

## **AMCHP 2007 ANNUAL CONFERENCE**

### **HEALTHY COMMUNITIES**

March 3rd to 7th, 2007

#### **Framing as a Public Health Communications Strategy**

GLYNIS SHEA: All right. On this form we are now—we've talked about our issue, our goal, our audience, we're at accepted belief. This is the single most important part of the million dollar piece of paper. You've got to know what they think or feel about you and/or your issue and this is where all the research comes in. What we would do in the ad agency and this was most of my life was traveling around the country, sitting behind glass, listening to focus groups or one on one conversations. Dissecting how people felt about their person computers, Hewlett Packard or (inaudibles). They do the same stuff for your issues now too. That's where these frameworks come in.

As my photograph up here shows you there would be no lack of money or resources or infrastructure for adolescence if everyone looked at them this way and thought oh, they are such productive, hardworking, contributing, wonderful elements of our society. I truly believe this. I truly do. Does the public think of youth this way? No they do not. In fact Susan Bails who conducted the research I'm going to talk about right now came back with one finding from her first research in 2000 that was quite abrupt. And that was a single word, an elephant if you will have it cues up the most negative perception of adolescence and that

word is teenager. If you say the word teenager this is the kid that everyone is thinking about. For a lot of people that I do trainings with they love this kid. All my youth work friends they're like hey, wait a minute, that kid won the poetry slam last week. He's a genius. Okay? For the rest of the world this is the I'm going to walk on the other side of the street because I'm afraid of this kid. And again because a lot of my stuff is with the field, I want to make sure they get—the rest of the world doesn't see kids the way they do. So this was a huge finding.

Number one recommendation, if you want to build public will for youth or young people you're not going to use the word teenager ever again. Okay, when you're talking to teenagers you should use the word teenager. But any adult, no thank you, never, ever, ever. This is what it cues up. You want to avoid it. Okay, back to the Frameworks Institute for whom I don't work but they are the ones that conduct this research. So back in the ad agency days we would contract with like a Frameworks and they would go and actually conduct the focus groups and that's what happened here. In 2000 the W.T. Grant Foundation funded Frameworks to go figure out what the public thought about adolescences. In 2005 the Minnesota Out of School Time Partnership funded the Frameworks Institute to come to Minnesota and find out with Minnesotans thought about youth and youth programs specifically. Because this Out of School Time Partnership is interested in moving policy and resources to make sure that all kids have after school time opportunities.

So the Frameworks Institute, it's kind of like two people but they subcontracted out to other really cool vendors who are listed here. The Berkley Media Studies group, kind of famous. George Laycuff on the faculty there. There's lots of these groups all over. Some of them are focus group people. Some of them are one on one specialists. They had a methodology in the second one this cognitive patterns. Some of these guys, the cultural logic guys are cognitive linguistics. Anybody cognitive linguistics? Anybody? Never heard of it before. Fascinating. They do these one on one interviews with people. They don't care what their opinions are. What they care are like what gets them thinking one thing to another thing. How do they eventually get to oh, these disparities are awful. What is it that triggers that thought? Fascinating. So that's the research that they do. What are they trying to do? They're trying to fill in that picture. You know the Glynis frame okay? What is the public's Glynis frame when you're talking about youth or the environment or early childhood or whatever? They want to fill that in.

And second because generally it's not as productive and hardworking as we would like it to be. How do we reframe that issue so that Glynis is going to look at it favorably or positively or support it? That's the research that they do. Important note public health people. You all believe in large sample sizes. You have very rigorous scientific methodologies. If I told you the sample sizes on communication research you would laugh me out of the room. Okay? Big communication studies based on 45 people. That's the way we do it. I'm willing to fight over it but we'll do that later because I don't have time.

Research. So I've distilled down what Frameworks Institute found and this is a little bit of both, their early and their later research and I'm going to stand up for a minute. When you talk to the public about youth, adolescence specifically the reaction is immediately negative. These perceive adolescence as being other than themselves. A lot of that otherness is attributed to the idea that adolescents have different values than adults do. Is this true? No. No it is not. I could show you lots and lots of research studies that would show you that adolescents' values are exactly the same as adults but that's not we believe. Did I say the bit about otherness being sociological? Did I say that? I really mean that. It's like this alien species deal. Do you know what mean? Remember when you studied sociology how they talked about the self and the other thing. That's how firm it is.

But there's a toggle. There's this alien species and oh yeah, I was that once too. You know what I mean so it kind of goes back and forth. But that otherness is really salient here. The other big point is that perception from the public is that a kid, a youth, a adolescent should be able to pull themselves up by their own bootstraps. That the problems are generally of their own making and should be of their solving. That's the instant gut reaction when you talk to the public.

Second and really important, the general public does not understand adolescent development and they get the behavioral stuff from a developmental angle. All right. The kid sleeping until noon is a lazy, selfish kid not a amazingly growing,

needs the sleep time to recuperate and have his body function properly. Don't get it at all. Can you see from this point why I think it's critical that all my friends in public health start telling really good stories about adolescent development?

Yeah.

Second, part of this lack of understanding in adolescent development is this idea that adolescents are fully formed. You know we've built the container, it's done. Let's just pour some knowledge in. We've got to get algebra and calculus and modern history and then we're going to put some values in there, respect and religion and that sort of stuff and then they're done. They're all fully done.

There's a huge articulation of this idea that the public looks at it as—what's the other word. I can't think of it. But that they don't see the physical material stuff that's actually happening. That it is more than putting stuff in.

Hey, does the community have anything to do with the success or failure of young people? Not so much. We pay for schools. That's about the extent of what the public sees there. They also are not sure they see a benefit when we talk to them about youth programs. Well what are we getting back out of this. They don't see a benefit in the investment. And last and really most important of all, if somebody else owns the success or failure of a kid, who is that? That would be those parents always and every time. In Minnesota we talked to them about the youth programs and Minnesotans were like yeah, youth programs, good thing,

good thing. And we said, “oh, hey, how about five more dollars a year on your taxes and then we’ll have more youth programs” and they said “no thank you”. So we call that broad but shallow support for youth programs. Why? Why do we want to have these programs? They really didn’t see the benefit of youth development programs or after school programs. In Minnesota there was this weird thing about we’re having some problems with our athletic teams over there and so they were really kind of down on coaches and teams and stuff and this was carrying over into some of the youth program things. But in general they can’t articulate what do kids get out of the field trip that gives them the opportunity to the ropes course. Well what—they can’t articulate it. Maybe they know but they couldn’t get it out.

And second when we started talking about youth programs in terms of learning or educational opportunities it became a conflict and a fight with education. The logic went something like this, oh wait a minute. You’re teaching them new skills yet I’m paying most of my tax dollars to the state for education and it’s failing and you want more money from me to teach them? No, I’m already paying for that. I don’t want to pay again. So there’s this weird tension between those two. And also in Minnesota this research was done after our tobacco endowment had been entirely pillaged and all the after school funding removed and nobody had any idea that that had happened. No awareness that there was a shortage or a lack of out of school time opportunities for youth.

Okay, that's the very short version of the research. Anything you don't believe? Does it sound right to you? Do you see any parallels to some of the other stuff? I mean when you were talking about the parent trainings you know I was like oh boy, you're going to love this because of the importance of parents in the world. Does anything else resonate or not?

UNIDENTIFIED SPEAKER: (Inaudible) with me I think. I mean (inaudible) not necessarily from the (inaudible) potential. It's not just selling your message but being very clear about what the misperceptions are out there already and how deeply they're held (inaudible). Because I can draft maybe a terrific message but if I miss the boat on that I think that my message would definitely (inaudible).

GLYNIS SHEA: That's in a nut shell why I'm hear. So yes, exactly. Exactly. And knowing that, how are we going to know that you know. But let me make one point first. All this research was done by the Frameworks Institute and I said already that it was a limited focus group situation. In Minnesota we did like six focus groups, suburban, urban, and rural. We over sampled and had a total of eight people of African American descent and eight people of Hispanic descent that represented our diversity in this focus group testing. So when I make these big global statements am I going to be really culturally biased? Yeah, I absolutely am. There were some differences. They found in African American communities a much greater sense of community's benefit and involvement and less alienation kind of kids. When I talk to groups that have Native American people in

them they also say our community doesn't look like this quite that much. So that's the push back that I get on this and by all means push back because again our numbers are very small.

The other thing that I want to say is that most of this communications research is dominated by upper to middle class white people and we of course have our own lens that we're going to put on all of this. So when I make these big broad statements always challenge them.

I wanted to know if you thought youth with special health care needs had similar public perceptions as these adolescents. Because the more I heard you talk about it I started to feel like wow, there is like that otherness sense that comes in. Anything else strike you that seemed close? The parent involvement role I think. Maybe what do you think of our community? Do you think people see community as having a vested interest in—not so much?

UNIDENTIFIED SPEAKER: Not at all.

GLYNIS SHEA: Not at all.

UNIDENTIFIED SPEAKER: That's the one thing parents want more than (inaudible).

GLYNIS SHEA: Yeah, to be integrated in.

UNIDENTIFIED SPEAKER: It's just do whatever (inaudible). It was funny because I got that from a (inaudible). They said they asked the same questions (inaudible) parents and doctors. The number one thing the doctors thought which is just so bizarre is that parents needed babysitters, rest care. But basically when you ask parents no, they want somebody to come to their house. (Inaudible).

GLYNIS SHEA: I wondered if it was going to be—if it get diminished slightly because isn't there this sort of and maybe I'm making this up, this community thing of we should take care of people who can't do everything we can. You know what I mean? Take advantage of—help the disadvantaged on some level, not the poor because they should be able to take care of themselves. Do you know what I mean? I was just wondering if that comes in at all but maybe not. It would be interesting—it be interesting to the communications research to see where that comes in you know.

UNIDENTIFIED SPEAKER: I think that that is not true because of young people who have special health care needs; especially those who have (inaudible) are (inaudible) respect to other people. I mean it's really scary that (inaudible) in a wheelchair who essentially is very dependent, have some other type of mechanical device (inaudible).

GLYNIS SHEA: So there comes that otherness and the fear thing.

UNIDENTIFIED SPEAKER: (inaudible) plain old like teenagers.

UNIDENTIFIED SPEAKER: I think there's something else that would be interesting to (inaudible) reactions (inaudible). If you take an audience, I don't care who it is, I think we have one reaction when you talk about a condition. But when you talk about a systems perspective or children with special health needs and then there's a little bit (inaudible) then I think you get a lot more push back in terms of what you're trying to accomplish. And that I guess gets to the individual's specific knowledge and understanding typically because they can understand a kid with cerebral palsy has or a kid with autism.

GLYNIS SHEA: Right.

UNIDENTIFIED SPEAKER: They can't understand that either one of us that they happened to be involved either personally or professionally.

GLYNIS SHEA: Yeah. And there are times when the groupings from a public audience standpoint should never be used. Yours might one of them. Yeah. Okay. I'm going to move on from that one quickly. Go ahead.

UNIDENTIFIED SPEAKER: I think too that this one and I might be totally wrong because this is not my particular field but it seems it kids or other. But they're not only other, they're other if they're going fit someplace they might be (inaudible) health care system. Their defined by having—

GLYNIS SHEA: Health care system. Yep.

UNIDENTIFIED SPEAKER: So it's not my issue because—if he has himself over there. Am I wrong on that? Because I can force myself, not only are they not mine even though they are mine.

GLYNIS SHEA: I couldn't do anything anyway and they should just be put off into some medical facility.

UNIDENTIFIED SPEAKER: (Inaudible) that's not my world. You deal with it.

GLYNIS SHEA: Yeah. But so this is what we'd be looking for. So this is the kind of thing where we'd be like sit down, have a discussion, see what we think the issues are. Pop it over to the brilliant geniuses at Frameworks or some research organization. They do a couple of focus groups. We'd hear this stuff and be able to come up with a list just like this on adolescents you know for your issue in theory that's what it would do.

A couple of the other things that you guys were talking about. Health, you know the idea of getting the health literacy and stuff going. I think health has got this really rigid frame you know around measles and broken legs and cancer which is problematic for us adolescents because our health issues are none of those things. Our teen pregnancy and (inaudible) and so it's interesting to me that one of the challenges for your project would be how do I start broadening people's understanding of what health is. Trina with the National Initiative, we work on a lot of products together and you know it's the adolescent—it's the Initiative to Improve Adolescent Health by the year 2010 but in our copy it's always health and well-being or health and safety and well-being. Do you know what I mean? Because we know that word is so narrow. I mean I think that might be a barrier for where you're trying to go.

UNIDENTIFIED SPEAKER:: I don't know if (inaudible) people when you say health and literacy, what does that mean?

GLYNIS SHEA: What? What does that mean? Yeah.

UNIDENTIFIED SPEAKER: You know it's just getting an understanding you know of what it means and how it applies across the life span. If people do understand it they don't generally apply it across the lifespan.

GLYNIS SHEA: Yeah and again I think you're right. Language is going to be everything for how you're going to have to describe that. What I'm trying to do is talk about each one of your issues to give you some thoughts to write down in this acceptable belief since adolescents may not be just your thing. So this is why I'm going through all of these. We talked a little about youth with special health care needs. Anything else rise up for you? I'm curious about your parent thing.

UNIDENTIFIED SPEAKER: Well I think going—I'm thinking a lot of these things (inaudible). So many people I think they think it's just like a little phase. (Inaudible) deal with this phrase and then we're going to go into the next phase. That I think is when people think about adolescents and their problems. (Inaudible) really important that they—adolescents get the guidance now so that when we get to the next phase—

GLYNIS SHEA: In that great place, yep.

UNIDENTIFIED SPEAKER: (Inaudible) I don't know.

GLYNIS SHEA: No and you're going to see more how that plays out. Excellent. I think that otherness thing is what's going to hit up issues like your own and Kristen's to a degree where you're trying to get—my friend who is a youth worker says "Glynis come on. All we're trying to do is get people to care about other people kids and kids that don't look like their kids" and that's sort of the nut of it

and trying to overcome that otherness is part of the issue. Frameworks has done some things around race and poverty. The stuff around poverty is really, actually Frameworks didn't do poverty somebody else did. You know the kind of things they recommend is that don't ever reinforce the negative stereo types that are already there for it. You just don't and you always focus on systems as opposed to individuals. Anything else strike you from hearing this?

MALE SPEAKER: You know my mind is—you're saying a lot of things (inaudible) something under your breath a few minutes ago when we were talking about children with special health needs. You said people don't care about the poor because they think the poor ought to be able to handle it themselves and what about kids with special needs. And that caused me to think about whether the (inaudible) towards your boot strap themselves comes out of just our general societal feeling about competition and capitalism and all that. Maybe caring about others may be incongruent with that at least around money. And then their thinking about it relating to the children with special needs also and whether there is some (inaudible). Like you know people feel like they want money, I work hard for my money. Why would I give it to the poor people? Let them work hard for it.

GLYNIS SHEA: Right.

UNIDENTIFIED SPEAKER: And then it carries over to children with special needs also because you know this is their problem. The other thing, it's their problem. Okay, it's the medical field's problem because medical stuff is the parent's problem. So worry about their kids, my kids happen to be okay.

GLYNIS SHEA: Right.

UNIDENTIFIED SPEAKER: : I don't know. So I was trying to get to like root causes of the thoughts and where—how do we get something as basic as caring about people and social justice. How do we get—I mean are people way down deep do they feel justice is good, social justice or?

GLYNIS SHEA: Oh! You're giving the perfect lead in and in fact that is really the tip and I'm just going to skip ahead for two seconds. If you can figure out what that value is for somebody you start there and you talk about that value and you let that frame the rest of the conversation. So more on that. Excellent.

UNIDENTIFIED SPEAKER: (Inaudible) Some people (inaudible)

UNIDENTIFIED SPEAKER: : I think there is a phenomenon for people my age and I don't know if other—it's unique to our age or (inaudible) my parents and grandparents or my children and I call it the John Wayne stereotype. I mean we

admit, I hate to use it (Inaudible) since my birth with respect to the individual (inaudible) society (inaudible).

GLYNIS SHEA: Yep, absolutely. I mean and that's one of those values. You know that American dream, what we can achieve is a value up there as well as empathy and care. Hi welcome!

UNIDENTIFIED SPEAKER: Hello.

GLYNIS SHEA: Do you want to introduce yourself. I'll put you on the spot.

UNIDENTIFIED SPEAKER: (Inaudible)

GLYNIS SHEA: Welcome. We're like knee deep so feel free to ask a question if you're wondering what language we're speaking. Go ahead Trina.

TRINA: (Inaudible) conversation about how (inaudible) actually a (inaudible) in yesterday's New York Times (inaudible) and also the Washington Post of some really encouraging news. There was a national survey (inaudible) thousand people but the essence of it was that the majority of taxpayers in our country would be willing to have their taxes increased so that everybody could have health insurance, especially children. I thought that was really important and maybe a little surprising. I'm just wondering should something like occur, I'm sure

that the timing of it was very (inaudible) how that people could (inaudible) to be able to use it to push thru our on messages further.

GLYNIS SHEA: Huge, absolutely. One of my recommendations, any time you see any of this stuff in the news that is your opportunity to start that conversation. Because that's the time to tell the story. People are going to be talking about it anyway so give it some context. Add in the stuff that you guys know that other people don't know. I totally agree.

My teen pregnancy prevention friends, all of these negative accepted beliefs plus what like 20,000 other ones because we got the sexuality aspect of it, they promiscuity, the religion and values stuff that color it. And the complexity of your issue which is it's not just teen pregnancy prevention it also sexuality education which is kind of human development education plus teen parenting. Sometimes I don't even know where to start even though that's my favorite issue. Anything else strike you that seemed like oh yeah, that rings.

MALE SPEAKER: Well I'm sorry to interrupt but this is the example of framing is really timely with the HPV vaccine because you know the whole thing of framing sex out of it and framing cancer is one side but and then of course because it touches on these sensitive issues then it becomes reframed.

GLYNIS SHEA: Huge, huge. Same thing, I always try to point out to people do you know what the ad is about because they just skip right over that don't they. Genius. Absolutely. Okay. It's not all bad news though because there are ways we can deal with these negative perceptions and ways we can capitalize on them and make it work. So let's move forward unless you got a specific thing.

With this accepted belief, with you using this okay so and your getting ready to go in and have the conversation with the boss to ask for more money or whatever it is, take a second to think through where are they on my issue. Are they totally opposed? Do they have these beliefs? Do they fall into the stereotype? What is it? Where are they so that then you can speak accordingly. In the ad agency we would pick one and call it like the key insight or something and that would become the basis of the ad you know what I mean? That U.S. West ad I showed you, the key insight was they don't trust us. Okay. Guess what, we're going to do a lot of things to prove that we're worthy of your trust. Uh oh, one more point, you don't have the money to do this research, you have to do it yourselves. Especially with people super opposed to you. Don't try to sell them anything. Ask them 20 questions. You know have a whole conversation about their own agenda and maybe you're reinforcing it a little bit but you're learning so much. So you guys have to be the researchers because we just don't have the cash.

All right. We're finally at the message portion. On this green sheet the message portion is here at the bottom and unlike an ad agency strategy, ad agency strategy you get to say one thing. I'm going to let you guys say three things. How about that? Very nice. But I'm doing that because of the stuff I learned about how your brain works. As it turns out you know I was talking about those shortcuts. You know you take the information in, it connects to something it knows and then you can process right? It also turns out that your brain is like a series of little networks and so if the information coming in ignites the elephant network you know, it might ignite elephants and it will ignite zoos and gray and peanuts and circus, all the things kind of affiliated with elephants get lit up. That's what happens there. And so these communications researchers have figured out if you can light up the areas in the brain that are like going to make the person most receptive to your stuff you're going to be way more successful and they call that priming. Priming can also be described like from a mother, child perspective. You know how this little kid comes up to you and goes mom, I've been so good today. I cleaned my room, I walked the dog, I fed the cat. Can I please have a cookie? He just was priming you. He was such a good kid so he could get this back. Same exact sort of stuff. Yeah, that's the textbook definition. Is this making sense? That's why I'm going to give you three things. Let me show you the three things. I'm calling it a message pyramid. Here's the three things I want to you— have you talk to people about.

A shared belief. I call this the why should they care. Why do they care that there are disparities in youth with special health care needs versus average kids. Why do they care? Second thing, what kind of issue is it that you're talking about. I want you to give it a definition. And the third thing is the specific thing you do or work on. Okay? Let me make it a little clearer. I am really concerned about the rain forests. You know they're being torn down and burned. This is an environmental concern and the reason that you should care is that we are all stewards of this planet. We all have to live here and are going to keep living here. Those are my three.

If you think about your brochures and your newsletters and your websites and the things you talk about to people everyday, where do you spend most of your time talking? Down here? In fact that's all we mostly ever talk about. Sometimes we get up here right? We never talk about these shared beliefs and this is the number one thing, this is the number one answer to your question and that is the way to get people to start buying in or have some shared thing with you is by addressing the belief or the value that you all share and using that to frame your message throughout. Instead of talking about rainforests and then going up to stewardship because you don't care about—Kristen, she don't care about rain forests you know. She's all about using plastic baggies. So if I start in on rain forests to her is she going to listen to me? No. But if I start in on you know, I'm sure you're concerned about the future of the planet you having a seven year old

and everything. That's a little different. She's got to care now because she does live on the planet. That's how this message pyramid works.

Let me show you an example. Oh, my things aren't working. Teen pregnancy prevention is something I work on. It's really important to me so that's my specific. Now I work at a medical school and it is considered, teen pregnancy is a reproductive health issue. Think about what reproductive health conjures for you. It is a very medical feeling isn't it. Thinking gynecologists. I'm thinking OB/GYN, reproductive, it's kind of women centric. It's really just women isn't it? Oh there's some birth control in there. Okay. That's one category I could put it in. Pick another category. Well it's also a huge adolescent health issue. Uh-oh, here comes sex ed. All of a sudden teen pregnancy prevention has a whole different feel doesn't it. It's an adolescent health issue, outcomes, abortion, teen parenting, the economic side of it. A lot of that wasn't in the reproductive health one was it? So I got a whole new set of stuff coming up because I called it adolescent health issue and not a reproductive issue. Can you see how this is working here?

Here is a whole other one. Here's the radical one. Uh-huh, teen pregnancy isn't adolescent health, it's about youth development. That's a whole different context. Now all of a sudden I've not made it something clinical or medical at all have I? I've made it more of a developmental human being thing. Somebody when I was

doing this said oh you should put human development up there next. Okay, that's a good one.

Okay, so what values informs this? Well some folks especially when you're talking reproductive rights, they get into the lead of personal responsibility you know. That's the value we really need to be talking about this issue around. It's all our own personal responsibilities to take care of these things. We know where that one goes.

A competing one and this is a new one. You know how it used to be about choice when you were talking about abortion? Now one of the things they're trying to do is frame it around privacy because choice is like do I want Doritos or Cheetos. It seems not as significant as this idea of your having privacy or the rights over your own body. So personal privacy could be another way. And then another one would be the idea that how we handle our youth's health challenges is going to shape the success and the future of our community. Boy that success and future of our community a little more inclusive than the personal responsibility or personal privacy one, huh? So again you can see how just by what you choose to talk about here makes such a huge difference. Oh good, now those are going to come on and make it easier for us. Fabulous.

MALE SPEAKER: I want to ask a question here because where you start, what focus (inaudible) depends on your assessment of the audience.

GLYNIS SHEA: Correct.

MALE SPEAKER: (Inaudible). What are—I mean you usually make assumptions about that before you go in. Like I might be talking very differently to an audience of parents of versus an audience of retirees.

GLYNIS SHEA: Totally.

MALE SPEAKER: So what if you've made a mistake though on your assessment of those beliefs and you've got a Power Point that is already there you know or something on paper where you can't be—

GLYNIS SHEA: As nimble, yep. For me, I would call it out. I would say you know clearly we're not talking about the same stuff and put your stuff away and sit down because as you know I've got to do more research. I don't got it right so let's have the conversation, let's have the dialogue and figure out what it is. Because a lot of people are going to tell you don't just go in with your assumptions. I don't see that we have a choice. I feel like we have got to be the road warriors and we've got to make the assumptions and test them and see if they work and if they don't we got to refigure it out and try it again. With the youth stuff, I feel confident in what I'm selling you here but with my teen pregnancy, youth with special health care, I don't know. So excellent question. How do you feel about that? Anybody else got a suggestion on how you might handle it?

MALE SPEAKER: Well I'm torn (inaudible) the English language. There's twice as many words you have (inaudible). That means that there are a lot of words and phrases that (inaudible) are quite different to people. (Inaudible) mean a whole different thing to conservatives and the liberals and it would mean something to both of them. And I think that a lot of it might depend on how much the (inaudible) experience between you and your audience but I actually think you can begin to talk thru some of that. Say hey wait a minute, what is it that you mean by that particular word. What does it mean? Where are you disconnected because I still believe that we agree on far more than we disagree on and talking it thru, the meaning and connotations of what words and phrases are actually might resolve some of that. There are also going to instances where you're going to just close the meeting and go home.

FEMALE SPEAKER: (Inaudible) probably everybody in the room because we have a wish for certain outcomes. Probably everybody wishes for there to be fewer pregnant teenagers. (Inaudible).

GLYNIS SHEA: I wish I could agree with that but we've run into people who certain communities, fabulous. Great that they have teens.

FEMALE SPEAKER: (Inaudible)

GLYNIS SHEA: But so but if you take though that and say okay, what would be— if the specifics of how old a kid is when their pregnant, maybe we can't agree on that but that kids are successful or—do you know what I mean? What's the thing that comes out of that that we're not ever going to disagree on? That's like totally—and I think that's where you're trying to go with this. Just flip it to the biggest.

FEMALE SPEAKER: The big (inaudible).

GLYNIS SHEA: Yeah, the big one. Exactly. Exactly. Okay, I'm going to move on. Okay, wait, categories. Okay this middle one, you see the importance of the value on right and the specific one we all got to do that anyway. That middle one, the category one is kind of fussy and I wanted to illustrate that a little bit. Going back in my roots to my (inaudible) and almond growers day when we were trying positions almonds as a healthy snack and it didn't exist. Was it a crazy thing but look at the difference in how much money is made off of nuts versus their category that they fit in, salty snacks. One point five billion dollars for nuts and 21 billion dollars of salty snacks. So if you sold nuts, would you want to be a salty snack or just a nut? You would want to be a salty snack because you would have a lot more money potential to make right there. Now that's the mercenary commercial advertisers view. Think about your issue. You know is it youth with special health care needs as an issue or is it overarching disparities as an issue or is it quality overall that's the issue. There's so many different ways you can

categorize it and the upsides or the downsides are going to be dramatically different from one thing to another.

This sounds a little like I'm dancing on the head of the pin but look at all the ones you could be talking about here. And I was going to make you raise your hands but we don't have enough reproductive health people in the room but I mean do these apply to you? Do you work on sexual health? Do you work on public health? Do you work on reproductive health? Everybody in this room would raise their hand for public health right? But maybe not everyone would raise it for sexual health. Youth development, I bet I've got everybody for youth development right? Human development, all of you for sure human development. You see how this goes? So if I want everybody in the room talking to me and I got some young people focused and some old people focused I'd better be talking human development. Otherwise I'm going to alienate one group or another. All of this can happen with what you pick to be your category. And there's all the beliefs.

This yellow sheet takes all that stuff that you can barely read for teen pregnancy and it lines it out for you. And this is like a take home exercise if you wanted to do this without getting all mucked down in the strategy stuff that I was doing because we tend to do the same stuff over and over. My name is Glynis Shea, I work on teen pregnancy prevention. We're interested in service learning as a solution and that's important because the world—we're the stewards of the world.

Do you know what I mean? I just automatically do that. Well find a new one and see what happens. So I had people brainstorm these lists and then you can see—you can fill it in into a little way to introduce yourself, as a way to apply it because I'm all big into apply but we're going to talk about that later.

Okay. So that's the message pyramid. Okay a few more research points here. They tested some messages when we did these focus groups. That's the other thing they do is they like put out a little news article that has this message in it and see how people respond. When they tested the idea that youth programs are a great thing for society because they help prevent crime, that was quite compelling. However it also reinforced the fact that all teenagers are criminals. So it also made the youth programs that we offer akin to jail cells. Yeah, if it's just preventing crime why do they need all this fancy training and stuff? Just put them in a cell and lock the door. They'll be safe and they won't commit crimes right? That's really not where we want our youth programs to be compared to.

Crime prevention, economic development. Hey, invest in youth programs because our economy is going to be more successful and richer with youth that come out of these programs. This became too many jumps to get to youth programs. They could jump to education. Oh, well kids with a good education, they're going to make our economy strong. Wait, kids in a youth program—no. Couldn't get there. Couldn't get to economic development as a strong message. And that big future of society stewardship one, that one too which is usually a

ringer, usually you can put that one out there and who's going to deny that we're all kind of responsible for the whole world. For us again it seemed for youth programs it seemed to big to tie back down into the youth program specific thing. And it also started to push parents out on the fringe. You know we all need to responsible for the future of our society and youth programs will help get us there because they'll make good citizens. We eliminated parents. They just got left out so that seemed weird and didn't fit well with people as that message. And these would all be those values, those beliefs that go on the top right?

The one that did win was a spin off of that stewardship and it was this idea that what we invest in youth today is what comes back to the community tomorrow. And they call it this Exchange Model. Did I say that good? Community needs healthy, productive, well rounded young people who will give back and sustain the community. That's the way it was framed. This is the big winner. Sold.

Everybody loved this one. They really responded favorably to it until we took this research back and presented it to the youth serving committee in Minnesota who got very upset. And not unlike the namesake of my organization they felt like this was compromising our selling youth because it was only discussing their potential and not their current. Youth make contributions now. Don't be all this is the future thing that they're going to give us. That's just wrong and bad. Go ahead.

MALE SPEAKER: Well I had this—sorry to take up this group time with this but it's on target. I had this experience about a week ago I was in El Paso with a bunch of pediatricians and we visited this school. And the school principle came out, this is Texas mind you and he spoke to us and he said—it's on the border where there are a lot of undocumented people, a lot of children. Four hundred eighty-eight children in his school and he said you know, I'm as conservative as they come. He said you know George Bush may even appoint me to a committee and he said I am really selfish, focused on myself. He said it's for that reason that I want every single kid in this school to learn well, become educated and get a good job so that they can help support me and my community.

GLYNIS SHEA: That's right.

MALE SPEAKER: And I thought what a way to frame, to—I mean he was thinking his audience was people in his community. It happened, it was different but what a way (inaudible) he is one the most liberal speakers that I can think of but he really framed this in such conservative way and you could see how he just wants support and (inaudible) popular and he's gotten all these programs going in the community. All of these kids are involved in social and educational things. Started a health clinic on site. There's all kinds of pregnancy prevention stuff and other.

GLYNIS SHEA: Love it.

MALE SPEAKER: He started out in a way that you know he's a big football player kind of guy, shaved head you know almost and you know just sort of—I thought it was pretty interesting.

GLYNIS SHEA: Classic, yep. And right into this. Right into that.

MALE SPEAKER: This was his, this was his message right here.

GLYNIS SHEA: Yep, yep. And this is the one the research showed worked. So adolescent folks this is the one. This is it. Granted my youth workers didn't like it so I've been playing with it and what I've been trying to get at is this nut of an idea that what we're really trying to overcome is this otherness deal. So let's not sell them short and talk about their future potential. Let's talk about them now and my suggestion on the way to do that is to not be like blah, blah, blah, youth but to be given who you're talking to and their population put youth into that context.

For example, talking to a small business owner. You're like you know I know your interested in how effective and hard working your employees are and I know some of your employees are youth. Let's talk about what we can do to make sure your youth—see what I mean. So it's not just youth on the outside, it's youth as part of grouping that includes all of us. And that's why I call this adolescents are

us. It's a big difference to think about congregation members that include youth than it is just to think about teenagers or youth on the street. You've given them context now. That's why I like this. I also like this because it beckons people to start thinking about aspects of adolescent development that we overlook, all right? If you start thinking about youth as your neighbors, who teaches youth to be good neighbors? Do they get that class in school? No they don't. They get it from their neighbor who roll models being a good neighbor right? Who reaches out to them and makes a connection to them. Who gives them the opportunity to experience what it's like to deal with the leaves blow in their yard. These are all the sort of things and is this sounding familiar to anybody? Is this sounding a little bit like healthy development that we all public health adolescent people are into? It is. It's healthy youth development. That's what it is.

The other message that worked was when you started educating people on the idea that development requires relationships and experiences for youth to be successful. People don't think about those two things right? All they think—they think health is measles and mumps right? And they think for teenagers to get adolescents, it's values and knowledge. But this stuff never comes up and we all know from all the research and everything that we do that having relationships and connections to community and experiences are what get kids through adolescence successfully. And that again is healthy youth development as far as I'm concerned. It's all the same stuff. Seems like it's all woven together.

One of the tag lines that Frameworks came with that my folks in Minnesota are using is youth development is community development. Community development is youth development. Really trying to weave those things together and reinforce that that whole connection to community thing is the major adolescent development task. So my adolescent health friends, whenever you talk health youth development and I used to criticize health youth development as a whatever it is because it's so fluffy and nobody really knows exactly what it means and there's too many definitions and stuff. I take all that back, use it all the time. I don't care if people don't get it. It beckons people to go what are they talking about. Use some of the attributes that you see people talk about. You know healthy youth development is when we're not just talking about problems. It's not teen pregnancy. It's development stuff. When we say it's not just the individuals behaviors it's the whole community and the schools and the parents, the ecological model is what we call it in my shop. That learning isn't just Algebra and Science, it's that whole social, emotional learning. All of these things and health is not just health, it's health and well being. This idea of being, belong and become comes from the Minnesota Adolescent Health Plan. A little hat tip to Kristen there. But she was trying to get at that idea that when you're talking about adolescent health it's not measles and mumps. It's so many other social issues that we have to be paying attention to. So as fluffy and weird as this stuff is talk about it every single day please. Every single day.

Okay, beside the healthy youth development there's one more message that got people there fast and that was this idea that adolescents brains are still being formed. When people realize that that whole thing about oh they're fully formed and we just put the values in them gets thrown out the window immediately. And they become so much more receptive to the idea that we need these youth programs to make sure that this brain development thing goes okay. My youth worker friends again were very upset. They said oh great, you're just going to make biology destiny. That's fabulous. You want to go out there and tell people about brains not being fully developed in young people. Oh, that's scary to us and it is scary to many of us. Who's heard the brain development stuff on adolescents, lots, David Welsh, some, some. Twenty seconds, brain is not fully developed until 25 is what researchers are telling us now. And in some respect the 14 and 25 year old are kind of the same in terms of their brain capacity to do certain things. The biggest thing is the pre-frontal cortex is one that's still really going crazy getting built up. They call the pre-frontal cortex the CEO of the brain. It's like in charge of decision making and higher functioning stuff. And because of what's actually physically happening in the brain at that point, the kind of things that an adolescent does creates pathways that become reinforced. The things they don't do, those pathways go away. And one of the short hands is you use it or lose it. Stuff that they do they keep. Stuff that they don't do they don't.

This—oh my gosh. How compelling a reason for having youth development programs. You want them running around on the streets, granted we're never

have this risk of crime thing again but you want them (inaudible) risks doing bad stuff on their own or do you want them in this great performance arts program where they're going to learn these skills and have all these pathway reinforced. I mean that's really easy sell isn't it. Very compelling, worked really, really well. But the scary side of it is what are the policy implications if we believe that an adolescent's brain isn't fully formed. Because one of the things that they say is the domain of the pre-frontal cortex is decision making capabilities. And in fact it got into the news. Supreme Court about three years ago was trying the case on whether we should execute youth for death penalty and the brain scientists came in and said guess what, their brains aren't fully developed. They really are not completely there in terms of decision making and the Supreme Court agreed and we don't kill the kids anymore. But those of us that work in the field especially in reproductive rights are sitting there going oh my gosh, what is going to happen now because it's not just that. It's everything from driving and working and reproductive health. Fighting in the army, alcohol consumption, all of those things could be affected by these sort of decisions. So I went—I was freaking out, I went back my shop and I work with a lot of adolescent health researchers and they were like you know simmer Glynis and stop—it's not that much. I mean you can't just say that because of where their brain is it makes them totally incapable of making a decision. Any decision you make at any given time is like dictated by your food, what's going on outside and what the community—so there's so many factors. You can't just say it's just the brain.

Second you know—I'm going to save that point. Okay. So I simmered down but at first I did not present this point because I was freaked out. We were at a big national meeting and had somebody come and talk to us about these brain issues and one of the adolescent public health people said you know, what about the policy implications and this medical practitioner hadn't even thought about that question and we were freaking out.

So now I've put this on the agenda, I'm telling you all this. That when you start to share with people the idea that the brain architecture of an adolescent is still being formed you're building public will. But you got to be ready if they come back at you with this oh well, does that mean adolescents can't make decisions or does that mean adolescents are incapable or whatever. So we want you to be ready with that. Go ahead.

FEMALE SPEAKER: This is actually a very accurate area of research and the people who did all the study (inaudible) the brain didn't change as one field and that the people (inaudible) decision making represents another field and that there is (inaudible). But that decision making research and also (inaudible) again would try to bolster (inaudible).

GLYNIS SHEA: Absolutely. And here is the thing from a communications stand point that really sold me. In this yellow box this is a little phrase that Frameworks tested when they were doing their early childhood stuff which by the way, brain

architecture good sell for early childhood stuff as well. They tested this phrase to see if they could get people to believe and this is getting back to the scary stuff that poverty actually has negative impacts on people. Okay? Because we talk to the public about poverty and they don't see that that is actually a negative thing for kids to experience and it affects them later in life. They just don't—they don't believe it. What?

FEMALE SPEAKER: (Inaudible) extreme stress (inaudible).

GLYNIS SHEA: Yeah. Yeah. So people don't see a biological result from poverty. When they tested this statement they did. It's the only thing they've ever tested that got people to see that. That's why I'm bringing it up. That's really compelling to me. Poverty is almost impossible to sell it so this did. But like I said you've got to be ready with that answer and I'm not going to spend a lot of time on this. I do when I'm doing the field because I really want them to be ready but I'm going to let you take this home. You need to be ready to combat somebody who is going to dismiss adolescent's ability to make decisions and here's some ways to do it. You know one is to put it into the right context. That everybody makes decisions; they're not always good ones. Do you know what I mean? And what I need you to do is move them away from thinking about whether or not they can make decisions but how we are going to support them in making decisions. Okay. Take this home, think about, whether and we're not going to vote and we're not going

to do a news analysis. Oh I really wanted to do that but we're not. Oh, another day. Yeah, I'm sorry you all. I'm just running out of time.

Back of the green sheet is a summary of all this stuff wrapped up neatly into a little egg shell. Down in the message area okay, remember I was giving you three, the shared belief. So when you're talking about adolescent with people I want you to find some way to establish adolescents are us or do that community of benefit exchange thing. Second, you got to share an adolescent development fact. Who better than you guys. You're the smart ones. You know this stuff really, really, good and their going to listen to you and respect you for that. So share an adolescent development whether it's the brain thing or the developmental stuff around experiences and relationships. Pick one of those. Share an adolescent development fact and then tie it to what you do. Okay? Again with the field it would be like okay, so use a fact that you need relationships with adults to say why your mentoring program is such a good thing. See what I mean? And you guys can do that same thing to within the specifics of what you're trying to do. So that's how the message triangle plays out for this.

On that yellow sheet I tried to show you how you could use these three as a way to like make a little introduction for yourself. Here is my version of it for a small business owner. You know if I was going to have one of my cocktail party conversations. Hey, you know you run the Kinko's down the street. You've got a lot of young people as employees don't you? Um hum. You know what I learned

recently is that since young people are really still in that process of developing. That in fact their brain architecture is still developing. It turns out the experiences they have during that are absolutely critical and that's why the program I work with, Youth Employment Adventures or the Youth Media Center, that's why the program at the Youth Media Center gives young people the chance to experience different kinds of jobs. Do you think I could bring some students over to your shop to give them a chance to see what it's like to work at Kinko's? See how my three pieces fit into that. Adolescents are us. It's not just oh, what do you think about teenagers, it's you work with them don't you and all the way thru.

Okay, I'm going really fast now so I can get some, a few last points in. I'm sorry. I've lost my conversational tone. Elephants, based on this research here are the elephants we've discovered right? This is all specific to youth now. Teenager, we're not ever going to use that again right? Never. What did I suggest as an alternative? Youth. A lot of people don't like youth either. Young people seems to be rising up in my circles. I don't know about you guys but that's what I'm getting.

FEMALE SPEAKER: (Inaudible).

GLYNIS SHEA: Cool. So yep, maybe young people going that way. At risk youth, this is the number one thing. Please, when you're talking to normal people, that means non-public health people, actually I might even go public health people. Okay? Never, ever, ever, say at risk youth ever, ever, again. Ever, ever, ever.

Have I made that point clear? Ever again. You're like okay but Glynis we have to use that phrase. That's how we talk about things. Okay. It's a few more words but what I want you to say is all youth. Okay. At risk youth really need our services. No, no, no, all youth need access to quality health care. Not all youth get that access. We need to make sure they do.

FEMALE SPEAKER: So how do you (inaudible) with the current trend now. We talk about the health disparities and it often addresses at risk youth. Some of the discussions around disparities are almost as popular as (inaudible).

GLYNIS SHEA: Can you give me a specific?

FEMALE SPEAKER: Well talking about health disparities for associated with—

GLYNIS SHEA: That at risk youth have more disparities or something like that right?

FEMALE SPEAKER: You know they'll generally say at risk youth in these categories of youth are more at risk.

GLYNIS SHEA: Right.

FEMALE SPEAKER: Or they have more health disparities, you more disparities, discipline disparities, more economic disparities, disparities, disparities.

GLYNIS SHEA: Overall. Yeah.

FEMALE SPEAKER: And then it overlaps with the whole at risk youth conversation.

GLYNIS SHEA: Yeah, so you got a double whammy. Really interesting question. I have to think about that. My gut reaction is it's one of those—that at risk is one of those like maybe youth with special health care needs don't throw anything at me, where we should just never use that classification in public because it doesn't get us anywhere and in fact it's problematic. But and so I would almost—I don't know. I need to think about that some more. I almost would be doing the all youth game and then once you got down into detail start delineating the specific populations. Do you know what I mean? But I don't know. You have to leave me a card. I have to think about that.

There was a woman at the City Match Conference who reframed health disparities and I can't come up with the phrase right now and that's what I need to send you because it was brilliant. Her whole thing was like disparities was coming from this deficient model.

MALE SPEAKER: (Inaudible)

GLYNIS SHEA: Yeah, yeah. Yeah. It was so good. Wasn't it? I thought it was fabulous.

MALE SPEAKER: I wasn't there.

GLYNIS SHEA: But you heard about it, yeah.

MALE SPEAKER: The disparities stuff really came into both with self and (inaudible) issue and now it's moving from disparities towards equity.

GLYNIS SHEA: Equity.

MALE SPEAKER: And it's an idea that everyone starts out (inaudible) to have equitable (inaudible) all children.

GLYNIS SHEA: Yeah. And that's how she framed it. Was starting from right there and then she went thru and said and here's where we got to fix it. Thank you. That was good.

MALE SPEAKER: But the other thing about—you know the thing about at risk and risk factors is epidemiologist use risk categories. Their whole science is based on that and then we're trying to (inaudible) now from this strength based approach, to look for people's strengths and yet we're still, all of our questions

still relate to their risks. You know do you smoke, do you drink alcohol you know and so it's hard to reframe it in our language and in our thinking history.

GLYNIS SHEA: Oh totally. And I'm not suggesting we shouldn't measure these things. I know we need to. It's just what we let out of the bottle and do we balance it out. A lot of the adolescent health coordinators are kicking butt and taking names to trying to get that positive strength based stuff into their surveys which is comforting and satisfying. Okay. Screaming thru. Crime and Risk prevention, no more. Please never discuss your efforts as ways to prevent crimes or reduce risks. Frankly, talk about what you're doing as a way to meet the developmental needs of youth. Always.

People in our field, especially from pregnancy prevention, we talk about what we're doing as if the parents are not part of the equation at all. We are crippling ourselves with that sort of stuff. We have got to talk about what we do as a way to reinforce or assist or support or whatever parents and I know we got parent problems from her to Timbukto but we can't be—that's not something that needs to be public. We need to talk about what we're doing as a way to support and include parents. Yeah, we don't have for that.

Okay science based. Here's another one teen pregnancy centric. Go ahead.

FEMALE SPEAKER: That's another big one because often (inaudible) science based or research based.

GLYNIS SHEA: Absolutely. And when you're writing a grant please feel free to use the terms at risk or science based at your liberty. Okay. For a funder, for a grant, no problem. It's pushing it out to the public where I'm like do not use these words. My problem with science based is that when you start saying that something is science based what you're immediately putting on the other end of the spectrum is what? Religion and faith. It's either science or religion. That's the way people are looking at stuff right now. So let's not play that game. I'm not saying science based strategies should be ignored—of course, of course we're using science based (inaudible). We just don't want to call them that. Let's call them strategies that work. Effective strategies. I would even take evidence. I think that's geeky but it doesn't conjure up that weird thing that happens with science. Do you know what I mean? That's just where the public is. Maybe in a couple more years that won't be there but right now we got that. We got to stay away from it. The CDC loves it when I make this point just in case you're wondering.

And then if you've got areas that are problematic with public perceptions like I do like north Minneapolis becomes this negative junk thing. Forget it. Don't talk about that categorization anymore. Let's talk specific. Okay. I'm not talking about north Minneapolis. I am talking about the Hawthorne neighborhood. And yeah,

that's a little slight of hand thing but it's a lot different. You know that's six square blocks as opposed to this weird political turf deal. It's different. So let's narrow it down. That almost gets into your thing about the at risk to thing. Make them small chunks as we can describe without getting into negatives.

You are going to run into these elephants all the time you know. Somebody is going to say to you, your boss is going to say hey, if we do this after school funding, a ton of it are we going to reduce truancy or juvenile crime. Can I tell the people at Safety that we're going to do that? And your instinct is going to be to say yeah, absolutely. The studies show that three to six, that's when kids are having sex and getting in trouble and a program like these will help keep kids out of trouble. But what have you done now? You've just brought that elephant back into the room and you reinforced that young people are criminals and sex addicts. I don't know. So you've got to find another way to talk about it. Another way to say it would be you know what, and now it doesn't work with the program officer. You know the program that we're talking about putting into place right now is one that's about making sure our community is healthy and strong. Because when young people become engaged in community through activities like this one, when they have those relationships and the connections they grow up to be adults who are these committed citizens and that's what makes our community strong. That's why we need to keep these programs going.

FEMALE SPEAKER: (Inaudible)

GLYNIS SHEA: Absolutely.

FEMALE SPEAKER: (Inaudible) you need to be specific (inaudible). You know, the glazing over it.

GLYNIS SHEA: And that's really what most people think and this is something that you learn in dealing with controversy if you bridge over and say you know I understand. I agree with how you feel there that you've kind of made a personal outreach to them. No. The rule of the elephants is the minute you say oh yes crime will be prevented they've got criminals on their brain. We cannot afford to have people thinking teenagers are criminals period. And if you have to do a little dance to do that, fine. Do the dance. In Minnesota we are so nice. We think we should answer the question. Do you know what I mean? There's this joke, it's like when did you stop beating your wife? Well I never beat my wife. Oh that means you haven't stopped right? Or I've stopped beating—that means you did beat your wife. You can't answer the question in a way that doesn't make you sound terrible. That's the same thing here. If you're asked a question like this you do not have to step into the negative stuff. You can go around it. It's perfectly fine. If you're objective is a relationship though then you don't want to play this game. Okay? But with the press, they're going to take 30 seconds of what you say. What if your sentence, what if this was what you said. Oops. What would be the news—what would be the lead in that news article. Juvenile commit crime when

parents aren't at home. That's going to be their lead. I don't want that lead. I would do anything to avoid that lead thank you. All the time, every time and that's the trick.

Now let me do—what I'd suggest for your issue you keep a list of these things. As you run into people, as your talking, if you go to the VW and they say that your values aren't the same. Write them down. Got to have that list. Here's how this gets applied a little bit. The Minnesota Out of School Time Partnership, those are the guys that paid for that research. They renamed their organization. Now they're called Youth Community Connections coming off that developmental need we were talking about. Pretty wild.

Here's another application and this is in your folder. My guy at Minneapolis Community Education Association, he had this brochure for MCEA and this is what he was using. And he went and he heard these findings and he revised it. So let's do a little analysis on his brochure. Look at those kids. What does that photo communicate?

FEMALE SPEAKER: Happy.

GLYNIS SHEA: Happy kids. Kids are happy. Kids are cute. What are these kids doing? Are they doing, contributing, doing, learning, yeah, had to tell huh. So I got kids are cute. Lots of kinds of kids. Yep, we've got a lot of kinds of kids there.

Kids are kind of there. All right. What does his copy say? Youth programs change lives. Thru the years the Community Education Department of the Minneapolis Public Schools has quietly gone about operating after school programs. The hum of activity in what would otherwise be empty buildings. Community education staff work with school staff, community partners, parents and most of all young people to provide a safe haven where they can learn, grow and become good kids. What do you all think of the copy here?

FEMALE SPEAKER: Vague.

GLYNIS SHEA: Vague. Any problems.

FEMALE SPEAKER: It sounds like they were bad kids (inaudible).

GLYNIS SHEA: Yeah. All those bad kids. We get them in then they'll be good kids after that. What's the benefit? What's the benefit to the world of having these great community education programs? Right. It's to take advantage of what would otherwise be empty buildings. Of course. Not so good. Not so good.

Oh, my other one. You know that message pyramid. Where did he spend all his time talking? At the bottom and that's the biggest thing when you read your own brochures after this you'll go back and you might oh my gosh, it's all about me.

Everything is MCEA this, Canopta Institute that, PRC this. It's all about us all the time. We're not thinking about the world out there. Okay, so he revised it.

MALE SPEAKER: That's what it's all about though. I mean (inaudible) about his funders reading this and seeing what he's doing to change lives.

GLYNIS SHEA: Right. But why do they care.

MALE SPEAKER: Why does who care?

GLYNIS SHEA: Why do the funders care? Why does the world care?

MALE SPEAKER: Well he cares because that's where he's getting his funding.

GLYNIS SHEA: Right. But he needs to care what they care about.

MALE SPEAKER: But they're funding.

GLYNIS SHEA: Right.

MALE SPEAKER: It works. It works. It's selling yourself.

GLYNIS SHEA: When you write a grant, don't you do research and try to figure out what that funder is into and kind of target it and make sure you're like lining up with where he is and what he cares about. That's all I'm saying. Is that what our natural instinct is to describe in detail what we do and the rest of the world, they don't care that much. What they care about is the larger big picture like Trina was saying, outcomes or values or beliefs and then how that fits in to what we do.

MALE SPEAKER: I don't know. To me funding that kind of writing just reinforces it and continues it. People write about themselves and praise themselves, the funder then gives them more money. That's a behavioral reinforcement. You did a good job writing about what we wanted to hear about, namely yourself and what you've accomplished. Therefore we will reinforce that behavior by giving you more money.

GLYNIS SHEA: I see what you're saying.

MALE SPEAKER: I don't know. It just seems like that's a lot of the—this is social marketing of his program.

GLYNIS SHEA: Okay, I've—

MALE SPEAKER: No. I'm sort of taking that point of view to sort of justify why this is written the way it is. Maybe no thought really went into it but you know as you make the names of these things, you showed a previous slide. I don't know whether, oh here. Minnesota, our school time partnership. Okay, so when I read that I think this is a group of people that came together as partners to look at what kids are doing when they're not in school, like after school. Okay, so I can understand that from the title what they do.

GLYNIS SHEA: Yes.

MALE SPEAKER: But then what they did is they went to the other end of the pyramid here to the top and they changed to Youth Community Connections. Now I'd say there, I'd say what?

GLYNIS SHEA: What?

MALE SPEAKER: What's this about. What is this and so I see where you're going. I mean one to way take—one reason to take your approach is that it encompasses right from the beginning lots of people and doesn't allow them to be the other kind of thing like oh, I'm not really interested in what kids do after school you know.

GLYNIS SHEA: Right, right.

MALE SPEAKER: So I can see your point of view but I can also see you know the idea of clarification. I used to work for an organization that had one of these vague names and I spent half my life explaining what the heck the name of the organization meant and what they do.

GLYNIS SHEA: Absolutely. Absolutely. And that was a huge debate as we discussed what that—if that name should be there and if should rise up to the higher levels values. And it really comes down to your goals again. Do you know what I mean? Their number one thing is advocacy so it made sense that they wanted to lead with a high level value.

MALE SPEAKER: But a lot of nonprofit organizations, their number one thing is to keep their people employed, the people that work for them.

GLYNIS SHEA: Okay. That's a different conversation. We got a different conversation because I do, I totally agree with you and that's a bigger issue that I have some problems with. Go ahead.

FEMALE SPEAKER: (Inaudible) communications. If they had gone to the higher level, you know more about changing kids futures or (inaudible) kids (inaudible) whatever higher level and then come back later to talk about what we did to get

them there. If you set what is it that you want to change that you think is making a difference (inaudible). Would that have made the difference?

GLYNIS SHEA: Yeah, and that's what it is. Yeah, absolutely, absolutely.

MALE SPEAKER: One of the practical problems is we (inaudible) to develop a communication strategy for early intervention (inaudible). Guess what, that's something else on your plate and we actually ended up having people involve stuff like this. (Inaudible).

GLYNIS SHEA: But it's also our natural instinct. Do you know what I mean? Hi, my name Glynis Shea. I work at the University of Minnesota. I mean you saw me, my first three sentences were all about me. We tend to do that. It's comfortable and what's easy for us is the stuff we know and what we do. What's less comfortable is like reaching it out to go okay, why would they care about what I do. It's just harder.

The photo here and this gets back to my initial photo. This photo builds public will for you. Why? First of all is that kid other? Absolutely not. He's is there with an adult. They're sharing, they're doing the same stuff. They're out in the community together. Do they have the values? Obviously they do. They're working together. I don't know, Minnesota we do this wood chipping thing if you can't tell what's going on there but—

MALE SPEAKER: (Inaudible).

GLYNIS SHEA: Not that kind of wood chipper. So that's why that photo builds public will for youth and I think it's amazingly strong. When you look at his copy, I'm going to skip thru that because we're out of time here. You'll see again too he's getting my big three points up there. He's got the brain in there. He's got connections to the community and he's got experiences all woven into that copy. He leads with community's benefit. Because in the end are people going to support MCEA because of the million little things they do or because there's a benefit to them. Because there's a benefit to them.

All right. This is from the Campfire Girls. I love how they did the parent supporting thing. Okay look at what she did. Supporting parents and helping youth and it gives parents a role. Parents give their children advice. Their home values become a powerful tool. A community of support is essential to reinforce what they learn at home. They put the parent into the brochure. Mother of club member, club leader, club member. The parents are in this picture. How many youth programs do that? Not so many. Not so many. All right. I think I'm done. We did this. This was going to be Glynis's sales portion but we're done with that for the day. The last slides are my recommendations for you as public health systems people. What I want you to do. They are rather in code. If you feel

compelled to call me I will explain them to you since I have taken far too much time today.

But you kind of get the jest of where I'm coming from because I know because I started with the story telling. I am out of time aren't I?

FEMALE SPEAKER: No, you have a half an hour.

GLYNIS SHEA: No I do not? I have half an hour. Do you guys want to take a break?

MALE SPEAKER: I thought there was going to be another speaker and that's why I (inaudible).

GLYNIS SHEA: Wow, I feel so much better now. My clock says I've been talking for three hours so—you guys are like uh, no we're leaving.

FEMALE SPEAKER: Oh I thought it was 3:30 but I'm good for four.

GLYNIS SHEA: Oh wow, okay. Well what should I go back to that I skipped? Let's do the news thing yeah. Okay. I'm psyched for that. All right. We're going to do a news analysis. I've got to pass out some paper and you got to do some reading. So here, let's take, you guys can have eight minutes. I want you to skim

these news articles because we're going to do a news analysis and I'm trying to find the questions so you can think about it. You know how we did the ad analysis in the beginning. Try to do the same thing when you're thinking about the news and there's a few other questions. You have them on the back of that sheet. How we go. Okay. So when you're reading the news this is what I want you to think about. If you could pick a word or a phrase that describes what is this article about, what is it about? Who is at fault? So this is kind of getting at what's the problem. Who is at fault, what is the solution they bring up and then if you want to be really fancy kind of go what is this really about? You know how sometimes you read an article and it's about one thing but your like um, there's more to it than that. What is it really about? So take a minute, skim those articles, think about these questions. I don't think the answers are different from one to another but we shall see and let's get back together in five. I have three and half hours. How exciting for me. (Five minute break) I'm coming around with one more handout in case you're wondering how these articles got into the newspaper. Okay let's start. Let's talk. We're going to do this little analysis and then we're going to take a breath and just discuss and apply back to your sheet and then I'm going to give you Glynis's please do those things because you are powerful people recommendations.

All of these articles came from the press release I just sent you, I mean I just passed around. And you had heard about this right?

FEMALE SPEAKER: Yeah, actually you were interviewed for one of those articles because it did follow the national campaign coming out with their cost of teen childbearing.

GLYNIS SHEA: Cool. So did you guys push it into the press or did it come out from the national?

FEMALE SPEAKER: No, it came out because the national campaign had just released that report.

GLYNIS SHEA: I pushed it. Yeah.

FEMALE SPEAKER: Pushed it, yeah. And then we get put on the spot to answer questions.

GLYNIS SHEA: Because they call you and go hey.

FEMALE SPEAKER: Yep. And it's always at the last minute. I have a deadline tomorrow.

GLYNIS SHEA: Yeah. Cool. Anybody else have contact with this? Just my friends over here. Okay. Oh you did too?

FEMALE SPEAKER: (Inaudible) very well versed in (inaudible). I actually brought my little (inaudible). We kind of used it in Indiana to our advantage because we had a number of folks from throughout the state plugged into protest if you will on the steps of the State House recently. And so we sort of thru alternative means made sure that these were available because I think (inaudible).

GLYNIS SHEA: Far out. I never saw those. I'm coming over.

FEMALE SPEAKER: The campaign sent that to every state.

GLYNIS SHEA: Oh, I didn't get the cool, cute stuff. Yeah.

FEMALE SPEAKER: (Inaudible)

GLYNIS SHEA: Far out. Cool. Okay. Let's look at a little mini analysis here. This first article is from the home state of the researchers. They ran about six articles. What is this article about? One word or phrase.

UNKNOWN SPEAKER: Money.

GLYNIS SHEA: Money, wow, hard core. I like it. What else, anybody else? Teen pregnancy is the other way I'd go but I like money. I think because that headline

leads with it huh? Who do you think, who is at fault for this money wasting extravaganza.

FEMALE SPEAKER: Teens.

GLYNIS SHEA: Anybody else?

FEMALE SPEAKER: Teen moms.

FEMALE SPEAKER: I was going to say especially female.

GLYNIS SHEA: Female teens, oh yeah. Narrowing it in. Excellent. What's the solution?

FEMALE SPEAKER: Capital punishment.

FEMALE SPEAKER: Education.

GLYNIS SHEA: Education. Yep. They got a nice line in about the programs. You know a lot about the programs. Anything else stick out to anyone? Any reaction to this? Any reaction to them as a grouping? What?

MALE SPEAKER: (Inaudible) angry.

GLYNIS SHEA: Angry. Interesting. About the money? Say more of what you're thinking there. Yeah. About the waste of the money or whatever it is. Yep, absolutely. What about the next one. Arizona, sorry I picked on you Arizona. I picked this one because a group that was doing this analysis with me had a real negative reaction to this one. Besides being just teenagers at fault, besides being teenage girls at fault, this group that I was talking to they had a very specific group they thought were being pin pointed here.

FEMALE SPEAKER: Oh yeah. Our favorite group in Arizona is Hispanics.

GLYNIS SHEA: Yep.

FEMALE SPEAKER: Yeah. Pretty much that's that immigration issue. We pretty much boil everything down to the immigration issue.

FEMALE SPEAKER: In fact we have this interesting experience recently where the last vital statistics report came out and our Bureau of Health Statistics put—they do a teen pregnancy prevention—teen pregnancy report. It was a ten year report and our Public Information Officer sent it to the media stressing that the Hispanic rates were really high. And so there was this—the article came out in the major newspaper. See the thing is that our rates were going down even among Hispanics but the whole article was written about how the Latinos were way worse than anybody else in the state. I mean it was totally focused on that.

GLYNIS SHEA: Yep.

FEMALE SPEAKER: And very little attention paid to the decline.

GLYNIS SHEA: Got it. But I don't understand why anyone is actually that way. All it says is a fact. White non Hispanics account for the largest portion of the decrease. Well they're even given the credit for the decrease so—I don't know understand. Why do you think people would take that? I'm being obnoxious just to make this point though. And this is what I was giving you a hard time. This book somebody—I was giving this presentation today. You've got to read this book. I read this book. It's an indictment of public health.

FEMALE SPEAKER: Right.

GLYNIS SHEA: Fascinating, fascinating reading. But it's an indictment of public health because what they're saying is exactly the point I make when I do this thing. You guys site facts and you think facts are without any other stuff because they are. They're facts, they're scientific facts. What do you mean? Two plus two is four. Why are we having a debate about this? But in this instance or instances around youth when there are so many weird perceptions and frames around it, your fact ignites this whole weird and in your case this racial immigration crisis challenge. But it's just a fact that is being stated.

FEMALE SPEAKER: That's exactly it. I mean and we have a Public Information Officer who is a Hispanic female and when I sat down and tried to talk to her about how this needed to be framed for the press release she said, "well I hear you but when I look at the numbers what can I say" and I just went—I just totally failed in communicating the concept.

GLYNIS SHEA: Yeah. We have very little control over this and that's the other reason why I like with that elephant why I am willing to do the dance because who knows what they're going to come up with and I certainly am never going to hand them the ammunition to do it. So let's go on. The next one, oh, but I wanted to compare. U.D. Professor Teens having Babies Cost U.S. Billions. If you're just scanning these headlines right, you know this one reads with oh there's a professor involved so there's some academic intellectual who ha deal here. But the payoff of teens having babies cost U.S. billions. I mean you can't be any clearer on where the blame is going on this right? Totally.

The next one, Arizona even though we got into some weird racial issues down here the lead, the head is not so bad. Arizona teen pregnancy is high but slightly better, at least that didn't you know put a billion dollars of wasted tax money on the backs of adolescents in the headline. You know because then we get to Idaho and oh boy, we love these headlines don't we? Idaho Taxpayers Pay Millions for Teen Pregnancy. Now again this one got a slightly different spin than

this one too. Teens having babies were responsible right? Where this is backed off a little bit. We're paying for teen pregnancy. And again these are super subtle differences but in my line of work, wow, what a difference these things are making to me. What was my last one? Oh and look at Georgia. And I wondered if there was a little state pride thing going on because this was comparative. Do you know what I mean? They were like showing it nationwide. I feel like at some level the big media organizations were like well let's get some good news in here. You know what I mean? Study Teen Child (inaudible) Costs in Georgia Cut by Declining Teen Birth Rate.

I don't remember. Did this have any really good inflammatory language in it? There was one that got into abstinence. Was this the one?

MALE SPEAKER: Just in summary do you think since there are problems with all these articles because (inaudible). Do you think you know the overall cause it would be better if these weren't printed? Yes. Okay. Well having said that then do you think the report should not have been done?

GLYNIS SHEA: Absolutely not. I think this report is valuable, vital, critical information. Absolutely. This is exactly what our friend over here who is meeting with legislators today. He needs this information to go make his case with a policy maker. But this is not the kind of stuff we should be pushing out to the public. Absolutely not.

MALE SPEAKER: So now the researcher who did this report and who focused on this first article, do you think his—what do you think his intent might have been.

GLYNIS SHEA: Well he was—the national campaign paid him.

FEMALE SPEAKER: Yeah.

GLYNIS SHEA: So the national campaign which is an advocacy organization who was responding to requests from public health departments across the country to get this info because legislators want it. When they sit down at the table they need to be able to balance a number. And that's what they did this for. And so this is dead on for what any advocacy, big advocacy organization should be doing. The problem is when it goes out unframed this is where we get. And I'm frankly not sure it could be framed properly and that gets to the heart of your question.

FEMALE SPEAKER: (Inaudible) Would this be—the language on this particular adapted from what the national campaign had or did people in Minnesota develop the language?

GLYNIS SHEA: Oh no. These were all national campaign.

FEMALE SPEAKER: Okay.

GLYNIS SHEA: Yeah. They customized them for every state. It was beautiful thing.

FEMALE SPEAKER: (Inaudible) like before nationally teen childbearing costs taxpayers cost at least (inaudible) dollars a year. I see that quite frankly in terms of like what's the national's campaign's role here. I see that as unnecessarily inflammatory language.

GLYNIS SHEA: Yeah and I—

MALE SPEAKER: So wait a minute. That's--

GLYNIS SHEA: That is a fact.

FEMALE SPEAKER: (inaudible)

GLYNIS SHEA: No I'm with you. I'm with you.

MALE SPEAKER: Not only is it a fact but it is the sum total of the whole study. How much is this costing us all together?

GLYNIS SHEA: Oh, the cracks are breaking in the public health shell. I can feel it now. I can feel it. You are totally right. You are totally right but so is Trina because she is like oh my gosh, this is like a fire storm. You threw it in but it is a fact. You guys have been thru this so it isn't freaking you out as bad is it?

MALE SPEAKER: How could we better frame than that?

GLYNIS SHEA: Okay. So in Massachusetts they started playing this game a lot earlier and they were trying to pull in these messages because they were getting pressure from their policymakers and they started out exactly the same way. Teens costing Massachusetts 60 million dollars and they're like oh. They went to the framing workshop they're like oh, truth is better. And so they started doing it as not teens costing them money but the state systems failure is costing taxpayers this. Okay? The state systems failures were not investing the right kind of resources. Putting money into abstinence education, da, da, da. So to Trina's point just a change of the subject there would have dramatically changed this. So while I'm being obnoxious that no they should never, never have done this, Massachusetts did a pretty okay job. They got like 70 percent of the press coverage followed their lead. They still got 30 percent that put it on the backs of teenagers though. So yeah, I get overly dramatic. You have to excuse me.

But I totally agree with you. It is such a freaky thing because these are simply facts. But all of a sudden you get this new lens on and you're like oh, we can't see that. You can't say that. I mean you should what my—the people I work with look at me like when I say these sort of things to them. I don't want you ever to say at risk youth again. They all look at me like wait a minute, that's the premise of my research. What do you mean?

FEMALE SPEAKER: What do you think about the word taxpayers? It creates it on us those who are responsible people and pay taxes. Their not the ones who are out there getting pregnant and their children are not out there getting pregnant. And so it carries like this whole like message you know without even saying anything.

GLYNIS SHEA: I have Massachusetts materials on this. Thank you. So if anybody ever wants to see how they did their messages like that you got my number on this stuff and I'd be happy to send it to you. They did a really good job. One of their people, Susan Lovelace who was in charge of their local advocacy org, she's one of the people helping trying to get the money to do the research to figure out what people think about. Because that's my big failure is all this negative stuff about adolescents, we all know the teen pregnancy stuff is like even more inflammatory. So how are we going to figure out what those shared beliefs or messages are. I feel strongly we've got to find the money. Right now it gets the safest messages are financial messages. Do you know what I mean? If

we just talk about the costs associated then we can stay away from the scary religion values stuff. But oh boy, it sometimes turns out badly.

The message I worked with at my local (inaudible) guys was all around how the shared value or belief was fiscal responsibility. You and I Mr. Policymaker and those taxpayers of Minnesota, we all believe that we need to be responsible with our money. However, the state appears to be using programs that aren't actually effective, a.k.a. you know where I'm going. We believe that we should be using strategies that are proven to work. That's how the message pyramid worked out for them. But my point is that's disgusting. Fiscal responsibility is how we're taking care of our youth? Isn't there something better than that?

FEMALE SPEAKER: The problem with that too is that it pulls people into that frame of theirs of looking at competing for resources.

GLYNIS SHEA: Back to his point. Yeah. Good point.

FEMALE SPEAKER: Right and so you know there's only so much money and these irresponsible people are costing us what should be our money. It really puts it into a bad frame when you do a fiscal.

GLYNIS SHEA: Yeah.

FEMALE SPEAKER: It could also hear like (inaudible) in the legislator. Oh look (inaudible) is paying all this money for teenage pregnancy. All teenagers. They've already eaten up their share. No more goodies for them.

GLYNIS SHEA: Yep, done.

FEMALE SPEAKER: And you know it's funny because people don't—they look at teen pregnancy now and they say well these teens are out doing all these things like we didn't do when we were young. But in actuality the data shows the opposite you know.

FEMALE SPEAKER: The article from Arizona (inaudible) down a little bit (inaudible) very bottom of the first page of it. (Inaudible) sixteen year old (inaudible) and now look (inaudible) works 30 hours a week at a fast food restaurant and Jose works 40 hours as a auto mechanic. They are both high school students. And so the message there is you can redeem yourself as a teen parent by working extraordinary hard, going to school. So my first question when I read that was so who is caring for the infant and helping that infant to develop, all of these things that we know parents need to do so that the children will develop in a very healthy way. And then they go to promote the fact that most pregnant teenagers, some go to this program. (Inaudible). They did not.

GLYNIS SHEA: Absolutely. And that almost gets back to one of your points that I want to talk about but yeah. It's interesting, this Arizona one gets us furthest into the solutions of the programs here. And if we had more time, it's fun to dissect the way Trina is doing exactly how their looking at these programs. Some of them did glancing blows at abstinence versus—some of them did like this, made it real personal, sort of case studies. It's interesting because the other—back to your question sir, would I even do this? We have such a hard time getting on the agenda at all that part of my mercenary side is kind of like, well you know. Is it worth taking a little bit of risk or putting a little bit of negative out of there to get some attention? Scary.

MALE SPEAKER: (Inaudible) that comment sort of (inaudible). I read an article two nights ago from this month's Annuals of Surgery that looked at people in Cincinnati who were brought into the emergency room, young children who had been hurt, abused and they compared black versus white ratio. And we know what it showed but they didn't of course factor in poverty (inaudible).

GLYNIS SHEA: All the rest of it. Yep.

MALE SPEAKER: The guy that wrote the article, the background of the article was you know it's important to focus on this because of the importance of social programs and other things and I go to the end to the discussion and there's no discussion except it says more studies should be done and it's the same thing

over and over again. And I started thinking if I were a reviewer on that article would I have let it go thru. It doesn't add anything to the literature. There's no thought in it. It's just somebody with a big data base that came out with a number that is known anyway essentially and so I wonder, I started thinking about how far do we go with not raising issues because of the potential negative impact.

GLYNIS SHEA: That was the thing I want to talk to about but also we in the service field do a back end of that, do a version of that as well. That's what this guy is criticizing. He's saying all you public health researchers, you're just perpetuating all these negative things because of the kind of research your doing. I think this is an extreme, too extreme because I see the critical role that it plays but I think that's an important consideration. Do people talk about that in the field?

MALE SPEAKER: You know in framing these now I like to use data and evidence and all that and I can make really strong cases and then I get to the point of so what are we going to do about it. And the problem is when you want to do something about it everything is so multi-factorial—

GLYNIS SHEA: Yep.

MALE SPEAKER: --and depends on education, jobs, poverty, the largest issue and then how are we going to, you know we're focusing on health and then sure it can't be health alone.

GLYNIS SHEA: Yep.

MALE SPEAKER: It has to be these others but then how high do we have to go to get all these other things in you know. You know what I mean?

GLYNIS SHEA: I totally do.

MALE SPEAKER: (Inaudible) governmental level to the mayor or the president or somebody to be able to encompass housing and you know all this stuff, pollution and—

GLYNIS SHEA: And how do you pick just one. How do you pick? I'm right there with you and that's one of my big frustrations is can't we find some overarching umbrella or something that would give us what to work towards and we'll at least set the stage or get it rolling. I don't know. But it is, it's hard. You all you have been great. I hope you know this is so far out of the usual stuff that's it's hard to get into your brain and I do this a lot and folks come to the second time round and oh, finally I get it now. These guys have that advantage of kind of having

some people that were doing with them a week ago so it's a little easier to swallow.