Expanding Our Experience and Expertise:
Implementing Effective Teenage Pregnancy Prevention Programs
March 12-14, 2012
Baltimore, MD

Framing Disparities

Are you sending the right message?

Three things!

1. Speak up
2. "Killer" facts
3. Frame your data

Glynis Shea, Communications Director
Healthy Youth Development • Prevention Research Center
Konopka Institute for Best Practices in Adolescent Health
University of Minnesota

Disclaimer

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Pop Quiz!

"I would like to leave as a legacy people who can work with young people with strength, knowledge, imagination and deep caring."

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Frames and Framing

your brain does it

Frames, according to many psychologists, linguists and cognitive scientists, are mental structures that are used to facilitate the thinking process.

shortcuts

We use frames to provide categories and a structure to our thoughts.

Wikipedia, 2007

Frames & Framing

Frame

what is in your head that drives how you think and react

Framing

Structuring what you say and how you say it to best work with what is already in someone's head

Framing the Issue

you are

always

being framed

Sound Bites

DAILY
PRESS
BRIEFING
JULY 11, 2007
THE WHITE HOUSE
WASHINGTON
DAILY
PRESS
BRIEFING
JULY 11, 2007

News Story

The Washington Post

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In the News Miss USA Daytime Emmys Air show crash Gold Cup Rory McIlroy Clarence Clemons

BREAKAWAY WEALTH

Bonuses, stocks options drive pay

Awards come as CEOs steer their companies out of economic downturn

Danielle Douglas

Hefty payments pushed up pay for more than 20% of Washington's highest-paid chief executives last year.

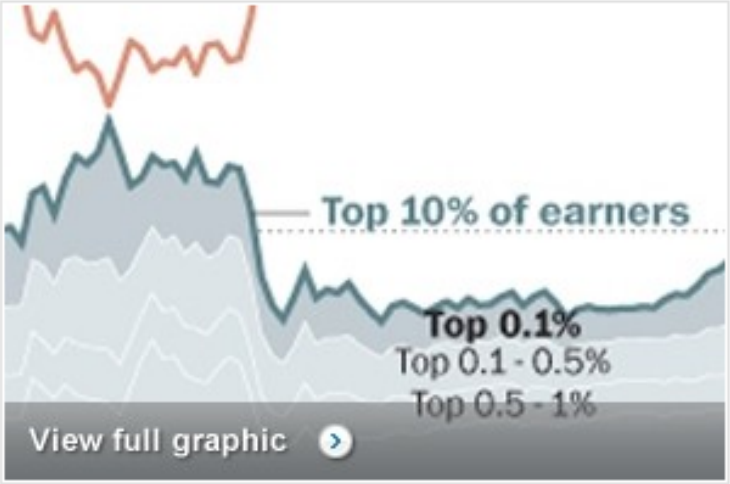
- **Interactive: How do the region's execs stack up?**
- **The area's best compensated executives**

Rich pull away from the rest of U.S.

Peter Whoriskey

Compensation for those at the top has increased about fourfold since the '70s, while average wages for all workers have remained relatively flat.

- **3,000+ comments: Weigh in with your thoughts**



(Not) spreading the wealth

INTERACTIVE | Explore the income gap between the wealthy and the rest of the country, which has grown

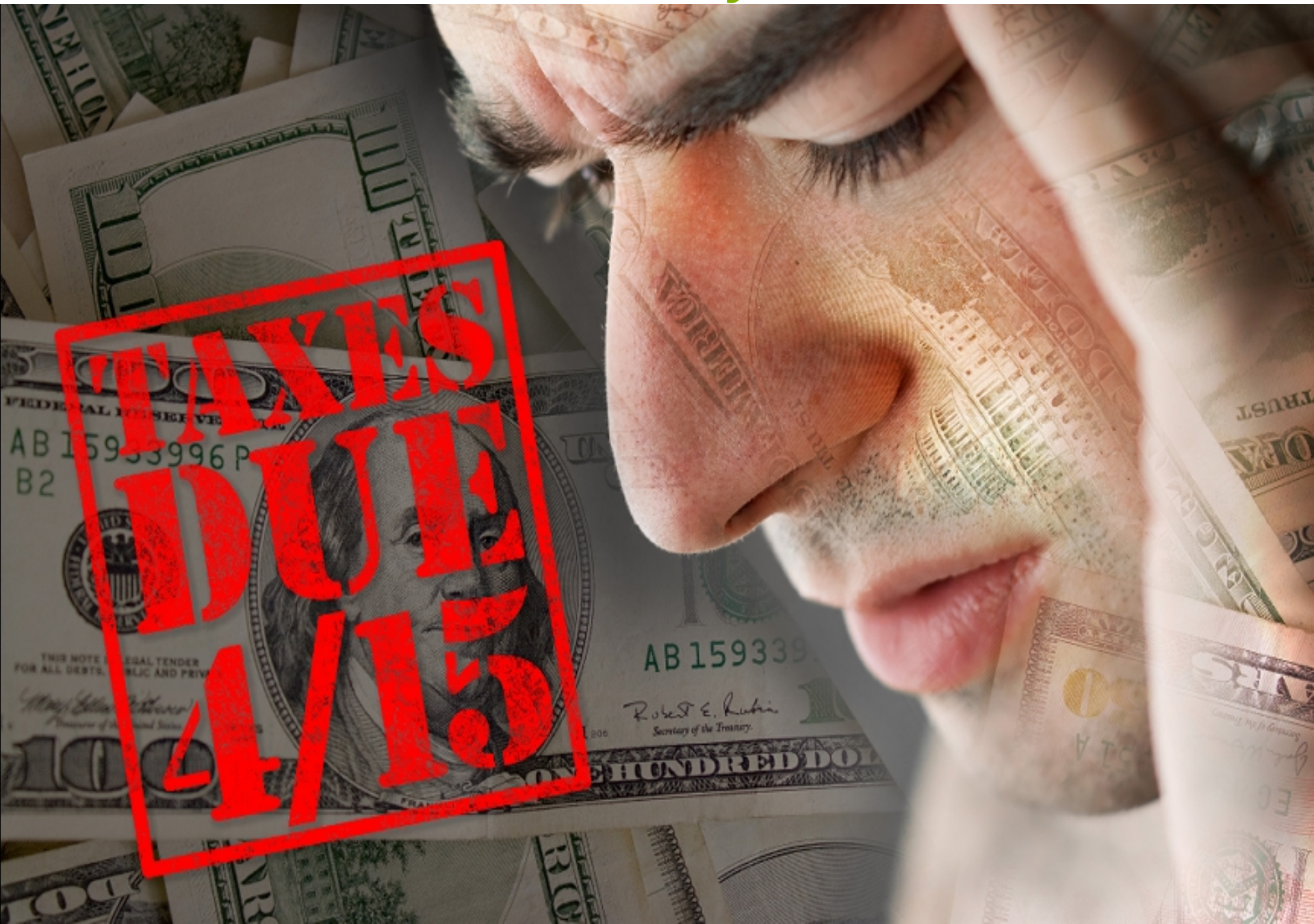
The Post Most

Most Popular

1. **7 life lessons from**

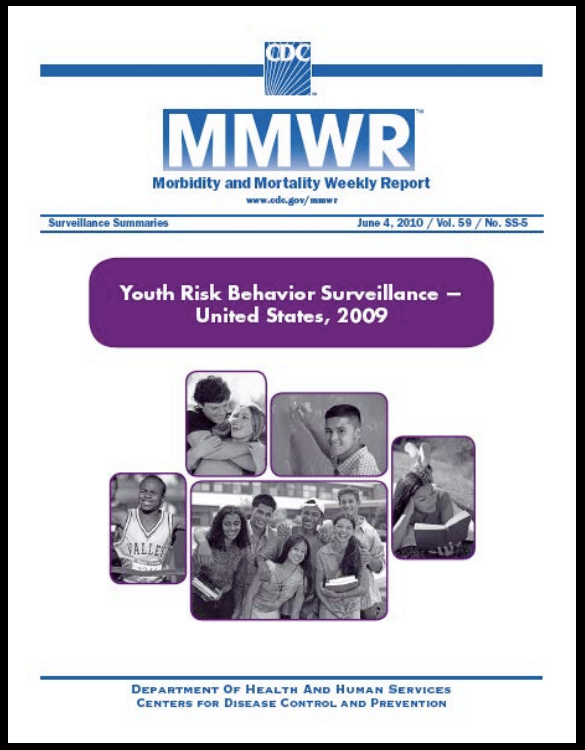
Advertising

Policy

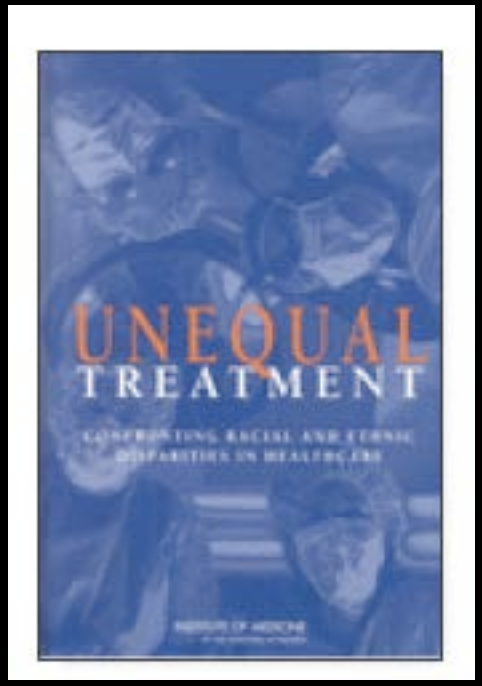


Don’t think of an elephant!

Facts are not enough



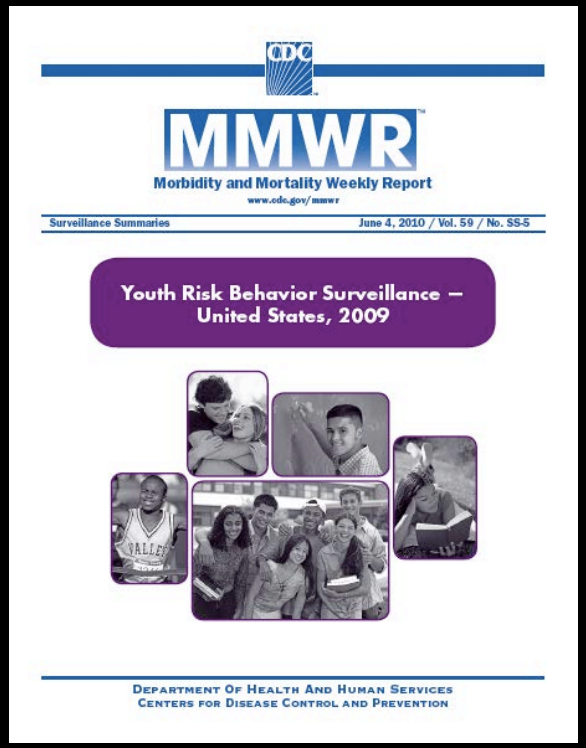
Demonstrating unequal outcomes is NOT a compelling message for action



You say:
Group X suffers from higher rates of sickness that Group Y

They hear:
Group X needs to change its habits and lifestyles.

Facts are not enough



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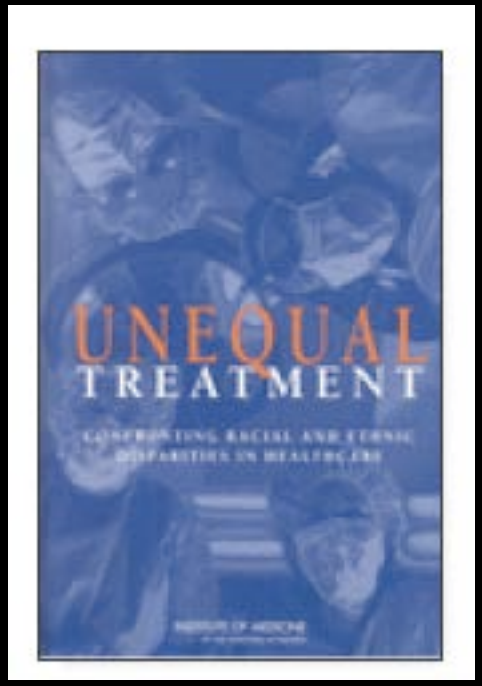


You say:
Group X's problems are created by their circumstances

They hear:
Group X are not (but should be) fully autonomous individuals capable of creating their own destinies

Mental Shortcuts

How?

Lead with a compelling shared belief, value or benefit, **NOT** a data point

Message Pyramid

TTYN

Shared belief/value/benefit

Community benefit

Why should they care?

Category

Environment

What kind of issue are we talking about?

Specifics

Rain forests

The name and function or focus of your specific issue or program

Communications Research

Players

- FrameWorks Institute
- Cultural Logic
- Public Knowledge
- Berkley Media Studies Group
- Real Reason
- Olson Zaitman/RWJ

Goals

- ID dominant frames;
  Strategic Frame Analysis®
- ID Idealized Cognitive Models;
  Cognitive Strategic Initiative®
- Reversal Theory®

Cautionary Notes

- Statistically significant?
- Who is "the public"?

Take Some Notes!

Crisis!

Frameworks

Framing Priorities

TTYN

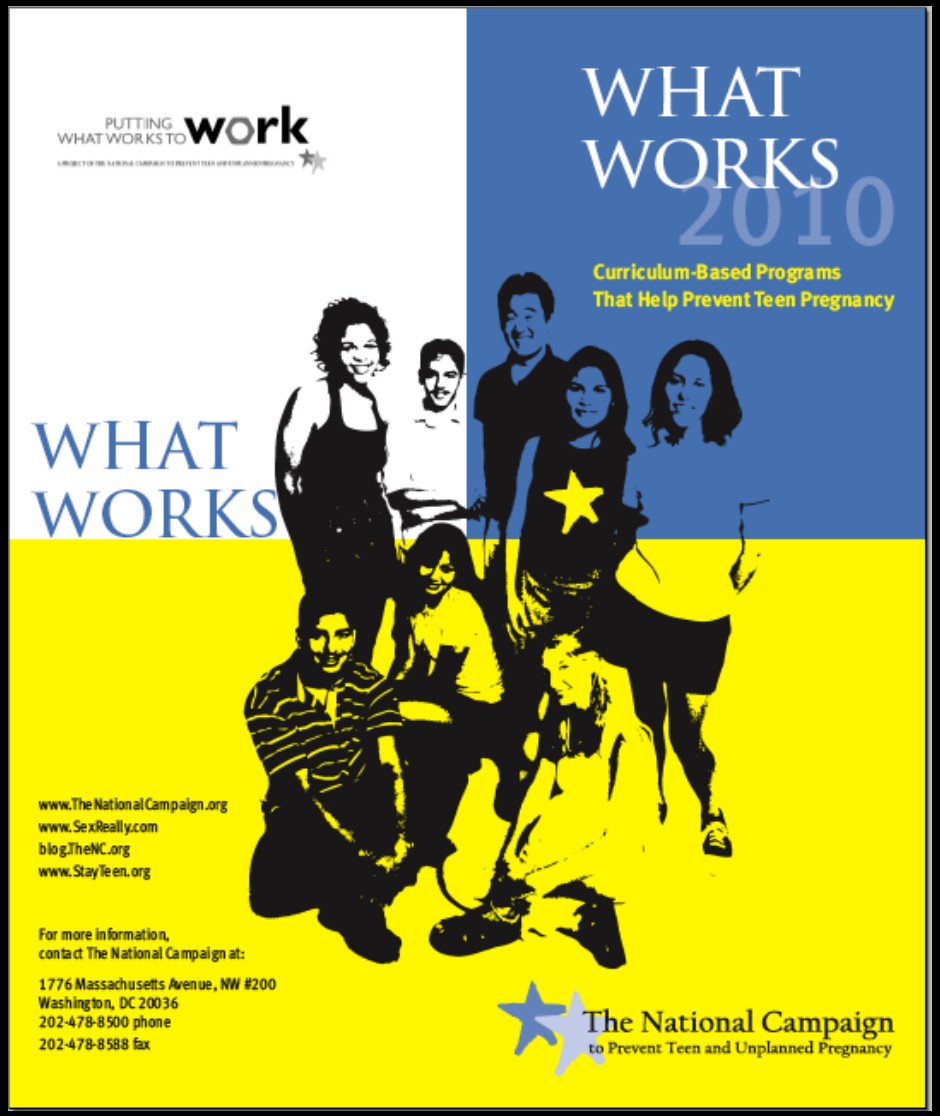
Solutions,
what is working,
ingenuity,
can-do spirit

CulturalLogic/Frameworks

Teen pregnancy is an epidemic in Texas

vs

We know what works and our community has what it takes to do it!



Mental Shortcuts

Young People

All youth

Frameworks

Teenager

At-risk youth

Frameworks

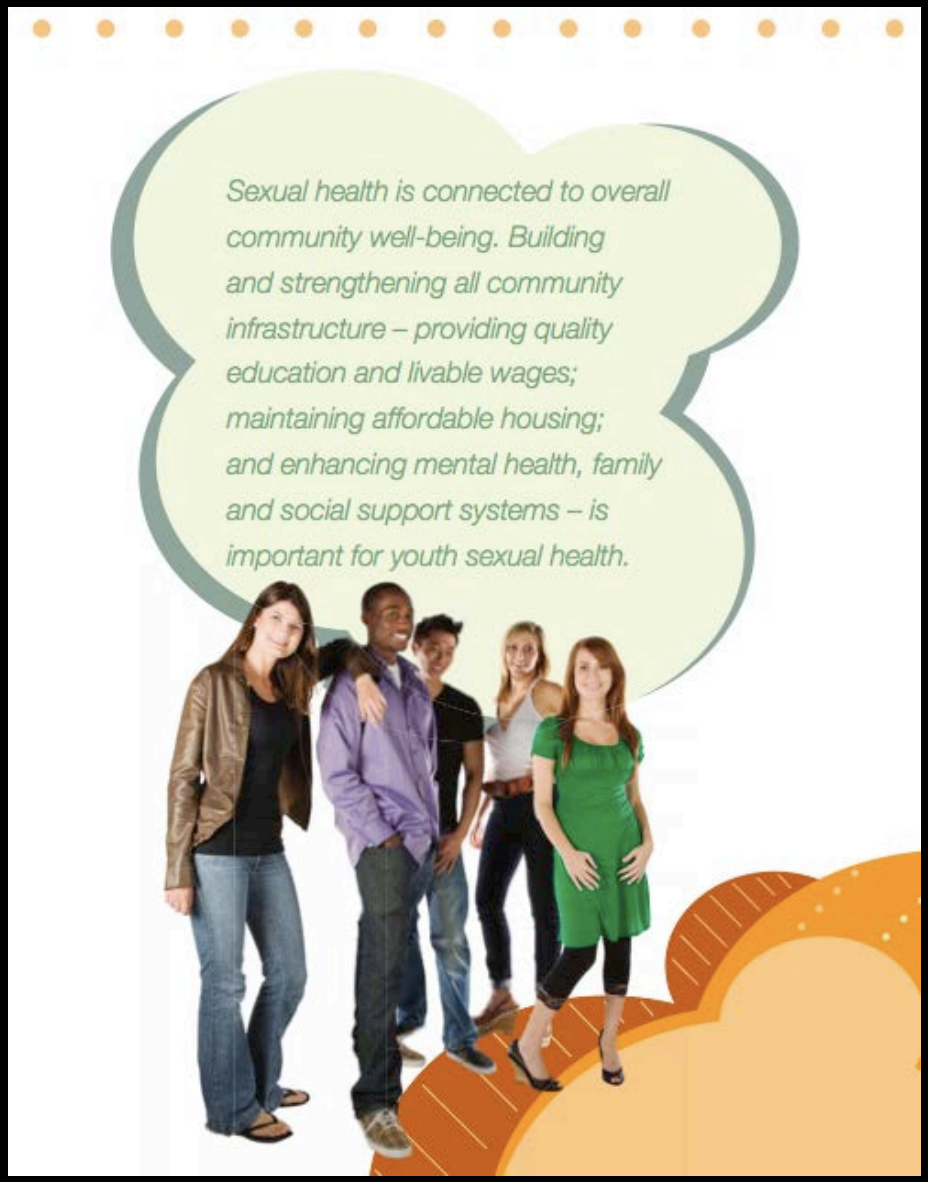
Mental Shortcuts

Individualism

- Personal responsibility
- Right choices
- Bootstraps

CulturalLogic/RWJ/Frameworks

Framing Priorities

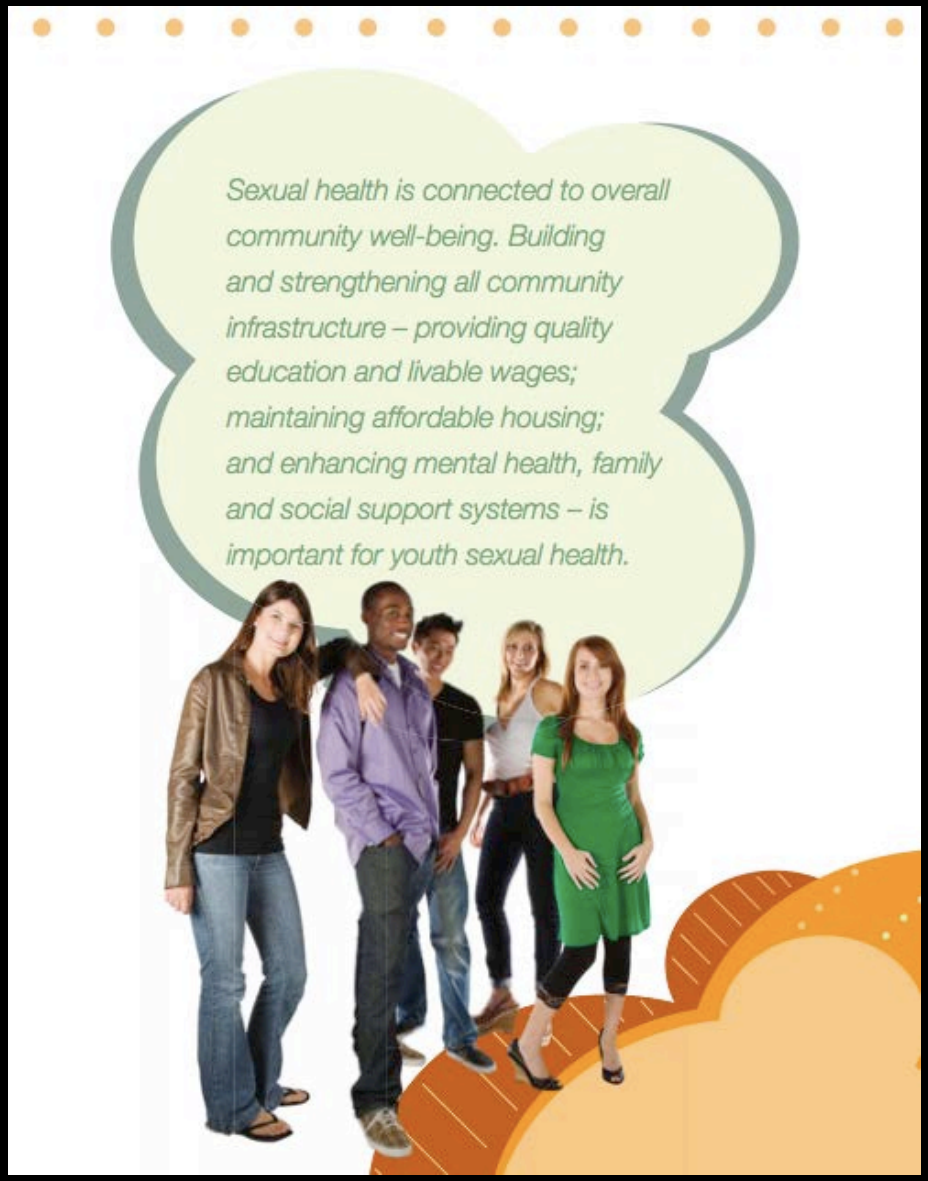


Us-ness,
benefits to all,
interconnectedness,
interdependence

CulturalLogic/Frameworks

OREGON Youth Sexual HEALTH PLAN

Framing Priorities



Eliminating health disparities is important, even to people who don't experience them.

After all …

- Current and future adolescent population stats -- voters, values, priorities, workforce, consumers…
- Costs (+/-)

OREGON Youth Sexual HEALTH PLAN

Framing Priorities

Prevention (+/-)

Frameworks/Cultural Logic

Prevention (+/-)

Frameworks/Cultural Logic

massachusetts alliance
on teen pregnancy

Massachusetts Alliance on Teen Pregnancy

Support Representative Finegold's Amendment to fund teen pregnancy prevention at $4 Million

Investment in teen pregnancy prevention lead to a 41% decline in Massachusetts' teen birth rate, saving tax payers $144 million in one year alone!

48% of teen girls in foster care become pregnant by age 19--and currently no initiatives are targeted to youth in foster care.

Some communities still struggle with teen birth rates over 200% higher than the state rate.

Visit Our Website to find out more about ***THE COST OF TEEN PREGNANCY***

To sign on to Representative Finegold's teen pregnancy amendment contact Jessica Prince at jessica.prince@state.ma.us or 617.722.2676

costs U.S.

When a community invests in preventing health concern XYZ, it benefits from …

- Cost of not investing, providing

Framing Priorities

Overcoming Obstacles to Achieve

Thouy Kim was born in a Laotian refugee camp and arrived in the Twin Cities on her second birthday. She worked hard in school and received a McNair scholarship…

Don’t exceptionalize; link individual success to systems, resources, opportunities

Mental Shortcuts

Environmental Blindness

CulturalLogic/RWJ/Frameworks

Whose Fault Is It?

Press Release

Printer-friendly version

For Immediate Release
September 6, 2007

Contact: Gail Hayes
CDC, Injury Media Relations
Phone: (770) 488-4902

CDC Report Shows Largest One-Year Increase in Youth Suicide Rate in 15 Years

Suicide rates for 10-19 year-old females and 15-19 year-old males increased significantly in 2004

Following a decline of more than 28 percent, the suicide rate for 10- to-24-year-olds increased by 8 percent, the largest single-year rise in 15 years, according to a report released today in the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR).

The decline took place from 1990 to 2003 (from 9.48 to 6.78 per 100,000 people), and the increase took

CDC Home > Media Relations > Press Release > January 2, 2007

Email this page

Printer-friendly version

Press Release

For Immediate Release:
Embargoed Until 12:01 a.m. (ET)
Tuesday, January 2, 2007

Contact:
CDC Media Relations
(404) 639-3286

CDC Reports Binge Drinking is Common among High School Students and Tied to Other Risky Behaviors

Binge drinking is common among high school students in the United States and is strongly associated with sexual activity, violence, and other risky behaviors, according to a new study, Binge Drinking and Associated Health Risk Behaviors Among High School Students, released by the Centers for Disease Control and Prevention (CDC) and published in the January 2007 issue of Pediatrics.

CDC Home | Search | Health Topics A-Z

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Phone (404)639-3286

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Press Release

For Immediate Release
June 8, 2006

Contact: National Center for Chronic Disease Prevention and Health Promotion
Office of Communication, 770-488-5131

Fewer High School Students Engage in Health Risk Behaviors; Racial and Ethnic Differences Persist

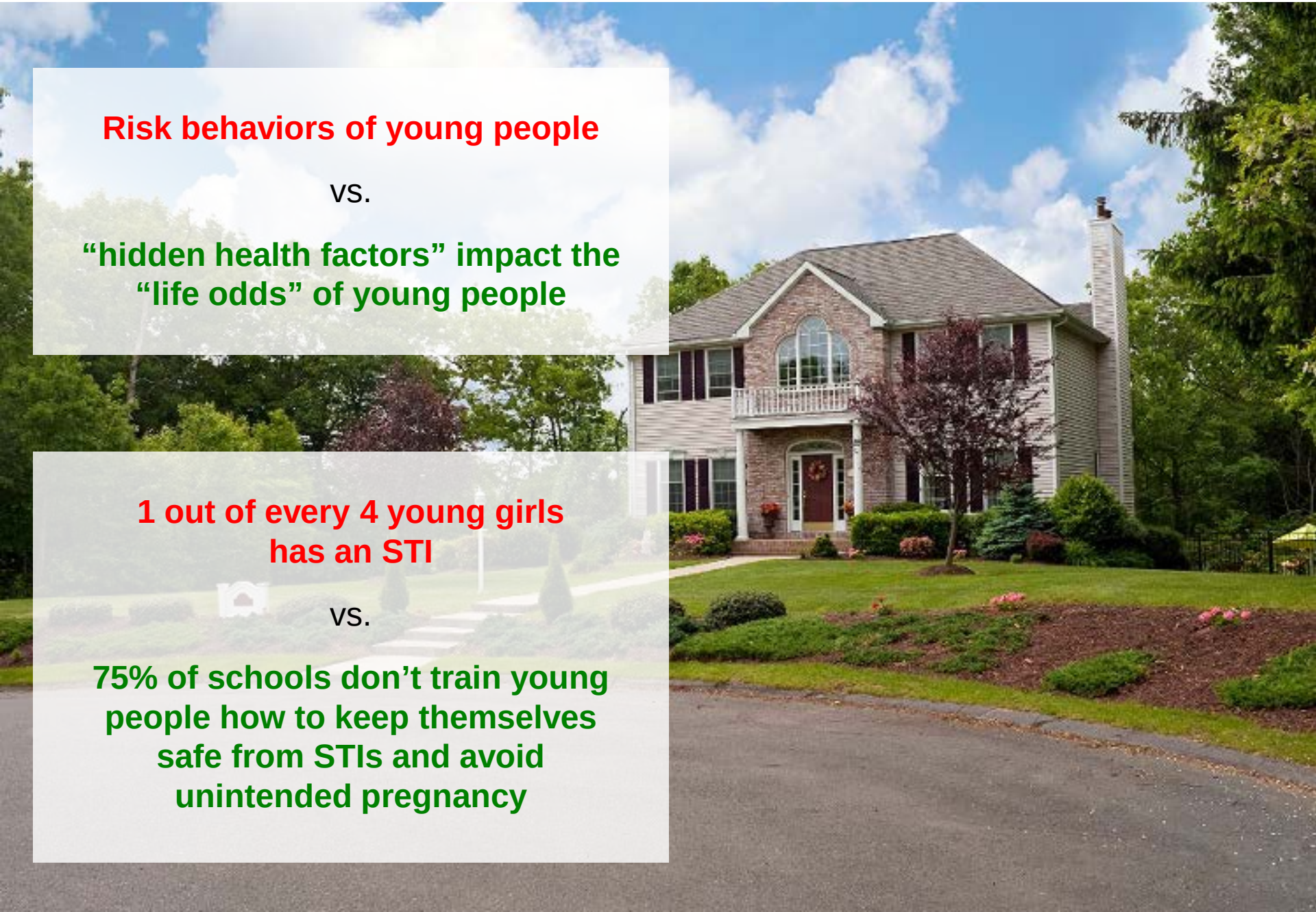
Fewer U.S. high school students are engaging in health risk behaviors compared to their counterparts from 15 years ago, according to the 2005 National Youth Risk Behavior Survey (YRBS), released today by the Centers for Disease Control and Prevention (CDC). Despite an overall decrease in health risk behaviors among high school students since 1991, racial and ethnic differences continue to be evident.

Framing Priorities

Emphasize external factors: systems, structural components, environment*

CulturalLogic/Frameworks/RWJ

Framing Priorities



Risk behaviors of young people

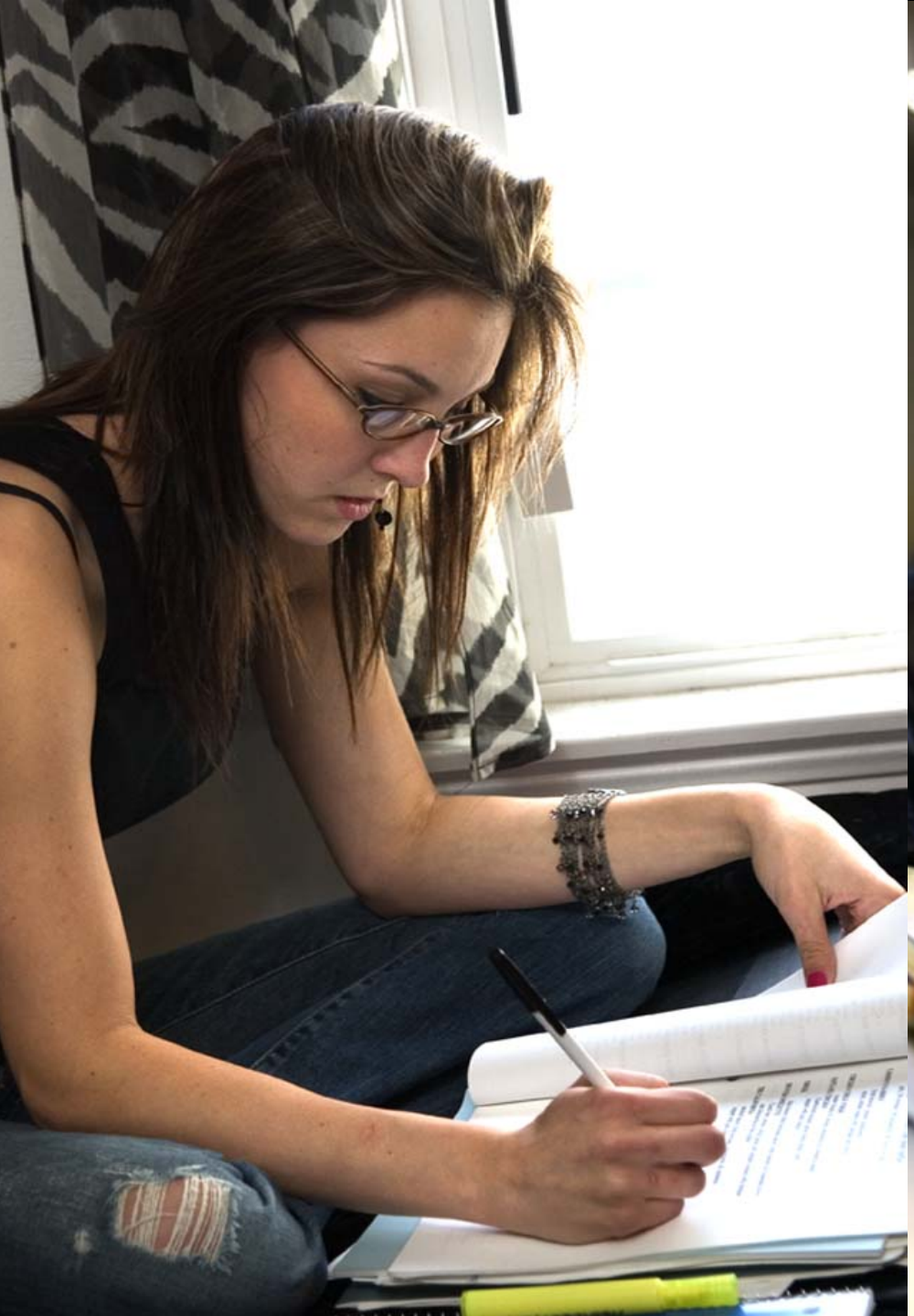
vs.

“hidden health factors” impact the “life odds” of young people

1 out of every 4 young girls has an STI

vs.

75% of schools don’t train young people how to keep themselves safe from STIs and avoid unintended pregnancy



Mental Shortcuts

- Racism/White privilege
- Historical experience
- Health equity/equality /disparities
- Unjust/injustice
- Poverty/income level

Mental Shortcuts

"We need to illuminate racism in order to eliminate racism.

By consciously addressing racial equity, we can stop unconsciously replicating racism"

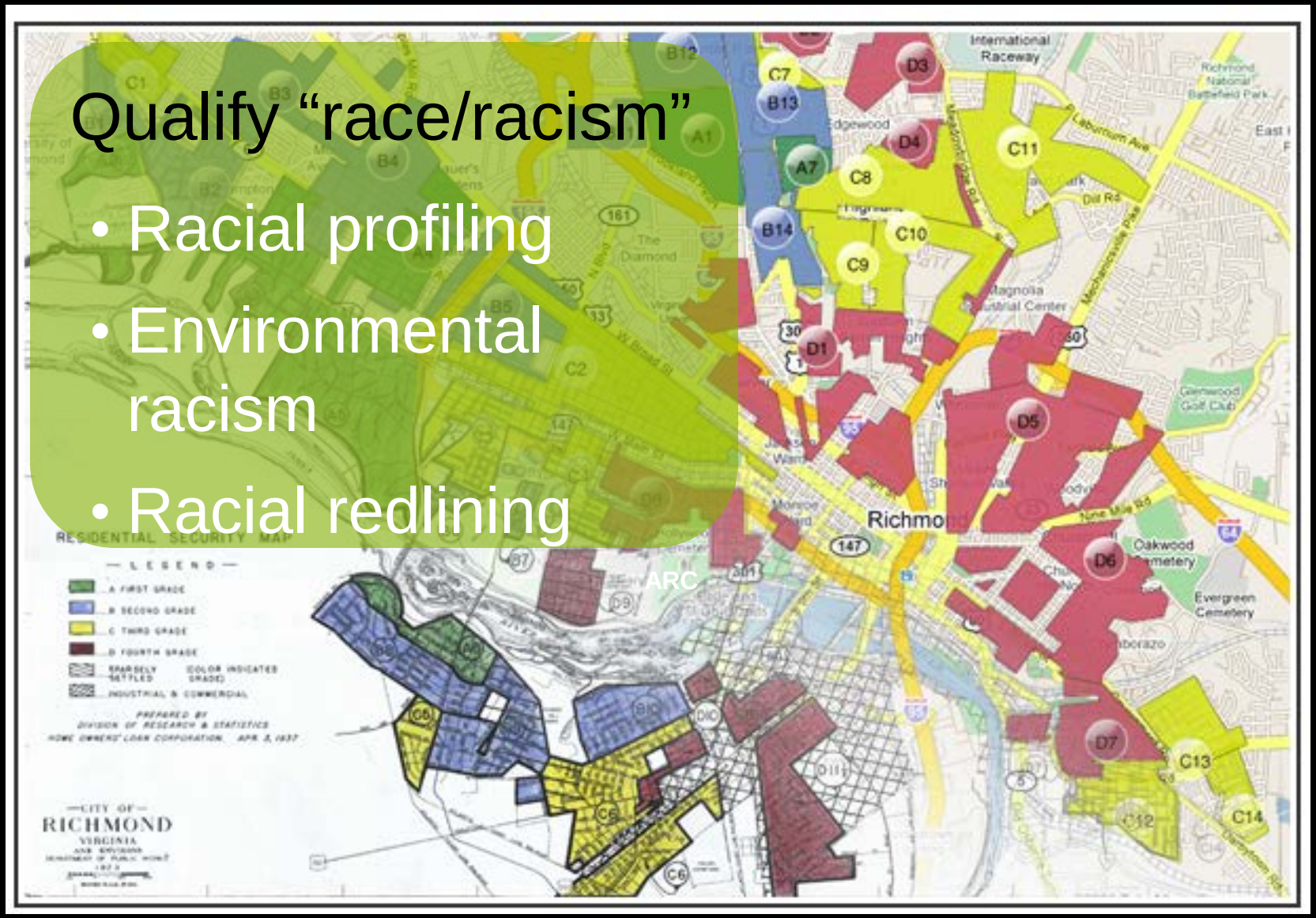
~Applied Research Center

Us vs. Them

- Identity politics

CulturalLogic/RWJ/Frameworks

A Different POV

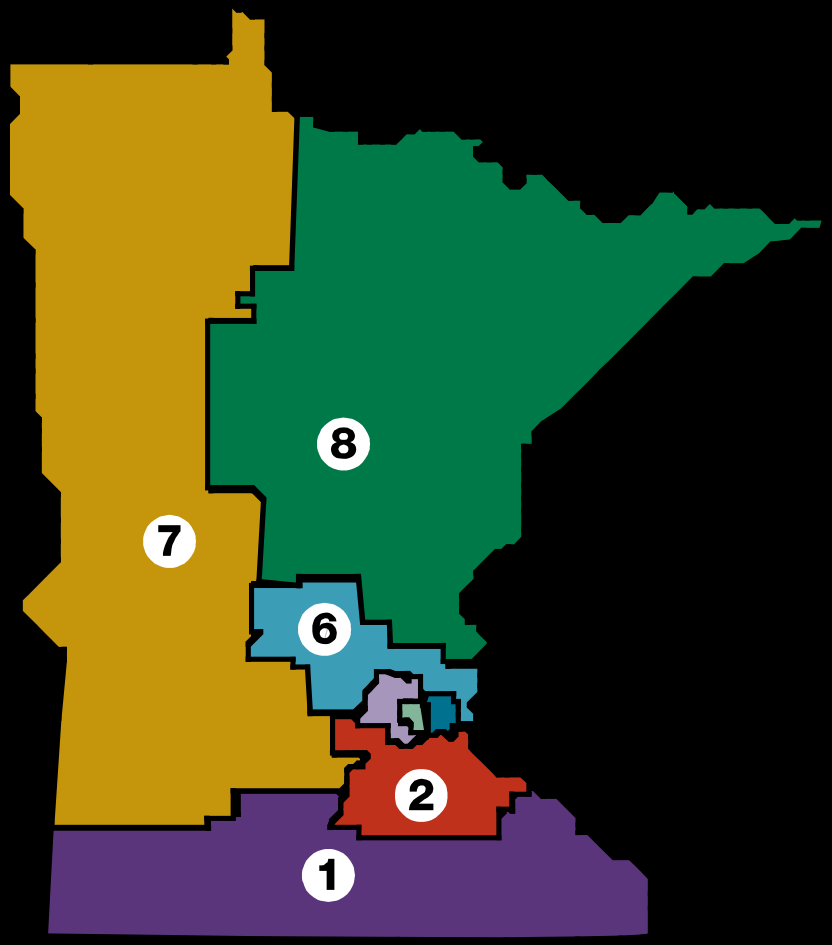


http://dsl.richmond.edu/holc/pages/home

Framing Priorities

Identify via geography or community

CulturalLogic/RWJs



Latina, African American, Native American young people

vs.

Young people in the XYZ neighborhood, zip code, congressional district

Framing Priorities

Make it “place based”

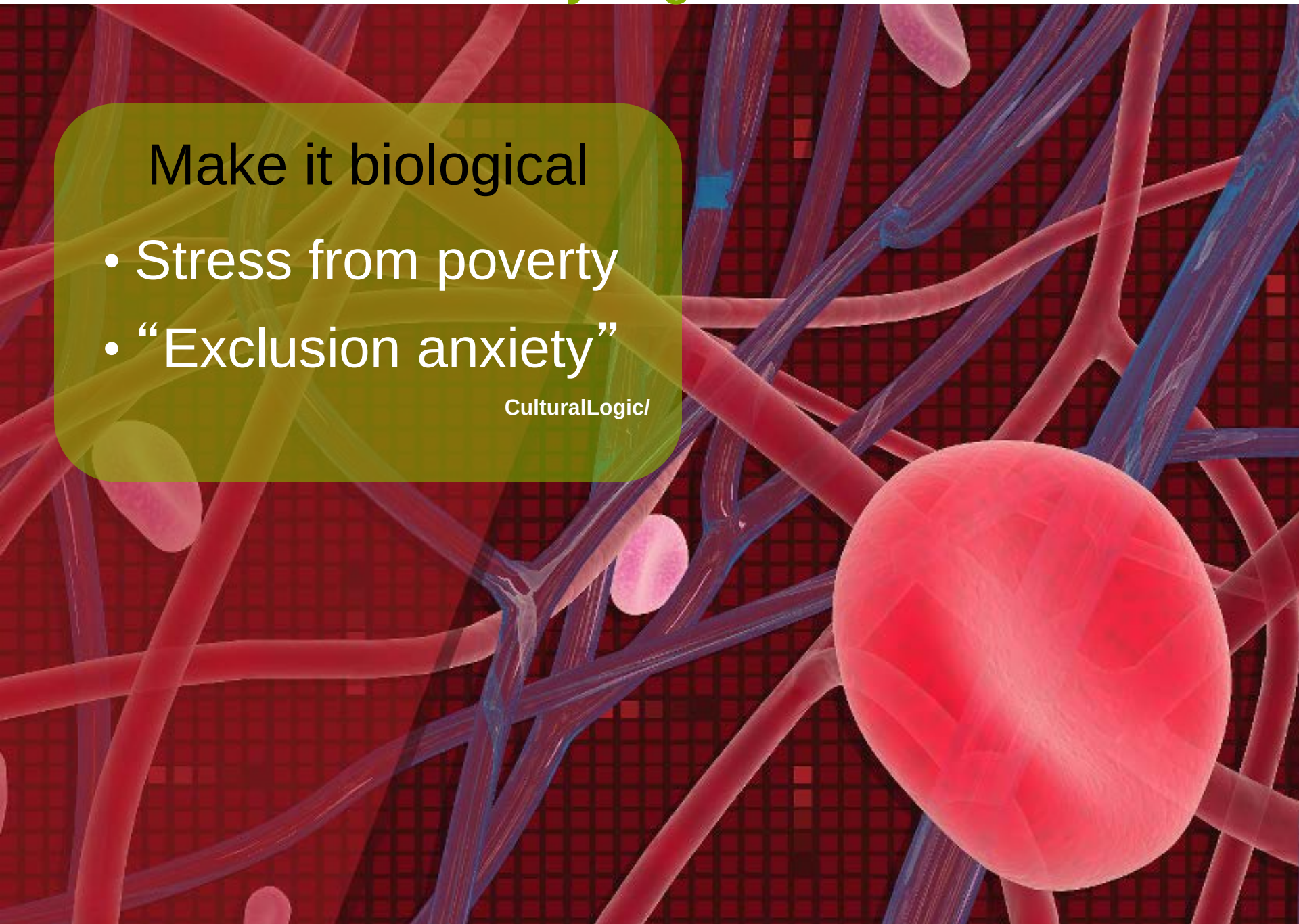
CulturalLogic/RWJs

“Your neighborhood or school shouldn’t be hazardous to your health”

“Your zip code may be more important than your genetic code”

~RWJ

If you gotta…



Make it biological

- Stress from poverty
- “Exclusion anxiety”

CulturalLogic/

If you gotta…

TTYN

The Washington Post

In the News | Miss USA | Daytime Emmys | Air show crash | Gold Cup | Rory McIlroy | Clar

BREAKAWAY WEALTH

Bonuses, stocks options drive pay

Awards come as CEOs steer their companies out of economic downturn

Danielle Douglas

Hefty payments pushed up pay for more than 20% of Washington's highest-paid chief executives last year.

- Interactive: How do the region's execs stack up?
- The area's best compensated executives

Rich pull away from the rest of U.S.

Peter Whoriskey

Compensation for those at the top has increased about fourfold since the '70s, while average wages for all workers have remained relatively flat.

- 3,000+ comments: Weigh in with your thoughts
- Meet the top 20 richest Americans

(Not) spreading the wealth

INTERACTIVE | Explore the income gap between the wealthy and the rest of the country, which has grown along with the dramatic increase in CEO pay.

Waiting for ads.revsci.net...

Don't trigger "redistribution"

- Raising the bar for all
- Setting a fair and adequate baseline

RWJ

If you gotta…

TTYN

Opportunity

- Land of…
- Differences, structural

Frameworks

Our opportunities for better health begin where we live, learn, work and play

Fairness

- OK- Rural/community
- No go - race

Certain communities are struggling because they aren't given a fair chance to get in good shape

Framing Debate

Acknowledge importance of individual responsibility & right choices.

RWJ

All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

Framing Challenge

MOAPPP

2010 Minnesota Adolescent Sexual Health Report

MOAPPP Recommendations

- Increasingly, funders and stakeholders are demanding accountability for program effectiveness and outcomes. Minnesota must invest in effective, evidence-based approaches to promote adolescent sexual health.
- Minnesota youth from populations of color have much higher rates of pregnancy, birth and STIs, but generally limited resources to address these disparities. Communities should move toward providing culturally appropriate services shown to be effective in preventing adolescent pregnancy, STIs and HIV.
- Ensuring access to confidential, youth-friendly sexual health services increases the likelihood that youth take advantage of these services.
- The unique needs of adolescent parents and their children are inadequately addressed in Minnesota programs and policies. Young people need access to confidential pregnancy testing and prenatal care, home visiting services, and support for their ability to effectively parent.
- Parents must be supported and empowered in their efforts to provide honest, accurate information about healthy sexual development and to raise healthy children who make responsible decisions about sex.

Creation and dissemination of this publication supported by a grant from the Centers for Disease Control and Prevention, Cooperative Agreement Number 5U58DP524993-04: Maternal, Infant, and Reproductive Health: National and State Coalition Capacity Building.

Mental Shortcuts

2011 Minnesota Adolescent Sexual Health Report

Recommendations

- Adolescent sexual health comprises much more than the absence of pregnancy or disease. More people in more places need to understand that normal, healthy youth development includes sexual health.
- Honest, accurate information from parents is the first step toward raising healthy children who make responsible decisions about sex, sexuality and relationships. Parents need to be supported in this important role.
- The systems we rely on to educate young people do not provide the supports needed to ensure sexual health. Schools, out-of-school-time programs, clinics and faith communities must be better equipped to deal directly with sexual health topics.
- The normalization of sexual violence is pervasive in our culture, and too few know what healthy relationships look like. It is time to wake up to its presence in our lives and work across sectors to change negative social norms.
- The unique needs of adolescent parents and their children are inadequately addressed in Minnesota programs and policies. Young parents need access to confidential sexual health services, home visiting services, and support for their ability to effectively parent.
- We will not make further progress improving adolescent sexual health without directly addressing social factors like education, income, housing and neighborhoods. Minnesota communities must address the social environment in which young people live, work and learn.

TEENWISE MINNESOTA *The source on adolescent sexual health and parenting*

Adolescent Sexual Health Disparities

Among states with available data, white adolescents in Minnesota had the lowest pregnancy rate in the nation. However, the rate for African American adolescents in Minnesota was among the top five in the country.[7]

The birth rate for white females in Minnesota (17.3) was lower than the national average for white females (26.7). However, all other racial and ethnic groups in Minnesota continue to have higher rates than the national figures (see Figure 3). Although adolescent pregnancy and birth **rates** are high among Minnesota populations of color, the greatest **number** of adolescent births is still to white females (see Figure 4).[8,9]

To address these disparities, youth from populations of color need access to culturally appropriate, comprehensive services that are known to be effective in preventing adolescent pregnancy, STI and HIV.

Figure 3. Adolescent Birth Rates, United States vs. Minnesota, 2008 (age 15–19 per 1,000 population)

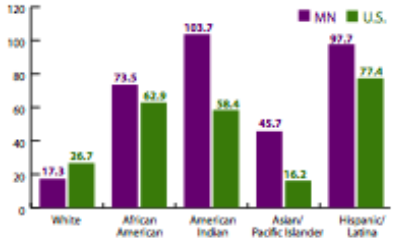
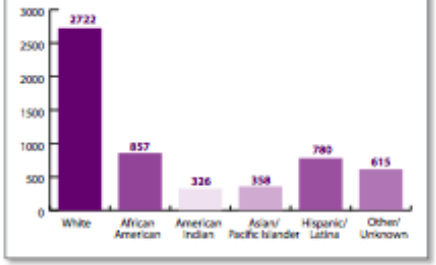


Figure 4. Number of Adolescent Births in Minnesota, 2008 (age 15–19)



Sexually Transmitted Infections: STI rates are disproportionately high for populations of color in Minnesota.

Of particular note is that African Americans aged 15-19 accounted for 47% of chlamydia cases and 65% of gonorrhea cases reported among adolescents in the state in 2009, even though they account for only 4% of the population of 15-19 year olds (See Figures 6-8).[10,11]

Figure 5. Racial composition of 15-19 year olds in Minnesota[12,13]

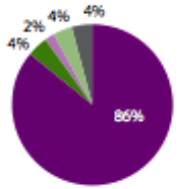


Figure 6. Chlamydia cases among 15-19 year olds in Minnesota

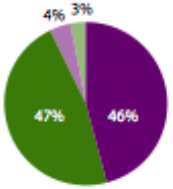
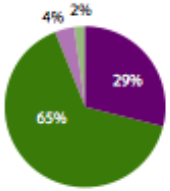


Figure 7. Gonorrhea cases among 15-19 year olds in Minnesota



White | African American | American Indian | Asian/Pacific Islander | Other, mixed, unknown

Note: Consistent with state and national standards, persons who identify their origin as Spanish, Hispanic, or Latino may be of any race. These individuals are included within the racial categories represented in Figures 5-7.

Framing Priorities

2011 Minnesota Adolescent Sexual Health Report

Recommendations

- Adolescent sexual health comprises much more than the absence of pregnancy or disease. More people in more places need to understand that normal, healthy youth development includes sexual health.
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TEENWISE MINNESOTA *The source on adolescent sexual health and parenting*

Community Level Indicators

Communities with high poverty rates and challenged schools also experience high adolescent birth and chlamydia rates.

Adolescent pregnancy, birth, and STI/HIV effect and are affected by a myriad of other issues, including social factors like poverty and school success. As a result, the issue of adolescent sexual health is complex and requires a multi-faceted approach.

Figure 10. Birth Rates in Minnesota, 2008
(age 15–19 per 1,000 population) [22]

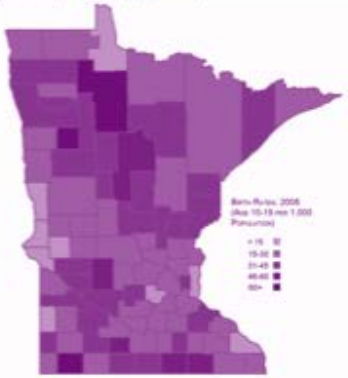


Figure 11. Chlamydia Rates in Minnesota, 2009
(age 15–19 per 100,000 population) [23]

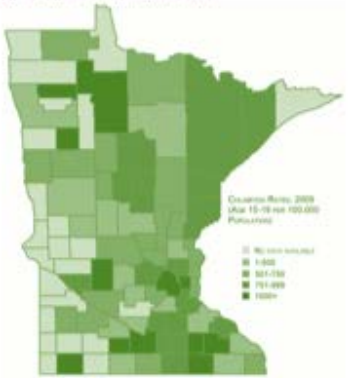


Figure 12. Persons Living in Poverty, 2008
(all ages, per 100 population) [24]

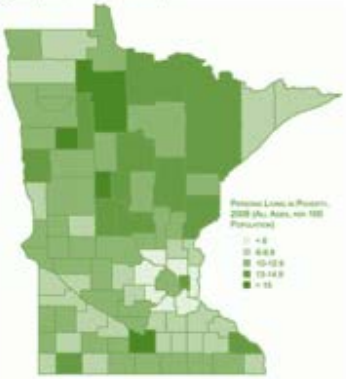
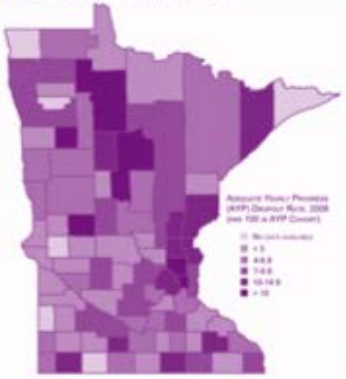


Figure 13. Annual Yearly Progress (AYP) Dropout Rate, 2008 (per 100 persons in AYP cohort) [25, 26]



5

For more detail on county-specific data, visit MDAPRP's website at www.mdapp.org.

Thank You!

Communication needs?

Contact me!

Glynis Shea

University of Minnesota

sheax011@umn.edu

612-624-3772