



Introducing the Health Justice Newsletter

1 message

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HEALTH JUSTICE



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MARCH 2026



Dear friends and colleagues,

This is a pivotal period for health justice. We are simultaneously countering destructive policies and dangerous rhetoric while working to advance a vision of a nation where everyone has a full, fair, and just opportunity for good health. For better or worse: this is our moment.

Today, we're launching a monthly newsletter focused specifically on health justice.

In each issue, my colleague Katy or I will share research-grounded insights for framing health topics, navigating difficult discourse, and communicating in ways that build power, energy, and impact. (If we haven't met: hello! I'm Julie. You can learn more about Katy and me below.)

This newsletter is for any and all voices for health justice: people whose advocacy, storytelling, community engagement, and public conversations are aimed at creating systems and structures that foster wellbeing in all its forms, leaving no one out.

What We're Facing

The movement to discredit public health and dismantle health equity possesses a huge structural advantage: narrative power. Their story is consistent, resourced, and constantly reinforced, creating a

dominant frame.

As we face this cohesive force, our greatest vulnerability isn't a lack of courage or imagination, but a lack of coordination.

The Risk of a Fragmented Voice

Many of us have spent the past year rapidly responding to federal actions, and as we've done so, our messaging has naturally splintered.

The challenge now lies in aligning our efforts to build a cohesive narrative that can cut through the opposition's. Without a clear, collective voice, we risk spending time and resources on redundant efforts and causing a "cacophony effect," where conflicting core messages make it harder to break through and easier for opposing, unified narratives to win the day.

What We Can Do Instead

This moment calls us to coordinate without sacrificing the unique strengths of our organizations and initiatives. This doesn't mean we need to adopt a top-down approach or rely on a single backbone organization.

Instead, it looks like treating our communications with the same rigor we apply to our epidemiology, our policy frameworks, or our recommendations for practice.

When we align our framing perspectives and evidence base, we can do more than turn up the volume. We can jumpstart an urgent project: to build a narrative infrastructure that is as strong and disciplined as the one we're trying to counter. With that, we can change the way people think about what is possible for a healthy society.

Katy and I are excited to contribute to this project through this newsletter, where we'll share both emerging evidence and time-tested insights from FrameWorks' unparalleled database of culture and communications research—a knowledge base 25 years in the making.

If this sounds exciting to you, too, stay tuned—and check out our upcoming events below for a chance to go deeper. And we'd love it if you'd forward this email to someone you'll want to join us on this journey.

In solidarity and shared purpose,



Julie Sweetland

Julie Sweetland
Senior Advisor (she/her)

MEET THE FRAMEWORKERS

Dr. Julie Sweetland

Julie is a sociolinguist who studies how small shifts in language can create big changes in the world. She learned to speak public health through initiatives to reframe health equity, tobacco control, childhood vaccinations, childhood adversity, maternal mortality, and injury prevention.

Dr. Katy Evans

Katy leads the FrameWorks Health Justice Program, which equips advocates, storytellers, and changemakers with the narrative and communications tools they need to advance health equity. She has spent more than a decade building coalitions to transform community health.



UPCOMING EVENTS

HEALTH JUSTICE FRAMING FORUM

Trust in Flux: Communicating in a Skeptical Era

Tuesday, March 17, 2026

1:00–2:00 pm EST

You've asked for more framing conversations, and we're ready to deliver! Introducing the *Health Justice Framing Forum*, where we'll share timely insights and guidance for navigating complex communications challenges. In this first forum of the year, we'll share new research on:

- how Americans think about trust, especially when it comes to health advice and information;
- levels of trust in public health institutions; and
- framing strategies that can build, restore, or undermine trust.

[SIGN ME UP](#)



NEW FROM FRAMEWORKS

Framing for Oral Health Equity Now



COMMUNICATIONS TOOLKIT

Framing for Oral Health Equity Now

Oral health doesn't always get the attention it deserves, but if you know you know: it's a major health equity issue. This toolkit helps advocates make the case—brought to you by FrameWorks and CareQuest Institute's Oral Health Progress and Equity Network (OPEN).

[TAKE ME TO THE TOOLKIT](#)



OP-ED

The Minneapolis Protesters are Showing What it Takes to Change Minds

Protesters in Minnesota showed us how good framing can shine a spotlight on systems. In this op-ed for *The Contrarian*, FrameWorks CEO Nat Kendall-Taylor argues we should all be taking conversations beyond individual “bad apples” and redirecting focus to holding systems accountable.

TAKE ME TO THE OP-ED



HALL OF FRAMES



USA TODAY

We're pediatricians. We see how ICE is harming children.

We all saw the viral image of 5-year-old Liam Ramos in a bunny hat facing ICE agents. The American Academy of Pediatrics also saw a moment to raise awareness of the intersection of immigration policy and child health. Their straightforward, cause-and-effect framing invited people to make new connections to the issue, rather than defaulting to partisan or preconceived

SHOW ME THE OP-ED

responses.

In *Hall of Frames* we highlight great framing we've spotted in public language—and what we can all learn from it. Have you seen something you think we should highlight? [Send us a link.](#)



POLL

1. Which of these framing dilemmas have been the trickiest for you recently? (select all that apply)

- Countering harmful, hateful rhetoric about scapegoated communities
- Managing misinformation and manufactured controversies
- Figuring out how to talk about core public health work in an era of banned words
- Deciding whether, when, and how to communicate externally in a chaotic time

Something else (please specify)

DONE



PARTNER SPOTLIGHT

An Action Guide for Public Health Communicators | The Public Health Communications Collaborative

Communications capacity can vary enormously across governmental public health departments. Drawing on research with fifty public health communicators from health agencies across the country, this new resource offers guidance on how the structure and staffing of health departments impacts their effectiveness. We love this as a practical resource for shaping the environment in which communication happens within government agencies.

[LEARN MORE](#)

The Mercy Narrative in True Crime | B*tch Listen

Disabled people are much more likely to be the victims of violent crime than non-disabled people, but our dominant narratives about crime make this invisible. We loved this exploration of the ways in which the true crime genre reinforces ableism and how we can tell ethical stories about disability across culture.

[LEARN MORE](#)

Listening in Columbus County | Narrative Arts

What does public health actually mean to people and what can we learn by listening deeply to them? We loved this report from our partners at Narrative Arts, who have been conducting storytelling circles across North Carolina. For these community members, public health isn't about programs – it's about connection, presence, and structural systems that enable thriving.

[LEARN MORE](#)

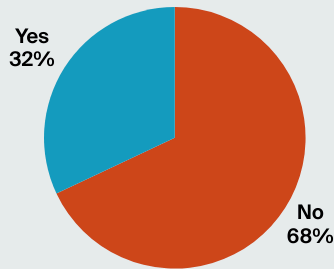


AT THE CORNER OF GOVERNMENT AND PUBLIC HEALTH

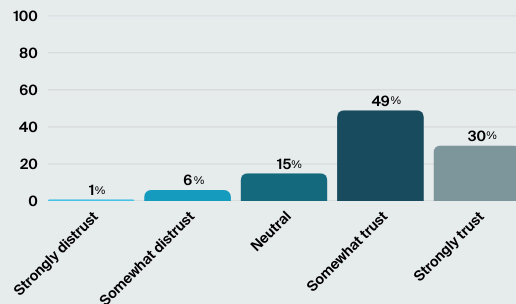
In recent years, it's become commonplace to say public health faces a crisis of trust, but new findings from our Health Justice team paint a more nuanced picture. In a recent survey, we asked respondents whether they'd heard anything about their local health department and what it does. For those who were familiar, we asked about their levels of trust.

Here's what we found:

Have you heard anything about your local health department and what it does?



Trust in Health Departments



What this tells us is that most Americans don't distrust their local health department—they just don't know anything about it. In fact, among those who are familiar with the work of their local health department, distrust was very low. For this group of people, trust in local public health (79%) was higher than trust in "physicians" (51%) and comparable to trust in "your own physicians" (82%).

Many of us are thinking about how to restore trust in governmental public health. These findings suggest one place to start: by ensuring that people know, see, and feel the ways that local public health affects their lives and communities.

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