



Communicating About Disparities in Children's Oral Health: A FrameWorks Institute FrameByte

The disparities in oral health by economic status and race are important, and deserve the full attention of advocates. If this information isn't communicated carefully, this can lead to discussions about different experiences and outcomes for specific groups becoming dominated by unhelpful patterns of thought. This, in turn, derails support for policy solutions to remedy inequality. However, reminding the public of the big picture of children's oral health and its impact on all children is a way to increase support for policies to create better outcomes for every child.

Advocates often approach health disparities from the frame of "fairness," i.e., all children should have the same access to care, prevention services, etc., regardless of race or income. The problem with this frame is that it places the burden on the unfairly treated individuals or groups to justify why they should now experience fair treatment. This can easily move the focus of the discussion to individuals rather than situations or systems that need to change. In addition, if the problem is identified as "unfairness," then the solution requires that almost nothing short of everything will fix the problem. Through the lens of "fairness," communicators inadvertently end up making a moral argument instead of a pragmatic one, which means that the step-by-step, incremental solutions that are known to work may seem insufficient.

Highlighting disparities as the starting point for a discussion about children's oral health is likely to be ineffective because *explicit racial cueing hardens racial resentment toward minorities, and it hardens it most among those who have the highest level of racial resentment to start with*. This means that communicators need to make the race-specific argument *after* establishing the broader values that will shape public thinking about children's oral health.

In addition, the dominant models that people use to reason about race (discussed more thoroughly in FrameWorks' research on [how Americans think about race](#)) are relevant to framing disparities in children's oral health. There are three main ways that the American public thinks about race that should be considered and avoided in any communications.

- 1) *Historical Progress and Personal Racism*, the widespread belief that racial matters have improved dramatically in America as the result of changes in antidiscrimination laws and policies, and that racism is limited to the bad actions of a few individuals. With this model, differing outcomes in children's oral health might be the result of discrimination on the personal level of the provider, but not the result of systemic or institutionalized bias.
- 2) *The Self-Making Person*, the common belief that one's success or failure in life is individually constructed. Inequality, in turn, is explained as a failure by individuals to apply themselves with sufficient effort. With this model, inequities in children's oral health status can be attributed to poor behavior on the part of their parents, such as not teaching proper oral hygiene.
- 3) *Separate Fates*, where minority concerns are understood as being disconnected from the shared concerns and aspirations of the broader society. The white community and communities of color are perceived as having separate fates. Whites do not see the fate of minority children as impacting their own well-being. In this way of thinking, the fact that some children experience worse outcomes is of little concern to the majority.

Reframing the Discussion

The first step in reframing a discussion of children's oral health disparities is to begin with an effective value. Beginning with a value is important for two reasons: It helps overcome the idea that the oral health of low-income and minority children is not important for those outside those groups, and it directs the discussion away from poor character, effort and will on the part of parents, and toward broader policy solutions.

We would recommend using the value of Fairness Between Places to talk about oral health disparities. Instead of focusing on fairness between racial or economic groups, this value is about fairness between places and systems. The value of Fairness Between Places highlights the idea of the interdependence of

all communities, and who is responsible for maintaining their good health, including government, residents and other civic entities.

After this frame is established, communicators can go on to share examples of disparities and the types of programs and policies that address them effectively. An example of an effective message is shown below, drawing on FrameWorks' research on communicating about community health:

In many parts of our state, some communities are struggling because they are not given a fair chance to do well. This is because programs and services that support health are not fairly distributed across all communities. [Value = Fairness Between Places] When some communities are denied the resources they need, they are unable to overcome problems like poor oral health for their children. [Issue = Children's Oral Health] There are a number of things we can do to level the playing field so that where you grow up doesn't determine your health outcomes. For example, we could improve funding for school-based dental screening programs statewide to identify children with unmet oral health needs. [Solution = school-based screening]

Building support for policies that support improved oral health for children, and that bring needed resources to underserved communities, is a big challenge. By paying careful attention to the order in which we present information, taking care to avoid problematic cultural models, and using the value of Fairness Between Places, we can increase our odds of success.