

Valuing Community: Framing Childhood Vaccines in Rural America

A FrameWorks Strategic Memo

Conducted in partnership with the
American Academy of Pediatrics

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**FRAME
WORKS**

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Introduction

As the Covid-19 pandemic recedes, new opportunities for constructive dialogue about childhood and adolescent vaccines are opening up for communicators who speak up on behalf of widespread immunization and the policies that support it. [As FrameWorks found in previous research](#) conducted in partnership with the American Academy of Pediatrics, public thinking about health, science, and the role of government presents challenges for communicators, but these aren't insurmountable. Although Americans tend to think in individualistic ways that pit the ideas of personal choice against public health, there are effective ways for communicators to spark a collective orientation toward childhood vaccinations. FrameWorks' [evidence-based framing strategy](#) pinpointed ways to build understanding of how childhood vaccines work, why we need them, and how public health measures benefit both children and communities.

This body of work is proving useful to pediatricians, family physicians, immunization coalitions, public health departments, and others seeking to lead a more productive public conversation about childhood vaccinations and the policies and programs that support them. Yet pro-vaccine voices working in rural areas of the United States have noted that in the wake of politicized concerns about the Covid-19 vaccine, some political candidates and state legislators are advancing policy proposals that undermine vaccination requirements and bolster fears and concerns around vaccines.

To counterbalance a conversation characterized by fear, pro-vaccine communicators need ways to frame in terms of community. When working in rural areas, or in states where rural perspectives are a significant influence on policy and politics, it's important to check that strategies developed in a national setting—or tested with mainly urban and suburban participants—work as intended. This strategic memo builds on our previous work on reframing childhood vaccinations and provides additional guidance for communicating in rural communities across the country.

What Is Framing?

Frames are ways of packaging and making sense of information. They involve choices about how an issue is presented—what is and isn't emphasized, how it is explained, what connections are made, and which commitments are invoked. We make framing choices all the time—in both formal and informal communications—from the values we invoke to explain why something matters (e.g., community) to the metaphors we use when talking about how things work (e.g., software updates). The frames we use shape how people make sense of and respond to what we're communicating. They affect people's understanding of an issue or scientific process, affect people's attitudes about who is responsible and whether a problem can be solved, and shift their support toward more effective solutions.

Recommendations

The recommendations draw on and extend the recommendations in *Communicating About Vaccinations in the United States: A FrameWorks Message Memo*. As we describe below, people living in rural areas of the United States do not have fundamentally different ways of thinking about vaccines, or different beliefs about the importance of collective health and wellbeing. However, their priorities and concerns may differ. This means the framing strategy needs to be used in flexible ways that accommodate these differences.

The table outlines the various ways in which the original research recommendations can be stretched and adapted when communicating about vaccination.

Original frame	Stretched to ...
<u>Common Good</u>	→ Talk about the <i>Community's</i> role in ensuring children's health and wellbeing, and the benefits of vaccinations for everyone.
<u>Collective Responsibility</u>	→ Use the value of <i>Community</i> to create a sense of collective responsibility for every child's health without needing to say the word.
<u>Beginner Text</u>	→ Draw links between trusted public institutions like schools, where children learn reading skills, and vaccination programs, where their immune systems are practicing the skills they need to be healthy.
<u>Software Updates</u>	→ Link the individual benefits of boosting immunity to the wider community benefits of creating a safe, more stable network of community health.
<u>Barriers to Access</u>	→ Talk about the practical barriers in rural communities; for instance, distance to providers and limited transportation. Then link these to clear solutions.
<u>Adjust to Your Audience</u>	→ Create spaces for small groups of people to talk about their concerns and priorities for their communities, both around vaccines and about the health of their communities. Use well-framed materials and discussion points.

RECOMMENDATION #1**Emphasize the *Community's* role in ensuring everyone is healthy and well.**

Begin your communication by highlighting communities' role in supporting children's health and wellbeing. Use the words "our," "everyone," and "together" with "community" to normalize vaccination and make it a collective endeavor. Include explanations about how the community benefits when it is collectively committed to higher vaccination rates and vaccination programs.

Example:

When children are vaccinated our whole community benefits. High childhood vaccination rates create widespread immunity, which protects the health of everyone. By coming together to support vaccination programs, our community can ensure that all children have the opportunity to grow up healthy and strong.

Why this works:

"Community" is a strongly, widely cherished American ideal. By invoking "community," we evoke the sense that a problem is a matter of collective concern. In rural areas where local, personal ties with family and friends may be especially important, the word *Community* elevates the importance of vaccination and normalizes support for it. The word can also lead to productive thinking about how community-based programs can increase vaccination rates.

RECOMMENDATION #2**Use caution with the word "responsibility."**

Don't use the word "responsibility" at the outset of your communication. Instead begin with the value of *Community* to tap into people's commitment to the collective good and build people's support for childhood vaccinations. If you do talk about collective responsibility, think about ordering and link it to successful community-level and community-led interventions.

Example:

We want everyone in our community to be healthy and well, and part of being healthy is making sure we are all vaccinated—particularly children. Together, we can create a healthier community by making sure everyone who wants to get vaccinated can get vaccinated.

Why this works

The term “collective responsibility” may backfire with people living in rural areas. In this research, we heard participants talk about responsibility as highly individualized and reject the idea that people have a duty to one another when it comes to vaccination. The term also led to pushback from both vaccine skeptics and supporters who viewed it as judgmental and divisive.

This doesn't mean that people living in rural areas don't share a commitment to the health and wellbeing of all children. A more effective approach for communicators in rural areas is to think about a sense of collective responsibility as the *outcome* of the framing strategy, instead of the frame itself. Use the *Community* value as a call to action and to create a sense of urgency around support for vaccines without having to use the word responsibility.

RECOMMENDATION #3

Draw on the explanatory power of the *Beginner Text* metaphor to talk about access to vaccinations.

FrameWorks has previously recommended comparing the body's response to vaccination to a new reader's use of beginner texts. Expand the metaphorical language of literacy and *Beginner Text* beyond instruction of the immune system to talk about the importance of ongoing access to vaccines in childhood. Combine it with the *Community* value to talk about how community-based public health programs are similar to libraries and schools in providing services for children's wellbeing. If these programs are literally connected to these places, make this explicit by highlighting their role as spaces where both mind and body are learning important skills and abilities.

Example:

When we immunize children it's a lot like teaching them to read: their immune systems learn how to understand disease. And just as new readers continue to develop their skills long after they've left behind ABC books, our immune systems remember how to resist a disease long after a vaccine has left the body.

We know that literacy is good for kids—and so is immunization. We need to make sure all kids have ongoing access to both. We have public schools to ensure that every student has access to literacy and other vital skills. In the same way, as a community, we can support programs that make immunizations affordable, widely available, and easy to access for all children and adolescents.

Why it works

People draw positive associations between schools and vaccinations. In rural peer discourse sessions, people often harkened back to school-based vaccination programs from the past that made vaccines accessible to all. *Beginners Text* helps people imagine how vaccines work in early life but also creates opportunities for communicators to link what happens in the body to people's lived experience with easier access to vaccinations. Linking vaccination to schools and libraries—both literally and figuratively—also reinforces the role communities can and should play in health outcomes.

RECOMMENDATION #4

Connect *Software Updates* to the common good.

Extend the *Software Updates* metaphor beyond the body to talk about how these updates benefit not just individual immune systems but the health of everyone in the community. Talk about how all computers in a network are protected when everyone updates their software regularly—and link this to the role vaccines play in communities.

Example:

Just as our computers and phones perform better after we've updated the software, our immune systems work more effectively in response to vaccines. And just like an updated software version benefits every user in a network by enhancing security and reducing vulnerability, widespread vaccination protects the community by reducing the virus's ability to spread. When every child in a community gets vaccinated, it creates a healthier, safer environment for the whole community.

Why this works

Software Updates is a strong explanatory metaphor for talking about *how* the vaccines work, but it can limit people's thinking to individual bodies and not their larger environments. As we found in our previous research, the relationship between devices and the importance of security updates can be extended to talk about the relationship between people and the ways in which vaccines keep everyone protected. With audiences in rural areas, connect this directly to the idea of a *Community* network.

RECOMMENDATION #5**Talk about the practical barriers to vaccine access in rural communities.**

Give specific examples of the challenges people face when they need to access health care, including vaccinations. Talk about affordability, lack of services, and the difficulty of reaching health care in places with no public transportation. Match these examples with specific solutions to prevent fatalism.

Example:

When it comes to health, place matters. Rural communities face barriers that make it harder to access health care, including childhood vaccinations. There are often few health care providers and fewer health care facilities. People may need to travel long distances to reach the services they need, and public transportation is usually scarce.

Community-based health programs overcome those barriers by bringing health care services to the places where people can easily access them. With these programs in place, we can make sure vaccinations are accessible and affordable for every child and family, by ... [*add clear solutions and actions*].

Why this works

Rural Americans experience the difficulties of accessing high-quality health care every day. The people included in this research talked about the lack of affordable health care options in their communities and the need for low-cost transportation to get to providers. Naming these challenges acknowledges and validates people's lived experience while clearly linking them to community-based solutions, creating a sense that these problems can be solved and solved together.

RECOMMENDATION #6**Make space for people from different viewpoints to come together around shared values.**

Set the stage for more productive discussions about vaccines by framing it as a conversation about *Community*. Make it clear this is a space for people with different views to share and acknowledge those differences. Foreground the importance of making sure every child in their community has what they need to be healthy and well, including but not exclusive to vaccinations. And have people think about solutions together they want to see and believe are feasible.

Why this works

People living in rural areas have a range of views about vaccines and vaccination, and this was also true for the participants of these sessions. Some participants were strong supporters of vaccination who felt everyone who could should get vaccinated to preserve not just their health but others'. Some believed in vaccination but were more concerned about the Covid-19 vaccine. And some were skeptical about all vaccines.

Having a space for smaller groups of people to talk about their concerns but then focus on the shared goal of child health and wellbeing moves the discussion away from disagreements and debates. Once attention is focused on that common cause, communicators can use well-framed arguments and materials to build people's understanding of how vaccines work, why access is so important, and how vaccinations benefit everyone in their community.

Conclusion

Those making the case for vaccination may face stronger resistance in rural communities, especially in the wake of the Covid-19 pandemic and heightened concerns about individual freedom and choice. However, rural Americans' mindsets about vaccines are not fundamentally different from other Americans'—they just tend to tilt more strongly toward individualism. The framing strategy FrameWorks developed to move mindsets around vaccination can and should be adapted to address this emphasis on individual freedom. Focusing both communications and conversations on how communities come together to ensure every child is healthy and well can shift people away from individualism and toward collective action.

Appendix A: Methods

Methods

FrameWorks researchers conducted eight Peer Discourse Sessions with six members of the public in each session. Peer Discourse Sessions (PDS) are similar to focus groups in that they involve researcher-led, small-group discussions on a focused topic. PDS are designed to elicit mindsets (deeply held, shared assumptions about how the world works) people bring to particular issues, and then examine how mindsets shift (or do not shift) through interaction with various ways of framing a topic. Researchers then evaluate how frames are taken up in social context and determine which lead to positive shifts in thinking and increase support for programs and policies.

For this research, participants were recruited based on their location, their political views, their parental status, and their race and ethnicity to ensure groups were diverse but reflected rural demographics and views. To the extent possible, each group included a mix of participants who self-reported to be Republican, Democratic, and Independent.

In order to capture regional diversity, sessions were conducted with participants in each of the following four regions:

- South: TX, LA, OK, AL, GA, AR, MS
- Mountain South: KY, TN, WV
- Midwest: IA, MO, NE, KS, ND, SD
- Mountain West: ID, MT, WY, WA, OR, UT

Participants were not asked about their support for vaccines or told about the topic before the sessions beforehand. Researchers facilitated activities and moderated discussion to ensure every participant had opportunities to express their views and participate in activities, but did not dictate how participants interacted with one another.



About FrameWorks

The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis[®], offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multidisciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks[®], toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

Learn more at www.frameworksinstitute.org



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