**AMCHP 2007 ANNUAL CONFERENCE**

**HEALTHY COMMUNITIES**

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## Framing as a Public Health Communications Strategy

GLYNIS SHEA: Here we are. I think I've changed the name since I submitted it to AMCHP. What did you guys come for? Framing?

UNKNOWN SPEAKER: Framing as a--?

GLYNIS SHEA: Public health, building tool--okay, good. So framing is something you've heard of?

UNKNOWN SPEAKER: No.

GLYNIS SHEA: Not at all. Over here you're nodding yes. Where have you guys heard about it?

UNKNOWN SPEAKER: We just have Susan *Baile's from the framework (inaudible)--

GLYNIS SHEA: Fabulous.

UNKNOWN SPEAKER: --come to our office this week to do a presentation and then work with each of the offices, so.

GLYNIS SHEA: Fabulous. Okay, so you're really primed on this. Yep.

UNKNOWN SPEAKER: (Inaudible). Yeah.

GLYNIS SHEA: What you're going to find is different. There's some overlap, but what's different is I'm really honing in to the application.

UNKNOWN SPEAKER: Okay. That's great.

GLYNIS SHEA: For what it's worth. Framing is like this hot buzz word that's going around largely because of these folks, The Frameworks Institute, but also because of this guy, George Lakehoff, who has been trying to help the Democratic Party become more successful, and they believe that it's about language. And they believe that it's about communication, and that's what makes all the difference.

Hi, welcome. We literally—I just literally stood up.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Have you heard—have you tapped into this framing stuff at all yet?

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Where did you get that one, another training?

UNKNOWN SPEAKER: Politics.

GLYNIS SHEA: Politics. Yeah, absolutely.

UNKNOWN SPEAKER: The Republicans do it quite often.

GLYNIS SHEA: Exactly. Yep. And that's why this Lakehoff and the—

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Yeah. Yeah. Good. Okay, so we're going to talk about that stuff applied to our challenges. My challenge is adolescent health. You all have different ones. I want to hear about that so we can make it pertinent to you. Good?

This first slide has a photograph in it. This photograph is the ideal photograph to

build public will for teenagers. Anybody want to guess why? Okay, I'll tell you later. This is where I'm from communications coordinator University of Minnesota. I'm here with partner Kristin Teipel. Well, Kristin's going to talk a little bit later about what we do in our grant together. All right. And I said I wasn't going to stand up. Oh, come mister. So I am going to sit down.

Your agenda. I want you to leave here today with a communications strategy, one I've made that's specific to youth, one you're going to make specific to something you do, okay? Second, to make any communication strategy your plan, you got to know what people think about your issue or topic. I am blessed to be here today with a research from the Frameworks Institute on public perceptions of youth. Fortunately, for you all, depending on where you worked on, it's likely that Frameworks or someone like them has a done a research on your topic. I'm going to hear your topics in just a second, and we'll see what they've got and what we don't have covered. And finally, how do you apply this? It's all great to know a strategy, but if you can't turn it into something to say or write or something, why bother, okay?

This really, despite the recording devices, it should be a conversation. If you have to listen to me talk for three hours, you're going to run from the room. I need to hear what you all are working on, what's going on with you to make this useful. Also an important note, I'm going to show you research from The Frameworks Institute. I am not from The Frameworks Institute. I got to work with them on a

project, because this group in Minnesota hired them to do research, but I'm not from there, I do not work with them, they do not endorse my presentation, nothing like that, so just to be clear.

Okay, you'll get to hear all about me now. I work at the University of Minnesota as I said. I'm funded by a couple big national grants. The first one is the Centers for Disease Control and Prevention, and they fund prevention research centers across the country who do a community-based participatory research to develop prevention strategies. Ours, of course, is focused on adolescence. And so the PRC is one the grants that I work on as well. And I have entirely forgotten to talk about your folders. I always do that. If you look in your folder, the first thing are the slides, the second thing is my own evaluation, my--the pink guy. I have framed evaluation for you in a fresh and innovative way if you look at the header. I mean that sincerely really even if you're being extremely critical that is love to me because it means you cared enough to tell me something. Okay?

And then the next one, now that I'm using the folder properly, is the newsletter from the PRC that I'm talking about. The research these guys are doing is service learning, sex health education in a public school to see if it reduces risk behaviors around sexual activity, drugs, et cetera. And that flyer up there packaging rates for hungry kids in Malawi helps our student was our way of trying to frame or sell service learning to parents who are wondering, "Why do they keep taking my kids out of school, and what is this project that they're working

on?” So that’s the PRC. I’m also staff on the Konopka Institute for Best Practices on Adolescent Health. This is the yellow guy. Anybody here heard of Gisela Konopka? Minnesota ringer, what do you know?

JOHN: (Inaudible).

GLYNIS SHEA: But she was a Minnesotaian.

JOHN: And she was a social worker (inaudible).

GLYNIS SHEA: Correct. Yeah.

JOHN: She was a career social worker at the University of Minnesota Health Sciences, and is responsible for a lot of--more forward thinking actions during the time frame in which she was at there.

GLYNIS SHEA: Excellent. That was great. You have plenty to say.

JOHN: (Inaudible) just go home now.

GLYNIS SHEA: Or you’re going to come co-present over here or something. No, that’s exactly right. She is famous for a couple of things, group social work, innovating it from individual case management to the function of a group.

Adolescents girls, huge for her. A lot of people that are into adolescent girls study Gisela Konopka. Incarcerated kids. And as you were getting at, she was one of the early health youth development people working for the government. She was a holocaust survivor. She liked to beat up academics and eat them for lunch even though she worked at the university. She was a fist pounding you-better-get-out-there-and-do-something-people kind of lady. And we follow in her footsteps. She cared so much about youth. What we do is support people that work with youth. That's her state, her quote up there, and we've adopted it as our mission statement. The Konopka Institute gives a couple of grants, and one of them funds us to be the State Adolescent Health Resource Center. Kristin Teipel runs that grant, and there's a sheet in your packet about that. That's what brings us to AMCHP every year and a couple of other important meetings. Do you want to say a few words about the State Adolescents Health Resource Center?

KRISTIN TEIPEL: Sure. This particular part of (inaudible) Institute is funded by (inaudible) Health Bureau, Office of (inaudible) Mental Health, proved to be (inaudible). He's our funded officer. And we are basically funded the (inaudible) to get our hands on (inaudible) need something for adolescent health they are there for you, we do everything from what's the best practices, research. But also, like, what do you with the stuff when you get—how do you find--once you get (inaudible) what would you do with it? Do you have the capacity to do strategic planning or figure how to build (inaudible) appropriate in your agency or deal with politics of adolescence (inaudible) government agency. Any kind of how

did you (inaudible) where I don't know (inaudible) I'm working progress with people, we do a lot of phone consultations. We don't wait for you say, "We need some (inaudible)." We will do that kind of thing but we will definitely (inaudible) much more actively then most. So (inaudible) adolescence, call us, e-mail us. Our information is on the sheet. So (inaudible).

GLYNIS SHEA: Excellent. Dr. Trina Anglin at MCHB-HRSA in partnership with the CDC has started what we call the national initiative to improve adolescent health. That's another logo up here. You're going to see these blue stickers I hope. What we're trying to do is band together groups that are focused on adolescent health so we could be louder, achieve more together. So take a look at our booth later on if you're curious about what we're working on.

Okay. Almost enough about me. I just have one more little joke to make. These are all my titles at the University of Minnesota, all the places that I'd actually work. I'm in the division of adolescent health and medicine. You've heard about Konopka, which is part of the Department of Pediatrics, which is in the medical school, which is part of the Academic Health Center at the University of Minnesota. But I put this up here to let you know that I have a couple of biases coming in. I'm public health oriented. I'm lodged in a medical school, so a lot of the stuff I tend to talk about is welled up from those two disciplines. So, even though Gisela was a social worker I tend to go a little bit more medical even though that's a little odd.

Let’s go around and introduce ourselves now, since you had to listen to me talk about myself for 10 minutes. You don’t get 10 minutes, you get two minutes. Who you are, what you do, where you’re from. I want to know the focus of your work. If I’m adolescent health, are you early childhood, are you--give us a focus so we can use that as we talk through strategies. Sound good?

JOHN: My name is John (inaudible). I’m from Minnesota. (Inaudible). Pretty obvious (Inaudible) Children with Special Health Needs director. What I do is I hire good people that go out and (inaudible) support them as much as I can I work in the State Health Department and (inaudible).

GLYNIS SHEA: Thank you.

TERRY BRADLEY: My name is Terry Bradley, and I’m the bureau chief for family and community health group with the Department of Health in Florida and I am (inaudible). Seriously, within my bureau is child and adolescent health and infant (inaudible) funded by the MCH block grant and a plethora of other various sensitive issues such as family planning, abstinence, education and health (inaudible). So, I don’t have a focus, I have a lot (inaudible).

GLYNIS SHEA: Great. Thank you.

DEB: My name is Deb (inaudible). I'm from Rhode Island for the United Parent Information Network, which is a resource for parents (inaudible) one of them has autism which is (inaudible), and I'm (inaudible) in the Department of Health, and in adolescent transition to the special health (inaudible) primary health conditions. (Inaudible) Rhode Island and a team that I was working with two people, but one left in December for another job, and another one happened to get in a very serious car accident, so.

GLYNIS SHEA: You're it.

DEB: I'm it right now. So I'm here (inaudible) I'm really interested. I've always been really interested in (inaudible) I've always been in (inaudible) study on my own holistic, nutrition and what we've been (inaudible) to health.

GLYNIS SHEA: Approaches, yeah.

DEB: (Inaudible) exercise and nutrition for kids.

GLYNIS SHEA: Cool. Great. Thank you.

DEB: And focusing on kids with special…

GLYNIS SHEA: Special Health Care Needs, too. Fabulous. Good. Do you want

to?

UNKNOWN SPEAKER: I'm (inaudible). I do communication with AMCHP (inaudible).

GLYNIS SHEA: Great.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Thank you.

KRISTIN TEIPEL: I'm Kristin Teipel and I'm (inaudible) to get the PRC part of (inaudible). So I was the adolescent coordinator at the Minnesota Department of Health for a number of years, so I've had some--I've had a lot of experience in (inaudible).

SHEILA: I'm Sheila (inaudible). I work in a state health department in Arizona. I'm the chief of the office of Woman's and Children's Health, which is (inaudible), and—well, it focus in general is in terms of health cost issues, a lot of money, energy it's gobbled up with dealing with teen pregnancy, specifically the politics of it and the timeframe, and anything to do with teens and sex in Arizona is incredibly difficult to navigate.

GLYNIS SHEA: Yeah. Great. Thank you.

JEANETTE: I'm Jeanette Shaylin-Harris and I'm with the (inaudible). I'm the assistant director for public health, and we're just really interested in this because we're looking at in our department at a more social determinants kind of approach to public health, and then how to frame issues and ways to move with social policy to good health.

GLYNIS SHEA: Excellent. Thank you for doing that everybody. Best of my knowledge, I have not seen communications research on youth with special health care needs. The best of my knowledge there isn't a communications research on teen pregnancy prevention.

Gender equity in schools, there's a lot of educational stuff. There's a lot of early childhood information. There's a lot of public opinion information on the role of parents, and parent perceptions of education. But unfortunately, your two hot buttons, not so much. There's stuff on poverty. There's stuff on environmental work. I have not seen it done on health and nutrition or obesity yet.

My friends at MOAP and some other places are trying to get people together to fund what Frameworks does on teen pregnancy prevention, but as you probably know it's expensive stuff. It's 250,000 dollars to get this kind of research done. So, if you know anybody rich give me some call. I know how to hook him up. We

can spend their money.

But all of these are related. All of these I think that we can work on today. Because you're all Department of Health I think we got some shared challenges. So I think we can work on those together. Good. All right. Any questions so far? Alrighty.

Yeah, I told you I come from medical school in public health. That's a little bit of a short view of my life. My real history is in advertising, and that's kind of my unique contribution to the groups that I work with. I started right out of college as a secretary in a teeny-teeny ad agency in San Francisco. And as the ad agency got bigger and got bought, I moved up the corporate ladder, and eventually I was the vice-president of the largest ad agency in the world. And this was my big client Hewlett-Packard. Again, I was an English major, ended up in *Hitech California, I loved it. I couldn't believe it, I loved it. I wish I had known that when I was a kid.

And this is one of the funner ads that we got to do, that cute guy with a dog next to him, isn't that sweet? And the headline says, "Introducing the first PC worthy enough to work beside your trusty HP printer." It's cute, isn't it? But this ad kind of demonstrates the tension in advertising. The client Hewlett-Packard paid our agency lots and lots, and lots of money, so that we would represent their audience, their purchaser, the guy that would buy that computer. Because if an

HP engineer was going to make an ad about his computer, what do you think it would look like? The computer would be really big, the box will be open. You'd be looking at the guts of it. You will be talking about how fast, and how the circuits are really tight, and the gold is here, and this and that and the other thing, where we normal people who buy computers, do we care? No. No. So, this ad was a huge fight. In fact, the reason that little computer is there is because we kind of half way won. We half way lost because that little computer has to be in the ad so we put that small, the small one up there. The other thing that really made him angry was this ad is talking, leveraging the success of their printers, right? Oh, working beside your trusty printer, right? Because everything was about HP printers at the time, their computers were nothing. So, again, these engineers, it's all about them and their product. And you're like, "Wait, it's not even in the ad. They're talking about our competitors across the aisle. This isn't good for us," but it was good for them. And this fight, that's the tension, and that's what makes a really good work and exciting stuff happen. So as much as I'm a pain in the butt in meetings with my friends in public health in medical school, I am offering a different perspective, and that's what I want to do for you guys today too, and show you how to bring that back home.

A couple of other my clients US West and Blue Diamond Almond Growers, but we'll talk about that a little bit, because I want you to understand how important it is to get where the people you are talking to are coming from. It's so easy for us to be like, "Oh, here's what I want to say, and I want to say this, and this, and

this, and we don’t take a time to appreciate the other person in this equation. The way advertising agencies do that, and this was my job was to develop a communication strategy. I mean, this literally was a four-page document. It is probably worth like a million dollars in the end, because of all the staff time, and the research, and all of that stuff that would come together to make the ads happen.

So to think like an advertiser, I have a little test for us today. This ad that you see up there is in your folder. And on the back of it are some mini little analysis forms, and I’m doing this just to get us warmed up here, but also media literacy is a huge deal for me. I feel like if we can get kids to get smart about how they consume media, we’re going to be in a lot better place, because it ain’t going away anytime soon.

So, when you look in an ad, and we’re going to do a news article later, this is what I want you to be thinking about. Who is advertising to me? What are they trying to sell me? It’s not always a straightforward as a car or a Coke, right? You see those ads from the energy companies these days, and it’s like, what are they selling? Who are they talking to? That means dissecting what you’re looking at for clues to see, oh, what—hmm, is this for a woman, a man--urban, what is this for? And then what do they want us to think? For advertisers it’s all about trying to figure out how to get you to think about something. And so this ad, this is my very first ad campaign when I got promoted from being a secretary. I got to go to

Colorado, and meet Glenn, and take this photograph. I didn't take the photograph obviously. I don't know if you can tell Glenn is missing, his finger on his right hand, he lost that in his woodshop. And I'm not going to read it to you, because you guys can read it. On Saturday though, Glenn hauled in three rainbows, two *mackenal, and six drowning boaters. Mackenal are fish. I've had that problem with folks before. So take a second to read it, and then I want to ask you what you think.

There were a bunch of ads in this campaign. Here's one of them, and I'd put it up so you could laugh. Finally, Glynis Shea's job skills are growing faster than her children. When you work in an ad agency if they need a name, they try to protect somebody they will pick a name of somebody in the agency because you have to be able to point to somebody, "Oh, it was her name." And so I got this one. I liked it. I don't have any kids, just so you know.

Okay, so what do you think? Who was the advertiser? That one is easy, right?

UNKNOWN SPEAKER: The US West (inaudible).

UNKNOWN SPEAKER: The US West (inaudible).

GLYNIS SHEA: Excellent. Excellent. Okay, what do you think these guys are selling? They are obviously not selling long distance services. They're

employees. What else? Anything else?

UNKNOWN SPEAKER: That they are caring?

GLYNIS SHEA: That they're caring. Yeah. A caring place. What were you saying?

UNKNOWN SPEAKER: Company's values.

GLYNIS SHEA: Company's values. Oh, yes.

JOHN: (Inaudible) a very male-oriented, macho common denominator (inaudible).

GLYNIS SHEA: Glenn Glenn *Leatherbary and he is a kind of macho guy, too, isn't he?

UNKNOWN SPEAKER: They also (inaudible).

GLYNIS SHEA: Yeah, definitely some chest beating going on there. Excellent. Who do you think they are talking to? I mean, some of what you've already brought up. This has a bit of a masculine feel, because of the--Glenn and the fishing, and all that sort of stuff. What else? Outdoor people because—

UNKNOWN SPEAKER: (Inaudible) fish.

GLYNIS SHEA: Yeah, because they get you with that picture, right? Yeah, absolutely. Anything else strike you? How about that map up there of Colorado? Do you think this ad ran anywhere other than Colorado? No. All right. Excellent. And then what do you think—after you read this ad, what do you think US West wants you think or feel about them? It feels good?

UNKNOWN SPEAKER: Trust.

GLYNIS SHEA: Trust. Yeah. In fact, this was called the Trust Campaign. It was called the Trust Campaign. My boss, who was a genius was working with US West during deregulation, and US West, like all other phone companies, saw the writing on the wall. They could lose huge chunks of their business unless they got the public to vote against some of the deregulation that was going on at that time, and so they conceived of this campaign which was exactly what you guys are saying. We are part of your community. Don't you love us? Don't you trust us? Don't you want us to be the guys hooking up the wires in the back of your house? And so this whole campaign was just local feel-good. Here's the great stuff US West is doing in your community, and they ran in all of their states.

At that time we had gone from the Baby Bell, Pacific Northwest Bell and all that

sort of stuff. Our was Northwest Bell, and Midwest Bell, Mountain Bell, and they consolidated, and made US West, and put a way out some place else, so people were like, “What happened to our phone company? And that was the intent of this ad.

Okay, you’re all promoted away from junior ad executive. I’m going to make this point one more time. How advertisers think differently. When Kristin comes to talk to me, Kristin says, “Oh, I’m just going to walk up to Glynis in the hallway. There she is. I’m just going to go to ask her. Could she help me work on this presentation?” Just write it on that nice clean white frame right there, right? But that’s not who Kristin is talking to. This is actually who Kristin is talking to. Not only is Kristin talking to me but she’s talking to my family, and everything my family ever taught me, and all the unique and different things about my family, and there are many things about us that are unique. She’s talking to every book I’ve ever read. She’s talking to my catholic upbringing and what’s that’s doing to me today. She’s talking to what food I’ve just eaten or I’m thinking about eating, because that’s always kind of dominant in my head. And all the other stuff that makes me up. I’m really into media, I’m really into kids and media, the technology stuff is showing up in the background. Modern art is huge for me. The environment is something that I care about. And also on here is something about my political affiliation. And I’m putting that up there for a reason. A, you should never do that, because now when I tell you what I am, it’s possible that those of you who are not what I am don’t want to listen to me anymore, and maybe rightly

so, you know. But when we give signs and indicators of things about ourselves that tend to separate us or move us away or define us, we've stopped thinking about our audience more and more back into ourselves. So, in theory, you look at those things about me, and you look for things connections. "Oh, I love Rosco. He's one of my favorite artists. Maybe one of you was thinking, "Afterwards I should talk to her about that." And we go through that all the time. We just have those experience of being with people, and looking and knowing, learning things about them to make connections. Yeah. Yeah.

JOHN: Um, I'm going to make a request to sort of like kind of a topic throughout the rest of the afternoon. First of all, just two pieces of background, about this. I found that all state's children with special needs programs face enormous communication issues, and I haven't found one yet that has any communication talent. And that's something I hyperbole, but I think there's a lot of truth in it. Second, I happen to have a son in the advertising industry, and it is interesting to have conversations with him in terms of what he thinks is truly a remarkable message, and what the client wants, and what the business suits in the agency try to do, and it's lead me to ask myself how do I, as a Title V director, communicate with people such as yourself with whom I don't have a lot of background in terms of trying again to be very articulate about what my needs are, what my resources are, where I need to start thinking about maybe some fundamental shifts. I'll make it very simplistic, and this has been an example (inaudible). We don't have any health educators (inaudible). So what? Well, at

the end it's just—it's a deficit of perspectives and attitudes, professional training, a different approach to defining what the issue is, what the problem is in terms of trying to get from where we are to where we'd like to go, and the whole issue of social determinants is--underlies that with respect to communication internally at least with our current administration, because if I would use that phrase I would lose 95 percent of my (inaudible) just those two words alone. So again, I'm not even sure I'm asking (inaudible) except that one of the things I do like to leave here with is a better sense of that equilibrium that is going in terms of the professional communicators saying, "You got to do it this way," if the client say, "No, I know my people, I know my program, I know my product," and I don't have an answer. I don't know whose right (inaudible).

GLYNIS SHEA: Yeah, and I don't think there is one answer. I mean, it's almost that the fight, and the struggle, and the tension is what makes it keep working. But I have a lot of insights that are going to help you get some clarity on that, I think. So, you're like, "Okay, I'm going to sitting for three hours waiting for this." But seriously, there are techniques, there are ways that you can look at things that are going to make a difference. And I truly believe that one them is this whole idea. If we can stop being so preoccupied with our own stuff and put ourselves in the other person's shoes, or try to figure out what's going on with them, and then speak, that's huge. And you may be well past that, but when I'm training for people in the field most of the time, no. So let's go a little further and see if I'm going to get some of what you want. Fair? Okay. Bottom line, what you

want to say doesn't matter, what the audience believes is everything. I'm getting hardcore on you now. I'm going to get really hardcore in a minute.

Okay. So, big advertising experience that is fabulous. Go to the University of Minnesota. It turns out you should get a degree to be a media expert. So I took a graduate course, and I thought, "Okay, am I going to find out what was true about what I learned and what wasn't?" And then you take the survey cast. Here's the book that they teach you, "Media Effects: Advances in Theory and Research." There're some quotes in this presentation from this book, and I find it, yeah, pretty much what they learned taught me in advertising, same pretty much true. For example, media power is audience driven. Media effects are really actually weak, pretty weak, and advertisers know that. They know if they run a TV commercial and you see the Coke ad, you're not going run and buy the Coke. We just know that. The same thing is true with all media. The second thing is that even though it's weak, it has this amazing agenda-setting capability. Have you guys heard this before, agenda setting? It's the idea that the news doesn't tell you what to think about an issue it tells you what issue to think about. Does that make sense? So we are really hung up on Anna Nicole Smith right now. What you hear on the TV might not convince you that she was poisoned or murdered, but you are thinking about Anna Nicole Smith, because you cannot avoid it because it's on the agenda. Advertisers know this, too. If I spend 20 million dollars and I'm on TV this many times you're going to be thinking about almonds. You may not buy them but at least you're thinking about them, and that's how it

works.

The thing that really got me excited though out of these textbooks in the study was this cognitive stuff. How your brain works impacts how communications are effective or not, and this gets to some of the tips I think that will be relevant to your challenge. For example, the way your eyes work, and if your son is--sounds like he's creative--art director, yeah--they know certain colors compete or flatten out, and that you can't use them. I made a really bad choice when I designed the slide layout, and so I just decided to poke fun at it with my little thing, but you can't read the words in that thing because they're the wrong colors. And that always brain science. Fabulous. Another one is the idea that, because we are taking in so much information at anyone given time, our brain has to make mental shortcuts to make sense of all the information. And so you take in information. You connect it to something you already know that makes it fast for you to process it. Advertisers know this. Using symbols is a good one, you know, you see a peace sign you know immediately what it means; it translates back through. Branding is the way advertisers take advantage of that. If I can make you feel warm and fuzzy about Coca-Cola, anytime you see my logo, boom, shortcut to warm and fuzzy. A huge value in that as you can imagine, and this is, of course, what drives this whole concept of frames and framing because we make these shortcuts. And I think you might be able to see where I'm going because certain words and that sort of thing will pick that shortcut in a way you do not want it to go.

JOHN: We have a lot of physical material, brochures, et cetera, and I (inaudible) Kristin appreciate this because (inaudible) we got to back and we got to (inaudible) professionals they just don't (inaudible).

GLYNIS SHEA: I know. I got little B branding, and then they will get less hyper about it.

JOHN: (Inaudible) what I'm trying to say that I think that's absolutely (inaudible)--

GLYNIS SHEA: Okay.

JOHN: --(inaudible) 30 second sound bite.

GLYNIS SHEA: Yep. Yep. That's all we got. That's all we got. Excellent. Here are some definitions of frames and framing. I took these from Wikipedia. Everybody Wikipedia users? Cautious Wikipedia users? Okay. Frames according to psychologists, linguists, and cognitive science, very interesting to me. I had not run into cognitive scientists before or cognitive linguists, I think, is what George Lakoff is. Fabulous. Mental structures used to facilitate thinking process, we use and find categories and the structure to our thoughts. Still little too complicated for Glynis. My translation, frames are what's in your head that drives how you think and react. They use it as a verb. Framing is the process of selectively using

frames to evoke a particular image or idea. Again, Glynis's translation, hard to read, (inaudible) to the thing there. Framing is just structuring what you say and how you say it to take advantage of what's in somebody's head.

Okay. Here we are. Sound bite. Here's your first test. Are you getting this whole idea of frames and framing? George Lakoff, who I talk about a lot in this because he's kind of the godfather of this whole deal. His classic example is the term tax relief. Tax relief a good thing? Relief, oh, I need relief. I need heartburn relief, I need sunburn relief. I need tax relief because it makes you feel good, right? It's taking the burden off of you, which implies taxes are a burden. Our taxes a burden or are they a requirement to live in society? Are they what we do to get along? Are they an important contribution to the world and society? Not if you're talking about tax relief. Tax relief purely frames taxes as a burden and something bad. Do you see how this game is going now? Okay. Reproductive rights, two really distinct frames.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Right. You got it. Pro-life, pro-choice. You can't get around it. Anytime you're going to talk about this, that's what's going to come up immediately, right? We are fighting a war in Iraq, which is part of a larger war that's called the War on Terrorism, everybody. George Lakoff recently has been trying to reframe this war. Has anybody heard this yet? He's calling it an

occupation. This is so dramatic for me. I am so behind the war on terror, but occupying another country, I don't feel so good about that. But those two words could essentially be used to describe what we're doing in Iraq right now. Frightening. Another political one. A couple of years ago, they reframed the estate tax. Does anybody remember this? They gave it a new name. Remember this?

UNKNOWN SPEAKER: Death.

GLYNIS SHEA: Death tax exactly. Is everyone getting that one? The idea that they put on estate tax, it's really just about rich people, and rich people's money, and I don't feel so bad about that. But death tax, gosh, I'm going to die, everyone's going to die, you're going to take my money, that's not right. Boom, instant reframe, works very well.

I put up a personal one here. Gay marriage is all in the news all the time, and if somebody who can't get married, it's kind of weird to me to be talking about gay marriage and not really talking about marriage. Are you talking about my basic human rights, so what--classic frames.

Now, to really understand how powerful this is, what I want you to do right now is to not, not think of an elephant, okay? Because if you think of an elephant it will really kind of defeat the purpose of this right now here. So you're not, right,

you’re not thinking about an elephant. John, no elephant’s, right? You’re not thinking about an elephant?

JOHN: No, of course not. I follow directions immediately.

GLYNIS SHEA: Good. Good. Did you see a pad outside with the big trunk and the peanuts, did you see that? Were you thinking about an elephant? You were. You were thinking about an elephant. I know you were. Okay. So, the elephant gag is the name of George Lakoff’s book, “Don’t Think of an Elephant.” And I recommend this book, but it’s very political, okay? This is his treatise on the difference between Democrats and Republicans, and he’s got these frames that he says give the Democrats meaning and the Republican’s meaning. So, if this is a weird thing for you--pull it, no, don’t go there, okay? But he is the genius of all this sort of stuff. I mean, he established this idea that once you use that word you can’t get people away from it. No matter what I say or do, you’re still going to be thinking about the elephant, and like the pad joke was simply that once you’re on the train of thinking about elephants, everything else I bring up is going to be in the context of an elephant. Do you know what I mean? You immediately start thinking, “Oh, yeah, elephants, circus, zoo.” You can’t control that, that’s back to those shortcuts in your brain. You cannot control that, and that’s what happens. So, I recommend this book.

His organization, the Rockridge Institute, is one of the places like the

Frameworks Institute. Go to their Web site, see if your issue is there. He writes about stuff all the time. He's done a little teeny discussion on teen pregnancy prevention, not a lot though. So that's Lakoff, and that's the elephant joke.

I have met a lot of elephants doing this tour. Here's the biggest one. The minute we start talking about at-risk youth, what have you conjured up is somebody's mind?

UNKNOWN SPEAKER: Juvenile delinquents.

GLYNIS SHEA: Exactly. And that just happens to be what the public thinks about youth anyway. So we have just reinforced in enormously bad elephant. I do this training for a lot of different groups. I was talking on plan parenthood, I'm like, "What elephants can you guys think of?" They're like, "Our name would be an elephant." You say that we're—abortion, no, that's all we are. Yeah, that's what we are. In Minneapolis, there's a neighborhood called North Minneapolis, and it's largely African-American poor, and it's the locust of everybody's attention, in everything right now, everything. And the minute you say North Minneapolis, people get this, "Oh, hmm-hmm thing," to the point where it's almost counter productive. Another one, obesity. A lot of the fellows that we worked with are huge into nutrition. And so, one of theirs is the idea of obesity. They're like, when we're talk--we shouldn't use that word when we're talking to patients. It just isn't affective. It freaks them out. They come screaming from the room. We have to

find new ways to talk about this.

What about you guys, what elephants are you running into? I’m curious within the youth special health care needs. If you’ve got words that you feel like trigger automatic pictures in people’s heads that are negative or not productive.

UNKNOWN SPEAKER: Disability is number one.

GLYNIS SHEA: Disability.

UNKNOWN SPEAKER: Like it’s so hard to figure out what how to refer to being a parent of one. They're just kids like any other child (inaudible) before and (inaudible) because of their disability (inaudible).

GLYNIS SHEA: Ability. Right.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Either, yeah.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: That’s like--no. That’s exactly.

UNKNOWN SPEAKER: It’s always hard to (inaudible).

GLYNIS SHEA: Do you think that disability lives in a very specific picture besides the--yeah.

UNKNOWN SPEAKER: Yeah, and they don’t like to end up--the kids are--they don’t want to be thought of (inaudible). They want to be perceived as just being--

GLYNIS SHEA: One of us. Everybody. Yeah.

UNKNOWN SPEAKER: --normal person (inaudible).

JOHN: I think the buzz words depend on the audience. For example, let’s pick an audience (inaudible), and someone with special health needs is a very broad group of children, some of whom are disabled, and some of whom are qualified with special ed. But once you make the dot-to-dot connection with special ed in the legislator's mind, I think you get tuned up pretty, pretty quickly because the legislator then makes that jump to you're just gonna ask for more money kind of situation.

GLYNIS SHEA: Oh, really? Just out of special ed?

UNKNOWN SPEAKER: Or that they don't (inaudible). A lot of times I think that they're not going to reduce then that they can't (inaudible) contribute to society.

GLYNIS SHEA: Okay, so less of a contribution of--

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Fourth coming. The special ed thing, that's a big elephant, seems to me. But in many audiences, do you know what I mean? I mean, even within the schools, you start hearing special ed, and you know exactly where they're going with that.

JOHN: I think--again, I am searching for that to try (inaudible) an early I think for those people who have more knowledge about whose knowledge is minimal. The media dot-to-dot connection is increase of resources. Of course, you can say that in number of different ways but for the special ed or the state health care procedures or (inaudible) instead of trying to focus in on system change where you can actually--everybody wins--you can actually reduce costs in certain areas and improve health care for those kids and their families at the same time, and yet of course to change directions (inaudible) takes a long time, and it takes (inaudible)--

GLYNIS SHEA: Right.

JOHN: --and not some other frustration but I think in any special population regardless of the age or the conditions when you set the conditions with that population, because if you want to affect change you got to look at a long enough timeframe for the change to be implemented and to become the standard practice instead of a best practice, and that involves upfront money and more upfront time, and I get (inaudible) question but certainly one of the issues to the--on communication is that some of the decision makers or again legislators or in the government offices or in organizations, I think equate complexity of the issue facing them, whether it's more money or a change this sort of (inaudible).

GLYNIS SHEA: It makes it easier to push it off of the side. Yeah. True. True.

UNKNOWN SPEAKER: (Inaudible) awareness is a word that--and come across, then you feel like what I do here is always the same 20 percent of the people, every conference you go to there's (inaudible), and then there's the other 80 percent folks up there--

GLYNIS SHEA: Have no--

UNKNOWN SPEAKER: --whether they're aware or not, you don't know, but they could be fighting for some of these things too. So--

GLYNIS SHEA: Yeah.

UNKNOWN SPEAKER: --(inaudible) the awareness is one of those (inaudible) to understand--

GLYNIS SHEA: Get them on, yeah, and get them active, too, is beyond knowing. Excellent. What else? Anything for you all? Anything specific to your state that comes up for--

UNKNOWN SPEAKER: In Arizona they got the word immigrant. Immigrant is huge.

GLYNIS SHEA: Tell me what you think it conjures? Is it bad?

UNKNOWN SPEAKER: Yes.

GLYNIS SHEA: I'm just checking. Same in Minnesota but I was just checking.

UNKNOWN SPEAKER: People (inaudible) different country and sort of stealing our resources, doing our jobs--

GLYNIS SHEA: Back to the resources.

UNKNOWN SPEAKER: Yeah. (Inaudible).

GLYNIS SHEA: Burden and illegal. Do you have some of that in Florida? I'm sorry.

UNKNOWN SPEAKER: We didn't get (inaudible) where are we break it right now, (inaudible) there's unfunded care (inaudible) unfunded prenatal care (inaudible) especially on how where infant mortality with the legislature would comment (inaudible) I can some (inaudible) in the last month or so has become a real issue but it's interpreted as the babies having babies. I mean, that was (inaudible). I never would have thought that that would be the connection but that was made in (inaudible) legislature (inaudible).

GLYNIS SHEA: Wow. And then they can dismiss it or then they start treating it?

UNKNOWN SPEAKER: Well, then it becomes—you take the focus off of needing to look at systems that cause it to be and put it on a particular segment group, you know, of the population until you inform them about it.

GLYNIS SHEA: That's a key framing insight what you just articulated, and that's one of the things that I try to get folks to see in this presentation is that--those are two different levels, and what--if you can't win, right, on the individual one. You can only win on the system one. Excellent point. Excellent point. Sir, can I put

you on the spot? Anything striking you from this conversation?

UNKNOWN SPEAKER: I was still thinking about (inaudible). No.

GLYNIS SHEA: Okay. Do you mind sharing with us your name? We'll do our names really quick around if you don't mind. Name and where you work, and where you're from.

UNKNOWN SPEAKER: My name is (inaudible).

GLYNIS SHEA: Great. Do you guys want to just go really fast?

JOHN: John (Inaudible), Title V. Minnesota.

TERRY BRADLEY: Terry (inaudible), Department of Health, State of Florida.

UNKNOWN SPEAKER: (Inaudible).

KRISTIN TEIPEL: I'm Kristin Teipel (inaudible).

UNKNOWN SPEAKER: (Inaudible) from Arizona, Texas.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: All right. Thank you. Okay. The power of a single word, the idea that the context that you give your discussion can limit your success or a failure, all of this makes--yeah, the sex ad, you guys know that one for sure.

UNKNOWN SPEAKER: Or abstinence.

GLYNIS SHEA: Abstinence. Oh.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: I'll put that back. Yeah. Either one of those goes either way. Yeah. I want you to be a little bit like me for all of those reasons. George Lakoff's, one of his famous statements is, "The frame trumps the facts every single time." So it doesn't matter how compelling our data is that abstinence only education is not as effective as we would like that will never ever change somebody's opinion, never. Second, the single word or image that we choose can set the frame. So knowing exactly which these hot buttons are or what images set people off that's what we need to do. So bottom line for (inaudible), same thing I learned in advertising, audience is everything. We've got to know what's going on with that audience to be able to communicate effectively. Yes, sir?

JOHN: This is a point--this is comment. It's not a question. I agree with

everything that you said (inaudible). I agree with what you said for example, the death tax.

GLYNIS SHEA: Yeah.

JOHN: And all of that works. Now let’s do the framing. Let’s do the framing of death tax call it the Paris Hilton tax break. Well, I think that--

GLYNIS SHEA: The Paris Hilton what?

JOHN: The Paris Hilton tax break.

GLYNIS SHEA: Why didn’t they pick that?

JOHN: No, why didn’t it work. I heard once or twice probably the most effective framing message a (inaudible) could have with respect to a political issue of tax cuts, making tax cuts permanent. And again it’s an observation because then you have to (inaudible) focus groups, more researchers (inaudible), those particular words don't resonate with people but if you’re trying to go to the 67 percent of the bell shape curve--

GLYNIS SHEA: Right. Right.

JOHN: --most of us under that curve don’t--might have the income and asset (inaudible) to worry about something of those tax breaks.

GLYNIS SHEA: Yeah, I hear you. There’s a whole thing that I don’t have the capacity to talk about, and that is the advertisers rule that there is no positioning without presence. Meaning, you can have the best ad in the world, but unless you’ve got 20 million dollars to run it on national TV so that everyone sees it eight times, not going to happen, just not going to happen. And so I don’t accept in a kind of indirect way address that for you all, because you don’t have the money. You have something else that’s extremely valuable asset, and I'm gonna talk about it in 30 seconds, but it’s like you--it’s you as human beings and it’s the millions of people that you have to deal with given the contact with. All of your grantees, and all of your staff members and everything, that’s our equivalent of ad dollars, but we have to figure out how to use it. In your folder, this green sheet is your strategy page, and part of it is blank, and we’re going to fill in--either you’re going to do it by yourself or we’re going to make one giant one, and on the back is Glynis's adaptation of research to come up with a strategy to build public will for adolescents. Okay, and we’re going to step through that. And I want to show you how I got to this so you could you see how you use these insights to make good messages.

Here’s the thing, this is the million-dollar piece of paper from the ad agency. This is also what I would use for every single interaction I ever had with my client. I

had this mentor who is just a nightmare and wonderful all the same time. I mean, she would read every memo that I wrote, and mark it up like five times. We would have a 15-minute briefing before I would get on a phone with my client, and a 15-minute debriefing, and an hour preparation before each meeting, and an hour prep debriefing after each meeting. And she taught me to use this form anytime I want to talk somebody, because it's really simple. You don't have to do tons of research just to think about, "Well, Kristin is going to want me to go to this meeting. How am I gonna get out of it? Okay, what am I trying to accomplish? Get out of the meeting. Who am I talking to? Kristin. What does she think? She's very busy, she's concerned about her grants. Well, what am I going to say to get her out of it? Oh, it won't affect the grant. I mean, that's all it is. It takes all of you 20 seconds, but it's about the process being super intentional with what we're saying all the time, all the time. Do you mind that I'm picking on you? So--

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Yeah. So this is kind of getting at your point, John, of how do we make this become real, and it has to be become us as messengers and everybody that we know, because we don't have any other resources readily accessible to us. And here is where when I'm doing this presentation for the field, I drew this big dramatic deal. I say, okay, all this complex advertising and communication stuff, but forget all of that, because for us the most important communication is telling stories.

My goal is that every single youth worker, sex educator, teacher, parent, anybody involved in our field is a storyteller on our behalf, and I'm going to tell you exactly what kind of story builds public will for youth exactly. And so on my evaluation, you see I have those numbers, it literally is so that I can get people to say I am—I can do that. I could go to tell the story. That's okay. Because I've been to too many presentations where it's like, "You need to go meet with your legislator. You need to write to your congressman. You need to have da da da da da." And the folks at that level in the field are just not empowered. You guys do this because that's the nature of your job, but everyone beneath you where we have the huge numbers that's really hard to empower them at that level. So this idea of story telling is what I'm trying to sell. I'm freaking him out. Go ahead.

UNKNOWN SPEAKER: No.

GLYNIS SHEA: No. Go ahead.

TERRY BRADLEY: Back in my (inaudible) it didn't work for (inaudible) open up the(inaudible) workshop for kids, and we use to always say that he could walk up to a light post and get a donation, he you could, man. When he retired people fought over his contact list but it had nothing to do with--

GLYNIS SHEA: Yeah. That's not the list.

TERRY BRADLEY: --he was the most phenomenal storyteller, and when he presented his case, you were like where can I find my checkbook? And I don't mean just verbally in his pictures. I mean, he had a story that just--I worked with him, the state funded his program, and there is where I was able to watch him work, and he had different stories--

GLYNIS SHEA: Very different.

TERRY BRADLEY: --for different audiences, and they were never long and boring. It was just --to watch it work was a phenomenon thing, and it's the same thing that (inaudible).

GLYNIS SHEA: Yep. Yep. That's so much more powerful. Isn't it the united way where you're required to have a story. You have to be--anytime you speak. It's one of these big national groups. Anytime you speak, you have to start you whole speech with a story about a kid in your group or the outcome of some grant or something like that. It's a requirement, and they even have a system where they have to submit stories from the field, and come to the central office, and get into a database, and da da da da. Unlike that, that's the way you do it, and oh, funny how they have all that money. But storytelling, I think, is a reasonable expectation for our people. And here's the thing, when I do this shtick and I tell the story about these kids who--poor kids I got to work with at service learning,

and I came to the University of Minnesota, and it was one of those kid field trip sort of days, and it's a challenge and stuff, but do you see how I look different when I start talking about them? All our people look totally different. You can't help but like start to get into it when one of these folks starts talking about the youth they work with or some excitement they had or even if it's their own kids. That asset Hewlett Packard does not have. They might have tons of money but they don't have that amazing human passion that just reaches out to other people. That's why I feel like this is got to be our strategy. We've got to have a whole fleet of storytellers. Everybody needs to be able to think like this, and tell just a story. We do it everyday, anyway, so what the heck? Let's make them effective. Let's make them useful for us. That's my plan.

So, I was going to make you do this but I don't want to spend too much time on this. I want to get into the hardcore tactics right now, but when you go home, this is the idea I'd like you to carry and see if you can get people to think this way. I only give folks a little bit of time to tell the story.

Back to Terry's point, you're going to lose somebody after a minute or two at tops. There's not going to--even if it's a great story, it's not going to keep them much longer. So, I try to make people make it really, really short.

UNKNOWN SPEAKER: (Inaudible) storytelling is not just for talking to like (inaudible).

GLYNIS SHEA: No.

UNKNOWN SPEAKER: Storytelling--

GLYNIS SHEA: Every single time.

UNKNOWN SPEAKER: --at systems level too.

GLYNIS SHEA: Yeah.

UNKNOWN SPEAKER: And then it gets (inaudible) items.

GLYNIS SHEA: Absolutely.

UNKNOWN SPEAKER: (Inaudible) but the thing that scares me about it is some guys are born to be able to (inaudible), and some guys are born--and I mentioned guys as a--

GLYNIS SHEA: No, no.

UNKNOWN SPEAKER: --guys (inaudible). Some people just connect better with audiences than others for whatever reason or reasons, and if you don’t know

how to connect with your audience, I don’t care how good your story goes, the audience is going to turn you off right away.

GLYNIS SHEA: Go ahead.

UNKNOWN SPEAKER: And I would say about what (inaudible) tell the story. You do have to think about who your audience is and what the person who’s going to be (inaudible) the message, what their capability is. I have some people who are the (inaudible). I want to talk about infant mortality, and they will punch the numbers (inaudible) do not give them an opportunity to (inaudible). They won’t do it, then I’ve got some people that are so engaging. I mean, that’s the person we want to do certain (inaudible). We’re not used to (inaudible) teach grant writing, and that was one of the things I used to tell (inaudible). You don’t send anybody to present your case. You got to simply write (inaudible).

GLYNIS SHEA: True. And here’s the only--I don’t disagree with what you’re saying but I think everybody tells a story every day, and so I only want them to do that, and do it about my topic, and hit just one positive point in my topic area, because I think that if--even at that low level of just noise, it’s almost like advertising. If we have 100 people telling one story about kid’s every day, even if they are terrible, they’re still talking about kids, and so kids become part of the agenda.

UNKNOWN SPEAKER: Oh, yeah. Absolutely.

GLYNIS SHEA: But I totally hear what you are saying, and for high stakes things, high stakes stuff, oh, no way. You're absolutely right. I would never send somebody that wasn't that skilled. But another part of it is the corporate world of gossiping success. Do you guys have this too? It's the idea that you're going to be successful, and win and sell stuff. If you go around telling great stories about great stuff all the time, all that complaining and bitching stuff, outside. But when you talk to your boss, and everybody else around you, "Oh, did you hear about that great new campaign, what the fabulous accomplishments in the Department of Health were this year? Did you hear about how well those grantees did?" Always talking success all the time, it just elevates that agenda and makes it into that environment where, "Oh, well. That's what's going on here." But again, it takes a lot of feet to get there.

Okay. Here we go the real deal, blank piece of paper. What are we trying to accomplish? Again, the idea is to be intentional. I see every time you open your mouth as a place to meet a goal or get something you need. Call me mercenary, that is fine. Call me manipulative, that is fine. I am trying to build public will for youth. I am willing to take those labels. I am serious that in the grocery store line, one of the things I play with myself is, "Can I talk to the woman ahead of me in line? And can I end up telling her story about youth in a positive way?" I do that at cocktail parties. I do that in the grocery store. I don't have to do it at work,

because everyone is talking about youth anyway. I want all of us and all of the people in the field to be playing this game too. “Oh, yes. I was at the cocktail party with software engineers, and we talked about online gaming with kids.” Excellent. That’s building public will for youth.

So, every communications opportunity plays to meet a larger goal. That means you need to know your goals. I’m totally freaked out by people in our field who don’t--we don’t know what our goals are. What is the goal? What are we going to do to solve teen pregnancy? What is this single one answer? Okay. I know there’s not single one answer but I mean do we need money? Do we need a policy change? Does everybody walk around with a list saying, ooh, advocate for House Bill 2234 in our field? No, we kind of get detached from that stuff, and that’s what I’m asking is that everybody you work with all the time know exactly what you want. I call it the shopping list. For some of the grantees I worked with, the shopping list is easy. They need mentors, they need car drivers, they need food at their next dinner, they need funding, okay? You guys much more complicated. Much more complicated shopping list, but still have it and have your people know exactly what they need and exactly what they want to ask for all the time. Otherwise, they’re not going to get there. In the business world, you are expected to sell 24/7. At that cocktail party, you were expected to be selling your company. Why not be expected to sell youth?

Shopping list. Public will versus. The objective you pick shapes what you do.

Again, that's kind of a fuzzy detailed thing, but it's important to know. For example, when you're trying to build public will, one of the things, and it's the Frameworks recommendation, is that when you feature people stories, don't do it on an individual level. Don't tell the individual story about Kristin Teipel who overcame her battle with bad feet to climb Mount Rushmore. Don't tell personal stories, tell group stories. The seventh grade class did X because what people will do is exceptionalized. Well, Kristin, she's special. The rest of these kids, they couldn't possibly do that. That's the way people tend to go. Now, what I hear from fund raisers is that it's exactly the opposite. You want somebody to open their wallet, you got to tell personal transformation story. Money comes out, they give you check. Different goals, different tactics, okay?

I want to know, if you had to pick the number one thing that you're working on, your biggest challenge where you think communications might be able to help, I want to hear it. I'm going to give you a minute to think about it. Done? You had a list, don't you? You got a list?

UNKNOWN SPEAKER: Yeah, yeah. We can do that.

GLYNIS SHEA: Do share. I want to hear them all, but one per person.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: I want to hear. Go ahead.

UNKNOWN SPEAKER: I'm going to start.

GLYNIS SHEA: Sure.

UNKNOWN SPEAKER: My goal is to reduce the health disparities between--the documented health disparities between children with special health care needs and the same age (inaudible). We have a street survey that is conducted every three years, and that survey has consistently over the--at least the last three surveys, which means the last nine years, provided an immunological data that if the case on any particular demand you want (inaudible), the kids who identify as having chronic health problems, be it physical or mental have prevalence rates that are worse than their same age peers (inaudible). For example, suicide at the age of--(inaudible) the discrepancy is there. And I keep saying if this was a difference in measles rates between the same (inaudible) Minnesota and Minneapolis and (inaudible), the governor's office would be right down there on TV. But we cannot get the same response to again what is strong longitudinal, epidemiological data, and it's to second that into motion or response to what that begins early enough in the child's life that we see a response. That data also shows the prevalence rates diverging after the sixth grade. So we obviously after have to get in and deal with the kids (inaudible). So the whole thing is just complete with political volatility.

GLYNIS SHEA: What are you shopping for to make this happen? What's going to fix it? You can say more money. I can handle more money, but I need something really, really concrete.

UNKNOWN SPEAKER: Well, I think what fixes that is you get enough different stakeholders to say, "Yes, that is a problem."

GLYNIS SHEA: Okay. So, I'm going to interpret that stakeholders prioritize your issue. Are you buying that?

UNKNOWN SPEAKER: That's fine.

GLYNIS SHEA: Okay. Cool.

UNKNOWN SPEAKER: Okay. I'll give you (inaudible). My goal would be to increase the--on a statewide understanding of the importance of health literacy (inaudible).

GLYNIS SHEA: Health literacy? Understand the importance of health literacy. What I'm doing is trying to make sure I can pull these into--as communications objectives, because yours is like a big overarching objective. I have to narrow it down to make it something to do with communications. Do you know what I

mean? And yours is kind of--it's already sitting there, I think, understand the importance of health literacy. Why?

UNKNOWN SPEAKER: Because people who are able--who are not literate about their--or understand about their health status down to the patient perspective who are more likely to be more compliant.

GLYNIS SHEA: Okay. So these are the actual human beings not decision-maker, policy makers, right? Okay. Good that's what I was wondering. Okay, excellent.

UNKNOWN SPEAKER: And education.

GLYNIS SHEA: Yeah, yeah, and educational. Okay, cool.

UNKNOWN SPEAKER: I hope to say because I think my goals (inaudible). I feel like my department of health uses me to go get the stories and then bring them back.

GLYNIS SHEA: Bring it back, yeah.

UNKNOWN SPEAKER: And that's kind of what I do in some--my personal goal or what I'm really trying to (inaudible) what I think is important, which I'm trying to help the Department of Health in whatever--however they have to go do and

goes up a lot along that in trying to organize and work with these adolescents, how they can--give them tools and information so that they can be more health.

GLYNIS SHEA: I see. So you're trying to actually deliver her—

UNKNOWN SPEAKER: I'm trying to like get easier ways to get the system, and everybody to understand this whole health literacy thing so that the kids can take care and learn the need to start taking care of themselves (inaudible).

GLYNIS SHEA: Okay.

UNKNOWN SPEAKER: Since all that I'm talking about meeting with different groups of adolescents and their parents can listen to what they have to say (inaudible) this whole health literacy piece.

GLYNIS SHEA: So yours aren't the actual individuals themselves. Yours is trying to feed it back into the system?

UNKNOWN SPEAKER: Oh, yeah.

GLYNIS SHEA: Good.

UNKNOWN SPEAKER: Well, I want the system to work for the kids, because I

guess that’s kind of what the department--I think that’s what they want to feel (inaudible) so that’s where I fit in, that’s my goal. Well, I hear the stories, and I want to provide the materials (inaudible) whatever it is that the Department of Health does to make the system work. Would they be educating providers, educating in the schools, right? And I do have--there are some interesting health literacy curriculums. And so that’s what I--that’s my goal.

GLYNIS SHEA: Good. Got it.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Excellent.

UNKNOWN SPEAKER: I mentioned that I’m from Wisconsin, and with the exception of Milwaukee, is not very diverse state. And there’s a lot of wealth around Milwaukee (inaudible) and the central city is very impoverished. So, with that as a setting, it’s my goal to try to get people with money, who are primarily white, to care about people from the central city of Milwaukee enough to prevent some (inaudible) of the outcomes like infant mortality.

GLYNIS SHEA: Excellent. I got it.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Yeah, you picked an easy one. So your audience really for yours is the sort of the constituency or the voting public?

UNKNOWN SPEAKER: Yeah.

GLYNIS SHEA: Good.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Good. Okay. Excellent. It makes perfect sense, and that lines up with the communications objective. Good. Hi. Welcome.

ANDREA: I'm sorry I'm (inaudible).

GLYNIS SHEA: No, I know. We're midstream, so would you mind introducing yourself?

ANDREA: My name is Andrea (inaudible), chair of the (inaudible).

GLYNIS SHEA: Oh, no. No big deal. What kind of work, topic or focus (inaudible)--

ANDREA: Well, I work with early childhood development (inaudible)--

GLYNIS SHEA: Okay.

ANDREA: --and (inaudible) with Kristin, and she's been helping us in Indiana because for the first time we're in the process of being together in adolescent health (inaudible) with the goal of putting together a strategic plan for health. It's from 10 to 25 (inaudible) in Indiana. And so, I think it kind of ties in. We also want to decrease teen pregnancy to all kinds of (inaudible) things that I think for the purpose of this workshop (inaudible) that our strategic health plan is for everyone in the state and concerned about the issue of (inaudible) if it's starting to get out then that would be—and I'd like to (inaudible) a vision of how we're going to have those in the state, policy makers, legislators, and population finding to (inaudible).

GLYNIS SHEA: I guess hearing a common challenge here? Okay. Good. Would you mind introducing?

UNKNOWN SPEAKER: Oh. Well, I'm (inaudible).

GLYNIS SHEA: She's balancing out so the sex isn't--

UNKNOWN SPEAKER: I just want to know for adolescent (inaudible) are a part

of the circle of grantees (inaudible) so that also part of if they want but what we're doing (inaudible) are a part of this is it's selling the country on adolescent health. So it's very, very similar towards (inaudible). I was (inaudible) to the adolescent in child (inaudible), and some people don't have any (inaudible) the meaning (inaudible) but first of all our national issues is the only issue now with (inaudible) of adolescents (inaudible) so that the country and various sectors of the communities that they have in a country really can (inaudible) population but it's very, very positive for our society, and that adults do not pay responsibility with setting up the environment to have a structured face so that young people could make good choices that (inaudible).

GLYNIS SHEA: Excellent. Thank you, and welcome. Do you want to share?

UNKNOWN SPEAKER: Yeah. I actually have a personal one.

GLYNIS SHEA: Okay.

UNKNOWN SPEAKER: (Inaudible) in elementary school, and it's a school that's changed it's focus. It's become an international (inaudible) program for little kids, which is like a serving honors program. We're starting to attract upper income families to our school to the exclusion of lower income families. We would like to balance that out. It's a concept of education, but we haven't figured out how to sell to folks across the span of economics. It's seen as right--it's rich white kids

school, this--the setting, and we're trying to figure out how the frame says this is the best education for all kids.

GLYNIS SHEA: So you want to get--so your problem is you don't get enough of the other kids in. You just get the rich white kids, you want the new kids.

UNKNOWN SPEAKER: Yeah, we want new kids. We want all kids. We want much more representative kids. (Inaudible) school, and there's some--their job that it says that ours kind of education is perceived by the public as a resource for kind of students. I think that where we're going.

UNKNOWN SPEAKER: (Inaudible).

UNKNOWN SPEAKER: Yeah.

GLYNIS SHEA: Interesting. Cool. Good one. Thanks. Excellent. Okay, (inaudible).

SHEILA: So I would like to better address teen pregnancy prevention in a manner in which I present sides in my common ground, and also in a manner that frames youth in a more positive life versus focusing on--if you're a teen, if you're pregnant (inaudible) to that person. So it's kind of (inaudible) and taking the focus off of the individual choice, which is where we've been, and placing it

more on a systems level, you know what's available in the community for youth.

GLYNIS SHEA: Cool. Excellent. That’s a small goal.

SHEILA: Yeah.

GLYNIS SHEA: Just a small one.

SHEILA: I'll be working on that for the next 20 years.

GLYNIS SHEA: Do you have a specific--no, no, that’s good. Okay.

UNKNOWN SPEAKER: Sheila, took mine.

GLYNIS SHEA: She took seven of yours actually.

UNKNOWN SPEAKER: I think, a different level though, I would like to figure out how we can integrate our approaches at health department to better serve adolescents and figure out how to build that infrastructure that provides them the supports their need during that 12-month stage where they’re taking the first steps of development.

GLYNIS SHEA: Cool. At a systems level so your audience would be systems

people, right?

UNKNOWN SPEAKER: Right.

GLYNIS SHEA: Yep. Okay. Kristin's going to want to talk to you after this. Excellent. I'm not going to put one on here, because you got mine as public will. Let me just recap. No. Make sure you wrote down what you were--have your goal on here for me, and the audience that you--just a name of the audience that you did whether it's an end-user or public audience or the systems people or whatever. Just make sure it's filled in there, because I promise you would walk away for this.

And then up at the top though under issue, I hate to be super simplistic but my kind of thing is this idea of public will, it's kind of like the baseline for every single thing that all of you are talking about wanting to do, do you know what I mean? If you can't get people into a supportive frame of mind around your issue, you're not going to get money, you're not going to get cooperation. You're just not going to get anything. So, one of the things I like to do is just to still it down. You are trying to build the public will for youth with special health care needs. You are trying to build public will for health literacy initiatives. You know what I mean? And yes, I'm narrow, and it's just one word here but I need you to have sort of a clarity on what your general area is or narrow area is. Are you buying that?

UNKNOWN SPEAKER: What did you ask me? Are you asking me if whether I (inaudible).

GLYNIS SHEA: Yeah. Yeah.

UNKNOWN SPEAKER: No, I don't agree.

GLYNIS SHEA: Say more.

UNKNOWN SPEAKER: It's a reduction of health disparities that children with special health needs.

GLYNIS SHEA: Because there's lots and lots of disparities so I could go with youth special health care needs disparities but there's lost of health disparities, and you are specific to youth with special health care needs, right? Okay. So cool. Can we qualify it that way? Is that closer? Excellent. And you're right, I get very reductionist when I'm trying to just put it into a little box. Okay, so we've got that, the goal and the audience together. Would it surprise you all to know that I want to emphasize a lot the target audience section of this piece of paper? No, it wouldn't after this whole morning, of talking about it. And we are going to take a break. What else is here? Here we go.

In ad agencies part of the game with the audience is because of media, you

know what I mean? It costs so much money to reach. If some of you had like broad public audiences, and in this field, that's Kristin--if somebody comes to (inaudible), "Oh, yes, I want to persuade Minnesotans to adopt the school time as an important issue." And I'm like, "Okay, you got seven million dollars, then that's not your objective. If you don't have seven million dollars, you can't have that as an objective because you can't do it." So, for advertisers media--the audience that can be a lot of alternative segments so you know how to reach them and if you can afford it, and what is actually accomplishable, right. For you guys, it's like the specificity down to the individual name, especially with things like when you're trying to find integration within the systems. I mean your communications plan is eight people's names, right, because that's your world of who you're trying to talk to and who you're trying to get to. There's so many case studies of things where you--of what you're trying to accomplish. We're like a single individual who holds the key to it, and I'm sure with those of you that are working with policy makers, you know this is true. There's probably one person that probably--that could turn the entire tide for your thing, so being very specific.

The other thing is segment, segment, segment, that's that media deal but it also will help you. For example, basic segment number one. Are you going to talk to people who are opposed to abstinence or for abstinence? Are you going to try to persuade people they are totally on the outskirt or people who are near in? There's lots of ways to segment and force yourself to go through that exercise or activity. Another one from advertising is, the kid doesn't actually buy the

breakfast cereal themselves, right? So why would I want to advertise Trix cereals to seventh grade—seven-year olds. Well, there's a very good reason, those of you who are parents know it because the kids who makes you buy the cereal. You don't decide. They scream at you until you get--so there's influencers and there's decision makers, and I use the funny term up there and nobody laughed at me.

When you're thinking about what it takes to accomplish your goal there, not only that linchpin person, but who influences them. As I understand it policy is not my thing but it's the aids that ultimately get you where you need to go, or it's the guys that deliver the information to the guy or the people you need to have friends with. So, untangling all of that is what I'm asking you to do here. And at the ad agency on this section of the creative strategy, there would be a huge description, all of those demographics, and where do they live, and how much money, and what is their race, and what religion are they, and what culture are they, because they're trying to talk to big huge things, big huge groups of people. But it doesn't hurt you to reflect on this before you open your mouth and start talking. If I'm really going to have a anti-religion tirade with my friend Kristin who goes to church every Sunday, is that the best person for me to do that to? Probably not, do you know what I mean? So being aware and taking the time to go through. Okay, where is this person at with all these things before I start talking? That's what I'm asking you to do and think about. Think about the Glynis picture, that's why it's up there. In your mind put that little picture together before

you open your mouth. I think we should take a break because it's been almost an hour and a half that we've been doing this. When we get back, we're going to go straight into the communications research about youth, so you can see how this applies. But before you leave I want to tell you one thing about the focus of your areas here. The strategies I'm going to share with you apply to everything everyone brought up. This idea of how you persuade people or get people to put your issue on their agenda, I got you covered on that one. Disparities around youth with special health care needs, I think you're going to see some parallels. The health literacy thing though is a little bit more of a struggle for me to try to reach to. I'm going to share some things that I think will help you, but that's a harder one. The teen pregnancy, I read a case study that we're going to be calling out some of the things that you actually were talking about. The selling of adolescent health, that's all going to come in there. The challenges with disadvantage communities and advanced community--huge, that's going to come up too.

So that's what's coming ahead. Let's take five, and come back if that's okay with everybody?

UNKNOWN SPEAKER: Yes. Do you mind (inaudible).

GLYNIS SHEA: You should have your audience name written down, and you don't have to describe in detail because we're going to talk about that later.

UNKNOWN SPEAKER: (Inaudible).

GLYNIS SHEA: Yeah. Just if you're talking to regular people, policy makers, whatever.

UNKNOWN SPEAKER: What's the time?

GLYNIS SHEA: Five minutes would take us to—well, I don't know. I can't read my watch, anybody?