal attributes like skill, desire, or work ethic; their explanations tend to ignore the influence of the situation surrounding the person.

Much like a spotlight illuminates an actor onstage but leaves the rest of the set in shadows, this tendency to focus on people’s motivations renders the surrounding environment almost invisible, reinforcing the idea

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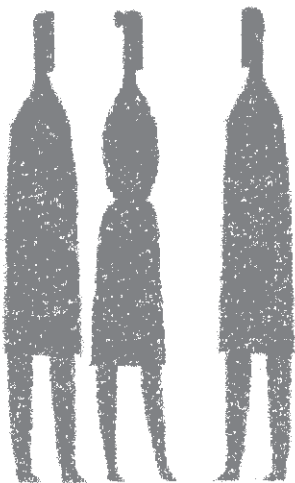
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of personal responsibility and minimizing the role of larger structural forces. Just as your mind quickly filled in the blanks in the blue box, the personal motivation frame needs little prompting. That is why we call it the default frame; if no alternative is presented, it is where people’s minds go first. This default frame—that people’s behavior is determined by personal motivation, not by the situations they find themselves in—makes advocating for health policy challenging, since many policies are designed to change the conditions or situations surrounding individuals.

An Easy Value to Trigger is Personal Responsibility

In the U.S., the default frame taken to its logical conclusion gives us “rugged individualism,” a popular cultural ideal. The frame reinforces the value of personal responsibility for overcoming harsh odds, as in the Horatio Alger “pull yourself up by your bootstraps” myth. It is one of the most common stories Americans tell about themselves. Former Labor Secretary Robert Reich calls it the story of the “triumphant individual.” The personal responsibility frame includes the idea that you can accomplish anything you put your mind to. But, at the same time, the frame includes the converse idea: that if you do not succeed it is your own fault. Both of these ideas come together in the default frame. If you evoke rugged individualism, you also evoke personal responsibility and self-sufficiency.

A basic finding from social psychology helps explain why frames other than personal responsibility and rugged individualism are harder to trigger in the minds of audiences. This finding, called the Fundamental Attribution Error, explains that people will attribute responsibility to personal characteristics rather than the circumstances surrounding the person, even when presented with evidence about how the circumstances influenced the individual’s outcome.





The Fundamental Attribution Error

From experimental research spanning decades, social psychologists have established that people tend to interpret cues about people's behavior or outcomes by over-emphasizing the person and under-emphasizing the situation surrounding the person. So, if someone is asked why another person is low-income, most people will offer an explanation that has to do with personal failure, saying that the person didn't try hard enough, or isn't very skilled or smart, rather than an explanation that includes contextual factors like a lack of jobs, inadequate public transportation, or not enough affordable housing. Social psychologists say that it is easier for us to focus on the person rather than the situation the person is in—unless that person is us. People are more likely to think about contextual factors if they are analyzing the reasons behind their own behavior. But when it comes to assessing others, personal rationales dominate.

Social psychologists call this tendency to underestimate the external forces and overemphasize the personal the Fundamental Attribution Error because most people fundamentally misattribute contextual factors as personal will. Experiments on the Fundamental Attribution Error show again and again that people frame their understanding in terms of personal characteristics or motivation, discounting the effect of the settings and circumstances on personal actions.

One reason for this, psychologists suggest, is that it makes the world more manageable. It is easier for individuals to think they can control themselves than change the environment. People think to themselves, "That won't happen to me. I'll be different." The alternative—that the broader social and economic circumstances, which are admittedly harder to change, determine what happens to us—makes the world a scarier place. Eric Schlosser described this idea in a story about how families cope with homicide:

People...distance themselves from such tragedy. One way is to assume that the victim was somehow responsible for his or her own death. Blaming the victim has a strong intrinsic appeal. It preserves the illusion that the world is rational and just, that things happen for a reason. It sustains the American belief that a person can control his or her destiny. And it gets everybody else—at times even the murderer—off the hook. If the victim is somehow to blame, according to this logic, then the rest of us are safe.

(Schlosser, E., "A Grief Like No Other," Atlantic Monthly, September 1997, p. 52.)

Our task as media advocates often is to develop frames that include values of shared responsibility, not just personal responsibility. While people can be expected to take responsibility for their health, they are not always in control of those choices. For example:

- **Parents should make good nutrition choices for their children. But parents don't choose what is stocked in grocery stores or control pricing strategies that make 20 ounces of soda cheaper than 20 ounces of milk.**
- **Parents should educate their children about good nutrition. But parents don't spend \$1 million an hour, every hour, every day, on marketing to lure children to products that can shorten their lives, as the food and beverage industries do.**
- **People should take care of themselves so they avoid hospitalization. But employees don't decide the price of a health insurance premium. Patients don't decide whether preventive care will be included in their health care policies.**
- **Patients should follow their doctors' instructions about medication and treatment. But patients don't decide whether the hospital will employ a doctor who speaks their language.**

Personal responsibility matters, but so does the environment in which those decisions are made.

Much of the time, the policies we pursue are designed to improve the environments we live in and the choices available to us. That is why advocates need to use frames that help people 1) understand the role of the environment in personal decisions and 2) appreciate the obligation we have to each other to create healthy environments.



Frames on Health Can Shift

Shifting the frame from a focus on individuals to the environments surrounding them is always challenging. Over time, however, persistent advocates have shifted public debate on a few high-profile health issues. Changes in perspective do take hold. Consider how public discussion of these health issues has changed over time.

ISSUES SHIFTED	INDIVIDUAL FRAME: PEOPLE USED TO TALK ABOUT...	ENVIRONMENTAL FRAME: NOW PEOPLE TALK ABOUT...
Tobacco	Smokers	Tobacco
Alcohol	Alcoholics	Alcohol problems
Traffic Crashes	Dangerous Drivers (“the nut behind the wheel”)	Auto and road safety

In tobacco, alcohol, and traffic crashes we have witnessed significant shifts in how the issue is framed. The shift has been from understanding the problem as one of individual behavior to one that includes the environment or systems that surround individuals. So, for example, in the 1970s and 1980s most people considered smoking an individual issue that concerned smokers and maybe their families, but the impact of tobacco on society as a whole wasn’t readily understood. That began to shift in the late 1980s as tobacco control advocates started to change how they conceptualized and talked about the issue. As they reframed smoking—something people did—to tobacco—something that affected our society at large, they could introduce new solutions to the problem.

When the problem is seen as smoking, responsibility belongs only to the smoker; he or she should try to quit. If the larger society is involved at all, it is to encourage cessation or provide treatment. But when the problem is framed as tobacco, then the roles for government and industry become clear. Now it is commonplace, particularly in California, to restrict where people can smoke, raise the price of tobacco, or limit tobacco marketing. Thirty years ago those approaches were much harder for policymakers to support because tobacco was understood primarily as an individual issue.

Alcohol has undergone a similar shift, though we haven’t yet come as far as we have with tobacco. Still, there has been progress, particularly regarding drinking and driving. In the 1950s the issue was barely visible as a public health problem. Drivers had “one for the road” before they left the bar. Alcohol problems were considered personal problems and the remedy was for everyone to “drive defensively.” Through the 1970s, as the federal government invested more research dollars in the issue, and after Mothers Against Drunk Driving was founded in 1980, we have witnessed a cultural shift regarding how society addresses drunk drivers. The issue has been reframed from a singular focus on personal drinking behavior to include such policy goals as reducing liquor store concentration in the inner city, removing alcohol advertising that reaches kids, and discouraging consumption by raising excise taxes.

continued on next page

Public understanding about traffic crashes has followed a similar trajectory. Drivers have a responsibility to drive safely, but now policymakers understand the role of car manufacturers in creating safer vehicles and the role of government in regulating carmakers and designing safe roads. Common to all these issues is the shift from the personal to the environmental. Each issue is no longer simply a private matter in the life of an individual, but also a public issue with a role for government and institutions.

As Kathy Bonk of the Communications Consortium Media Center describes it, on some issues the public has moved from “me” to “we,” meaning that the problem is now addressed in terms of how it affects all of us. Individuals certainly continue to have some responsibility for problems caused by tobacco, alcohol, or traffic crashes, but as a society we understand that there is a shared responsibility as well, so public policies that improve the environment are considered appropriate.

Media advocates’ work over the long term aims toward these sorts of significant shifts in how an issue is understood. Advocacy and framing efforts build over time until, with some good fortune and hard work, they achieve the level of progress now seen with tobacco, such that it’s becoming hard to remember a time when the public didn’t expect government and industry to have some responsibility for addressing the problem.

With other issues, we are in earlier stages of large-scale reframing. Nutrition is an issue in transition. People are starting to understand that the food and beverage industry bears some responsibility for the conditions that encourage over-consumption of low-nutrient foods. But at present, personal responsibility for food choice is still the dominant frame. The same could be said of health care. Advocates are working to reframe the issue from focusing on the “uninsured,” which places responsibility only on the individuals without insurance, to highlighting the unacceptability of a broken health care system that lets many people fall through the cracks. Homelessness is another issue in transition in which advocates have worked to focus on the structure of the problem, such as the lack of affordable housing or a lack of mental health or drug treatment.

ISSUES IN TRANSITION	INDIVIDUAL FRAME: PEOPLE STILL TALK ABOUT...	ENVIRONMENTAL FRAME: BUT PEOPLE COULD TALK ABOUT...
Chronic disease, diabetes, nutrition	Obesity, personal responsibility	Food and activity environments, food availability, marketing
Health care	Uninsured people	Broken system
Homelessness	“street people” “derelicts” “bums”	Affordable housing, living wage, mental health care, drug treatment

With all of these issues, the challenge for media advocates is to make the context of the problem visible so we can successfully shift from the individual to the environmental frame. Strategies can include describing the physical environment surrounding individuals, such as a neighborhood with few healthy eating options, or the systems and forces beyond people’s control that influence their lives. The part of the environment you highlight will be dictated by the policy option you are pursuing.

The Special Case of News Frames

3

News deserves special attention because it is one of society's most important public conversations. When Walter Lippmann first talked about "pictures in our heads" he suggested, even in 1922, that many of the pictures in people's heads came from news coverage. Nearly 100 years later that is still the case. News coverage can set the terms of debate on an issue, and commands close attention from policymakers. And because of how news is created and interpreted, most of the time it reinforces the default personal motivation frame and emphasizes the value of personal responsibility.

News Frames Separate "Told" from "Untold" Parts of the Story

In news coverage, the frame is the way an issue is defined, packaged and presented in the news. When covering stories, journalists select certain arguments, examples, images, messages and sources to create a storyline. This selection—or omission—of arguments and voices not only signals to audiences what is important about an issue, but also what is not. In so doing, reporters indicate what or who is credible, which positions and arguments are valid, and which aspects of an issue should not even be considered. It includes a causal explanation of how the problem was created and how it should be solved.

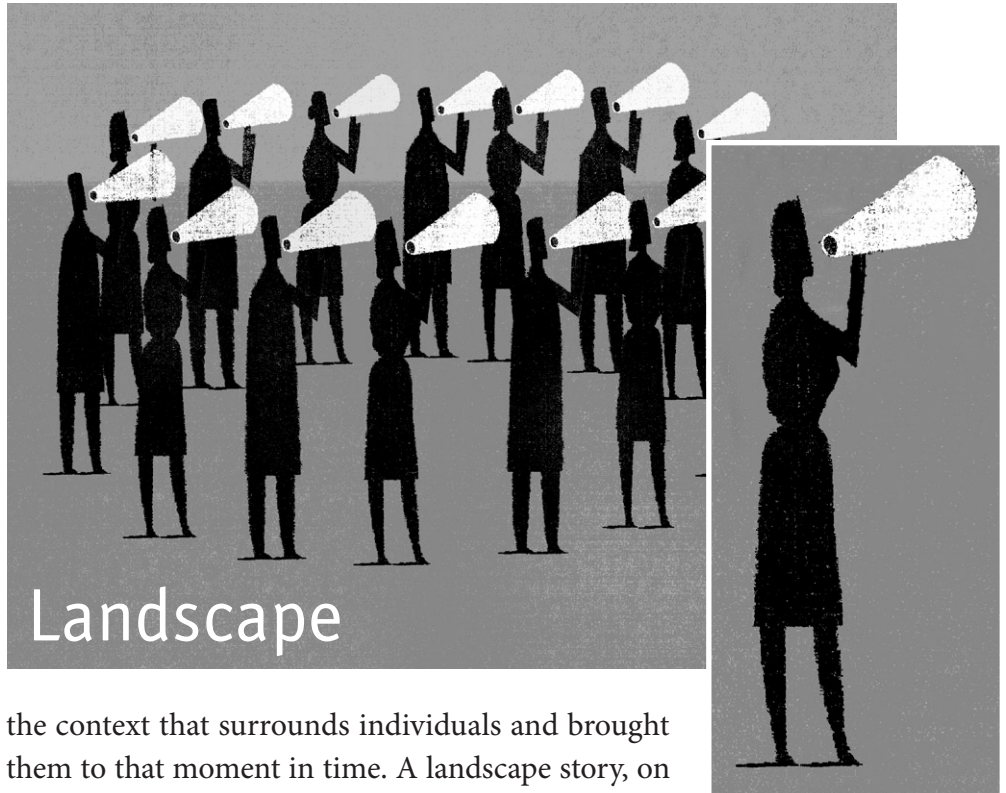
Like a frame around a painting, the news frame draws attention to a specific picture and keeps audiences from seeing the rest of the story. By highlighting only certain factors or perspectives, frames create a mental box in which people then reason about the issue.

The patterns in news stories get reinforced because reporters rely on a formula. As Kristen Grimm of Spitfire Strategies notes, "Media strive to tell stories that have a hero, a villain and a plot. It is hard to make a system a hero or a villain." That challenge means that the default frame of individualism is easier to reproduce in news stories than a frame that includes systems and environments as a focus for change.

Like a frame around a painting, the news frame draws attention to a specific picture and keeps audiences from seeing the rest of the story.

News Frames Are More Often Portraits than Landscapes

A simple way to distinguish news frames is to think of the difference between a portrait and a landscape. In a news story framed as a portrait, audiences may learn a great deal about an individual or an event, heavy on the drama and emotion. But in this kind of snapshot, it is hard to see



the context that surrounds individuals and brought them to that moment in time. A landscape story, on the other hand, pulls back the lens to take a broader view. It may include people and events, but connects them to the larger social and economic forces.

Portrait

For example, a portrait story about health care might focus on the plight of a young child suffering from a rare disease. The story might move you to tears when you learn that the child might die because the family cannot afford medical treatment. In extreme cases news stories like these motivate audiences to send in money for the family, or offers to get the child medical care. But they do not usually inspire a rush of readers or viewers to say: how can we fix the health care system that let this happen in the first place? A landscape story might start with the same child's disease, but would also show how the health care system could change its eligibility criteria or pricing to accommodate the many children in need of care.



Portraits and Landscapes in News Stories

Even though the majority of news is framed like portraits rather than landscapes, within most news stories you can find elements of both portraits and landscapes. For example, when the Los Angeles Times reported on a new study of childhood obesity from the Institute of Medicine, most of the 715-word story focused on advice to parents, what reporters would call “news you can use.” The headline kept the focus on individuals clear: “The Lean Plate; Hey, parents, time to take charge; Want healthy kids? Limit their TV, eat with them, go outside—together. It’s up to you.” Only one short paragraph pointed to the broader context—a statement from Senator Tom Harkin in which he said that addressing the problem would require involvement of government, schools, employers, parents and community.

One way to stimulate news coverage framed as a landscape is to create news about the environment itself. The California Center for Public Health Advocacy did this when it released a study showing the overabundance of fast food restaurants compared to supermarkets and other places to buy produce in California counties. The front page coverage of this study in the Sacramento Bee focused almost entirely on the environment—the literal food landscape surrounding Californians.

Los Angeles Times

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LOS ANGELES TIMES

HEALTH 3

THE LEAN PLATE

Hey, parents, time to take charge

Want healthy kids? Limit their TV, eat with them, go outside—together. It's up to you.

By SALLY SQUIRES
Special to The Times

Many parents and pediatricians already know it. Now an updated report from the Institute of Medicine confirms it: Childhood obesity is getting worse.

An estimated one-third of American children and adolescents are now obese or at risk of becoming obese, said the report. Yet efforts to control obesity in kids remains “fragmented and small-scale,” according to a panel of experts convened by the institute. The panel also noted that commitment and resources for fighting childhood obesity pale in comparison with other public health efforts, including control of infectious diseases outbreaks and prevention of tuberculosis.

“When it comes to promoting nutrition and physical activity to our kids, we’re not only stuck in neutral, we’re asleep at the wheel,” said Sen. Tom Harkin (D-Iowa), in response to the report, released this month. “It’s time that we get serious and truly focus ... on addressing this problem with a comprehensive

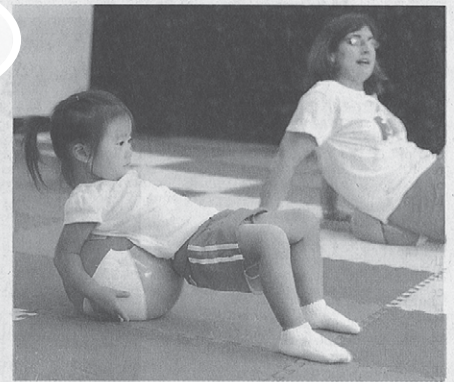
approach. The federal government, our schools, employers, parents and communities all have a role to play in fighting and preventing obesity.”

Until that happens, it's up to you and your family to take care of yourselves. Experts say there's no one answer for every child. But a number of helpful strategies are emerging from research and pilot programs throughout the country, among them:

- **Start early.** How early? Infancy. Breast-feeding infants exclusively or the first four to six months of life—a practice recommended by the Institute of Medicine—significantly cuts the risk of future childhood obesity.

- **Limit your child's screen time.** The more hours spent sitting in front of the television or computer, the more likely kids are to be overweight or obese. The surprise: Research suggests that secondary kids are most motivated to get active when television (in limited quantities, of course) is offered as a reward for healthy activity. One tool that may help: TV Allowance, a \$99 timer that plugs into either the television or the computer. Both parent and children have a code that must be keyed into the timer to turn on the television or computer. When the time is up, the device turns off.

- **Take a tip from the Academy of the Sierras,** a boarding



CHARLES CORTES/Associated Press
MAKING IT FUN: Hailey Chung, left, of Germantown, Md., participates in an exercise class. Good health habits are set early.

school for overweight children in California, where television watching is limited to the gym. Students must walk on a treadmill, climb a stair machine or work out in some other way to view the tube.

- **Know the score.** Turns out that some parents of overweight kids have trouble identifying their children as supersized. So a number of states are considering providing body mass index (BMI) report cards for kids to take home to Mom and Dad. In the meantime, the Institute of Medicine urges parents to regularly check their children's BMI. Do that online at the federal Centers for Disease Control and Prevention's site at www.cdc.gov/nccdphp/dnpa/bmi/index.htm. Or talk to your child's doctor. Unlike for adults, BMI in children and teens is expressed in percentiles to account for age, growth and body fat differences between boys and girls.

- **Break bread together.** Cornell University researchers show that teens who eat more frequently with their families also eat more fruit and vegetables, whole grains and other essential nutrients than their counter-

parts who don't regularly eat family meals. The kids who have family meals also drink fewer sweetened soft drinks and eat less fat. While you're at it, get your kids to help with meal preparation too. It's another habit that helps foster more nutritious eating.

- **Wear pedometers.** They're standard issue at the Academy of the Sierras. The goal: 10,000 steps per day. Track those steps by simply encouraging family members to put their initials and numbers on the kitchen calendar. “It's very low-tech,” says Daniel Kirschenbaum, professor of psychiatry and behavioral sciences at Northwestern University and clinical director of Healthy Living Academies, which runs both the Wellspring Weight Loss Camps and the Academy of the Sierras. “Get your family step-oriented.”

- **Walk the walk yourself.** If you want your children to eat smart and move more, you have to do it too, with no excuses, says Kirschenbaum, who was overweight as a child. “You have to show them this isn't torture. ... You need to embrace this lifestyle, not just do it grudgingly.”

LANDSCAPE

Public health perspectives, in particular, are rare in news coverage. In one of the largest studies of local television news only one story among 8,021 was devoted to violence as a public health issue. This amounted to only about two minutes in more than 200 hours of news broadcast across California.

Studies of children’s issues in the news have found an abundance of stories that mention children’s health but, as with violence coverage, a lack of in-depth reporting on the consequences of ill health or poor conditions for children, their families or society at large. For example, a study of childhood nutrition policy found advice to parents was the single largest subject in the news coverage. The study found that advocates described the problem of childhood obesity by explaining environmental, “upstream” factors (e.g., “supersizing,” too much TV and sedentary activity, fast food in schools) but when it came to proposing solutions, advocates focused on individual behavior. The news included many individually oriented “news you can use” pieces describing things parents can do at home to fix healthy meals, for example. But such stories did not reflect a public health approach to childhood nutrition. A follow-up study included childhood immunization, childhood injury, and children’s health insurance and confirmed the earlier findings, going further to establish that while particular children’s health policies appear in news stories, the values underlying the policies are rarely expressed.

Usually about 80 percent of TV news stories are framed around people or events, like portraits. More often than not advocates will have to reframe a portrait as a landscape if they want public debate to focus on the policies and institutions that shape the circumstances affecting people’s health.

Portrait Stories Reinforce Personal Responsibility Values

Research on how news audiences interpret the news shows that stories focused on people or events evoke personal responsibility explanations. This isn’t so surprising, given that the Fundamental Attribution Error means that personal motivation is the starting point for most people’s explanations for behavior, whether or not it is depicted in a news story.

But, on an encouraging note, the same research also shows that landscape stories can evoke values of shared responsibility between individuals and institutions. By bringing a broader story into view, landscape frames

provide the cues that help audiences overcome the tendency to see people but not situations.

The challenge for media advocates is to make stories about the landscape as compelling and interesting as the portrait.

PORTRAIT STORIES ARE EASIER TO TELL THAN LANDSCAPES

Reporters are more practiced at telling stories framed as portraits rather than landscapes for several reasons:

- **Reporters want to “put a face on a story,” believing that is the best way to engage the audience.**
- **Putting a person in the center of the story is also the reporter’s way of presenting evidence, a way to say, “This is real. It happened to a real person, and here she is.”**
- **Reporters are attracted to controversy, and controversies tend to focus on people, not systems or environments.**
- **Reporters are subject to the same default frames as everyone in our culture. Like most people, personal attributes are the first place they look when they try to explain what happened.**
- **News stories do not start fresh every day. Instead, they grow from earlier stories, which, given the formulaic nature of news and the Fundamental Attribution Error, have probably been framed as portraits.**

Together, these factors help explain why most news stories feature people or events (portraits) rather than the conditions in which people live (landscapes).

Rather than a steady diet of news framed as portraits, we need more landscapes that bring the context into the frame. Media advocates must help reporters do a better job illustrating the landscape so the context for individual health becomes visible.



Frame Questions for Reporters

As a media advocate, you are a source for reporters. In that role, think of how your issue has been covered in the past. If typical news frames do not include your perspective—your values and your policy goal—then reframe the issue for reporters by connecting it to another issue.

One way to do this is to think about how reporters practice journalism. Most reporters' stock in trade is the good question. That's why media advocates brainstorm what those questions might be and spend time preparing responses. But are reporters asking the right questions? If not, what should they be asking? What questions will help reporters tell the contextual story, not just the personal story?

One way to generate new questions and expand the frame on an issue is to think about other issues it is connected to, or should be connected to. What links are necessary to help reporters and their audiences understand why the context matters? Start thinking about this by filling in the blanks of this sentence:

→ Every time there is a story on *[my issue]*, it should include information about *[this other issue]*.

So, advocates working on preventing childhood asthma might complete the sentence this way:

→ Every time there is a story on *asthma*, it should include information about *air pollution*.

And the reverse:

→ Every time there is a story on *air pollution*, it should include information about *asthma*.

Advocates might even get more specific as they integrate their policy solution into the equation:

→ Every time there is a story on *asthma*, it should include information about *exposure to diesel fumes*. And every time there is a story about *transportation or diesel trucks*, it should include information about *asthma*.

Or perhaps advocates working on asthma are working on a different policy goal:

→ Every time there is a story on *asthma*, it should include information about *access to health care*. And every time there is a story about *health care*, it should include information about *asthma*.

Next, think of the questions a reporter would need to ask to tell a story about the connection. Violence prevention advocates did this when they wanted to connect alcohol to violence. They had data about the correlation between alcohol and violence and suggested to reporters that when they were covering stories about crime and violence they ask the question, "Was alcohol involved?" Bringing that question into the story opens the door to talking about how alcohol is associated with violence and helps explain why policies that restrict alcohol use may reduce violence.

Thinking about the news this way will give you new ideas for broadening the issue for reporters. As you identify how stories can be expanded, create new questions to suggest to journalists. They can then use the new questions whenever they cover the issue, whether or not your group is involved in the story.

4

The Importance of Framing for Media Advocates

When you are proposing policy solutions to change the environment, the framing question becomes how to broaden the debate beyond personal responsibility.

Advocates communicate their frame by creating messages. Since a small cue can trigger a whole frame, certain words will suggest a package of ideas with specific presuppositions and logical outcomes. For example, in California, the Chamber of Commerce regularly issues a list of “job killer” legislation it tries to defeat. The phrase is simple and evocative. “Killer” implies danger—the situation is threatening, even dire. Killers must be stopped. Their targets need immediate protection and defensive maneuvers. The ideas imbedded in our heads about what a killer does, and whether killing is right or wrong, are evoked unconsciously, and before we have even an inkling of what the specific legislation might be about. In fact, if the Chamber is successful with its “job killer” frame, it won’t ever have to debate the merits of the bill. If the public discussion stays focused on whether the bill “kills” jobs, then the Chamber has won the terms of debate.

The frame is important not only for what it includes, but also for what it excludes. The “job killer” frame leaves out alternative ways to interpret and understand the legislation at hand, whatever it might be. Frames drive what we want to change in the world (overall strategy) as well as how we talk about the change we seek (message strategy).

The Problem with the Default Frame

If health problems are defined solely as matters of personal responsibility where individuals can take actions sufficient to improve their health, the public won’t see how the circumstances surrounding individuals also affect their health. Environmental or institutional solutions that could improve the health of many people at once won’t get a fair hearing.

- **People will be counseled to stop smoking or drinking at the expense of policies to limit the sale or marketing of tobacco and alcohol.**
- **Gun control will give way to public education campaigns offering safety tips rather than policies to reduce the availability of handguns.**
- **Overweight children will get nutrition guides, not safe neighborhoods to walk in and affordable, healthy food easily available.**

- **People living in poverty will be admonished to work harder, rather than be supported by an economy that works for everyone, with living wages and affordable housing.**
- **People will get brochures on how to access the health care system rather than policies that make the system available to everyone.**
- **Parents who don't speak English will be told to bring their children, who do speak English, to the doctor with them, rather than finding the medical system equipped with translators.**

Counseling and education are necessary and important, but individuals alone can't solve large-scale societal problems. When you are proposing policy solutions to change the environment, the framing question becomes how to broaden the debate beyond personal responsibility. The objective is to transform what might have been considered a private problem into a public issue.



The Problem with Obesity: A Framing Brief from Berkeley Media Studies Group

For the Strategic Alliance's Rapid Response Network

Obesity has become the popular term for a set of problems that result in premature death and injury from diabetes, heart disease, and cancer. It is a convenient term, but we should stop using it. This Framing Brief explains why.

How is obesity currently being framed?

The word "obesity" triggers in people more than a technical idea about "energy balance," or people burning fewer calories than they consume. This is because people understand words only as part of larger systems of ideas called frames. Ideas about what obesity means, or why it happens, are the unspoken parts of the frame that appear automatically in people's heads when they hear the word.

Current popular frames on obesity center around appearance and health. These frames include the idea that the direct cause of obesity is overeating and that overeating is bad for health and bad for appearance. But the frames evoke more than that. Expressed in terms of character, people become obese when they lack willpower. And even more deeply imbedded is the idea that people who lack willpower are of poor character.

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These underlying assumptions about obesity can be evoked whenever obesity is referred to, without ever saying, for example, “willpower” or “character.” Willpower and character can be evoked—packaged with obesity—regardless of whether the speaker intends them to be included, simply because those concepts have regularly been associated with obesity. In this sense, “lack of willpower” is the default frame for obesity.

But willpower is only part of the story, because people make choices about what to eat or whether to exercise in the context of an environment. Creating schools and neighborhoods where healthy foods are widely available will have a beneficial effect on all kinds of health outcomes, including obesity. Reframing obesity will make it easier for people to understand how changes in the environment can help.

What’s wrong with how obesity is framed now?

Obesity is a bodily condition, not a social condition—people are obese, communities or neighborhoods aren’t obese. Using the term makes it harder to illustrate the conditions that inhibit healthy eating and activity. Specifically:

- ***Obesity narrows the problem, elevating one risk factor above others.*** Obesity is only one of many risk factors for diabetes and heart disease, and in some cases may not be the most important one. Skinny people can also be malnourished and at risk for diabetes. A focus on obesity obscures the other risk factors and equates thinness with health. A focus on weight instead of nutrition may lead people to adopt popular weight-loss diets rather than eating nutritious foods.
- ***Obesity is stigmatizing.*** The stigmatization can lead to extreme responses like bulimia or anorexia. Less extreme responses are also damaging: obese people may be too ashamed to exercise and so avoid health-promoting behaviors. There is also evidence that obese women are discriminated against in health care settings and as a result avoid or postpone seeking medical care. This is about more than feelings; stigmatization can put people’s health at risk.
- ***A focus on obesity favors powerful stakeholders like the food, pharmaceutical and diet industries.*** The food industry benefits when the focus is on obesity because the way obesity is typically framed puts the blame on the person with the problem. The food and beverage industry can blame people’s inability to control themselves and argue that problem “users,” not problem products or problem promotions, cause obesity. This argument is akin to the way the alcohol industry benefits if the public focuses on alcoholics rather than the broad spectrum of alcohol problems. Pharmaceutical companies benefit from an individualized focus on obesity because it medicalizes the problem, suggesting drugs and surgery as the solutions. And, of course, the diet industry benefits because overweight and obese people are a key market for diet plans and products, despite the fact that little evidence shows diet products to be beneficial, and in many cases they may do more harm than good.
- ***“Obesity” moves the conversation downstream.*** Because obesity is considered a personal condition, not a social condition, the term keeps the conversation focused downstream on the bodies of specific individuals, making it harder to shift the focus upstream to the conditions that inhibit healthy eating and physical activity for the overall population.

If we don't say "obesity" then what should we say?

Currently there is no easy answer to this question. The challenge is to reframe the concept of obesity so that it can be more easily understood as an issue that is social, economic, and political in nature. We need new terminology that encompasses obesity but connects the problem to the settings and circumstances surrounding individual decision-making about what food to eat and whether to move more or move less.

The task for reframing is to be able to describe these issues so they evoke the environment from which food comes and the limited options that some people have in those environments. Descriptive phrases, such as "healthy eating and active living environments," are cumbersome but useful because they make the environment visible in the frame. Similarly, when public health advocates frame physical activity, they need to bring the environment to mind, including how the environment fosters or hinders health-promoting choices.

In the meantime, do what you can to avoid using the term when the message you really want to convey is about changing environments.

- ***Describe the environment you want to see.*** This may take more than a single word like "obesity," but it will be more precise.
- ***Say why it matters.*** Go beyond reciting doomsday statistics and name the values that motivate you to advocate for the changes. If something is unfair, say so. If we, as adults, have responsibility for creating neighborhoods, homes and schools where kids can be healthy, say so.
- ***Know how you'll respond when opponents say it is all a matter of personal responsibility.*** We've all heard it before: Tobacco companies point out that they sell a legal product. Alcohol companies insist that most people drink responsibly. Car companies say that the key to greater safety on the road is changes in driver behavior. Similarly, food companies say that it is parents' responsibility to control what children eat. All companies feel they should not be blamed if some people abuse their products. These are tough arguments to counter. After all, each one is truthful—if incomplete.

Reframing is about who decides the terms of debate and what the terms will be. Reframing and message development need to be connected with community organizing, constituency building, and detailed knowledge about policy development and the political process. The field needs more research on the best way to reframe obesity. The Strategic Alliance's Rapid Response Network will continue to research the latest on what's learned about reframing the issue.

If the dominant news frames usually run counter to your goals, consider why reporters tell the story in that way and what they would need from you to frame the issue differently.

Effective Frames Go Beyond Facts to Communicate Values

What does it take to create an effective frame? Short answer: More than facts or sound policy solutions.

Flooding people with this information doesn't change their perspective on why a problem exists or what could be done, if it conflicts with the underlying frame they use to understand the world. Advocates should downplay their detailed policy arguments until they have connected with people on the level of values.

Everyone has beliefs about how things ought to be and how the world should work. These reflect values about fairness, justice, responsibility, equality, freedom, honesty, success, loyalty, self-discipline, and hard work. The debate about specific policies is, at a deeper level, a debate about values and the larger frames they support. At the core is a fight over what frames will guide how we make the policy decisions that ultimately affect hundreds of millions of people. So, it is critically important to be clear about your values, and comfortable in articulating them.

Dictionary.com defines a value as "A principle, standard, or quality considered worthwhile or desirable" and values as "beliefs of a person or social group in which they have an emotional investment."

Values can be complex. We all believe in fairness but differ in how we define something as fair. Just saying something is fair or unfair, just or unjust, is not sufficient because people with the same values will come to different conclusions about what they mean.

For example, is it fair that more than five million Californians are without health insurance? Some would say that, far from being fair, the situation is immoral and that society has an obligation to care for the well-being of its members. However, others see this as a fair outcome of a market-based system where health insurance is something that you get only if you deserve it, something to be earned, not freely given.

Therefore, when we talk about the values we hold, we have to go beyond simply stating a fact. We have to explain what we mean. If fairness is the value underlying your frame, be prepared to explain what a fair situation would look like.



America's Competing Values

In a story about the fight over whether to privatize Social Security, *The New Yorker* writer Hendrik Hertzberg provides an example of the competing values in American society. He compares the values for and against privatizing Social Security: those upholding personal responsibility and the more communitarian values that emphasize interconnection and our collective obligation to the social good:

The values behind Social Security privatization are not terrible. It is good to save. It is good to be self-reliant. It is good to plan ahead. It is good to be the little pig who builds his house of brick rather than straw.

But it's not as if these values were not being taught in hundreds of other ways in our lives. And there are other values, too—values that are suggested by the words “social” and “security.” Yes, self-reliance is good; but solidarity is good, too. Looking after yourself is good, but making a firm social decision to banish indigence among the old is also good. Market discipline is good, but it is also good for there to be places where the tyranny of winning and losing does not dominate. Individual choice is good. But making the well-being of the old dependent on the luck or skill of their stock picks or mutual-fund choices is not so good. The idea behind Social Security is not just that old folks should be entitled to comfort regardless of their personal merits. It is that none of us, of any age, should be obliged to live in a society where minimal dignity and the minimal decencies are denied to any of our fellow-citizens at the end of life.¹

The competing individualistic and communitarian values appear in almost every health and social issue advocates face. With each issue, as Hendrik Hertzberg has done here, advocates will have to rearticulate their values to justify the environmental or systems change they seek.

1. Hertzberg, Hendrik. Talk of the Town; Unsocial Insecurity. *The New Yorker*, January 24, 2005, page 31.

FrameWorks Institute and cognitive linguist George Lakoff both discuss three different levels of understanding in frames. They recommend prioritizing the values at Level 1, since values are what motivate people to act.

- **Level 1** is the expression of values like fairness, responsibility and equality—the core values that motivate us to change the world, or not change it. This is at the heart of the frame and needs to be articulated in the message. Clarify your own values so you can articulate them easily. And, identify the values your target audience holds. Then you can focus on the values you share with your target.
- **Level 2** is the general topic being addressed, like housing or education. Health is usually a Level 2 frame. It can be powerful when it redefines how an issue is addressed. The growing evidence that more schooling leads to better health outcomes and longer life redefines education as a health issue. Agriculture as a business issue focuses attention on maximizing profits and keeping farmers afloat; agriculture as a public health issue could make room in the frame for debate over the quality of produce, the workplace and housing conditions of farm workers, or the sustainability of the soil.
- **Level 3** is the nitty-gritty detail about the policy solution or political strategy for achieving change.

In general, health advocates tend to focus their messages on Level 3, telling people what should be done rather than discussing why they might care. Their target audience, however, may not agree with how they framed the problem, so they won't accept the proposed solutions.

For example, advocates working to increase affordable housing found they were mired in the Level 3 details of various policies they were trying to pass. The details were important, but they did not communicate why affordable housing mattered to them. When they reformulated their message to emphasize their Level 1 values, they found it easier to communicate with policymakers and enlist their support.

START WITH SHARED VALUES. THINK ABOUT:

- What are the core values behind the change you want to see?
- How do these values help you define the problem?
- Why would these values lead people to support your solutions?

Here's an example. When many people focus on the problems alcohol causes in our society, they think solely of what alcoholics can do to stop drinking, such as attending Alcoholics Anonymous or other treatment programs. This is a classic personal responsibility frame. That can be part of the solution, but advocates who wanted to improve the environment that encourages excessive drinking and leads to problems around liquor stores needed to expand the frame. They developed a frame based on:

Level 1 Values: Fairness and equity;

Level 2 Issue: Neighborhood safety and economic development; and

Level 3 Policy goal: Local government's ability to limit the number of alcohol outlets.

From this frame they developed a concrete, values-based message:

- **What's wrong?** Too many liquor stores create neighborhood blight, crime, and loitering, and detract from the quality of life.
- **Why does it matter?** It is not fair that certain families are subjected to such degraded conditions. Every family should have the opportunity to raise their children in a safe and vibrant neighborhood.
- **What should be done?** The city should limit the number of liquor stores allowed within a certain radius.



Moving from Head to Heart: Reframing Affordable Housing

Affordable housing advocates had been working since 2003 to enact policies to help low-income families survive in what was fast becoming one of the most expensive housing markets in the country, Oregon. But despite their in-depth knowledge and fierce passion, advocates for affordable housing had been getting nowhere with the Oregon legislature. “We were getting our butts kicked,” said one advocate representing 20 community development corporations in the Portland metropolitan area. The advocates knew the policy issues backwards and forwards but couldn’t even get a committee hearing on any of their proposed bills.

The advocates had formed a large coalition, but not everyone was working together. The fragmented approach was beginning to hurt everyone.

The advocates’ frustration drove them to reassess how they did their work. Over the years, they had frequently talked with legislators in Salem and distributed fact sheets describing their policy goals. These tactics and others, such as maintaining a media list and issuing news releases, had helped them win some victories at both city and state levels. But efforts to obtain significant regional or statewide policies were failing, and had been faltering for some time. While the advocates were able to push through some small bills in 2003, they could not prevent the state legislature from removing millions of dollars from housing programs they supported.

Advocates felt that if affordable housing were to make it onto the legislative agenda the next time around, the housing groups would have to try something new. The advocates regrouped. First, they focused on developing a coordinated statewide strategy and strengthening ties with other organizations working on housing policy. They clarified their goals and set conditions for participating in the coalition that meant some members left, but those who stayed supported each other’s goals.

Then, they sought out media advocacy training. What they thought would be a simple refresher course in working with the media transformed their own understanding of affordable housing, how to talk about it, and, ultimately, what was done about it.

The media advocacy training helped the group clarify goals and strategies. They learned about framing and to differentiate between three levels of messages: (1) the expression of overarching values; (2) the general issue being addressed—in this case, housing; and (3) the policy details relating to the issue. They formed a “Media Working Group” to hone their skills. The group participated in issue-framing exercises, learned about authentic voices and social math, practiced talking with reporters and writing letters to the editor and op-eds, explored policy options, and looked for political opportunities to mobilize for change.

The idea of talking about issues within larger frames was a revelation for the Media Working Group. They realized that their earlier advocacy efforts had habitually emphasized providing information. Prompted to define “affordable housing,” the group’s response went something like this:

Affordable housing is affordable to people earning less than 80 percent of the median family income so that they are not spending more than 30 percent of their income on rent and utilities.

The trainers told them, “You aren’t going to convince anybody about anything if you talk like that.” Another advocate said, “It’s almost as though we had been talking about tightening a bolt on the rear assembly of a car, which actually might have been more understandable to people.”

The advocates learned that they had been able to talk about Level 3 policy details, but hadn’t been articulating their Level 1 values. If they wanted to make the case effectively they would need to use all of these message levels to help shape the way people think about housing issues and advance their policy goals.

“It took us three months to define ‘affordable housing’ with something that wasn’t jargonized,” one advocate remembered. “We were so entrenched with statistics and industry terms. We were great at talking at the policy level. But this wasn’t going to change people’s hearts; it was too technical. If we continued to talk on this level, we were going to be trumped by our conservative counterparts.” After lots of practice, at the end of the third month the Media Working Group arrived at a definition that focused on Level 1 values of fairness and equity using simple, clear language. In its simplest form, the new definition of affordable housing, and the core of the coalition’s message, was:

“Housing should be affordable enough to be able to pay rent and still put food on the table.”

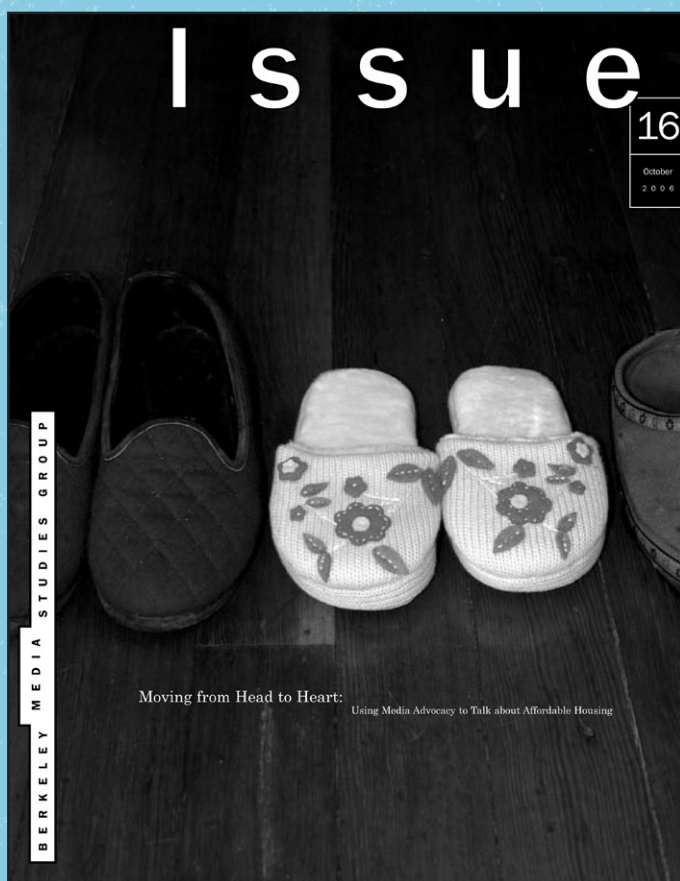
The Media Working Group also learned that they had been spending too much time talking about the problem and not enough time focusing on the solution. “If we had five minutes to talk to people,” said one advocate, “we would spend four-and-a-half minutes talking about how serious the need

was. We should have spent just one minute on the need and the rest of the time on why that need is important in terms of values, how it matches what people care about, and what action should occur because of the need.” The coalition then structured its messages to include three components, clearly conveying 1) what’s wrong, 2) why it matters, and 3) what should be done about it, with most of the emphasis placed on the second and third components.

The coalition practiced its new messages, refined them with public opinion research including focus groups and polling, and continued to develop its policy goals and strengthen working relationships within the coalition.

Armed with new policy priorities and messages, the coalition’s spokespersons descended upon Salem for the 2005 legislative session. This time around, the housing

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advocates found it easier to talk with legislators. “Before,” said a lobbyist for the housing authorities, “everyone was pursuing their own agenda.” Now they had come with a unified message to share with state legislators. They all used common talking points about what’s wrong, why it matters, and what should be done about it. The lobbyist recalled that in the past, the advocates would explain to lawmakers how affordable housing helps the economy. “We talked too much about the need, about statistics. This time,” he said, “we kept the thing value-based. We’ve made the issue harder to sideline. You can’t argue with the values we are promoting.” In addition, the legislators were now hearing about the issue in the same way from more people, more often, and from a more diverse group of constituents.

By the spring of 2006, the housing advocates had come a long way since those frustrating days in Salem three years earlier. As housing costs continued to rise, more challenges lay ahead. But now the groups were working within a growing alliance. They had an arsenal of media advocacy tools and a trained cadre of individuals actively applying them. Their issue had become more prominent in the news, frequently framed in terms of their core values. And more policymakers were stepping up to allocate more funding for affordable housing in Portland and across the state. Everything seemed to have changed, including and perhaps most importantly, the very way advocates thought about and framed the issue.

Excerpted from Dean, R. *Issue 16: Moving from Head to Heart: Using Media Advocacy to Talk about Affordable Housing*. Berkeley Media Studies Group, October 2006.

By shifting the frame, advocates allowed people who didn’t consider themselves affected by excessive alcohol sales to see the value of solving this problem for the greater community. The facts about the harm that alcohol caused were important for making their case. Advocates had to have current, accurate, relevant data. But the fight was over values. The advocates reframed the debate to focus on fair access to a safe and healthy neighborhood, rather than on drinking.

Advocates across issues can benefit by defining their frame with values that appeal to more than their advocacy base. This requires carefully analyzing what values are core to your mission, will resonate with your target audience(s), and can support your long-term advocacy goals. Once you have decided your frame, inject it into public debate by integrating it into your other advocacy efforts and when you engage the news media.



A Note on Message Research

Developing messages and articulating frames is, for most advocates, more art than science. There will always be some uncertainty and many judgment calls. Community health advocates strive to reduce the uncertainty but often are forced to work with imperfect and incomplete knowledge.

The overview of framing and message development in this chapter is designed to help advocates understand the context in which their messages will be heard. What we know about the default frame and news operations tells us that the backdrop against which our community health messages will be heard emphasizes individual responsibility and personal choice. That's why most of the time, for most advocates, the task will be to reframe any particular issue to include the circumstances influencing individual choice, the policy that can improve those circumstances for everyone, and the appeal to principle underlying the desired change. Focusing on those components will help advocates sharpen their messages even without research.

Still, learning how specific messages are understood by specific audiences can help. Community health advocates can learn more about their messages by:

- Examining how the issue has been covered in the news;
- Studying or conducting public opinion research,
- Talking to constituents and members of the target audience; and
- Commissioning other research.

Not every organization will be able to afford sophisticated research. If you can, do it! If you can't, do your best to assess the message and frame you develop using the resources you can muster. Take advantage of publicly available public opinion data. Become skilled at recognizing what frames are in play on your issue, as they appear in the news and in your opposition's arguments. Try out your frames on constituent groups. Analyze your own assumptions, and the assumptions underlying your opposition's arguments, so you can better anticipate how to reinforce your frame and pivot away from an opponent's frame. Make sure that someone who knows nothing about your issue understands what you mean when you describe your policy and why it matters.

Staying on Message Means Speaking from the Frame

A message is what you say to communicate your frame and solutions to identified targets. You activate your frame by creating a message that answers three questions strategically:

1. *What is the problem?*

(Answer: Your perspective on what has gone wrong)



Story Elements

“Story Elements” are parts of a news story that tell the tale more vividly than a reporter or anchor facing the camera and talking. Story elements show rather than tell, whether the news story is for TV, print, or the Web. Use story elements to communicate your frame, and the values underlying your frame. Advocates with good story elements increase their ability to influence how a news story gets told.

Calculate Social Math

Every day we are bombarded with news stories involving very large numbers. We hear about billions of dollars for various programs and projects, or we might learn that hundreds of thousands of people are at risk for a particular disease. More often than not we are numbed rather than informed because we simply don’t have a way of comprehending such large numbers.

Advocates must become skilled in translating large numbers so they become interesting for the journalist and meaningful to the audience. “Social math” is the practice of making large numbers comprehensible and compelling by placing them in a social context that provides meaning.

To calculate social math, restate large numbers in terms of time or place, personalize numbers, or make comparisons that help bring a picture to mind. Consider these simple facts, stated with effective comparisons.

- The Institute of Medicine determined that food and beverage companies spend at least \$10.5 billion annually marketing junk food to kids. Advocates did the math and realized this meant the companies spend more than \$1 million every hour, every day, targeting children and youth.
- A *Wall Street Journal* reporter illustrated the amount of chewing tobacco being consumed this way: “Cigarette sales are down; dip sales are up. Laid out tin-to-tin, the dip sold last year would stretch between New York and Los Angeles 11 times. So there is quite a bit of furtive spitting going on.”
- A victim’s rights advocate used irony to point out society’s skewed priorities and illustrate the need for more resources when he said, “We have more shelters for animals than we have for human victims of abuse.”

Not all of these comparisons state large numbers; some don’t use numbers at all. Instead the calculations and comparisons express the magnitude and meaning of the numbers. The comparison to animal shelters questions society’s values; advocates using that social math can then make the connection to public policies that can shift those priorities. The social math about spit tobacco helps illustrate the scale of the problem.

Keen comparisons can help expose not just the enormity of a problem; they can also suggest what ought to be done about it. When advocates compared the number of licensed gun dealers to the number of libraries, they introduced into the conversation one of their solutions for gun violence

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(more resources available to youth, like libraries). When they showed that there were more gun dealers than schools, grocery stores and gas stations combined, they made an invisible problem visible since the audience could now “see” that there were gun dealers on practically every corner.

Use Compelling Visuals and Symbols

We live in an increasingly visual culture, and our news reflects that. Whether broadcast, print, or Web, news stories rely on visuals. Think about the pictures that would best illustrate your frame, and then create news that includes those pictures. Even if you are pitching a story to a print reporter, you want to bring a picture to mind so the reporter will have a better understanding of your point of view, and an easier time conveying the story to the audience.

A *Chicago Tribune* series on obesity combined a good visual with social math to make a point about how unrealistic it is to expect people to exercise away excess calories easily. The food industry likes to say that there are no bad products, just bad diets, implying that personal responsibility is all that is needed to improve nutrition. But as the *Tribune's* graphic helped explain, not all products are created equal. The *Tribune* mapped how far a person would have to walk to burn off the calories in eight baby carrots (less than half a mile), three Oreo cookies (just over two miles), and a medium serving of French fries from McDonald's (five miles). The map pictured a stretch along Lake Michigan that Chicagans were likely to know well, making it easy for readers to interpret the image.

Make sure your visuals communicate your frame. A near miss: One group advocating to increase preschool teachers' salaries produced a report with data showing that higher salaries meant lower teacher turnover and so better outcomes for the toddlers in their care. On the cover of the report the advocates put a picture of cute children, as they often did. The children were adorable, a nice visual, but the teachers—the subject of the report and the advocacy—were nowhere to be seen. They were literally out of the frame. The group rethought their picture in the context of the frame and redid the picture to include teachers seen from the point of view of the children. The new photograph emphasized the teacher's important role and reinforced the report's overall frame.

AUGUST 21, 2005 SUNDAY

SECTION 1 CHICAGO TRIBUNE 17

TRIBUNE SPECIAL REPORT: THE OREO, OBESITY AND US

CHAPTER 3

Kraft's taste for brain research

To understand food's effects, Kraft studies the brain. At times the company has shared expertise with nicotine researchers.

Burning off snacks
Eating three Oreo cookies, a candy bar or a bagel may not seem like a big deal, but it takes 2 or 3 miles of walking to burn them off. Distances are based on an adult who weighs 150 pounds and walks 3 to 4.5 m.p.h.

DISTANCE NEEDED TO WALK TO BURN OFF SNACKS

- 8 BABY CARROTS
Distance: 0.46 miles
32 calories
- MEDIUM APPLE
1.16 miles
81 calories
- 12 FL. OZ. CAN OF COKE
2 miles
140 calories
- 3 OREOS
2.28 miles
160 calories
- REGULAR HERSEY BAR
3.29 miles
230 calories
- 4 OZ. PLAIN BAGEL
3.5 miles
245 calories
- MEDIUM MCDONALD'S FRENCH FRIES
5 miles
350 calories

Sources: U.S. Department of Agriculture, Centers for Disease Control and Prevention, McDonald's Corp., ESR, Globe/Polarex, iStock (1999)

ADAPT, an advocacy group focused on disability rights, designs its actions to attract news attention and communicate its frame. While advocating to shift resources in the federal Medicare budget from nursing homes to attendant care—so people in wheelchairs could live at home rather than be trapped in institutions—members of the organization descended on Chicago and surrounded the federal building there, demanding to see the Secretary of Health and Human Services. The dramatic action trapped workers in the building for several hours, made for strong news stories, and reinforced ADAPT's frame that no one wants to be trapped. ADAPT's action visually and symbolically communicated the frame.

Develop Media Bites

A media bite is a concise statement that clearly and succinctly conveys your core message. Develop media bites, or sound bites, out of your message strategy, as you answer the questions “What’s wrong?”, “What’s the solution?” and “Why does it matter?” You might use a media bite to answer a reporter’s question, or in a letter to the editor, or in your news release. The important thing to remember when developing media bites is to keep focused on your goal.

When David Kessler was head of the Food and Drug Administration he said that tobacco was a pediatric disease. That simple media bite made it easier for advocates to reframe tobacco from an issue of adult choice to one about tobacco companies preying on children.

When Mary Sue Coleman, then president of the University of Iowa, was quoted for a news story about binge drinking on college campuses, she said, “Of course students who drink too much must be responsible for the problems that they cause. But students are not responsible for manufacturing and marketing alcoholic beverages. Students are not responsible for the excessive number of bars within walking distance of our campuses. Students are not responsible for the price specials that encourage drinking to get drunk.” In that short statement, Dr. Coleman was able to paint a picture of the environment surrounding college students, name the policy areas that would address the problem, and indicate that adults and policymakers have the responsibility to take action.

Use the questions below to develop media bites around your specific campaign. Then imagine how the same reporter’s question might be answered differently depending on your objective.

- What are two or three different policy solutions to the problem you are working on?
- What is your favored solution or policy objective?
- What general questions might a reporter ask if they didn’t know very much about the problem? List two or three possible questions.
- What would you say in response to the first question so that your answer included your favored policy solution?
- What would you say in response to the same question so that your answer included a different policy solution?

continued on next page

Identify, and Prepare, Authentic Voices

Reporters populate their stories with characters. A common character in health stories is the “victim”—someone who has suffered from or had direct experience with the problem, whatever it might be. If the story is about binge drinking on college campuses, reporters will want to talk to students. If the story is about gun safety in the home, they will want to talk to a parent whose child was hurt or killed by a gun in the home. If the story is about immunizations for children, they will want to show a toddler getting a shot.

Journalists cannot tell stories without characters, and victims can be powerful spokespeople for health-related stories. However, a better approach is to change the dynamic and think of victims as survivors or *authentic voices*.

Authentic voices are survivors who have become advocates. They bring personal experience to the story, just like a victim, but they understand their role as advocates. When an authentic voice gets the question, “How do you feel about this tragedy?” he or she responds, “I feel angry because it could have been prevented,” and then explains how.

Victims become authentic voices with training and experience as they move through their grief and put it to work for prevention. There are many people who have opened up their lives to the public and become leaders for change in breast cancer, HIV/AIDS, tobacco control, and other diseases. For example, in 2000 Mary Leigh Blek became the first chair of the board for the Million Mom March; she had lost her son Matthew in a “Saturday night special” handgun shooting and has been advocating for reasonable gun laws ever since. In 1980, Mothers Against Drunk Driving was created by a small group of women in California after a drunk driver killed Candy Lightner’s 13-year-old daughter. Survivors have joined with health advocates to speak out for safer baby cribs, drowning prevention, pedestrian safety, motorcycle helmets, mandatory CPR training, and auto safety, to name a few. All of these authentic voices have selflessly shared their experiences and been willing characters in news stories to help further policies that can save lives.

Not all authentic voices have suffered personal tragedy. They may be professionals, or researchers, or workers from a specific industry or locale. Authentic voices might be doctors who speak from their experience working with patients. Or teachers who can speak with authority about life in the classroom. Or parents, business leaders, researchers, or neighborhood residents. Prepare a range of spokespeople to be authentic voices. Think about who should speak to which of your target audiences. Work with the authentic voices on your issue so they are prepared to talk with journalists, frame the issue effectively, and link their experience to the need for the policy goal.

in a way that conveys your frame and advocacy goals. For example, in its project on framing health care reform, FrameWorks Institute offers analogies to transportation and other infrastructure systems to communicate the idea that the problem with health care is system failure, not any individual's failure. Advocates can then create a message that puts health care in the context of other well-accepted infrastructure systems. Using FrameWorks' recommendations, an advocate might make the analogy this way:

“In the U.S. we are proud of the modern systems we've built to support our economy and our quality of life—our power grid, phone systems, water systems, interstate highways and the Internet. But we've neglected our health care system. We have the equivalent of scattered wells, individual generators and county roads, but no health coverage infrastructure we can rely on, no system for making sure that people have health coverage.”

The analogy makes it easier to place responsibility for fixing the system on government, just as government is responsible for maintaining roads, generating power and distributing clean water. Once the comparison is established, the advocate can then talk about the specifics of the systemic fix for health care.

Provide reporters with the storyline, analogy, scenario and story elements that illustrate your frame. Reporters, for example, often want to discuss issues as struggles with two sides. The question is: what do you want that struggle to be about? A battle between your advocates and opponents over *whether* there is a problem? Or a struggle to get a policymaker to take a concrete action that is supported by the members and values of your community?

The strategies and messages advocates develop to advance public health policy will be based on a frame that reflects their values, and uses metaphors, images or other devices to communicate those values. Much of the time, those values will include fairness, justice, equality, responsibility, opportunity or any of the other big reasons that motivate advocates to work for social change.

Kathy Bonk of the Communications Consortium Media Center reminds us of the importance of reinforcing the messages and keeping them consistent across “all platforms of communications that reach media and the public—organizations' publications, their Web sites, brochures, speeches, live interviews”— in short, everywhere you are trying to make your case for health.

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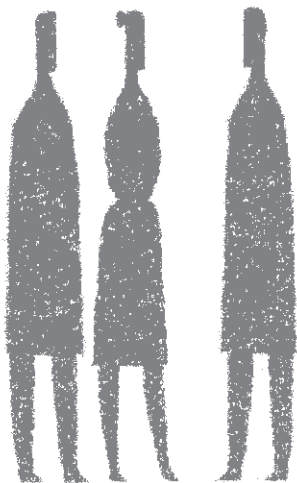
Conclusion

We need to be conscious that the starting point for some audiences will not be our starting point.

Walter Lippmann said, “For the most part, we do not first see, and then define, we define first then see.” Growing up in this culture, we have absorbed and practiced the stories we tell ourselves about ourselves and the world. We carry these stories around with us as unconscious “pictures in our heads” that we use to make sense of what we see, read, hear and feel. And because we are humans, say the social psychologists, we tend to see humans at the center of the story, pushing the settings and circumstances to the side, if we consider them at all. Our tendency to emphasize people rather than environments means the value of personal responsibility is readily reinforced, and values that emphasize community are minimized. As a result, community values aren’t as easy to trigger with a word or an image.

News functions similarly. Because news stories are often conceived and told with individuals and events at the center of the frame, and interpreted in terms that tend to blame the victim, personal responsibility values are reinforced. Our society’s major venue for public communication, by its very nature, limits audiences’ understanding of community health problems.

These default cultural and news frames pose a formidable challenge for media advocates. We need to be conscious that the starting point for some audiences will not be our starting point. It is up to us to make the context—the landscape—visible so policymakers and the public can grasp a more complete story. As we tell our stories—to reporters, to policymakers, and to each other—we need to provide the cues and triggers for our values, our policies and our understanding of how the world works.



6

Resources

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Additional Resources on Framing

Action Media

www.actionmedia.org

Berkeley Media Studies Group

www.bmsg.org

Communications Consortium Media Center

www.ccmc.org

FrameWorks Institute

www.frameworksinstitute.org

Index of Metaphors from George Lakoff

<http://cogsci.berkeley.edu/lakoff/>

The Longview Institute

www.longviewinstitute.org

The Metaphor Project

www.metaphorproject.org

Movement/Media Research and Action Project

www.mrap.info/index.html

Opportunity Agenda

www.opportunityagenda.org

The Praxis Project

www.thepraxisproject.org

Rockridge Institute

www.rockridgeinstitute.org

SmartMeme

www.smartmeme.com

The Spin Project

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Spitfire Strategies

www.spitfirestrategies.com

Worksheets

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1. Exploring News Frames: News Detective

The news media play a central role in shaping the public conversation on societal issues, including what policy solutions are debated. If you want the public or targeted policymakers to understand your preferred solutions, ask whether the news frames support your analysis. The first question, of course, is whether your issue appears in the news at all. If so, you can examine news stories on your issue. Analyze the stories to see general themes, and what perspectives, arguments, values and solutions are included or left out.

QUESTION	ANSWER
What problem does the news story discuss? What causes it?	
Who is speaking? What do they say?	
What perspectives or arguments were left out?	
Who does the news story suggest is harmed by the problem?	

1. Exploring News Frames: News Detective

QUESTION	ANSWER
Who else do you think is actually affected (individuals, communities, institutions)?	
Is this story framed as a portrait or a landscape? (It might have both elements.)	
Who does the news story suggest is responsible for fixing the problem? By doing what?	
Would the article lead people to understand your perspective on the problem or to support your policy solution? Why or why not?	
If not, what would a reporter need to re-frame the issue? (Authentic voices, social math, compelling visuals, media bites, new facts)	

2. Framing and Message Development

After you understand how your issue is portrayed in news coverage, think about how those frames may need to be changed to support your policy goals. Discuss the following questions with your group and develop your preferred frame and core message. The answers to the first few questions will summarize the themes you uncovered in examining particular news stories.

How is the problem typically presented? Who or what are responsible for causing it?

Who is typically portrayed as responsible for the solution?

What is the solution you would like to see? What person or institution has the power to make that change?

What is your target audience's position on your policy solution? What do they need to hear to support your policy solution? Who will they listen to?

What other authentic voices could make the case for the policy solution? What is their unique perspective on this issue or reason for supporting the policy solution?

Authentic Voice:

This authentic voice would talk about:

2. Framing and Message Development

Authentic Voice:

This authentic voice would talk about:

Authentic Voice:

This authentic voice would talk about:

What story elements can help convey your frame and make the case for your policy solution?

Social Math:

Visuals:

Media Bites:

If the issue is typically defined in terms of individual responsibility, how will you explain or demonstrate the need for institutional or systems changes? What values support your perspective?

3. Message Development Questions

What is the problem? (Who is affected and how)

Why does it matter? (The values)

What should be done? (The policy solution and target)

Combine the ideas above into two–three sentences that summarize your core message.

One story that illustrates this perspective and the need for our policy solution is:

4. Anticipating and Answering Hard Questions

Once you have developed your core message and a frame to support your goals, you will want to practice using it in your answers to hard questions. Take the time now to brainstorm what questions you will likely be asked—given how the issue is currently framed, the arguments your opposition will make, and the policy scenario at hand. Then answer the questions, using the core message you developed.

Hard question:

Our response:

Hard question:

Our response:

4. Anticipating and Answering Hard Questions

Hard question:

Our response:



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