



**Framing Children's Oral Health for Public Attention and Support:
A FrameWorks MessageMemo**

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May 2005
(Revised July 2011)

Introduction

Children's oral health is an issue that is largely unknown to, and unconsidered by, Americans. The general public cannot define what contributes to it, the consequences of ignoring it, or what can be done to improve it. This lack of basic knowledge provides communicators with fertile ground for framing this important issue, as the general public approaches it with few deep assumptions to be overcome. Although the issue is virtually invisible in the news as well, the stimulus of a report from the Surgeon General in May 2000 offered a rare opportunity to prime new media interest in the topicⁱ, and allowed communicators to begin to move children's oral health onto the public radar screen. Over a decade later, the opportunity to advance this issue, and to link it to the broader problem of ensuring children's overall access to health care, continues to attract a wide range of public health advocates and their potential supporters in children's advocacy organizations.

Throughout FrameWorks' multi-year investigation of children's oral health, it has been clear that the oral health advocacy community needs to grow a bigger constituency if it is to achieve salience. While oral health advocates have the expertise and commitment to move the issue, it is essential to have the support of a much broader array of influential decision makers, advocates and community stakeholders. Thus, the research on this topic is designed to demonstrate to these newer groups how children's oral health could, in turn, help promote the broader issues of child well-being that are already of concern.

This FrameWorks MessageMemo assesses the communications environment that affects the success or failure of children's health advocates to communicate effectively about children's oral health. To determine how Americans understand the issue of children's oral health, the FrameWorks Institute invested in a series of complementary research projects. We began with an investigation of the conceptual frameworks that ordinary people use to reason about children's oral health, and compared these frames to those evident in news coverage and in professional material provided by children's oral health professionals.ⁱⁱ Next, we summarized survey research related to the public's attitudes concerning children's oral health.ⁱⁱⁱ FrameWorks then tested the recommendations that came out of this earlier research in a series of six focus groups with parents of children of various ages conducted in February and March 2000 in Baltimore, MD, Richmond, CA, and Riverside, CA. In April 2000, a national survey of 1,000 adults was conducted to assess the public's understanding of the issue and support for the programs and policies that advocates wish to advance.

In this development period, FrameWorks also created a multimedia public awareness campaign for children's oral health, called Watch Your Mouth^{iv}. The campaign ran in Washington State from 2000 to 2002, in Maine in 2005, New Hampshire from 2005 to 2006, and in Massachusetts from 2005 to 2010. Baseline surveys were conducted prior to campaign launch in Washington and New England to assess the public's understanding of, and support for, children's oral health policies. Annual surveys were conducted in each state while the campaign was active to measure success in increasing awareness,

understanding and support for key policies. Small message-testing focus groups were also conducted in New England to refine and update messages for the northeastern audience. Finally, in 2009, FrameWorks conducted a media analysis of over one year of coverage of the issue of children’s oral health to update the earlier research on media coverage of this issue and to understand if the media were keeping pace with expert understanding of the issue.^v

This research was supported by the DentaQuest Foundation, the National Institute of Dental and Craniofacial Research at NIH, the David and Lucile Packard Foundation, the Annie E. Casey Foundation, the Benton Foundation, and Washington Dental Service.

The Frames We are Up Against

When people think of oral health, they think of teeth, toothbrushes, smiles and dentists, in that order. When asked to weigh the causes of poor oral health, people readily sight personal, consumer behavior: inadequate brushing and flossing, and consumption of junk food. When asked to consider the consequences of poor oral health, they are most likely to mention cosmetic beauty and poor self-esteem. A minority mention discomfort or pain.

What people bring to the issue of children’s oral health is simply captured by the following points:

1. Most Americans believe that the prime effect of poor oral health is cavities, followed by its effect on cosmetic beauty and self-esteem.

The public demonstrates little understanding of the consequences of ignoring children’s oral health. This is a very large obstacle to public discussion and prioritization. Research respondents did not view ignoring children’s oral health as life-threatening. Indeed, they saw the consequences as largely cosmetic, affecting only children’s appearance and self-esteem. As such, children’s oral health was seen as analogous to diet, nutrition and meal programs, but not to the severity of child hunger. Few discussed children’s oral health in terms of illness or disease, and when they did it was largely confined to gum disease. In reasoning about “what’s at stake” in children’s oral health, respondents automatically compared this issue to more “serious” health concerns, such as cancer, and found it wanting.

For example, the FrameWorks focus group moderator asked the fathers of teenagers in Richmond: “In what ways does poor oral health affect a child?” They answered:

“Self-esteem, peer pressure.”

“Just physical discomfort.”

“Eating disorders.”

“You can’t get a date with anyone.”

In examining both news reporting and materials from health professionals, FrameWorks found that they took primarily fear-based approaches focused on cavities (e.g., “plaque attack”), with little attention to the long-term health consequences resulting from lack of care. While there is often a set-up for explaining what’s at stake, it is rarely developed. The search of news reports yielded little of interest; they were exclusively about cavity-fighting, dental visits or sports injuries to teeth. In short, the news media has adopted a “news you can use” episodic frame for this issue, which largely conforms to what it is being told by the oral health profession.

2. Most Americans believe the primary responsibility for children’s oral health lies with parents, and are most likely to want to solve the problem through parent education or consumer outreach.

Americans have been given few alternatives to the parental responsibility model, due to (1) the episodic nature of news coverage, which tends to reinforce individual responsibility, and (2) the confinement of this issue to the literature of parent education. Yet, it would be a mistake to argue that “parents can’t do it all,” or that “parents are trying as hard as they can,” both of which are likely to be denied by Americans who have been fed a steady media diet about parental responsibility.

For example, the FrameWorks moderator asked: “Do most children have good oral health or not?” And mothers of teenagers in Riverside, CA answered:

“I say no because I see little kids coming out of school and they have bags of candy and cookies, and they don’t take toothbrushes. You have to tell [them] take your toothbrush and then they forget ... They don’t spend a lot of time brushing and flossing.”

“I think it depends on the parents.”

“The parents don’t make them brush.”

As Pamela Morgan suggests in her report, “The best way to change these attitudes is not to take them on directly. In general, the best way to counter a cognitive model is to find a part of the model that is applicable and message-compatible, and emphasize that.” Morgan goes on to suggest that the goal must be “to acknowledge the parents’ role but to bridge to the role of the community, government, and business in helping parents do their job in setting the child on a path to health and achievement. All the other participants in the frame — dental professionals and professional organizations — must therefore be presented as acting in a *supplementary* and *assisting* role, not a primary one.”^{vi}

At the same time, this finding would suggest that children’s oral health advocates need to eschew the easy news stories about “how to ease your child’s visit to the dentist” in favor of more policy-oriented stories that put more pressure on systems to deliver for parents. Accountability must be placed on public institutions to support parents in their role as

protectors of their child's health. The question that should be elicited by reframes must be "How well is our community or our country doing in supporting the clinics and the coverage parents need to keep their children free of dental diseases?" rather than "How well are the parents doing getting their children to brush their teeth?"

3. Dental visits are seen as important, but expendable.

This line of reasoning includes the notion that, if money is scarce, dental care is easy to postpone and that, as one focus group participant said, "If you have the habits and you have everything else, a dental visit is a luxury."

It is useful to note a widespread recognition that many people cannot afford dental care, and even those who have *health* insurance may lack *dental* insurance. By universalizing the situation, children's oral health advocates can enhance empathy and avoid raising the specter of the bad parent. Indeed, every effort should be made not to allow this issue to become the province of poor families only; to do this is to undermine its political salience by creating a narrow, largely non-voting constituency, and to saddle it with all the negative stereotypes of the American debate over welfare and poverty.

4. The public did not view dentists as trusted sources on this issue.

First, they were discounted as having too much self-interest in the topic. Second, the use of a dentist undercut a connection to children's overall health, since dentists are not automatically linked by many people to the health/medical profession.

In sum, children's oral health is seen as unimportant, while poor oral health is evidence of bad parenting, and can only be fixed through parent education or by kids taking responsibility for themselves. Furthermore, the obvious spokespersons on the issue are not highly credible with the public. There is virtually no automatic linkage between children's oral health and overall health, between children's oral health and related social or environmental conditions, or between children's oral health and achievement in school or ability to thrive.

In contrast, oral health experts tell us that solutions to children's oral health problems lie in an array of public health measures that include water fluoridation, dental education to expand the number of public health dentists, health care reform to ensure that eligible children actually see dentists, expansion of workplace health insurance to include dental coverage for all dependents, and more aggressive application of proven prevention measures such as dental sealants.

How can we convey these solutions, knowing what we know about the dominant frames people bring to the issue, and how will this affect their understanding of both children's oral health and children's issues in general?

The Challenge

The challenge in promoting children's oral health policy is not unlike the challenges that attach to other children's issues. A content analysis of children's issues finds that news reports rarely connect children's problems to public policies, while parental responsibility is a recurring theme.^{vii} The story of children's issues "privatizes" easily, with parents the most likely "solution" to a child's needs, while systemic reforms, public health remedies and legislative responses are rarely considered.

It is little wonder, given this media representation, that children's issues must fight an uphill battle to be deemed "public" in nature, appropriate for policy solutions as well as familial ones. The idea of the "bad or irresponsible parent" as the major stumbling block to child well-being is a deeply held conviction by Americans of all political persuasions.^{viii} While this idea can be tempered to some degree through persuasive discussion, and Americans can rally to support those parents who demonstrate that they are trying hard, working hard and are therefore worthy, this may be a pyrrhic victory. The outcome of this discussion, unless carefully considered, is likely to be volunteerism, health education, sporadic programming and social marketing. As such, this kind of persuasion does little to advance understanding of the need for systemic reforms and public policies to support children and families. And, if the problems are presented as uniquely those of poor and minority families, Americans will further classify the issue as related to welfare, broadly defined in the vernacular as the reluctance or inability to work and take responsibility for oneself and one's family. This assessment will further erode the support for policy solutions, as the need for appropriate values displaces any economic or social analysis.^{ix}

Moreover, in a media environment that stresses negative news, it is often difficult for Americans to imagine solutions to chronic problems such as children's poverty, hunger and health. They are depressed and overwhelmed by the problems that impede children's progress, and the seeming intractability of these problems. They do not understand what could be done to alleviate these problems, and they most certainly do not understand how they personally could contribute to a solution that is beyond their own family's bounds.

At the same time, Americans feel that the country's public priorities are often out of kilter with their own values, and would prefer public investment in children over support for stadiums, foreign aid and other "frills." Children's needs are basic, they say, and deserve attention. They are, however, doubtful that, in a money-driven political system, politicians will pay heed, and suspect that any money allocated to children will never get to them. Finally, Americans would like to "leave a legacy" of good works and social improvement, including creating better futures for the next generation. As Americans look to the future, they automatically look to children as its most visible and compelling symbol.

Bringing this overall climate of public opinion to bear on the discrete issue of children's oral health, one would expect to find that parents are seen as solely responsible for resolving the issue. One would expect an emphasis on educating parents, with little

thought to more systemic and social solutions. One would expect to find overall concern about the issue, and willingness to resolve it, but little understanding of how individuals who are not parents could contribute. These expectations are, in fact, confirmed by FrameWorks research. Left unaided by a smart communications strategy, calling attention to the sorry state of children’s oral health is more likely to result in an outpouring of free toothbrushes than in dental coverage expansion or fluoridation.

But in some important ways, the challenge of children’s oral health differs from other children’s issues. Such issues as child poverty, child care, child abuse, juvenile crime and public education, for example, have been widely covered in the media and have evolved to the point that Americans have entrenched attitudes about them. Some of these attitudes — juvenile crime is on the rise, child poverty is associated with race, child care does not need to be developmental until a child reaches school age — pose major problems for advocates, who must overcome these opinions in order to get the public to consider appropriate policies.

By contrast, throughout FrameWorks’ investigation of children’s oral health, we have found little awareness of this issue. While this may present a challenge in getting the issue on the public’s agenda in the first place, it also means that there are few negative stereotypes to confront and reverse. Sometimes a blank slate is preferable to a deeply held viewpoint. This is likely to be the issue’s salience to other children’s advocates; it’s an opportunity to advance a “fresh issue” that helps them make a new case for broader investments in children’s health and well-being. Secondly, this particular children’s issue appears to connect powerfully to an issue that the public already wants resolved: the fragmentation of health services through spotty insurance coverage. In such an environment, children’s issues can greatly benefit from becoming the “worst-case study” in an already evolving public mandate for reform.

While media coverage of oral health is infrequent, it is still useful to examine the ways in which this issue is being discussed in the nation’s media. A recent media content analysis of over a year’s worth of stories on children’s oral health^x finds some positive aspects to the coverage of this issue:

1. **Children’s oral health is increasingly portrayed in media as a serious and pervasive health and social problem that can be solved, at least in part, through community-based solutions, such as events held in schools.** This focus on community-based solutions is a very productive aspect of the media coverage because it will begin to shift readers’ focus from families to communities as the most effective site of intervention for children’s oral health issues.
2. **Experts and advocates are emphasizing that childhood tooth decay is a serious problem.** Tooth decay was identified in over half the coverage as a major problem affecting children’s health, and frequently cited as the single most pervasive chronic childhood disease. Additionally, nearly a quarter of the coverage highlighted the impact that untreated decay can have on school

attendance. This coverage tended to point to a key finding from the U.S. Surgeon General's report: that pain and other problems associated with tooth decay are a major cause of absenteeism in U.S. schools. However, **the important connections between oral health and overall health are made far too infrequently in the overall media presentation of this issue.**

3. **Coverage of community events was common, especially during national campaigns like National Children's Health Month and Give Kids a Smile Day, but the presentation of this coverage was largely episodic, and lacked connection to larger efforts by advocates to advance children's oral health as a social issue.** While this approach highlights community dimensions of the story, the stories often shift the focus to how events of this kind lead to needed improvements in care *at home*. Coverage with this focus is not entirely without merit: It represents a useful step that moves this issue from being solely about parents and parental responsibility to a broader community issue. This coverage could go a lot further, however, by holding up community events and programs as concrete examples of what is being done, and then identifying *what else* is needed to create more sustainable and comprehensive *systems* of care.
4. **There were several important absences in the patterns of coverage.** Given that pain and various other severe health consequences that result from untreated tooth decay have serious effects on school attendance and performance, it was surprising how rarely educators, school nurses, students and parents were quoted in newspaper articles on the topic. Nor was this issue, in and of itself, the primary focus of any of the articles examined. Public policy solutions were another critical absence in much of the coverage. When public policy was a topic, it was generally confined to a specific situation of a particular state or locale. Reporters tended to focus more strictly on whatever policy was currently under debate rather than on the broader issues at hand. In those cases, it was rare for the coverage to cite examples of policy successes in other states, or to mention a broader range of public solutions.

Children's oral health advocates should remember the power of the media not merely to prioritize an issue, but also to signal responsibility for its resolution. They will need to understand how to stay on message and how to deliver a message through the media that cannot be diluted into the dominant consumer frame of Mr. Tooth Decay and "Ten ways to get your child to brush her teeth." And they will need to organize themselves and orchestrate a "campaign" to give the issue the definition they want, a definition that sets up certain policy preferences as logical and compelling.

Reframing a Children's Oral Health Message

With reference to the communications research, two statements tested by FrameWorks researchers clearly overcame public indifference, and overrode the public's relative ignorance of the subject, by connecting it to topics people *do* discuss: health in general, insurance coverage, and the importance and efficacy of prevention.

Those two statements emphasized:

(1) *Dental disease is disease*, with health consequences across the life span, and that new scientific breakthroughs, such as sealants, can prevent these chronic problems in adulthood.

(2) *Dental health is part of whole health*, and that it's a crazy system when we allow our health system or insurance companies to cover our arms and legs but not our mouths.

Moreover, these statements had the advantage of immediately connecting children's oral health to systemic solutions. By making clear that dental problems are about *disease*, rather than cosmetics, the first statement overrides the natural tendency to assign responsibility to the family and, instead, elicits the community's responsibility to safeguard citizens from disease. It moves the issue from a personal to a public health responsibility.

The second statement, by evoking a whole health model, aligns children's oral health with other aspects of children's health. Both of these statements accomplish the goal of taking children's oral health out of the public's default frame (teeth, brushing, cosmetics, parents) and into a social policy frame that opens the door to collective resolution.

The link between oral health neglect and disease will have to be made explicit, along with other long-term consequences of inattention. Because this foundation is so weak, advocates will have to be careful to not go too far and hit TV screens with a new "crisis," which is likely to be rejected out of hand by a public believes that this issue is not important. The consequences need to be spelled out in social terms: attendance at school, job-related disadvantages, long-term health costs, heart disease, etc. The framing of this issue must overcome the public's need to grapple only with "important" issues; the consequences of doing nothing must be made clear.

However, when even a modicum of strategically calculated information is introduced into the discussion, FrameWorks has found that people reconsider their shallowly held convictions. Introducing reframes has proven to help the public prioritize the issue of children's oral health, to assign responsibility for it to someone other than parents, to see a clear role for the community, and to support systemic solutions. Research informants expressed the following ways of thinking that can work for children's oral health communicators:

1. If there are to be systemic solutions, most adults expect schools to be involved.

The link between education and health is a strong one for people. Since children's health impacts their achievement and their concentration in school and their attendance, that immediately signals to people that a child's future is threatened. The notion that screening and referral for children's oral health would occur in the schools seems natural

to them, as long as this obligation is not placed on the school without sufficient resources or by eliminating other needed programs. People tend to be very sensitive to pressure on schools to “do everything.”

Schools provide a vital link between community-based oversight and a national system with government oversight. There are important child-health precedents that can be used. For example, vision screening and immunizations successfully moved into the schools in the late twentieth century; how can we take advantage of these success stories to make the schools the locus for identifying and mainstreaming children with dental disease as part of our progress in the 21st century? On the negative side, if used by advocates to lend credence to the opinion that the actions necessary to ensure that children have proper oral health care are educational in nature, they run the risk of creating demand for services that are in short supply. In effect, if the problem is framed as educational in this sense, the result will be to place responsibility on the parents and to create *information* as the solution to the problem, rather than more services or policies to enhance *access*. The result of this kind of framing will be free toothbrushes and pamphlets sent home with the school-age child.

2. When prompted, adults believe that oral health is part of overall health and well-being.

Americans want to see oral health and children’s oral health as a part of overall health and total health care. Indeed, many of FrameWorks’ research participants were moved to reconsider children’s oral health when it was positioned this way, commenting that they had never thought of it as a health issue.

There is an enormous opportunity for children’s oral health advocates to continue to press for resolution of this problem as part of health care reform.

It also enhances the universality of the message. Many Americans do not have dental insurance themselves, let alone for their children. Most Americans also know that the first coverage to go when insurance companies retract is dependent coverage. This situation is both personally relevant and socially unacceptable, eroding a worker’s ability to protect his or her family.

Finally, it goes directly to the vulnerability of the children’s oral health issue. It becomes less salient to the extent that it is not seen as vital, and to the degree that dental care is divorced from health care. Thus, as will be suggested below, advocates must work carefully to keep the public identification of this issue as a *health* issue, not a *dental* issue, by using appropriate messengers and metaphors. By unifying these issues, one can avoid dental health being “picked off” and marginalized as a second-tier issue.

3. Children’s oral health is part of a wider community concern.

While this element is somewhat weaker in people’s thinking, it is an important theme for advocates to incorporate into communications efforts. Too often, advocates assume that

children's issues can be easily positioned as community concerns, and fail to think strategically about how to make this link as an alternative to the parental responsibility frame. Ideas of community responsibility cut both ways on this issue: For some people, this core belief allows them to prioritize children's oral health because of the obligations of citizens to one another, while for others this core belief forces a comparison between children's oral health and other pressing social issues. Thus, if advocates are not careful, they run the risk of alienating precisely the constituency that is most likely to care about, and carry, this issue: aware activists and informed citizens who understand the pressing need to pay attention to children's issues, but who might prioritize child hunger, child health, child poverty or early childhood education above children's oral health.

The value of *Future* has promise in conveying both what's at stake and community responsibility, while avoiding fragmentation of, or comparison between, issues. Some of the strongest effect in the research was produced with respondents' comments about the idea that "the children are our future." As Morgan's report concludes, the future orientation must be combined with "fact-based approaches designed to increase people's knowledge about the real potential of poor dental care for very serious, even in some cases life-threatening, illnesses in the future. Increased knowledge of this sort would undercut the main objection to spending on children's oral health as expressed by several respondents: that oral health effects are not really serious."^{xi}

The idea of "leaving a legacy" has been shown in related research to connect powerfully to people's concerns about children. Moreover, the fact that this problem is solvable, and at relatively little cost compared to other social problems, can position it as a "can do, must do" issue. Indeed, other research has shown that Americans are attracted to those children's issues that can be solved, and are looking for ways to prioritize these politically.

Many of the research findings translate into specific recommendations related to the fundamental elements of the frame: metaphors, messengers, visuals and context. We will explore each of these elements from both the perspective of the current cognitive model of children's oral health and the potential for reframing this model through the news media.

Specific Recommendations for Reframing

The research suggests a number of clear, effective ways to set up a new understanding of children's oral health. Key to this reframing is an emphasis on the *prevalence of the problem, the consequences of the problem and the efficacy of prevention in solving this problem.*

Here are three statements that actualize some of these findings:

Prevalence: Dental decay is the most common chronic childhood disease in America, five times more common than asthma. In fact, half of all children have a history of decay by the time they reach the first grade.

Consequences: When children's oral health suffers, so does their school performance. Children who are in pain cannot pay attention to teachers and parents, which results in lost opportunities.

Prevention: Children and adults with dental insurance are much more likely to have timely visits to a dentist, which means problems can be identified and treated early on. The simple combination of dental sealants and fluoride treatments (in the form of rinses, gels or community water supplies) can help prevent the majority of decay from ever occurring.

Link children's oral health to overall health. The main message must be that children's oral health is an important part of overall health and well-being.

Example: Too few people connect what happens in the mouth with the rest of the body. Like vision care and hearing, dental care has been marginalized. The truth is, if you don't have good oral health, you're not healthy.

Define children's dental problems as disease and make explicit the consequences of delayed attention to oral health problems. Advocates must link children's oral health to long-term health effects in simple terms that most Americans can understand; they must go beyond "cavities" and "lack of self-esteem" as the ultimate consequences of doing nothing.

Example: For children, untreated dental disease can create problems with eating, sleeping and paying attention in school. For adults, the consequences become more severe, with connections between oral disease and the delivery of pre-term, low-birth-weight babies, heart disease and diabetes.

Provide a clear solution or arena of responsibility (insurers, laws, schools, etc.). The list of policy solutions must be enumerated at every opportunity. Calling attention to states and cities that have made progress in addressing children's health helps. Americans are hungry for solutions to children's problems and, without them, they will default to the frame that bad parents aren't doing what they should, and there are no ways to intervene.

Example: Lack of dental care and coverage is widespread, but we know how to solve this problem. Oral health screenings and care can be offered in schools, in pediatric offices and in community health centers. Making screenings and care available to people in convenient locations will help increase access to these important preventive services.

Emphasize a "can do" approach to children's problems that empowers community action.

Example: Many states are making progress on this problem. Connecticut reports it is covering its children's access to dental prevention for \$7.13 per child per month. Per person, community water fluoridation is far less expensive than the cost of a single filling.

Use messengers who underscore these messages and enhance the issue's importance in your community.

Example: School nurses, pediatricians, senior citizens and other health professionals should serve as the prime messengers. Dental professionals provide necessary expertise to the issue but should always be combined with other spokespeople, so as to avoid the appearance of self-interest.

Choose visuals that reinforce your overall message.

Example: Photos of healthy, active children in schools and participating in learning activities in the community; pediatricians' offices where the doctors also ask about the child's access to regular dental care; child health checklists that include oral health; school nurses who examine students for oral disease and refer them to a care provider, or who can attest to learning days lost due to dental disease.

About the Institute

The FrameWorks Institute is a national nonprofit think tank devoted to framing public issues to bridge the divide between public and expert understandings. Its work is based on Strategic Frame Analysis™, a multi-method, multi-disciplinary approach to empirical research. FrameWorks designs, commissions, publishes, explains and applies communications research to prepare nonprofit organizations to expand their constituency base, to build public will, and to further public understanding of specific social issues — the environment, government, race, children's issues and health care, among others. Its work is unique in its breadth — from qualitative, quantitative and experimental research, to applied communications toolkits, eWorkshops, advertising campaigns, FrameChecks™ and Framing Study Circles. See www.frameworksinstitute.org.

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^{iv} For more information about the Watch Your Mouth campaign, see

http://www.frameworksinstitute.org/assets/files/PDF_oralhealth/WYMinformationalbrochure.pdf

^v Morgan, P.S. (1999). *A Report on American adults' models for children's oral health from interviews*. Washington, DC: Benton Foundation.

^{vi} Johansen, B. (2009). *From the mouths of babes: How the media frames the issue of child oral health*. Washington, DC: FrameWorks Institute

^{vii} Kunkel, D. (1994). *The news media's picture of children*. Oakland, CA: Children Now.

^{viii} Duffett, A., Johnson, J., & Farkas, S. (1999). *Kids these days '99: What Americans really think about the next generation*. Washington, DC: Public Agenda.

^{ix} For a more recent discussion of FrameWorks' research regarding Americans' thinking about race, see Davey, L. (2009). *Strategies for framing racial disparities: A FrameWorks Institute MessageBrief*. Washington, DC: FrameWorks Institute.

^x Johansen, B. (2009). *From the mouths of babes: How the media frames the issue of child oral health*. Washington, DC: FrameWorks Institute

^{xi} Morgan, P.S. (1999).