



Frequently Asked Questions About Disparities

This document is not intended to provide “the right answers” to questions you might be asked, but rather provide illustrations of how to incorporate the framing strategies that FrameWorks’ research has proven to be effective in increasing support for policies and programs designed to eliminate disparities. In the following Q and A, we demonstrate how an advocate might think about turning unproductive frames embedded in questions into opportunities to advance a more effective message. Communicators will find their own ways of putting these principles into practice. We focus here on questions related to disparities in health, education and early child development.

Q: What does your new report say about health disparities in our country?

False Start:

In spite of decades of awareness, most of the gaps in life expectancy, infant mortality and disease incidence between racial and ethnic groups have remained the same, while some have even widened. An estimated 83,000 deaths occur each year as a result of racial and ethnic health disparities. For example, twice as many African-American and American Indian babies die before one year of age compared to whites. The death rate from HIV/AIDS among African-Americans is more than seven times that for whites. Vietnamese-American women have a cervical cancer rate nearly five times the rate for white women. While these racial and ethnic health disparities are a social justice issue, they also signal an economic issue that impacts everyone, regardless of race.

Analysis:

- Begins with a Disparities frame.
- Relies on unframed data and crisis to tell the story.

- Reinforces the cultural model of Separate Fates.

Reframed Response:

Our new report tells us that where you live has a huge impact on your health. And it's not fair that people growing up in some places have a higher incidence of disease than people in other places. Our report shows that cities and towns with more minority residents have higher levels of preventable health conditions, such as infant mortality, diabetes, AIDS, and heart disease. When we don't give all communities equal resources, some will do less well than others. As a first step, our report recommends making prevention programs available everywhere throughout our nation, so that we can save both lives and money.

Analysis:

- Uses the values of Fairness Between Places and Prevention.
- Includes a strong solution

Q: A recent study found that blacks were less likely to be treated aggressively for heart disease than were whites. What is the cause of this?

False Start:

Disparities in health outcomes such as this come from a lack of awareness about cultural differences. Despite all our similarities, fundamental differences among people come from nationality, ethnicity, and culture, as well as from family background and experiences. These differences affect health beliefs, practices, and behavior on the part of both patient and provider, and also influence the expectations that patient and provider have of each other.

Analysis:

- Primes with a Disparities frame
- Cues the cultural models of Separate Fates and Personal Racism

Reframed Response:

We know that certain communities are struggling because health programs are not fairly distributed across all communities. Some communities, in other words, have been left off the grid of American institutions that are necessary to overcoming problems like poor health – such as hospitals and other community health resources. Making sure all communities are plugged into the grid is a way to reduce racial disparities in health outcomes.

Analysis:

- Primes with a value of Fairness Between Places
- Introduces the Simplifying Model of Prosperity Grid

Q: Much of the public asks why immigrants who come here illegally get health care under our system? Do you propose providing care to illegal immigrants?

False Start:

Recently, there has been a tendency among some critics to blame all of our nation's ills—including the current health insurance crisis—on immigrant populations. Accusations that immigrants use health care services for which they are not eligible or use them more often than everyone else are commonplace. Such statements are often based on uniformed assumptions that are rarely substantiated. In fact, health care expenditures in the US are lower for immigrants than for native-born residents and immigrants use less health care services overall than citizens. Instead, policies that restrict access to health coverage based on immigration status endanger individual and public health. And regardless of immigration status, all people deserve the right to health care. These people work hard and should be treated fairly.

Analysis:

- Depends on a Rights frame to persuade
- Depends on data to rebut
- Restates and thus reinforces false beliefs

Reframed Response:

We will only succeed as a nation when we ensure opportunity for all, and that means ensuring that everyone has access to the things that help you succeed in life. By investing in its health coverage infrastructure we will be moving from the equivalent of country roads to a highway system. When we focus on whom to leave out, instead of how to get everyone in, we create less reliable systems and we spend money in ways that just aren't productive. We should be focused on building the best system for the greatest number at the least cost.

Analysis:

- Primes with the Value of Opportunity for All
- Includes the Simplifying Model of Health Coverage Infrastructure¹

Q: Why are obesity rates so much higher in African-American and Hispanic children?

False Start:

Childhood obesity and the adult diseases with which it is associated are major threats to Americans. Overweight and obesity now affect the majority of the U.S. population, increasing the risk of diabetes, hypertension, and heart disease, and taking a disproportionate toll in African American, Native American, and Hispanic populations. We know that children and adolescents of lower socioeconomic status are less likely to eat fruits and vegetables and more likely to have a higher intake of total and saturated fat. That's causing problems in children that were unthinkable 20 years ago. That's why our project is trying to improve the quality of school lunches and physical education programs.

Analysis:

- Assigns responsibility to individual character and will (the cultural model of Self-Making Person)
- Primes a Disparities frame.
- Emphasizes crisis instead of solutions.

¹ For more information about framing health care, see FrameWorks Institute's research on that topic, here: <http://www.frameworksinstitute.org/hc.html>

Reframed Response:

Some communities are struggling because they are not given a fair chance to be healthy. Communities differ in the quality of their food and fitness environments and that has a big effect on the children who grow up there. Local school districts in minority areas have let children's food and fitness environments decline, cutting back on opportunities for physical activity, and providing less than healthy food in school lunch and breakfast programs. This leads to poorer diets, less physical activity and worse health for our kids. Our program will focus on expanding opportunities for physical education and healthier foods in the schools, two important ways to support children's health.

Analysis:

- Doesn't prime Disparities, but instead highlights the value of Fairness Between Places
- Uses the simplifying model of Food and Fitness Environment to highlight the idea of place²
- Lodges the problem in environments and institutions, not parent or child behavior and character.
- Lays out a solution.

Q: We know that minority children are overrepresented in our state's child welfare system. What can be done about that?

False Start:

It really is time to start doing something about child welfare. African American and Hispanic children account for 30% of the population of children in our state, but they make up 60% of those in the child welfare system. The solutions are really not that simple, and not always clear – but one thing is clear, and that is that the system needs to deal with disproportionality because the system encourages disparities.

Analysis:

- Takes the bait of the question by answering with a Disparities Frame

² For more information about framing Community Health, particularly issues related to Food and Fitness, see FrameWorks Institute's research on those topics, available here:

<http://www.frameworksinstitute.org/communityhealth.html>

- Fails to say more than that the system is broken
- Reinforces a crisis frame with no clear solutions to the problem

Reframed Response:

We need to apply more American ingenuity to improving services that benefit communities. We can make progress toward solving critical problems if programs are evaluated and effective ones brought to scale. We know that stressors in a child's environment can affect the architecture of the developing brain, and that interventions in the lives of children who are experiencing toxic stress – such as chronic poverty and community violence – should not be delayed. Innovative states have designed high-quality programs that have resolved developmental problems that arose in early childhood, and led to significant long-term improvements. We have to make sure all of our communities have access to these innovations.

Analysis:

- Primes with the Value of Ingenuity
- Briefly explains that toxic stress can have a material impact on children's development.³
- Ends by reinforcing the value of Ingenuity and shows that there are solutions that exist and should be brought to scale

Q. We have all heard conflicting reports on the impact that early care and education have on the most disadvantaged children in our country. How can we know what to believe?

False Start:

While there is recent research that has suggested that children who attend day care at a very young age may be more likely to develop behavioral problems, such as kicking and hitting, there are other studies that show that day care has the opposite effect – particularly on economically disadvantaged children. In fact, disadvantaged children who go to day care at least 20 hours a week are less likely to develop aggressive behaviors than their peers who don't go to day care at all. For kids from more advantaged homes, day care seems to have no better or worse effect on their

³ For more information on FrameWorks Institute's extensive research on framing early childhood issues, please see: <http://www.frameworksinstitute.org/ecd.html>

behavior. What is quite interesting is that the research suggests placing at-risk children in day care as infants can nearly double the protective effects of day care.

Analysis:

- Plays into the “science wars” by first agreeing that there is contradictory evidence
- Fails to offer an explanation of what quality early care and education IS
- Makes this about “those kids” by reinforcing that results are different depending on relative “advantage” or “disadvantage”
- Ends by reinforcing negative stereotypes about low-income families with the suggestion that some children are better off outside the home

Reframed Response:

We can all agree that our country’s ability to achieve is undermined when we fail to ensure that everyone has access to the programs and services that can enhance opportunity. If we want to ensure a healthy future, we must attend to the needs of children today. What science tells us is that the development of children’s brain architecture is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system in a predictable sequence. This process is no different for higher income or lower income kids. Early experiences literally shape how the brain gets built; a strong foundation in the early years increases the probability of positive outcomes. A weak foundation increases the odds of later difficulties. That’s why we want these early experiences to be top-notch for all children. One thing our state could do is increase access to Early Head Start and other comprehensive, high-quality settings for minority infants and toddlers.

Analysis:

- Begins with the Value of Opportunity for All
- Introduces the Simplifying Model of Brain Architecture to make concrete *what* is developing in the child⁴
- Explains that this process is the same for *all* children
- Ends with a clear solution focused on improving early education for minority children and families

⁴ For more information on FrameWorks Institute’s extensive research on framing early childhood issues, please see: <http://www.frameworksinstitute.org/ecd.html>

Q. Respected members of the African-American community have said that low achievement is due to the fact that people of color are making poor choices and not taking responsibility for their own problems. How can schools help reverse this reality?

False Start:

It is true there has been a lot of discussion about what some in the African-American community call a “values gap” between middle and lower-income blacks. But this isn’t a new argument – it’s an old story that we’ve heard throughout the years in this country: “If blacks would step up, social inequalities would disappear.” Of course it’s true that some behaviors are due to personal choices, but there is still a critical fissure in the system that we believe to be the foundation for success in our country. And there are certain groups who simply do not have equal access to opportunity when it comes to education.

Analysis:

- Instead of bridging to a more productive value, stays in the Questioner’s frame of individual responsibility
- Reinforces the dominant cultural models of Separate Fates and Self-Makingness
- Has two problems associated with Order: a) The nice metaphor of foundation follows an assertion about personal choice, so will lack the emphasis it could have if personal choice was not triggered; b) Ends without a solution, but with a reaffirmation of disparities in access. Given the frame here is “about” personal responsibility, and the suggestion of a “values gap”, access to opportunity will be crowded out by these other associations.

Reframed Response:

We know that our nation’s success depends on pursuing policies that make sure society is fair for all. When it comes to preparing our students for the new challenges and new skills necessary in the 21st century, we have to then make the resources available in all communities to provide excellent schools and quality educational experiences for our young people. So when states make sure that all of their communities have the resources they need to prepare children, we can overcome problems like poor educational outcomes. We simply need to level the playing field so that every community has access to quality education. We can take a first step by expanding funding for school-based initiatives that have been shown to improve

minority student graduation rates (such as intensive student advising, participation in learning communities, and the like).

Analysis:

- Primes with the Values of Fairness Between Places and Preparation for the Future⁵
- Bridges away from the question about disparities by group and reinforces that our nation's success depends on equal access to critical resources for all
- Ends with a clear, school-based, solution

⁵ For more information on FrameWorks Institute's ongoing research on framing education reform, please see: <http://www.frameworksinstitute.org/education.html>