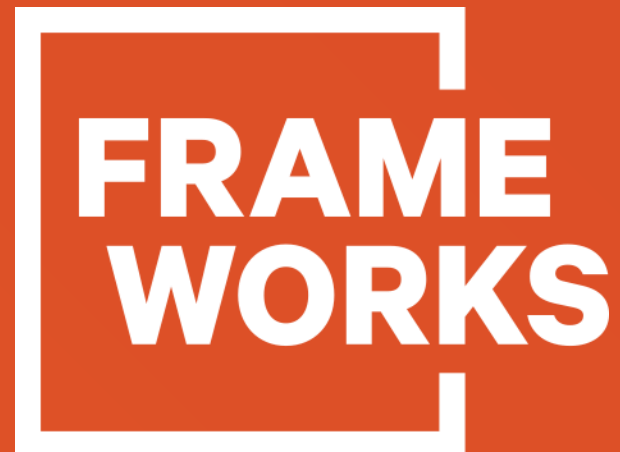


Framing Public Health in Rural Settings

Strategies for local public health voices

Nico Connolly, Principal Strategist



October 22, 2025

NYSACHO Public Health Leaders Summit

Today's session

Why framing is important to rural health leaders

Exploring public mindsets on health and the current context

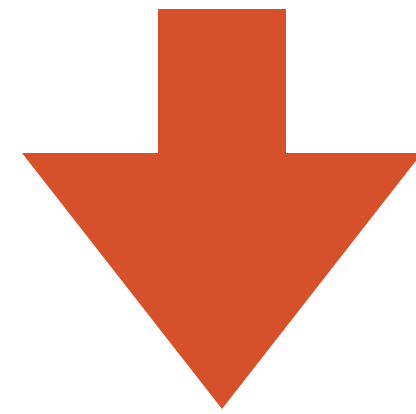
What not to do: framing moves to avoid

What to do: framing strategies for rural settings

Q&A

framing =

choices in how we present information



how people think/feel/act

Examples of Framing Choices

Tone

Values

Numbers

Metaphors

Narrative

Messengers

Examples

Context

Visuals

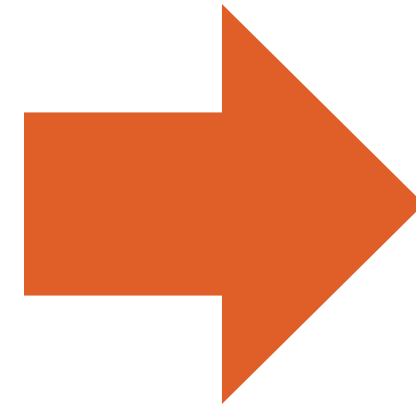
Order

Explanatory Chains

Solutions

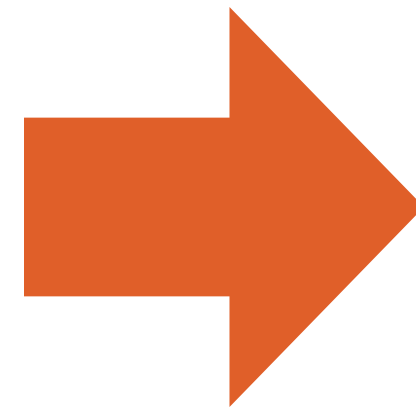
Frames shape understanding

Given the importance of free speech, would you favor allowing a hate group to hold a political rally?



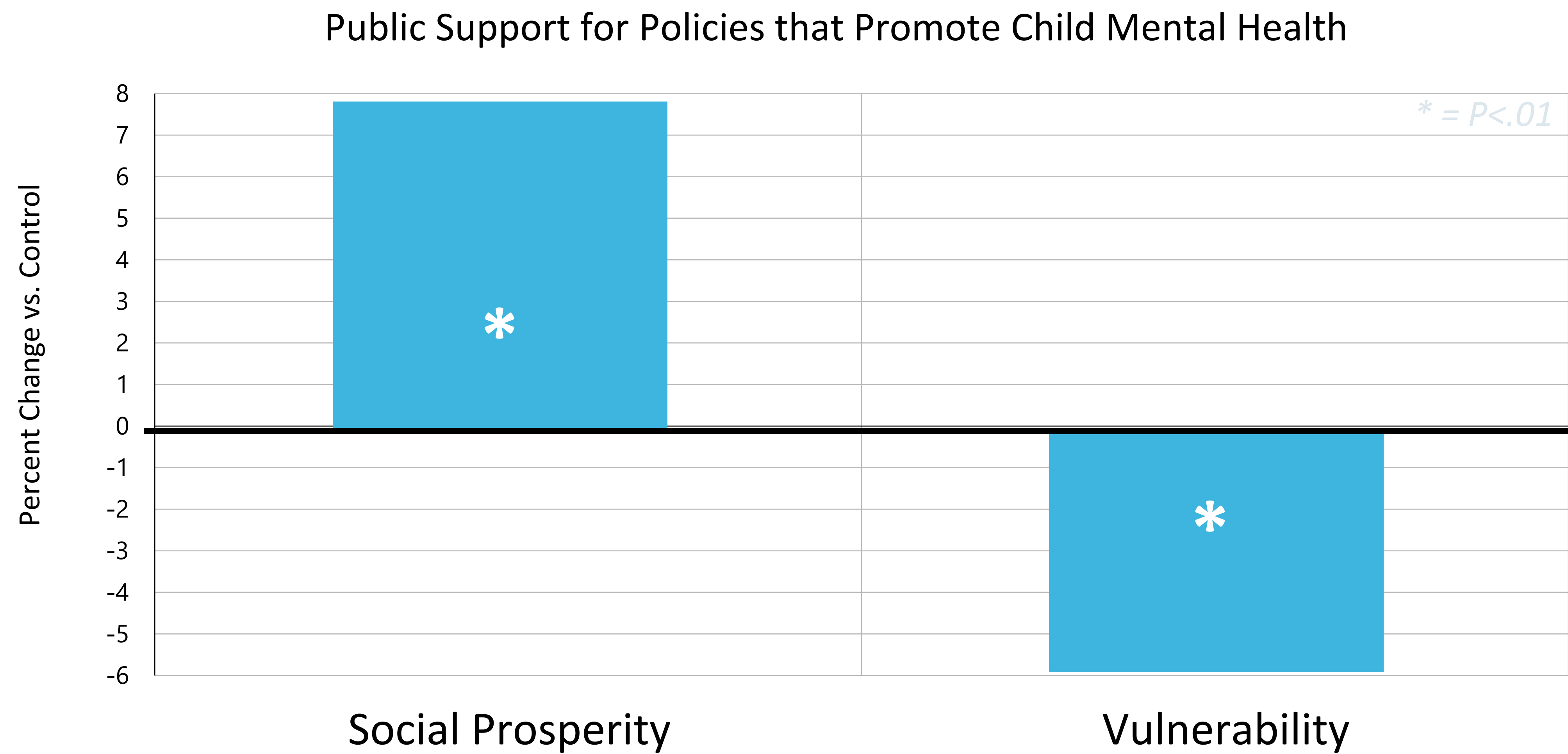
85% in Favor

Given the risk of violence, would you favor allowing a hate group to hold a political rally?



40% in Favor

Different Choices Have Different “Frame Effects”



Frames that “Work”



Boost Knowledge



Shift Attitudes



Build Support

You Say... They Think...

AAA



Experts / Advocates

BBB



The Public

You Say...They Think

We need to do a better job of supporting people and meeting their needs. We all need support in order to thrive and succeed. What do you think shapes how we think people do?

Culture



Field/Advocate/Practitioner

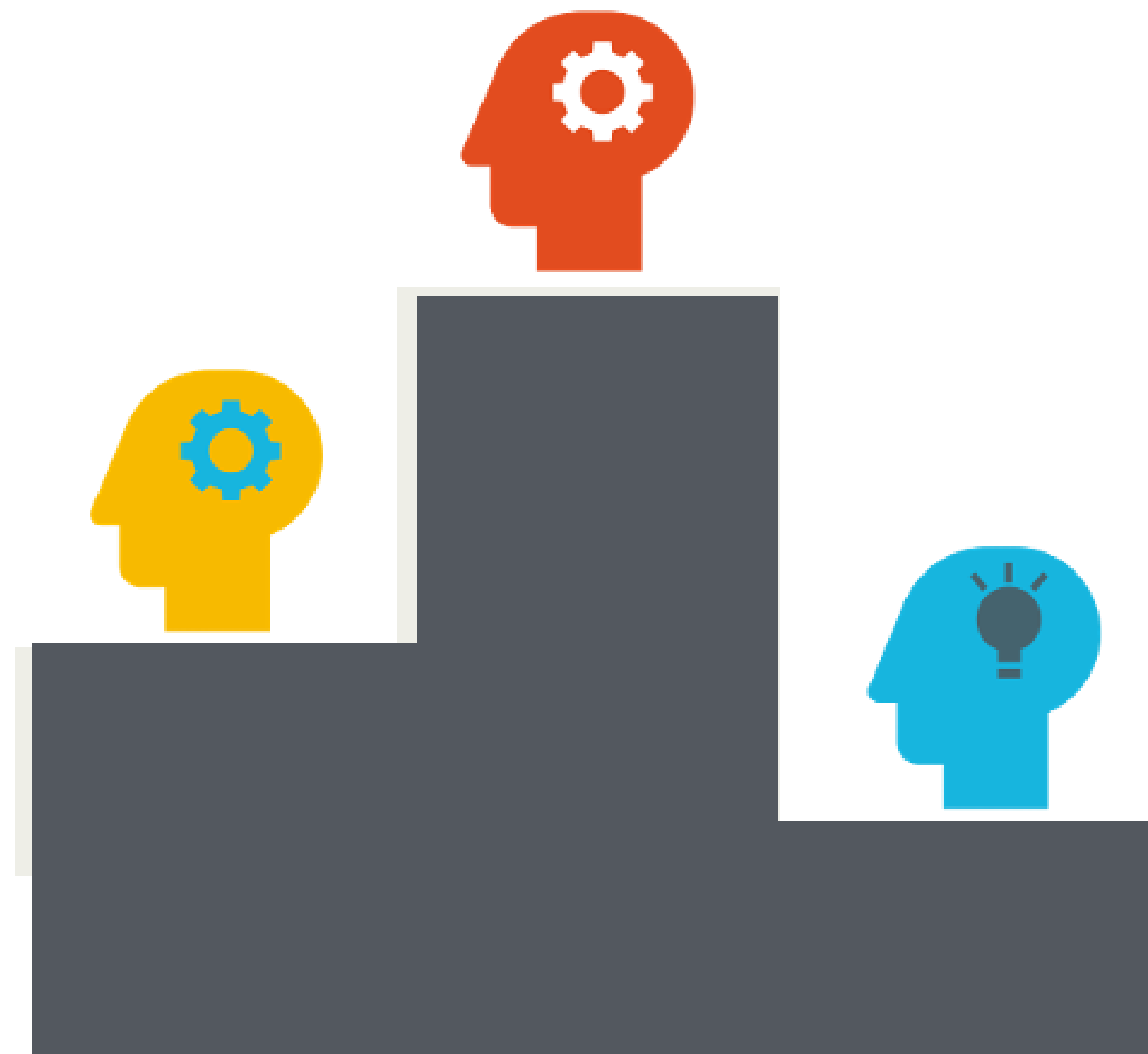


Public

Cultural Mindsets



Multiple mindsets available



Some are more
productive than others



Chose cues that activate
the productive ones

Group Discussion

When we say....



Experts / Advocates

They think....

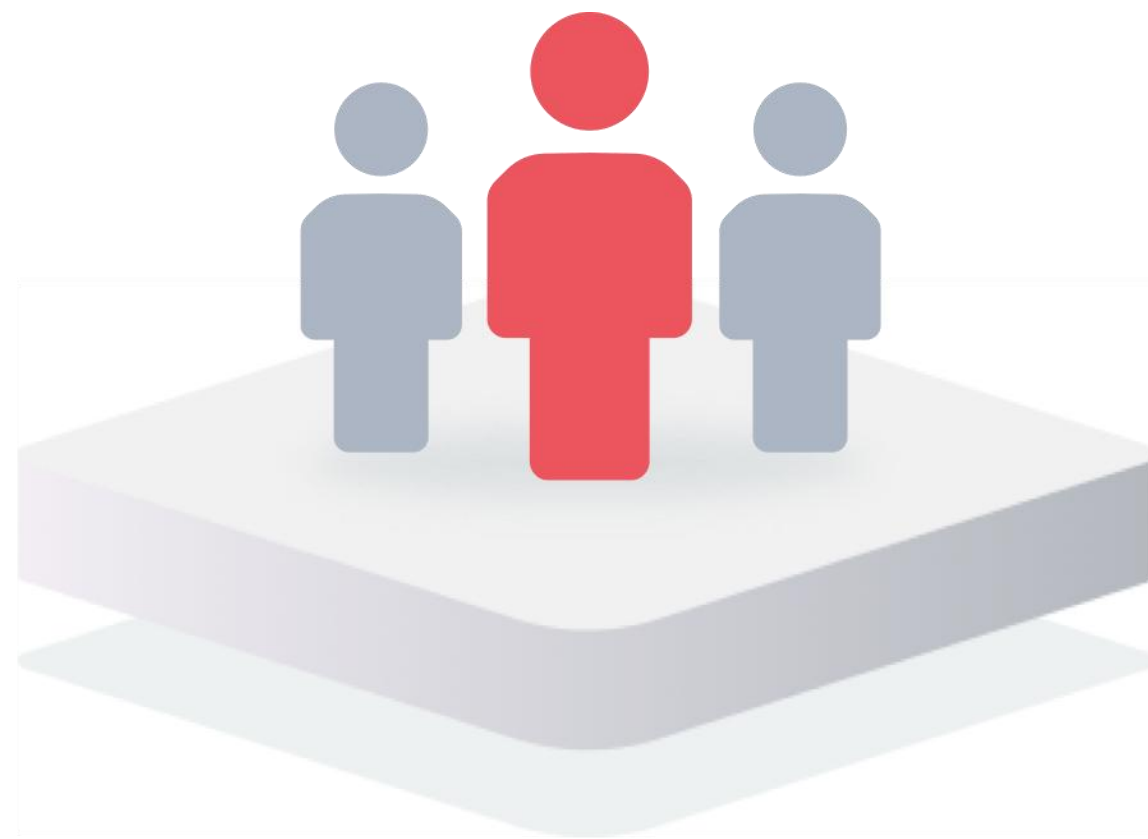


The Public

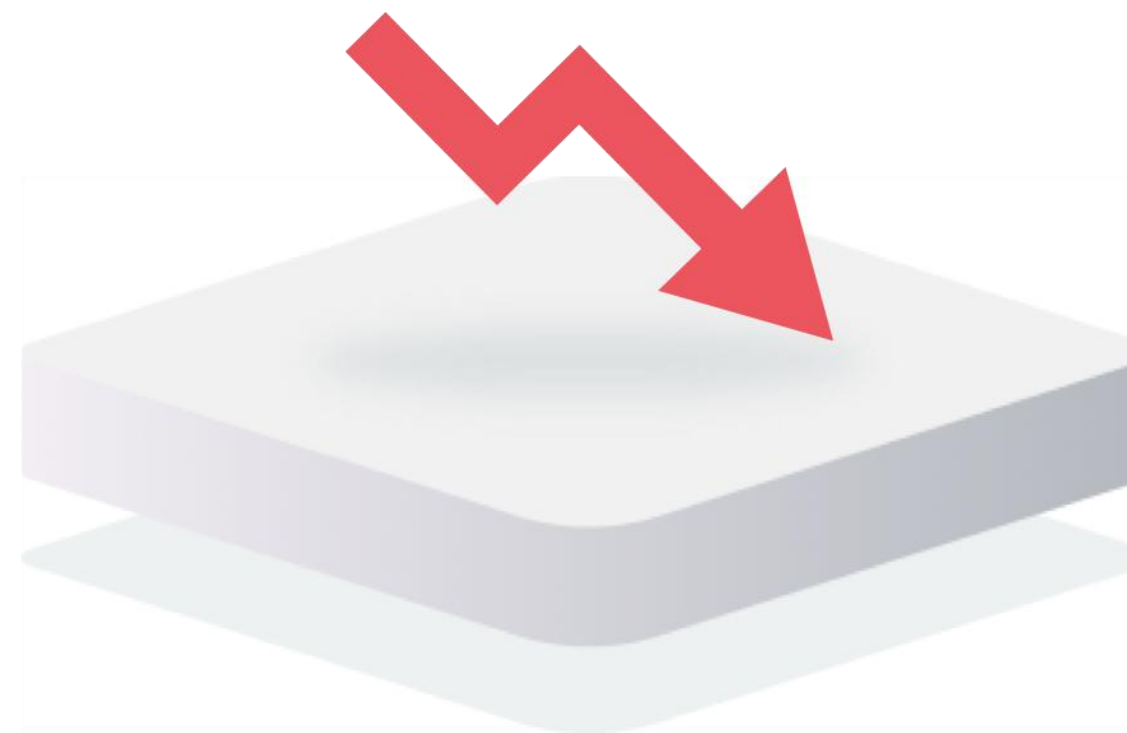


Thinking about Stress: After

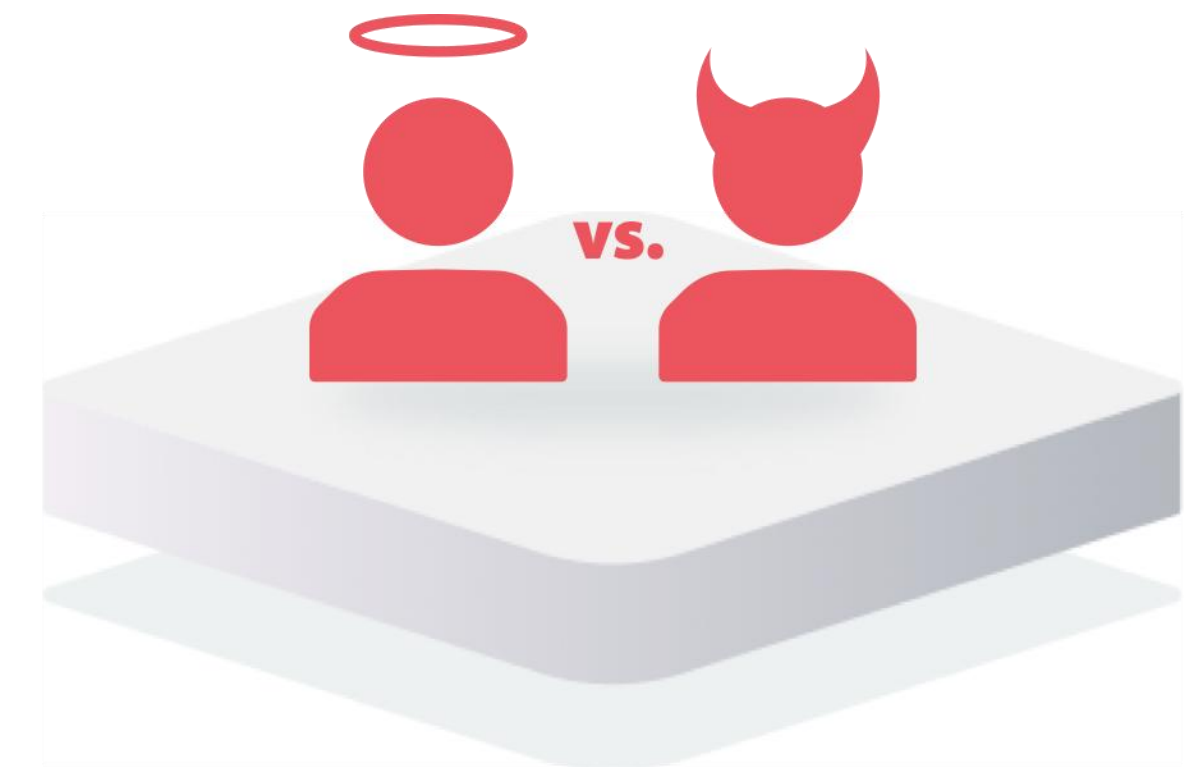
Three mindsets that get in the way



Individualism



Fatalism



Other-ism

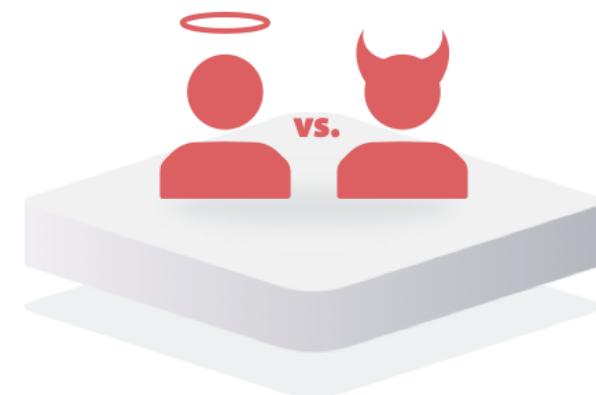
How do these mindsets show up in your work?



Individualism



Fatalism



Other-ism

How do rural contexts complicate or reinforce certain mindsets?



**How can we shore up
public health authority?**

**How can we strategically advance
health equity?**

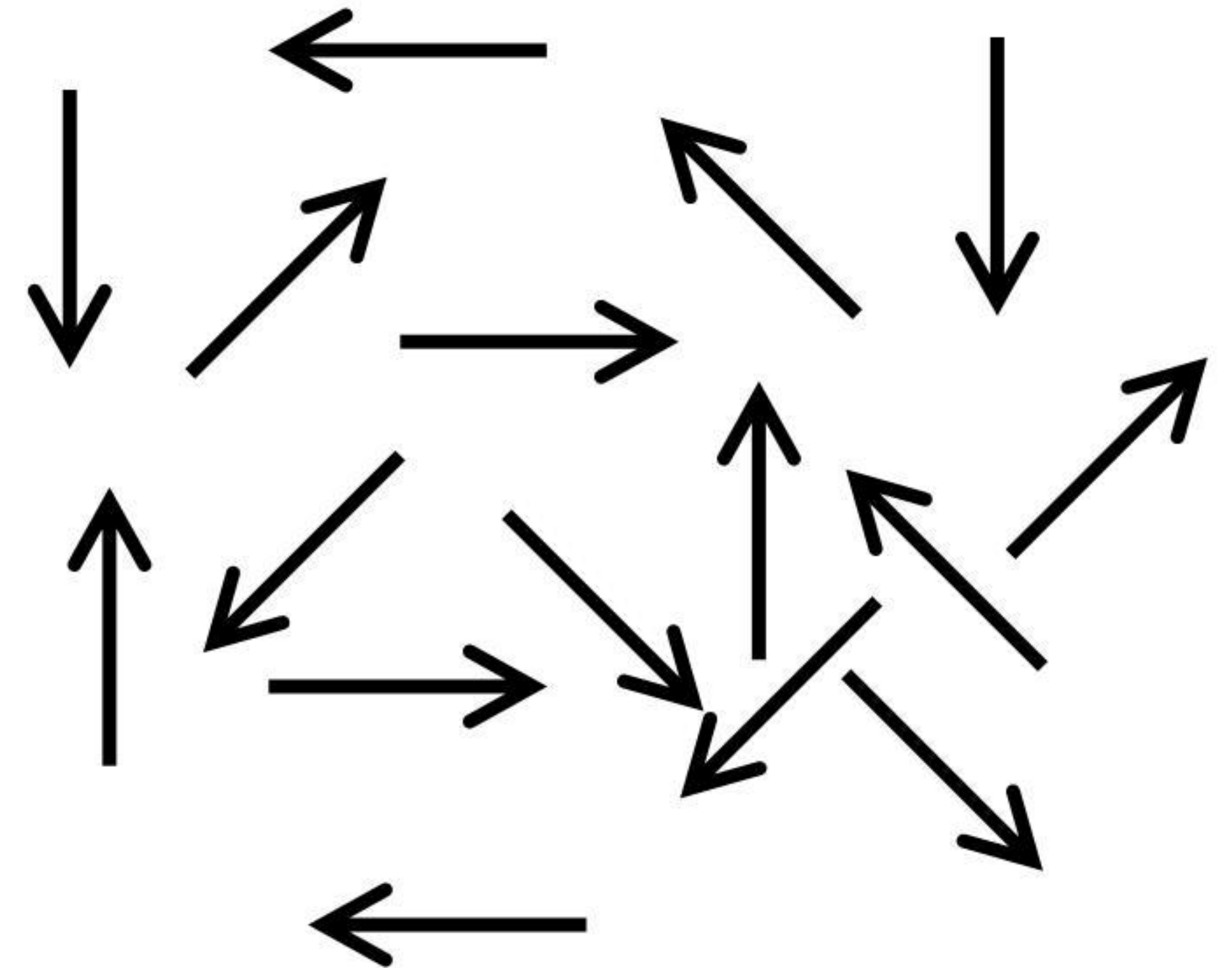
**How can we reclaim and redirect
misinformed conversations about
vaccines and other science topics?**



**When the work
gets harder, it gets
more important,
and more
important to be
strategic.**

“Spray and pray” messaging doesn’t work

- One of the strongest predictors of what people believe is the number of times they have heard it
- When fields lack coordinated framing, they dilute their influence on public thinking and public discourse



What not to do



When an issue becomes more polarized or politicized, that makes it more important for voices of reason to join the conversation.

Remember, your audience is rarely the immovable opponent

Immovable Opponents	Opponents	Uncommitted/Uninvolved	Uncommitted/Involved	Allies	Hardcore Allies
Anticipate their arguments	Deactivate or convert	Explain, don't 'persuade'	Activate	Reinforce Equip them as messengers	Equip them as messengers/fellow framers

Correcting myths or misinformation doesn't work



MYTH "The flu isn't a serious disease."

FACTS Influenza (flu) is a serious disease of the nose, throat, and lungs, and it can lead to pneumonia. Each year about 200,000 people in the U.S. are hospitalized and about 36,000 people die because of the flu. Most who die are 65 years and older. But small children less than 2 years old are as likely as those over 65 to have to go to the hospital because of the flu.

MYTH "The flu shot can cause the flu."

FACTS The flu shot cannot cause the flu. Some people get a little soreness or redness where they get the shot. It goes away in a day or two. Serious problems from the flu shot are very rare.

MYTH "The flu shot does not work."

FACTS Most of the time the flu shot will prevent the flu. In scientific studies, the effectiveness of the flu shot has ranged from 70% to 90% when there is a good match between circulating viruses and those in the vaccine. **Getting the vaccine is your best protection against this disease.**

MYTH "The side effects are worse than the flu."

FACTS The worst side effect you're likely to get from a shot is a sore arm. The nasal mist flu vaccine might cause nasal congestion, runny nose, sore throat and cough. The risk of a severe allergic reaction is less than 1 in 4 million.

MYTH "Only older people need a flu vaccine."

FACTS Adults and children with conditions like asthma, diabetes, heart disease, and kidney disease **need to get a flu shot**. Doctors also recommend children 6 months and older get a flu shot every year until their 5th birthday.

MYTH "You must get the flu vaccine before December."

FACTS Flu vaccine can be given before or during the flu season. The best time to get vaccinated is October or November. **But you can get vaccinated in December or later.**

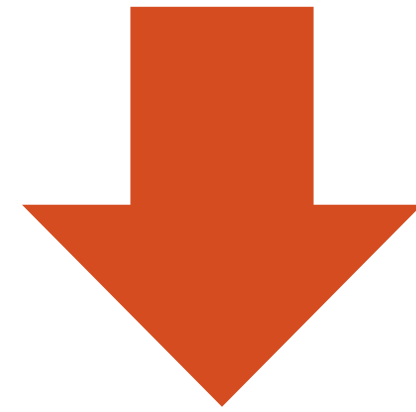
For more information, ask your healthcare provider or call **800-CDC-INFO (800-232-4636)** Website www.cdc.gov/flu

Study of myth-fact structure found:

- ! People misremembered the myths as true.
- ! Got worse over time.
- ! Attributed false information to the CDC.

Source: Skurnik et al 2005, Journal of American Medical Association

Don't remind people of things you wish they'd forget



**Devote your real estate to what
you want people to know.**

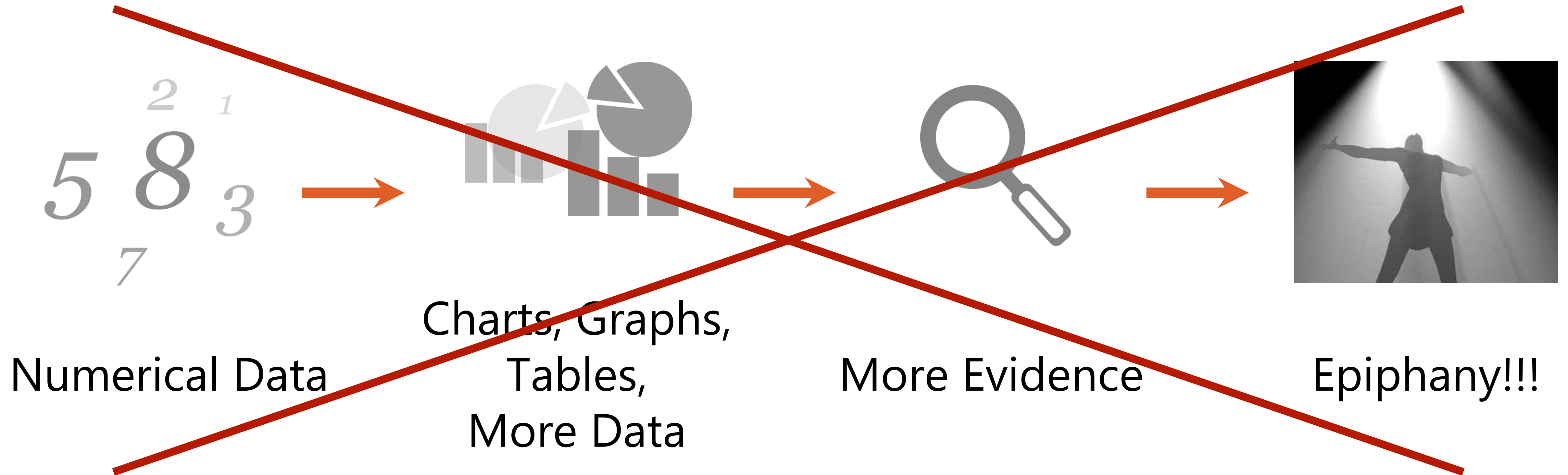
Framed With “Because Science”

Despite growing vaccine skepticism based on misinformation and debunked studies, scientists who conduct research on vaccines overwhelmingly agree that immunizations make children safer, not less so.

Reframed with “Let’s Talk About It”

We can all agree that schools should be safe places where kids can focus on growing, playing, and learning. Widespread immunizations keep kids healthy and boost our community immunity.

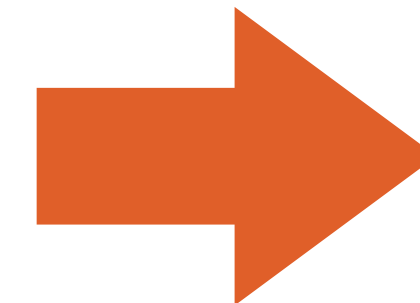
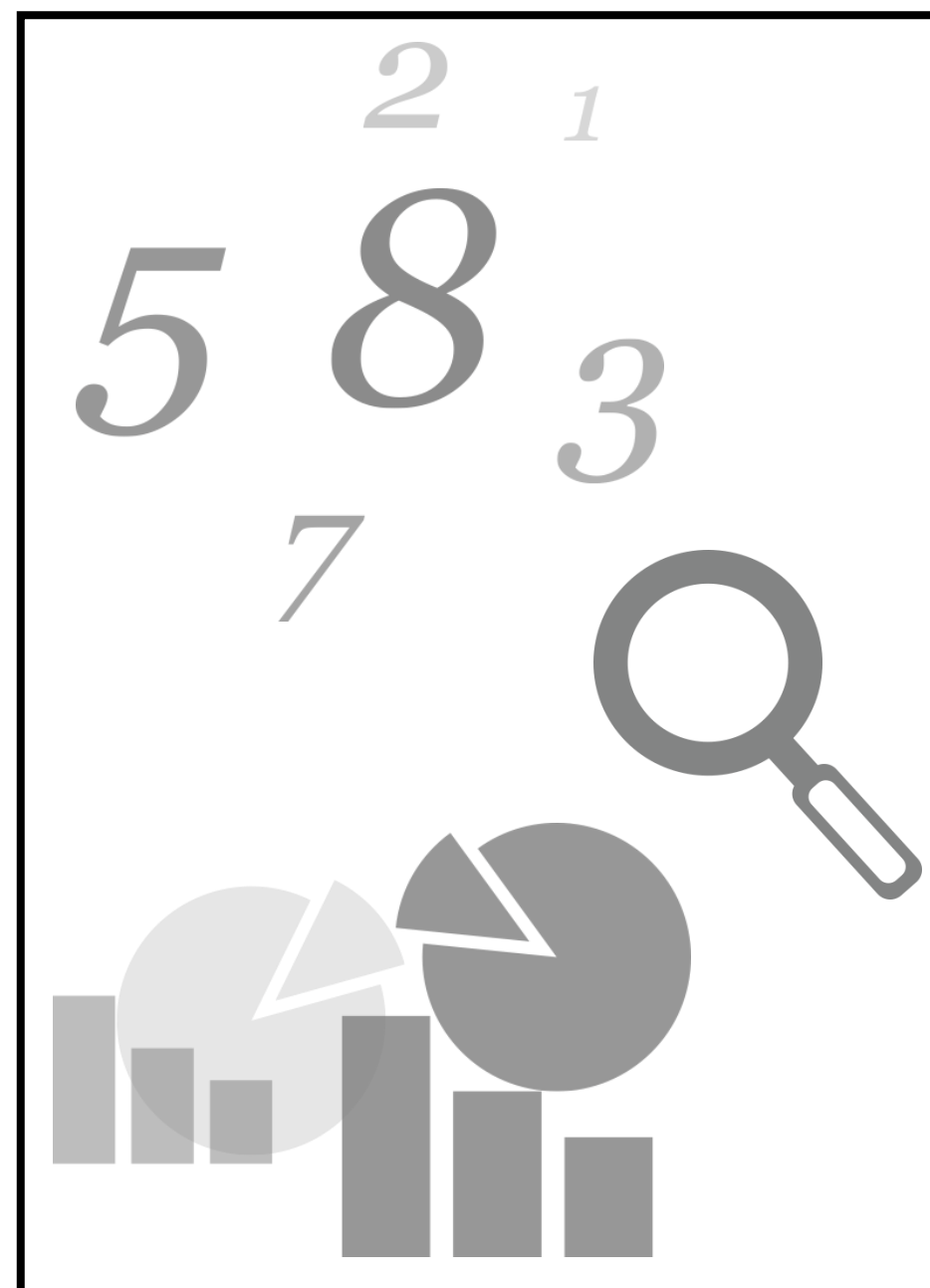
Providing More Data is **NOT** the Answer



Providing Unframed Data is **NOT** the Answer

Unframed data point:

COVID-19 is having more serious effects on Black Americans than whites. 33% of hospitalized patients are Black even though Black people only make up 18% of the population.



Problematic research participant assumptions:

“They could be more smokers.”

“I’m part African American [but] I would say parents don’t sign up children for healthcare. They sign up for welfare but not healthcare.”



Use data to support your story but don't expect it to speak for itself.

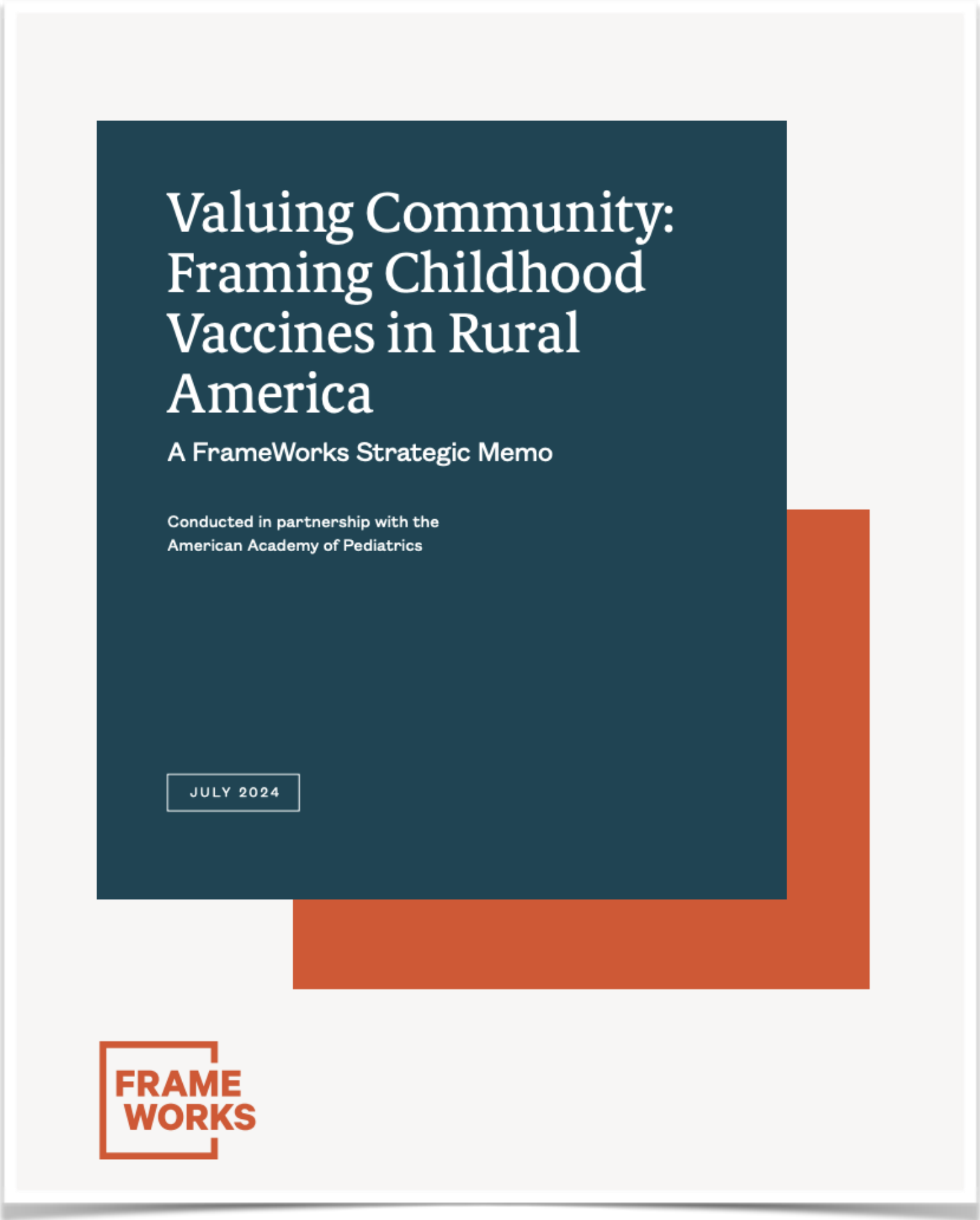
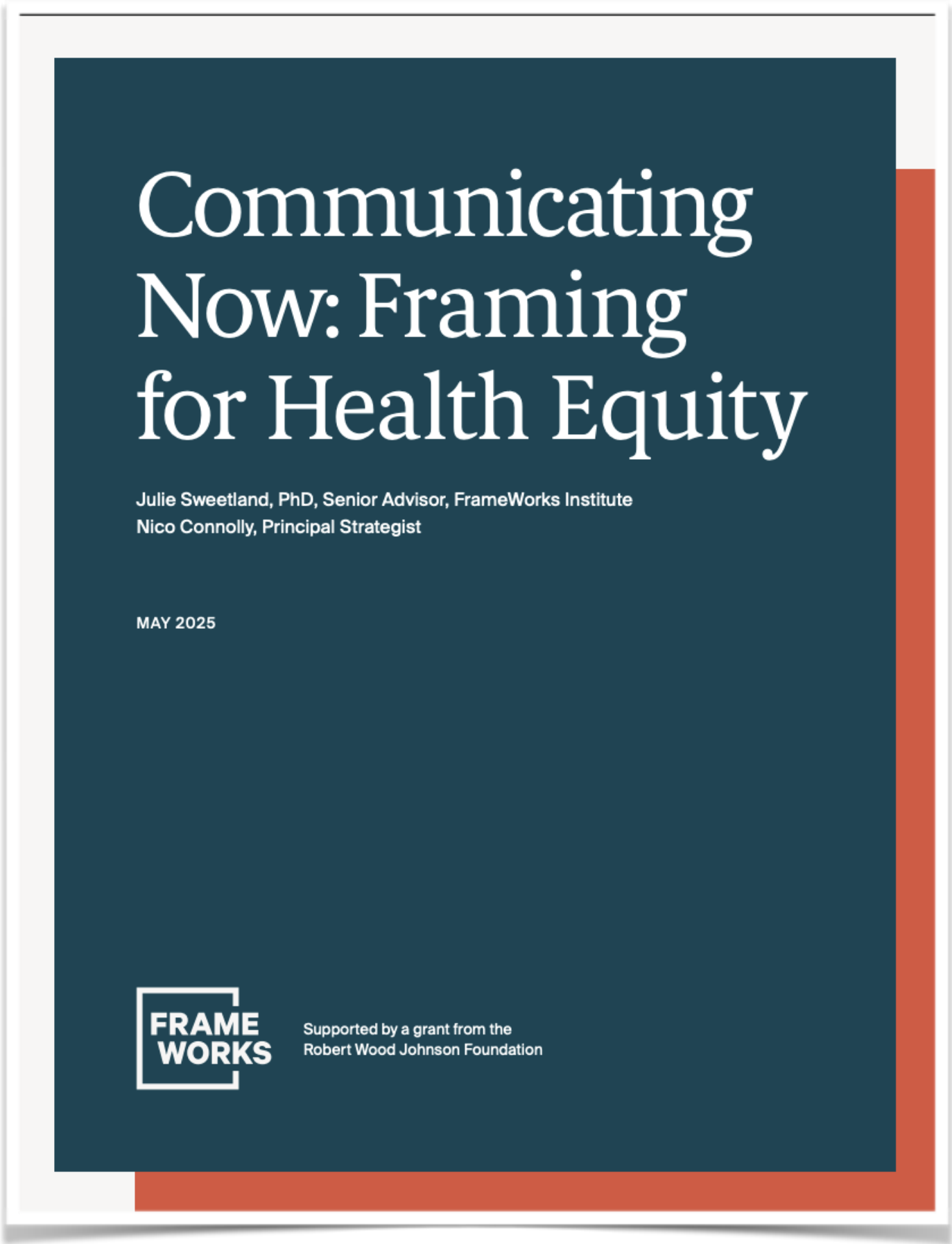
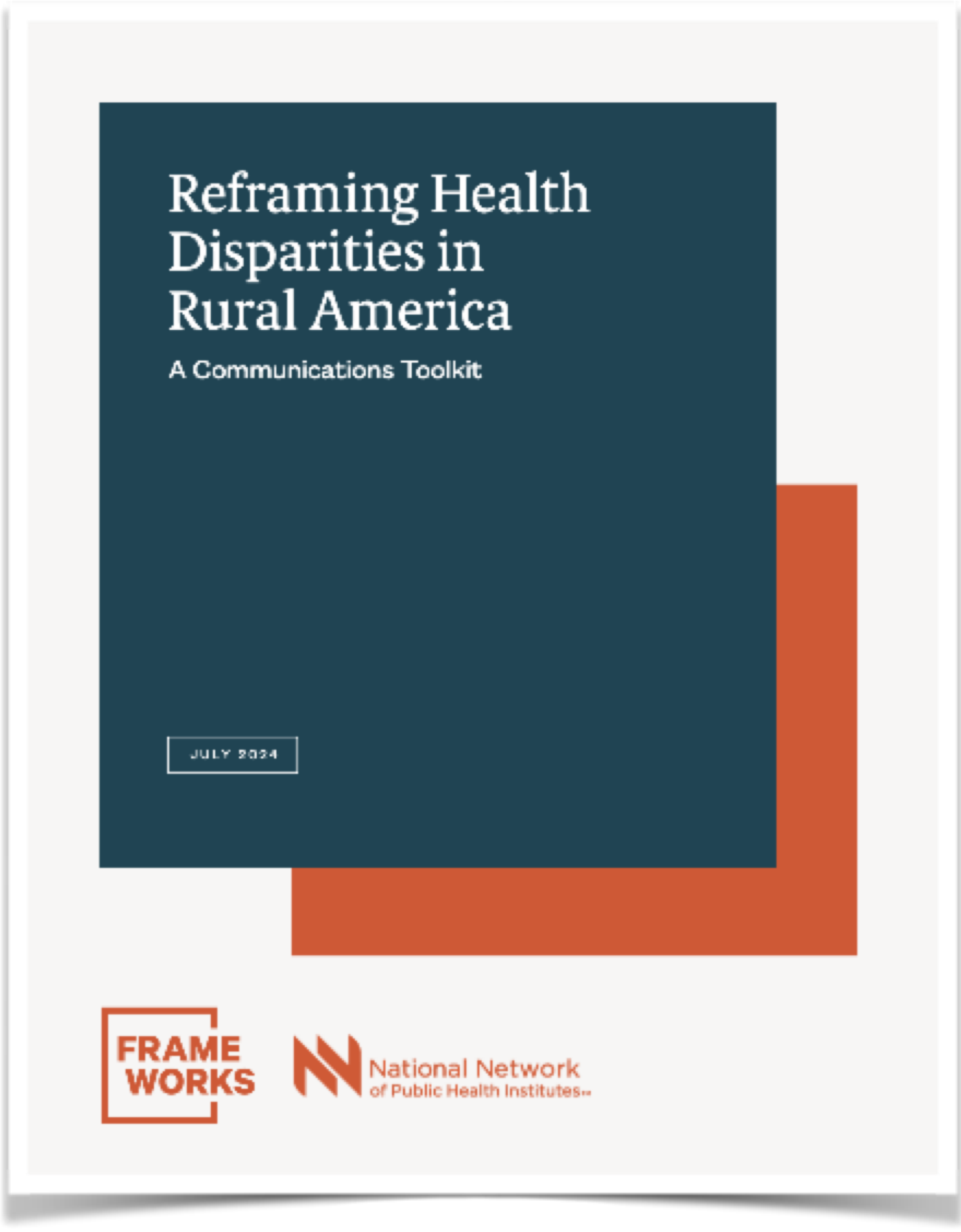
- Use data to help explain the problem, not just emphasize its urgency
- Use data to tell a structural story
- Pair outcomes with explanations



A decorative graphic consisting of a grid of small, light-colored dots arranged in a rectangular pattern on the left side of the slide.

What to do

Resources



These reframing strategies are designed for:

- ✓ Local voices developing communications for rural audiences
- ✓ Issue-based education, advocacy, and outreach
- ✓ Navigating and reducing public and political skepticism

Reframe health equity by restructuring outreach and advocacy communications

Step 1: Lead with the idea of dignity.

Step 2: Expand people's ideas of health and health disparities through explanation.

Step 3: Connect the past to the present and point to the future.

STEP 1

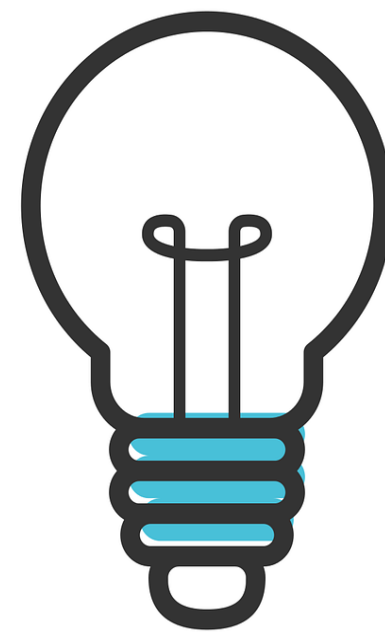
Lead with the idea of dignity.

Appealing to a Value or Shared Principle

“Primes” Thinking

Values are enduring beliefs or principles that shape attitudes and behaviors

- Conveys why this issue matters
- Establishes a collective orientation
- Inspires a “common good” mindset
- Taps emotions that facilitate policy thinking: *curiosity, concern, and can-do*

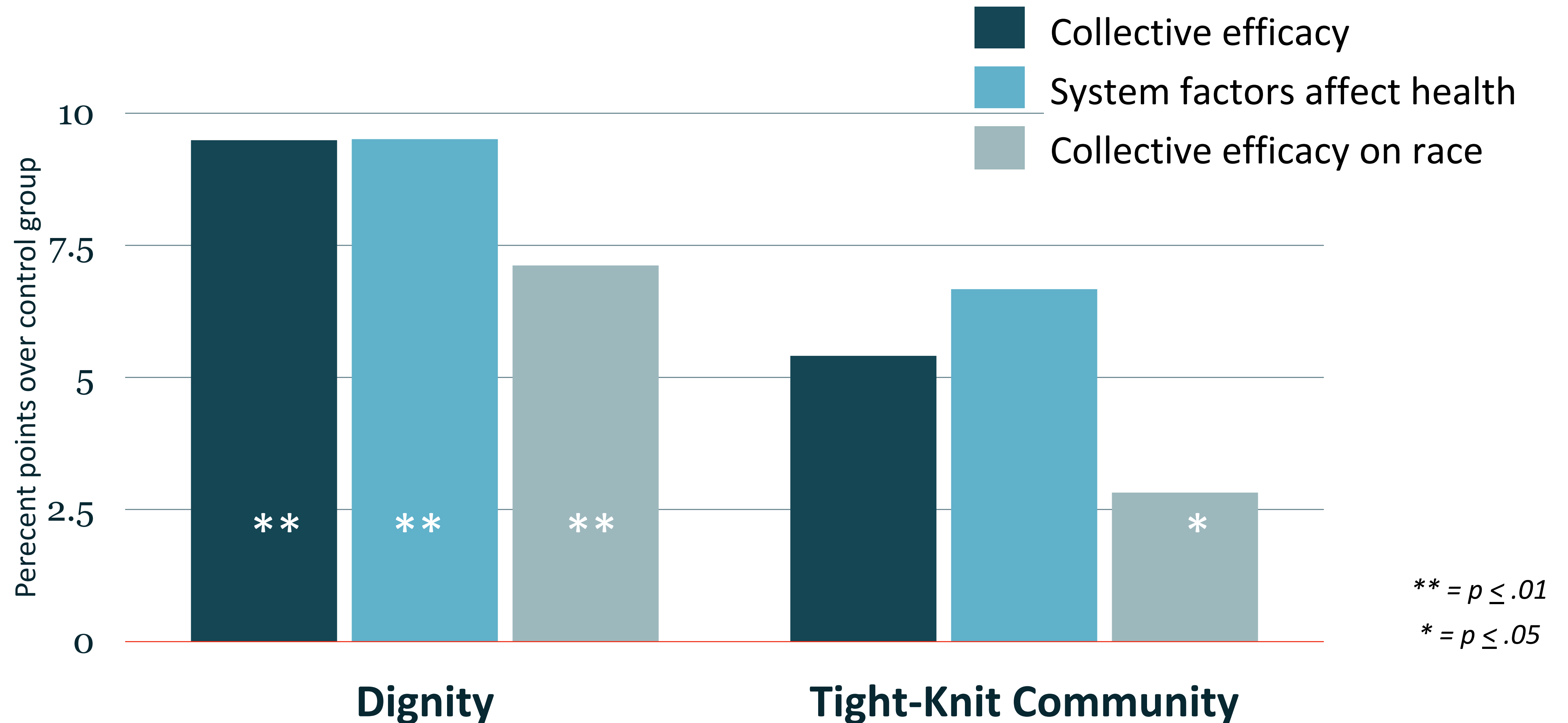




*Each and every person has inherent dignity and worth.
Our public health policies, practices, and programs should
reflect and demonstrate respect for the dignity of people
and communities.*

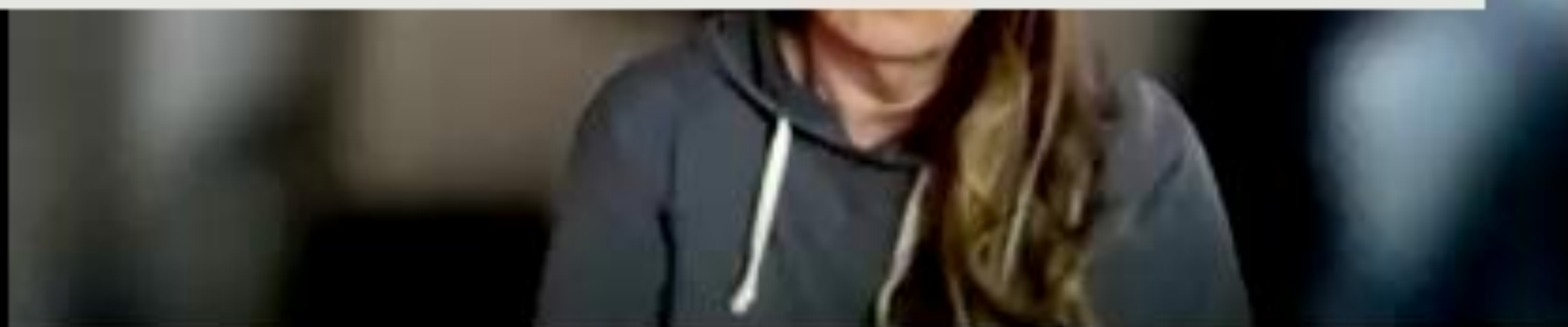
Among values messages tested, Dignity worked best

*Selected results from a FrameWorks controlled survey experiment,
rural sample, June 2023*





Dignity Value working



Instead of leading with challenges

Rural Americans—who make up at least 15 to 20% of the U.S. population—face inequities that result in poorer health outcomes than that of urban and suburban residents. U.S. rural communities share challenges, including poverty, few local doctors, and remote locations. These factors contribute to lack of access to health care, which burdens rural health systems with patients with more serious health conditions.

Try leading with the idea of dignity

Because every community has dignity and worth, every action we take should honor it. Treating people with respect involves valuing health and wellbeing in every community. Our collective decisions have led to a rural America with too few good-paying jobs, transportation options, and nearby places to get nutritious food. That mix of policy problems contributes to health problems, which are further complicated by limited access to health care.



Open mic

What do you currently lead your communications with?

What's your initial reaction to leading with the idea of “dignity?”

STEP 2

Expand people's ideas of health and health disparities through explanation

Common cultural mindsets of health



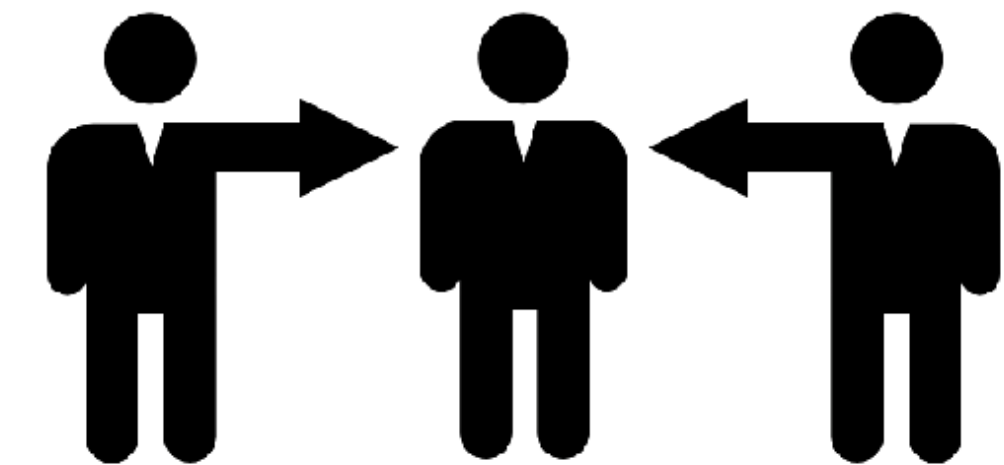
Individualism

Assumption that the causes of health/illness - and their benefits/consequences - happen entirely at the individual level.



Solution = Awareness

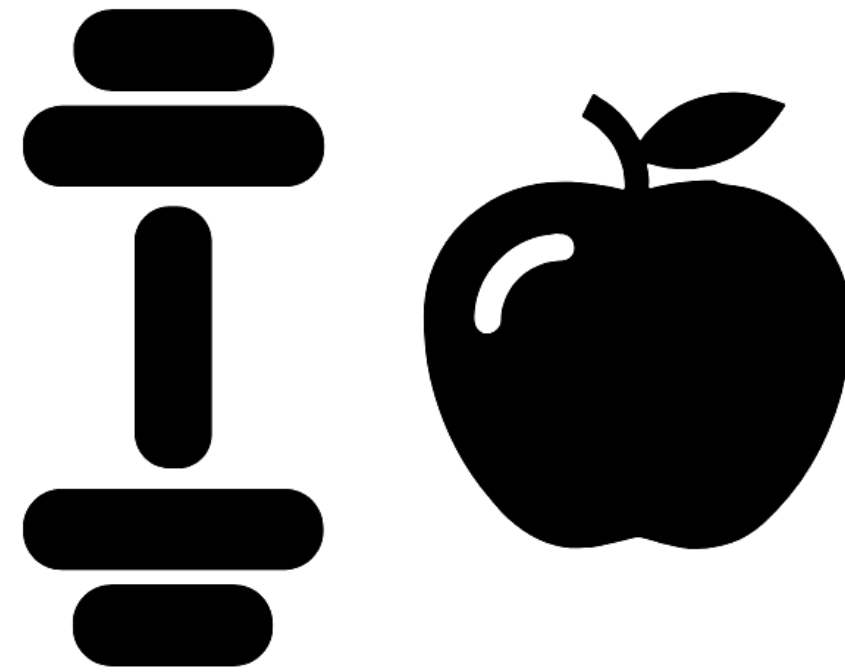
Assumption that the best way to influence health outcomes is to provide individuals with information to guide personal choices.



Cultural Pathologizing

Assumption that disparities today are due to cultural failings such as misguided values and poor choices.

Common mindsets narrow the meaning of “health”



Health = Diet + Exercise Assumption that personal lifestyle - and mainly choices about food and physical activity - are the main drivers of health outcomes.



Health = Absence of Illness Assumption that health is primarily a physical state in which the body is free from infections or other acute illness.



Health = health care Assumption that the main way to address health problems is through medical treatment.



For people to experience well-being — good mental, emotional, and physical health — it's vital to have access to resources like good housing, reliable transportation, and safe spaces to live, work, and play.

Strategies for Effective Explanation

- Explain, don't just assert
- Don't rely on the phrase “social determinants of health”
- Avoid jargon
- Offer specific examples
- Avoid the perfect list



Paint an expansive view of health when we talk about the value of public health.

Instead of this

By investing in public health, we can prevent chronic diseases like heart disease, stroke, and diabetes.

Try this

By supporting our public health agencies, we can promote greater physical, mental, and social health in our communities.

Build public health literacy, not just personal health literacy.

Instead of this

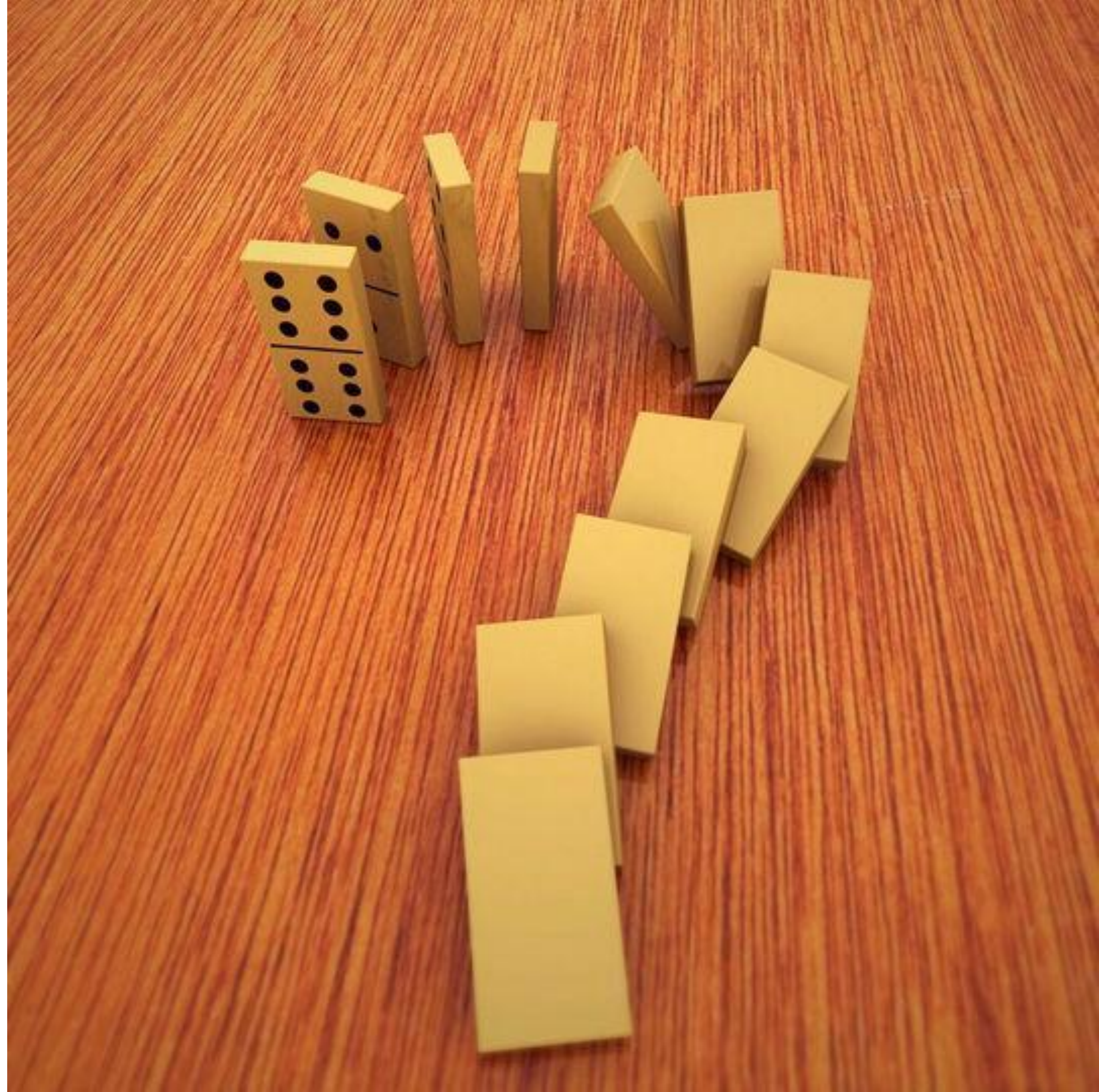
Everyone needs physical activity to stay healthy. But it can be hard to find the time for workouts in your busy routine. No matter who you are, you can find safe, fun ways to get active. Check out these ideas for a fresh fitness routine!

Try this

Getting around on foot boosts our health and overall wellbeing. But it can be hard to walk safely in areas without sidewalks. Our local heart health coalition has 3 ideas for making our county more walkable. Which is your favorite?

Attribution

- Attribution means the way we explain the causes of behavior, events, or conditions
- Attribution of causes has a major effect on how people think about solutions



Individual attribution

Every year, roughly 3,600 babies in the US die suddenly for unknown reasons. Researchers estimate that if expectant moms would just quit smoking, we could prevent 800 of those deaths.

Systems-level attribution

Researchers estimate that if we connect expecting families to treatment for nicotine dependency, we could prevent 800 infant deaths a year.

Missing attribution

Vaccination rates are too low, leading to the spread of preventable diseases.

Systems-level attribution

The U.S. is failing to ensure equitable access to vaccines, leading to the spread of preventable diseases.

STEP 3

Connect the past to the present and
point to the future.

Craft explanations step-by-step

- Strong explanatory chains:
 - Clearly lay out cause-and-effect sequences
 - Have a tight logical flow - one idea leads to the next
 - Include many causal transition words, guiding understanding of what affects what
 - Can double the level of support for good policy, when compared with mere description or assertion



Frame health disparities in terms of past, present, future

Past

Speak to history. Give specific examples of historical policies that help to explain contemporary health disparities.

Present

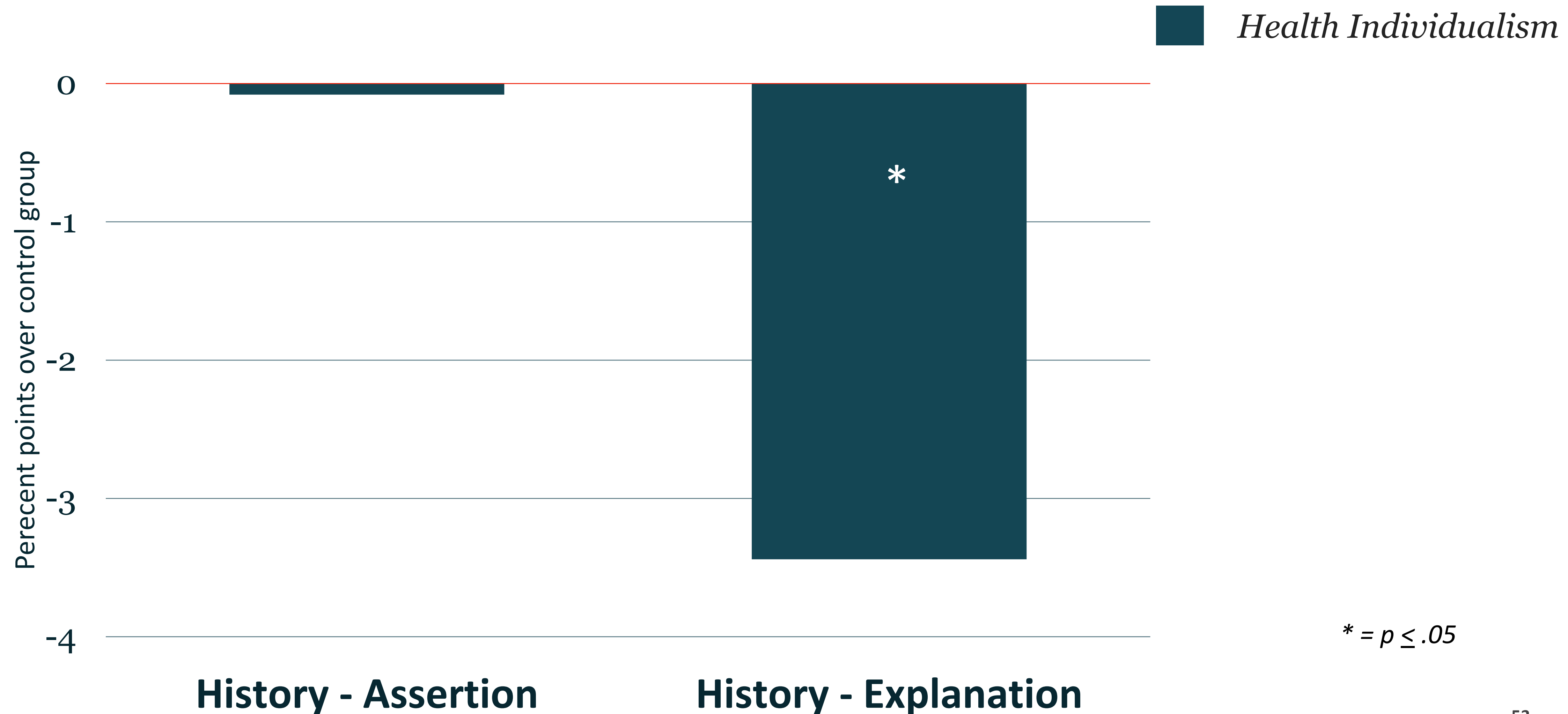
► **Connect the past to the present.** Show how the prior policy established conditions that help to explain health disparities now.

Future

► **Point to the future.** Offer an aspirational vision of the desired end state, showing what it could look like if we took action.

Speaking to history reduced health individualism

*Selected results from a FrameWorks controlled survey experiment,
national sample with rural oversample, December 2023*





Before exposure to
History - Explanation



Sample message:

In the past, rural communities were often bypassed for crucial infrastructure investments. This was particularly true for rural communities of color, who were often marked as “bad investments” and denied resources such as safe, well-paved roads and bridges. Without the **resources** they needed to flourish, rural communities faced challenges, many of which they continue to face today. Today, rural communities often lack reliable **transportation infrastructure**, which makes it difficult for residents to get to jobs, education, and medical care. We need to treat rural communities with **dignity** and give them **access** to the **transportation networks** they need to thrive.

Frame health disparities in terms of past, present, future

Past

Speak to history. Give specific examples of historical policies that help to explain contemporary health disparities.

Present

Connect the past to the present. Show how the prior policy established conditions that help to explain health disparities now.

Future

Point to the future. Offer an aspirational vision of the desired end state, showing what it could look like if we took action.

Assertion

Today's housing patterns continue to reflect past discriminatory policies, such as redlining, and leave communities of color people facing increased health risks. Communities of color face a disproportionate burden of environmental hazards and reduced access to quality food, transportation, health care, and educational and employment opportunities.

Explanation

In many US neighborhoods, residents tend to be from the same racial or ethnic group. Most of these racial lines were literally drawn on maps as part of a past federal policy known as “redlining.” Because housing affects the environmental hazards and other health risks communities face, these discriminatory policies affect health outcomes for people of color today.

Frame health disparities in terms of past, present, future

Past

Speak to history. Give specific examples of historical policies that help to explain contemporary health disparities.

Present

▶ **Connect the past to the present.** Show how the prior policy established conditions that help to explain health disparities now.

Future

▶ **Point to the future.** Offer an aspirational vision of the desired end state, showing what it could look like if we took action.

A positive vision has strong frame effects

- Talking about the “end state” — what society would look like if we made changes — had **strong effects with rural participants** in FrameWorks’ inquiries
 - In peer discourse sessions (small group discussions), *us-vs-them* talk dissipated when the topic turned to the aspirational end-state
 - In a controlled survey experiment, end-state aspirational frames built a sense that we could improve racial inequities and disparities
 - (Significantly increased collective efficacy on racial disparities by 10% over the control)

Instead of public health jargon

By embracing evidence-based, population-level public health measures at the federal, tribal, state, and local levels, communities can advance a state of health equity where everyone, regardless of factors like race, ethnicity, socioeconomic status, or geography, has the opportunity to achieve their best health. Health equity also addresses the practices that lead to health inequities, such as poverty, racism, and other forms of oppression.

Help people envision a better future

There are steps we can take to foster a future of health and wellbeing for everyone in our county. In this future, those of us in the paid workforce can count on jobs that pay well and keep us well through strong workplace safety measures. In this future, we can all find affordable, reliable places to live and access transportation that gets us where we need to go. With more resources and fewer avoidable stresses, our community's health, mental health, and wellbeing improve.

Putting it All Together

For people to experience well-being — good mental, emotional, and physical health — it's vital to have access to resources like good housing, reliable transportation, and safe spaces to live, work, and play. But right now, access is uneven and unfair due to decisions and policies of the past.

For instance, decades of disinvestment in our “main street” business district has made it hard for our county to attract and retain young professionals. Without a strong workforce, it's hard to attract investments for small businesses, new housing, and other essential elements of a vibrant community. The resulting community-wide problems weigh even heavier on our neighbors who are marginalized based on income, race, disability, or other factors.

Our county isn't alone; disinvestment is a challenge that faces many rural areas with small towns. But to demonstrate respect for everyone who calls this county home, we need to remember that the policies we choose today affect the health and wellbeing of our community for years to come.

- ✓ Offers an expansive definition of health
- ✓ Introduces the ideas of disparities and underlying inequities
- ✓ Gives a clear, relatable example
- ✓ Names groups who are marginalized
- ✓ Connects to the theme of dignity

Toolkit offers more ways to connect history to health

- Policies, past and present, let tobacco marketing saturate rural and low-income communities
- Transportation policies undermine health and wellbeing in rural communities
- Policies that limit internet access in rural areas also undermine health and wellbeing
- Over a century ago, America closed most of the nation's historically Black medical schools. The decision still affects health and health care today.
- Federal food policies of the past affect Native American health today

EXAMPLE #2

Policies let tobacco marketing saturate rural and low-income communities

For more than 60 years, we have known about the serious health hazards of commercial tobacco products, like cigarettes, cigars, and chewing tobacco. Yet both past and present policies have allowed tobacco companies to saturate lower-income communities with free or discounted products, exposing residents to more of the health problems that come with them. In earlier decades, tobacco companies handed out free cartons of cigarettes to children in public housing projects¹ and even persuaded the US government to include coupons for cigarettes in food stamp packets.²

While giveaway tactics have been outlawed, discounting practices continue today. Tobacco companies now spend nearly \$8 billion a year to keep their products cheap and visible in communities of color and low-income communities.³ In rural communities, smokeless tobacco (like chew) is more heavily advertised and discounted than in urban ones.⁴ Marketing plays a major role in whether people start to use tobacco products—and how successful people are when they try to quit.⁵ Past and present policies around tobacco marketing help to explain why people with lower incomes are more likely to be diagnosed with lung cancer, diabetes, and other diseases related to commercial tobacco use and exposure.

EXAMPLE #3

Transportation policies undermine health and wellbeing in rural communities

In the past, isolated rural communities were often bypassed for crucial infrastructure investments. For instance, major rural economic development programs in the 1960s focused on areas that were closest to cities, but ignored the most remote pockets of poverty.¹ This was particularly true for rural communities of color, who were regularly excluded from projects to improve roads or bridges.

Even once laws have changed, their negative effects are felt for years to come. Today, many rural roads are in poor condition, making everyday travel more challenging and less safe. When public transportation is available, it's often impractical because the routes are long, infrequent, or not well-connected to where people need to go.²

The policies of the past create disparities today. It's easy to see how patchy or inadequate transportation affects a community's economic opportunities. It's also important that we think about how it affects a community's health and wellbeing. Transportation can be a significant barrier to access to routine medical care and specialty care for specific conditions, because most rural areas have shortages of health care providers and hospitals.³ What's more, when transportation is a serious daily challenge, it can cause or compound health problems. When getting around is a source of stress, it can contribute to other sources of stress, like job and financial worries or a sense of social isolation.⁴ Chronic stress can cause or compound a range of health problems, including heart disease, anxiety, and depression.



Open mic

How do you talk about health disparities and why they exist?

Do you currently use any of your own examples of policies that cause/perpetuate disparities?

Tips for sustainable framing

- **Start small:** Choose one framing recommendation to apply consistently across your messaging
- **Avoid traps:** Focusing on what not to say is framing, too!
- **Slow down:** Being sensitive to your audience and their needs is time well spent
- **Remember:** We don't just have to survive, we can have some control and be strategic



Future Workshops (Virtual)

- **2 Virtual Sessions (dates TBD)**
 - Issue-specific framing strategies (e.g., building vaccine confidence, addressing tobacco-related health disparities, childhood adversity)
 - Practice applying the framing recommendations to communications
 - Further discussion on advancing public health and talking about health disparities in rural contexts



FrameWorks has reframing recommendations for numerous health topics

Child and youth health

- ACEs/childhood adversity
- Adolescent development
- Child abuse and neglect
- Child development
- Child mental health
- Immunization
- Maternal & infant health
- Parenting

Social Determinants of Health

- Built environment
- Food/nutrition/obesity
- Geographic health drivers
- Housing
- Connectedness
- Racism as public health threat

Chronic Disease Topics

- Aging
- Alcohol policy issues
- Oral health
- Substance use prevention
- Tobacco-related health disparities

Injury & Violence Topics

- Child abuse & neglect
- Gun violence prevention
- Elder abuse

Cross-cutting

- Value of public health
- Climate change & health
- Health equity

Health Care/Health Systems

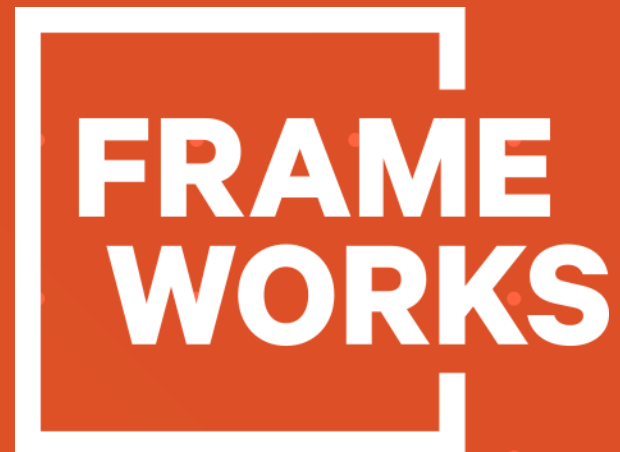
- Patient Safety
- Public health informatics
- Systems of care

“A talent for speaking differently,
rather than arguing well,
is the chief instrument of
cultural change.”

-Richard Rorty

Questions?

Thank you!



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Strategically
correct
misinformation
/disinformation

Explain what is true. Give people a way to understand *how* the issue works in reality.

Warn against the fallacy. Characterize the unsound ideas as false and harmful.

Unmask disinformation tactics. Name the misleading moves and “worry aloud” about their effects.

Express care and concern. Talk about why this matters to you. Take a measured tone.

There are moves
most of us
shouldn't make.

Don't use partisan cues. Be sure your tone, vocabulary, and examples signal that “this is a message for everyone.”

Don't restate the misinformation. If you must, do it *after* you've taken steps to build an accurate mental picture of the truth.

Don't engage in blame, shame, or derision. Position yourself as a reasonable, trustworthy voice in an important, inclusive conversation.

Tips For Navigating Contentious Communications Environments

- **Resist the urge to rebut and stick to your own frame.** Avoid repeating or rebutting oppositional
- **Talk about factual information as mainstream knowledge.** Use words like “widely acknowledged” or “long-established” to normalize ideas grounded in evidence.
- **Prioritize persuadables.** Focus communication energy on people who are curious, open, or uninformed—not entrenched opponents.
- **Strategize around pressure to change language.** When possible, explain the choice to change—or not to change—language with partners to build alignment and trust.

Bridge & Pivot

- Helps redirect conversations that have gone off track
- Allows you to answer a question or statement without responding to (and therefore reinforcing) underlying assumptions
- The “bridge” is a phrase that connects the question to your reply, e.g., “That’s an interesting idea.”
- The “pivot” follows the bridge statement and takes the conversation where you want it to go.

“Bridge” Phrases

Use an innocuous phrase to set up space to redirect the conversation. A bridge helps you acknowledge the person without honoring the assumptions in their message.

- *“What’s most important to understand is ...”*
- *“Let me answer you by saying ...”*
- *“Another way to look at this is ...”*
- *“What’s really at stake here is ...”*
- *“That’s an interesting question ...”*
- *“That speaks to a bigger point ...”*

Audience

“Parents, not educators or other adults in the community, should decide what content is appropriate for their children and teens to consume when it comes to sexual health education.”

Advocate

“Another way to look at it is, youth are exposed to all kinds of information—including discussions of sexual health—in their daily lives and on social media. The more trusted adults they have around them to help them process all of this information and help them form their own values, the better.”