Rural Health Policy: Framing Your Message to Maximize Change

National Rural Health Association’s 31st Annual Rural Health Conference
May 8, 2008 - New Orleans

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Connecting resources and knowledge to strengthen the health of people in rural communities.

Center for Rural Health

• Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND
• Focuses on:
  – Education, Training, & Resource Awareness
  – Community Development & Technical Assistance
  – Native American Health
  – Rural Health Workforce
  – Rural Health Research
  – Rural Health Policy
• Web site: http://ruralhealth.und.edu
What is policy framing?

- Beginnings
  - FrameWorks Institute
  - W. K. Kellogg Foundation – Rural People Rural Policy

- FrameWorks research shows the following
  - A form of communications
  - Organizing principles – socially shared – work symbolically
  - “The pictures in our heads” – mental shortcuts
  - Understanding from frame-based, not fact-based
  - Providing cues that link new information with our pre-existing pictures in our heads
  - Changing opinion you must shift the frame

Levels of Understanding

- Level One Frames
  - Big Ideas
    - Freedom, Justice, Equality, Equity, Community, Human Rights, Success, Prevention, Responsibility

- Level Two Frames
  - Issue – Types
    - Environment, Health, Poverty, Education, Child Care, Aging

- Level Three Frames
  - Specific Issues
    - Health Insurance, Access to Care/Services, Hospital Viability, Workforce
Currently Used Rural Frames and Their Impact

• Stereotype 1 – Rural Utopia
• Stereotype 2 – Rural Dystopia
• Stereotype 3 – Rural Needs Protection
• Stereotype 4 – Change is THE Rural Problem

More Effective Frames and Their Potential for Impact

• Fairness Frame
• Interdependence Frame
• Patchwork Simplifying Model
• Causal Sequences
Different Stores – Different Policies

**Episodic Frames**
- Individuals
- Events
- Psychological
- Private
- Appeal to consumers
- Better Information
- Fix the person

**Thematic Frames**
- Issues
- Trends
- Political/environmental
- Public
- Appeals to citizens
- Better Policies
- Fix the condition

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Some Concrete Examples: What We Have Done

**NRHA Policy Institute North Dakota Hill Visits**

- **Level 1 Frame** – Equal access to quality health care for all North Dakotans regardless of their degree of rurality, income, or ethnicity
  - All programs supported by federal funds are efforts to accomplish equal access – improve health status
  - Fairness

- **Level 2 Frame** – Capacity building – infrastructure building – safety net
  - Resources, skill set development, linkages, leverage funds
  - Interdependence (collaboration and network development)

- **Level 3 Frame** – Individual rural health programs (e.g., Flex, SORH, SHIP, Outreach and Network Development, SEARCH, AHEC, and other)
Some Concrete Examples -- Poverty

- **Level 1 Frame**
  - Equality – all people are created equal, and are endowed with certain unalienable rights, that among these are life, liberty and the pursuit of happiness

- **Level 2 Frame**
  - Poverty

- **Level 3 Frame**
  - Livable wage
    - Health insurance coverage
    - Salary to adequately meet one’s needs (housing, food, clothing, etc.)

Practice Framing…

- How does the public think about this issue?

- What frames are currently used?

- How could the issue be framed?
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