In June 2006, the FrameWorks Institute was asked by the W. K. Kellogg Foundation to conduct a training workshop for rural advocates and communications practitioners in Knoxville, TN, convened by Rural Strategies. The objective of the workshop was to share findings and recommendations from FrameWorks’ research on how Americans think about rural issues and policies, and to help rural advocates practice applying the recommendations that emerged from that research. Workshop attendees developed such exemplary communications frames, effectively establishing interconnectedness between rural and urban areas, that we felt it would be useful to share some of their ideas so other rural communicators could learn directly from their colleagues.

One of the central conclusions of the research is that most Americans see rural areas as a world apart, disconnected from life in urban and suburban America. Urban residents may respect and even envy people who live in rural areas, but see no personal responsibility for addressing rural problems. When confronted with information regarding the issues facing Rural America, the most common responses by urban research informants were: 1) people in rural areas make some sacrifices in order to enjoy other benefits of rural life; 2) if the deficits are too great, the only solution is to move away from the problems; and 3) rural people are responsible for addressing their own problems. Importantly, most advocate communications and news coverage concerning rural issues reinforce the perspective that rural areas are separate and distinct from the rest of the country. Reconnecting Rural America to the rest of America is a fundamental frame shift that needs to occur to engage urban and suburban Americans on rural policy.

After introducing the workshop attendees to basic framing lessons and findings from the rural research, we asked participants to work in small groups to develop communications examples illustrating interconnectedness. To challenge their ability to communicate the value of Interdependence, attendees were asked to develop communications built around one of the following statistics:

- 26% of families in rural Maine earn less than $25,000 a year; there is a wage gap of nearly $10,000 in rural versus non-rural average wages.
There is 1 pediatrician for every 10,000 residents in rural Maine; the rate is 2 per 10,000 in non-rural areas.

The exercise directed attendees to make up statistics, messengers, and use any other recommended elements of the frame in developing their story, as long as it effectively established a connection between rural and urban Maine.

One working group decided to focus on the health care issue, using back-to-school time as a hook for a video news release created by advocates:

*News Reporter:* “It’s back-to-school time and parents across the state are visiting pediatricians to bring their children up-to-date with the required immunizations before school begins.”

*Cut to State Legislator:* “A healthy start is critical for children to be able to achieve their potential in school and later in life as they grow up and become productive citizens that give back to Maine communities.”

*Cut to visual of a very crowded doctor’s office with healthy, happy children playing, and parents patiently waiting.* *News Reporter:* “But some find it harder to get needed immunizations and preventive care. There are half as many pediatricians in rural Maine as the rest of the state, and doctors are overwhelmed.”

*Mother in waiting room:* “I had to wait six weeks to get this appointment; but I didn’t have a choice. It had to be done.”

*Cut to a hospital administrator in a Portland-area hospital:* “We have kids coming to our hospital from all over the state to get general care as well as emergency care. The shortage of doctors in rural areas affects health care across the state, including urban areas like Portland.”

*Cut to State Legislator:* “We’re working on solutions to address the lack of health care in rural Maine. For example, we’ve just introduced a bill to give incentives to doctors to practice in rural areas and we’re working with community centers to establish more medical facilities.”

*News Reporter:* “Until then, parents will continue to have to deal with long waits and crowded medical facilities. This is Mike Smith, reporting.”

This example first establishes that people across the state (not just rural Maine) are updating immunizations, which is an issue of importance to all Mainers because everyone has a stake in developing healthy, productive future citizens. It then describes the particular challenge faced by rural residents (half as many pediatricians, leading to long waits) and the impact on urban health care (rural residents using urban medical facilities).
Finally, the piece closes with specific solutions for listeners to support. Overall, a great illustration of how to connect rural and urban concerns!

Another working group decided to tackle the particularly difficult task of joining the economic and health statistics into one story. Note how the narration deftly incorporates both Level Two issues\(^2\) while also addressing the central challenge of establishing interconnectedness:

In this part of Maine, Dr. Jan Rice is the only pediatrician for 50 miles. When she moved to town, local residents welcomed the improved health care as well as the economic benefits. On average, rural residents earn $10,000 a year less than those who live in urban areas. But jobs in health care, like the nurse and receptionist Dr. Rice hired to start her practice, earn salaries far higher than the local average, lifting economies across the state. Health care is a major economic engine, especially in rural areas with fewer economic opportunities.

But rural areas in Maine haven’t been able to take advantage of the economics of health care, because rural Maine has less health care than urban centers and only half the number of doctors per capita. This is hard on rural areas, but it is also challenging for urban centers that have to pick up the slack by providing medical care that rural areas lack. State legislators are looking at solutions such as college loan forgiveness for doctors who practice in rural areas, and higher reimbursements for Medicare and Medicaid that can feed money back into local economies.

This story outline includes several interesting components. It discusses health care as an economic as well as a health issue, and connects both the economics and the health consequences back to the welfare of the state as a whole. Even the policy solutions featured in the story reinforce both health and economics, because the story tells us that more doctors in rural areas will help the economy, and higher reimbursements will improve local economies. It is easy to see how this outline could be embellished with spokespeople, visuals, interesting quotes and so on. Well done!

We hope the FrameWorks research on “Talking Rural Issues” and these effective examples from the field will inspire others to create similarly interesting stories that effectively advance rural policies.

This FrameWorks eZine was supported by the W. K. Kellogg Foundation to inform the work of rural policy advocates.

About FrameWorks Institute: The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute’s work also includes teaching
the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector at www.frameworksinstitute.org.

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1 For more information on this and other insights from the rural research, see Susan Nall Bales and J. Grady, “Talking Rural Issues: A FrameWorks Message Memo,” Washington, DC: FrameWorks Institute, 2006.

2 For more on levels of thought, see eZine Issue No.8, “A Five Minute Refresher Course in Framing,” S. N. Bales, FrameWorks Institute, 2006.