



A FrameWorks Institute eZine

Strategic Frame Analysis & Policy Making: Where Does SFA Fit into our Strategic Plan?

From time-to-time after a presentation on strategic frame analysis, a group will ask how to apply this information to achieve their primary task of passing legislation, advancing a policy at the legislative level, convincing a targeted group of the public that a policy position should be supported, or creating a communications campaign to promote a specific policy position.

This section is presented in an effort to ground the art and science of framing a message in the larger strategy and tactics that your organization must undertake to advance its public policy resolutions.

The key point we hope to advance is that Strategic Frame Analysis (SFA) is a key building block in the policy making process and every activity that you undertake in pursuit of policy-making. Used effectively, SFA can become the foundation upon which your organization builds its policy advocacy strategy.

In order to not distract us from our primary goal we will use a simplified model of the public policy process. This will allow us to more clearly demonstrate the benefits of SFA. In this case it is not the steps of the policy process or the model that we want to emphasize but the role of SFA in the process. Accordingly, the use of a standard model of policy making allows us to deconstruct the process indicating where SFA fits in each step of the policy model.

Let's look at the phases of the policy making process as traditionally identified in the policy literature.

- Problem identification/gaining agenda status
- Policy Formulation and adoption

- Policy Implementation
- Policy Evaluation/adjustment/termination

In order to illuminate the contribution of SFA to policymaking, we will first discuss policy making in general, presenting a normative view of the process. We will then shift to a definition that more closely matches the objectives of SFA. Next we will quickly review each policy making phase, culminating with an emphasis on the first phase, where SFA plays such a vital role.

We will use examples from public health throughout this analysis. We do this for the following reason. Health outcomes are determined by a wide variety of factors that range in nature from individual behavior to medical care to socioeconomic factors. Accordingly, the decision making process involved in naming the health problem, and selecting a policy solution and intervention provides us with excellent examples to use in exploring how SFA interacts with the public policy process. Thus, it is by focusing on public health issues, we believe, that this analysis can best realize its' goal of helping you discern why SFA needs to be interlaced into your policy efforts.

Policy Making

Typically, policy making is described as an assembly line of the elements required to make policy: first the issue is placed on the agenda and the problem is defined; next the executive branches of government objectively examine alternative solutions based upon factual data, then select and refine them; then the executive agencies implement the solutions while interest groups often challenge the actions through the judicial branch; and sometimes the policy is evaluated and revised or scrapped.

However, scholars of the policy process such as Deborah Stone say that this model fails to portray the essence of policy making which she describes as "the struggle over ideas" [2002].

Ideas are a medium of exchange and a mode of influence even more powerful than money, votes and guns. Shared meanings motivate people to action and meld individual striving into collective action. Ideas are at the center of all political conflict. Policymaking, in turn, is a constant struggle over the criteria for classification; the boundaries of categories, and the definition of ideals that guide the way people behave [Stone, 2002, 11].

Using Stone's image of policymaking matched against the purpose and objectives of SFA, we can begin to see the importance of framing and how it applies broadly at every level of the policy making process. We have said that framing is a communications tool that transmits conceptual constructs able to tap into people's deeply held values and beliefs. We have also tried to indicate that behind policymaking there is a contest over conflicting conceptions of the policy based on equally plausible values or ideas.

The question at each step of the process then becomes: *what frame transmits the policy with concepts that represent the values and worldviews of the public, policymakers and other key groups that you need to persuade?* Accordingly, framing is the key mechanism that animates the policy process.

For example, the second step in policymaking is policy formulation and adoption. In this step, elected officials, house or senate committees, or the President's cabinet identify, evaluate and select from among alternative policy solutions. A rational, generally accepted view of decision-making based on reason requires the identification of objectives, the prediction of the consequences of alternative courses of action, and finally the evaluation of the possible consequences of each alternative.

However, adhering to the definition of policymaking as a struggle over values and ideas, we can see that a rational step-by-step method for policy formulation based on objectivity, facts and reason is not accurate. Humans use models, metaphors and other techniques to impose structure on the world and to reduce considerations. We use stories and exclude stories as we seek order. Policy formulation as a part of policy making is, once again, nothing more than reasoning by analogy, category and metaphor where those involved, based on their values and views, strategically select the data, facts and information that will be most persuasive in getting others to see a situation as one thing rather than another.

A good example of framing in relation to the description of health problems and the formulation of public health policy is Nurit Guttman's [2000] explanation of the role of values that underlie various health interventions. Guttman explains that public health interventions are not always chosen because they are effective but because they have a stronger link to certain social values over others [2000].

Health education strategies targeting individuals with persuasive techniques raise the issue of individual autonomy and privacy because they reduce the ability of individuals to freely choose among options [Guttman, 2000]. On the other hand, regulatory strategies restricting the marketplace or protecting the environment draw on the values of justice and equity and the requirement to provide people an opportunity to live in environments that promote health and minimize risk [Guttman, 2000]. Thus the regulatory restrictive health intervention is inherently associated with the values of self-actualization and the promotion of the public good [Guttman, 2000].

Various methods or strategies can be employed for the purpose of achieving the goals of a public health communication intervention. Strategies may include the use of fear arousal appeals, asking individuals to put social pressure on others, or teaching people skills such as the use of self-monitoring devices... Values clearly play a central role in the choice and application of such strategies... Questions about the morality of

coercion, manipulation, deception, persuasion... typically involve a conflict between the values of individual freedom and self-determination, on the one hand and such values as social welfare, economic progress, or equal opportunity on the other hand [p. 80].

Milio, [1981] explains another frame and related underlying values to describe the selection and use of particular public health strategies and policies.

The obligation of health policy, if it is to serve the health interests of the public, does not extend to assuring every individual the attainment of personally defined "health". In a democratic society that seeks at least internal equanimity, if not humanness and social justice, the responsibility of government is to establish environments that make possible an attainable level of health for the total population. This responsibility includes the assurance of environmental circumstances that do not impose more risks to health for some segments of the population than for others, for such inequality of risk would doom some groups of people- regardless of their choice- to a reduction in opportunities to develop their capacities [Milio, 1981, p.5].

The key point is that, while policymaking is a process, it is also a human endeavor and as such it is not based on objective and neutral standards. Behind every step in the policy process there is a contest over equally plausible conceptions of the same abstract goal or value [Stone, 2002]. Remember, those participating in policymaking are also driven by their belief systems, and ideology. These values and ideologies precede and shape the decisions along every step of the policy process.

Steps in Policymaking

Now let's take a look at how framing plays a role in each step of the process. We will begin with step two in the policy making process, leaving the first step for closer examination later.

Policy Formulation and adoption occurs if an issue achieves agenda status. Policy formulation involves analyzing policy goals and solutions, the creation or identification of alternative recommendations to resolve or address the identified public problem, and the final selection of a policy.

The U.S. Surgeon General, the Centers for Disease Control and Prevention and most public health experts support exchanging clean needles for used ones as a way to reduce the spread of H.I.V. infections. New Jersey- a state with more than 9,000 orphans who lost their mothers to AIDS, 26,000 people with AIDS, the nation's third highest rate of intravenous

HIV infection and the nation's highest rate of infection among women and children- not only refuses to pay for needles, it used under cover police to arrest those distributing clean needles to prevent AIDS activists from violating the state ban on distributing syringes [Clemons and McBeth, 2002.].

Former Governor Christine Todd Whitman (R) was adamantly opposed to needle giveaways, claiming it sent the wrong message to children about drug use. Former President Bill Clinton (D) who admitted the benefits of a needle exchange program -also failed to support the effort due to pressure from the then Republican majority in Congress. [Clemons and McBeth, 2002.].

AIDS activist lost this war of ideas that occurred at the policy formulation stage of the process. Possible policy solutions considered were increased sex education in schools; education about and free distribution of condoms; and the distribution of needles to IV drug users [Clemons and McBeth, 2002.].

Facts, reason and objectivity should have induced the elected officials to select a policy of needle exchange. However, these policies invoked a series of images and ideas antithetical to the values of powerful groups in the country such as the religious right [Clemons and McBeth, 2002.]. These same groups then framed the policy solutions in such a manner as to make them "about" the behaviors they recognize - illegal drug use, illicit sex, and addiction -as opposed to the prevention of HIV and the death of women and children. The framing of the problem limited the policy options.

Policy Implementation occurs within organizations, typically administrative bureaucracies, directed to carry out adopted policies. Occurring at the national, state and local levels, implementation begins once a policy has been legalized through a legislative act or a mandate from an official with authority to set policy. Administrators make decisions about how to deploy resources, human and financial, to actualize a policy.

The war of ideas and values continues to play out even at this level because administrators must define and put into operation key terms and ideas in the legislative policy. There is often great disparity between the intentions of a policy and how it is carried out. The outcome will be affected by how the policy is interpreted, the values, ideologies, and views of the administrators, and the resources available and selected to implement the policy.

Consider the national policy that over hauled the welfare program during the Clinton administration. The phrase "welfare-to-work" was termed. The President's administration made a great effort to frame the legislation as a means to transition from welfare into jobs

that allowed the recipient to establish a means of livelihood. Values expressed in this case might have been "doing-no-harm", or self-actualization.

But later, in the execution of the legislation, some states emphasized the transition off of welfare to jobs, while others chose to see the policy simply as a call to decrease welfare rolls. The values invoked in these kinds of programs might be described as market autonomy, utility, or efficiency.

Let us also reflect on the public health mandate to decrease smoking as enunciated by the Office of Disease Prevention and Health Promotion, [U.S. Department of Health and Human Services in Healthy People 2010](#). The goal is to reduce the number of adults over age 18 who smoke by 12% by the year 2010.

The Healthy People 2010 website provides information for individuals on how to stop using tobacco. The federal agency also invested in public service announcements featuring Bill Cosby on a variety of topics including the tobacco issue admonishing individuals about the dangers of smoking. No mention is made in the strategies on the website regarding market place regulations or structural remedies such as the tobacco lawsuits, banning smoking in public places, or the marketing of cigarettes.

Guttman [2000] says that, consciously or unconsciously, the implementation of public health communication interventions involves the application of values. For instance, the execution of stop smoking programs at the individual level assumes that individuals should be responsible for the solution to health problems and simply need to have their refusal skills improved. On the other hand, the decision to implement a program at a societal-structural level identifies the locus of solution as external to the individual.

Social problems are time, place and context bound. The way the health issue is framed as a problem (or not) is likely to reflect certain priorities or ideologies of the more dominant stakeholders. The mere identification of the problem itself presents a value judgment: the particular view of the ideal state is what determines what is considered problematic, thus requiring action. Is the problem conceived as poor motivation on the part of individuals who do not adopt recommended practices? Perhaps the problem is a result of structural socioeconomic conditions such as limited access of smokers to smoking cessation programs. ... The locus problem can be identified at different levels, as a lifestyle issue versus an issue mainly associated with societal structures and distribution of resources [p.74].

Policy Evaluation

The final stage of the policy process determines what occurred as a result of the selection of a policy and makes corrections in the current policy or program as needed. Essentially, the final stage of the policy process assesses what has occurred as a result of the implementation of the legislative policy.

Just as there is no escape from values into an objective, fact-based mode for selecting one policy in lieu of another, there is also no neutral, rational, objective way to measure and calculate the benefits or harms resulting from a policy. All the same considerations of values-based framing come into play in this seemingly "objective" phase as well.

To begin to evaluate a policy, several pieces of information must be established: the goals or original objectives of the policy; a means by which to measure the extent to which goals have been met; and the target of the program or who the program was intended to affect.

Assembling this information involves value laden decision-making including the views, and values of the organizations involved, the analysts, clients or the target population, and the general public who may be paying for the program with their tax dollars.

When assembling the indicators of success for a policy evaluation, priorities and values become important. A particular indicator that may gauge success by one value-laden goal [efficiency] may not capture the success of the policy for another goal [community solidarity] [Guttman, 2000].

An example provided by Deborah Stone shows us how a value laden evaluative criterion figures in something as seemingly straight-forward as measuring the efficiency of a library [Stone, 2002]. Scholars agree that an efficiently run library is one that builds up a good collection of books and that a particular library in California might be more efficient if it replaced some highly paid professionals and spent the money on building the collection of books [Stone, 2002].

It is possible to imagine several challenges to the evaluative criterion of efficiency. Some citizens may value the resources available in the library in the form of storytelling for children, or jobs for teenagers [Stone, 2002]. Some might debate what a "good book collection might include [Stone, 2002]. Finally, others might say an efficient library is one that would save the users time by providing the maximum amount of assistance while the patron is using the services [Stone, 2002].

On the use of efficiency as an evaluative criterion, Stone says it "is always a contestable concept...to go beyond the vague slogans and apply the concept to a concrete policy choice requires making assumptions about who and what counts as important... The answers built into supposedly technical analyses of efficiency are nothing more than

political claims" [p. 65]. "By offering different assumptions, sides in a conflict can portray their preferred outcomes as being most efficient" [Stone, 2002 p.66].

Ultimately, *evaluation* of a policy becomes nothing more than a selection among criterion based on values and ideologies. In the example below, one can see clearly how the selection of the evaluation criterion extricates different values.

[In] ... an intervention to prevent adolescent pregnancy that chose the strategy of persuading adolescent girls to use a contraceptive implant, a likely evaluation criterion would be the relative frequency of pregnancies before and after the intervention in the target population. For stakeholders who define the problem as based on sexual promiscuity or for those who believe the girls engage in abusive sexual relationships because of low self-esteem however, this criterion would be irrelevant because these adolescent girls may continue to engage in premarital sex and may have simply adopted enhanced contraceptive practices. Stakeholders who are interested in preventing youth from being infected with sexually transmitted diseases are not likely to find this criterion satisfactory. The contraceptive implant may protect the adolescents from pregnancy, but they may continue to be exposed to infection [Guttman, 2000].

Problem identification/gaining agenda status

We saved the first step in the policy process for last because it is here, more than at any other stage, that framing becomes critical. The first step involves getting a problem onto the radar screen of the legislative body that must deal with that issue [Clemons & McBeth, 2001]. Problems gain legislative attention in many ways, but typically gaining agenda status happens once there has been a value-driven, subjective determination that an issue is now a "public problem".

The question then becomes: why do some issues become public problems reaching agenda status and others do not? The answer to this question has to do with frame construction in the sense that an issue must be constructed so that it is perceived as qualifying as a social problem (Best, 1995). This is a key objective in getting the attention of the legislative body in charge. This assertion is derived from the notion that issues get attention when they are labeled as social or public problems (Best, 1995).

How an issue becomes a social problem is not based entirely on objective measures of the severity of the condition but rather on a host of factors related to how society perceives or constructs the information presented regarding the issue (Best, 1995). Accordingly, SFA is used to help determine the organizing constructs or values that may be used to frame an issue in order to convert it into a social problem that then captures the minds and concerns of the public and its elected officials.

First, a few ideas on why a social condition is not automatically a social problem and why it must become one before it can become a priority with the legislature.

Joel Best (1995) asserts that until something is labeled a "social problem" it does not rise to a level of importance sufficient to attract the attention of the public and policymakers. His view is called the subjective, constructionist perspective in that it says a social condition is a product of something defined or constructed by society through social activities (Best, 1995).

For example, when a news conference is held on crack houses or a demonstration on litter, or investigative reporters publish stories, or when advocacy groups publish a report, they are constructing or framing the issue using claims that help build the issue into a social problem.

Malcolm Spector and John Kitsuse [1977] use the term "claims making" to define the activities of individuals or groups making assertions of grievances and claims with respect to some putative conditions that result in social problems.

According to all of these definitions, it does not matter if the objective condition exists or even that it may be severe. It only matters that people make claims about it in such a way that it invokes the subjective mental construct that will frame the issue in such a manner that it is believed to be a public problem of magnitude and worthy of attention. In other words, social problems are the result of claims making activities that frame the issue so that it triggers organizing principles attached to an individual's deeply held worldviews and values (Best, 1995).

Claims making activities draw attention to social conditions and shape our sense of the nature of the problem (Best, 1995). Through rhetoric, every social condition can be constructed as many different social problems. A claims makers' success [or framing] depends *in part* upon whether their claims persuade others that X is a social problem or that Y offers the solution (Best, 1995).

In the area of public health, the construction of a problem explicates embedded values and ideals of those who made the health problem in the first place [Guttman, 2000]. The results of that construction further determine whether the problem gets on the agenda as well as the range of policy solutions that appear natural or appropriate. For instance, using claims that frame the problem at the organizational level assumes a major cause of the problem is based in organizational arrangements or practices [Guttman, 2000]. The problem of an overweight America is defined as people's lack of time or facilities at work to exercise or food at work that is high in nutritional value [Guttman, 2002].

Identifying the problem of overweight adults at this marketplace level may involve a frame that links the problem to the industry's quest for profits through the marketing of

inexpensive food products high in calories instead of nutritious products that are more expensive and thus made less accessible [Guttman, 2002]. In this instance, the description of the problem involves a frame and claims that value the public good over market autonomy.

In order to evaluate the relative merits of different frames applied to the social problems we wish to take into the policy process, we need to ask the following kinds of questions: Would such a frame make this problem a public issue that gets the attention of the legislature? In the instance above involving the problem of obesity, we would ask: Framed in this way, would the legislature then consider marketplace restrictions on advertising or regulations on food content?

This presentation was meant to leave you with two "take home" lessons.

1. Strategic frame analysis [SFA] is a critical tool in the larger public policy strategy that your organization must implement in order to eventually win approval for your policies.
2. The use of SFA animates the public policy process because policy making, like SFA, is driven by subjective value systems, worldviews, and ideas.

This section was developed for the FrameWorks Institute and the Center for Communications and Community/UCLA by Lauri Andress, MPH, JD, Texas Program for Society and Health, Rice University and Doctoral Candidate, University of Texas School of Public Health.

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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