



**From the Mouths of Babes:  
How the Media Frames the Issue of Child Oral Health**

**A FrameWorks Research Report**

Prepared for the FrameWorks Institute  
by  
Bruce Johansen, Ph.D.

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## INTRODUCTION

Children's oral health is an issue that the FrameWorks Institute has studied for over ten years, prior to the 2000 release of *Oral Health in America: A Report of the Surgeon General*. In 1999, when FrameWorks began researching the public's understanding of children's oral health, several things were clear. For one, the issue was virtually unknown to most Americans. Because children's oral health was absent from the public agenda around children's health and development, most people did not understand what defines and contributes to children's oral health. FrameWorks' research found that when the public thought about oral health, it was largely in terms of cosmetic appeal, self-esteem, or brushing and flossing. There was very little recognition of the consequences of ignoring children's oral health or what might be done by policymakers to improve it. That so little information was circulating in the public discourse on children's oral health did have some advantages. It meant that people carried with them few associations or deeply entrenched models regarding oral health, and as a result there existed ample opportunities for reframing with the aim of improving public understanding. Working with several partners in the advocate community and aided by substantial FrameWorks research about the cultural models people use to understand children's oral health issues, FrameWorks developed a media campaign to take advantage of the abundant openings for priming media interest on this issue.

The Watch Your Mouth™ campaign, which began in 2000, was developed by FrameWorks as a multimedia public awareness campaign to help improve the public's understanding of the issue of children's oral health and the community-based solutions needed to address the nation's most common, chronic childhood disease: dental decay. FrameWorks research has shown that the campaign has been effective in increasing public awareness and understanding of the importance of children's oral health and the community interventions needed to keep children healthy.

While it is clear from FrameWorks research that the campaign is having a positive impact on how the public understands this issue, it is also important to examine the impact that such a campaign is having on the media's presentation of the issue. Research on media content is a major component of Strategic Frame Analysis™, FrameWorks Institute's theoretical and methodological approach to communications research, because it helps scholars, advocates and policymakers map and make sense of the barrage of information, ideas and narratives — i.e., “public discourses” — that people are exposed to on any given issue. Since mass media is where most Americans receive information about public policy, FrameWorks research identifies the frames that are embedded in media's messages, outlines the broad contours of coverage, and illustrates how that coverage

contributes to setting the public agenda on an issue during a particular time period. This process involves tracking the types and number of stories on the issue, sources of information and quotes that are used, suggested causes, types of reforms or solutions being proposed, and so forth.

Through identifying patterns in coverage, media analyses ultimately help enhance our understanding of why individuals develop certain predictable patterns for interpreting information. This foundational understanding, then, figures in FrameWorks' subsequent development of reframes that advocates can use to move public conversations forward on their particular issues, with the goal of advancing public policy. For a variety of theoretical and practical reasons, we are particularly interested in whether an issue is framed around private, individual behaviors and solutions, or public, systemic explanations and actions.

Prior to the development of issue campaigns like Watch Your Mouth, which is grounded in FrameWorks' evidence-based communications research, it was rare for media coverage to draw connections between oral health and overall health, to show how poor oral health impacts children's performance in school, to describe the long-term health complications that can occur well into adulthood if tooth decay is left untreated, or to address the socioeconomic disparities that result in some children receiving the care they need, while others get little, if any.<sup>1</sup> For too long, when children's oral health was brought to the public's attention, it was through the individualized lenses of personal hygiene, cosmetics and self-esteem. Parents and children were generally held responsible for poor oral hygiene and then were called upon to solve the problem of tooth decay through changes in personal habits. In sum, these messages reinforced the idea that oral health is something for which individuals are solely responsible, which had the effect of steering the public away from its identification as a broad social issue that demands public- and community-based policy solutions and reforms.

Based on this understanding of the vital roles that media play in people's perception and comprehension of social issues, this media analysis was undertaken with two main objectives. First, it seeks to update FrameWorks' earlier research on media coverage of children's oral health and to understand if the media are keeping pace with the public's broader understanding of oral health (as was shown through FrameWorks post-campaign analysis).<sup>2</sup> Second, it aims to highlight patterns, themes and prevailing frames in recent reporting in Florida and Maryland, the geographic markets where DentaQuest, one of our

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<sup>1</sup> Gilliam, Frank (2001) .The Local Television News Media's Picture of Children. Children Now. <http://publications.childrennow.org/assets/pdf/cmp/newsmedia/news-media-pic-01.pdf>.

<sup>2</sup> FrameWorks Institute (2009). Massachusetts Oral Health Campaign: Public Opinion Tracking July 2005-2009.

sponsors on this issue, is currently expanding its efforts. Through working to achieve these objectives, the goals of this report are to provide greater insight into how children's oral health is framed in public discourse, discuss the likely impacts these frames have for public understanding of the issue and, finally, to identify any missing elements in current news coverage that could broaden the public conversation about children's oral health. As such, what follows is a descriptive media content analysis, an important foundational component of a larger study examining the public's understanding of children's oral health, funded by the DentaQuest Foundation of Massachusetts. Here we examine more than a year's worth of news coverage on this issue (from August 2008 to November 2009) from more than a dozen newspapers nationwide. The findings from this work, summarized in the next section of the paper, can serve to enhance the communications strategy that advances a more constructive public conversation around children's oral health.

## SUMMARY OF THE FINDINGS

While considerably more work needs to be done to reframe how the public understands children's oral health and is currently under way at FrameWorks, progress has been made in efforts to improve coverage and advance awareness of this issue in the media. In this report, we present several of the most noteworthy aspects of recent media coverage.

**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.** Stories with a local or community angle far outnumbered those presenting children's oral health through the private, individualized lens of family. Specific programs and events coordinated by schools, local dentists, hygienists or community health centers were held up as positive solutions to children's oral health problems in 51% of the coverage examined. A small fraction (3%) criticized efforts such as these as stop-gap measures, weak substitutes for more sweeping policy changes that would result in a more sustainable health care system. 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.

**The majority of coverage emphasizes that childhood tooth decay is a serious problem.** Tooth decay was identified in 57% of the coverage as a major problem affecting children's health, and frequently cited as "the single most pervasive chronic childhood disease." A smaller percentage of this coverage, 14 % of the total sample, compared tooth decay's prevalence to the other two most common chronic childhood illnesses, asthma and hay fever.

**The link between oral health and overall health is sometimes made in newspaper articles, but far too infrequently in the overall media presentation of this issue.**

Nearly a third of the coverage (29%) featured statements — usually in the form of quotes from dental or medical professionals — that connected oral health to overall health. By contrast, children’s self-esteem issues were identified as a consequence of poor oral health in only 5% of the coverage. Cosmetics, or personal appearance, received no mention.

**Untreated tooth decay is shown to have a detrimental impact on school attendance.**

Nearly a quarter of the coverage sampled (24%) pointed 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. Depending on how well it is framed, this is a message point that FrameWorks research has shown to be especially effective in prompting the public to reconsider the issue of children’s oral health, in turn leading to increased support for policy solutions.

**Where coverage of children’s oral health is commonly placed in newspapers is a reflection of its treatment as a local or community issue.** Nearly half of the stories examined (48%) were found in the “metro” or “state and local” section of the newspaper. By comparison, 17% (primarily those focused on individual behaviors) were placed in the “lifestyle” section, 13% in the front section, 9% each in the opinion pages and health section, 2% in business, and 2% in other.

**Newspaper coverage remains episodic, which means that more work needs to be done to convey information about the systemic underpinnings of children’s oral health and potential public policy solutions.** Most of the coverage sampled was either episodic (43%) or episodic with minimal thematic elements (41%). In other words, 84% of the total coverage basically treated issues surrounding children’s oral health as a series of disconnected episodes or events, without offering essential context to connect them. Stories about these episodes followed a familiar formula: they often started with the portrayal of a young child with tooth decay issues and, after some discussion, ended with the gravity of this one child’s situation. Episodic coverage about children’s oral health was typically framed in one of two ways: 1) around anecdotal vignettes from a discrete community event (such as an oral health screening) with little broader context, or 2) as a story about why individuals need to alter their own and their children’s personal dental habits, with tips on how to do that. The likely implications of episodic coverage on this issue are clear: While journalists focused on community-based solutions, the causes of

poor oral health among children were frequently linked to individual actions, which encourages readers to think about how to fix individuals, rather than the systems of care.<sup>3</sup>

**Coverage of community events was common, especially during national campaigns like National Children’s Health Month and/or 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, however, because 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.

**The socioeconomic disparities that impair access to oral health care are frequently noted, but often in a cursory manner.** A significant percentage of coverage (67%) linked children’s oral health problems to various economic barriers that impede access to dental care, but the extent to which those disparities were examined varied considerably. Often times only a sentence or two, or just the headline, would cue readers to this aspect of the topic, but go no further. In fewer cases, economic disparities were core to the story being told. They were the main subject of 8% of the articles examined, and a key component of much of the issues-oriented coverage. Previous FrameWorks research has shown that documentation of disparities alone is not enough to lift public support for policy solutions; children’s oral health needs to be framed as a problem that affects entire communities and not just those children who are suffering from poor dental hygiene.

**Better informed and disciplined parents are held up as a solution to oral health problems far less frequently than community-based alternatives are.** Over one-quarter of the coverage (27%) identified parents as a primary solution to children’s oral health problems, compared to nearly twice that number (51%) that promoted community and school programs and events. However, over one-quarter of the coverage surveyed focused on changing individual behaviors. Reporting of this kind may make it more difficult for the public to understand the role that communities and policymakers play in solving problems related to poor oral health.

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<sup>3</sup> See Gilliam, F. “Vivid examples: What they mean and why you should be careful using them.” *FrameWorks* E-zine No. 33. <http://www.frameworksinstitute.org/ezone33.html>

**When parents are to blame for the poor oral health of their children in the news coverage, it is depicted as due to a lack of information, poverty and lack of access.**

Parents were held chiefly responsible for the poor condition of children's oral health by 20% of the reporting. This compared with 67% that implied or stated directly that poverty and lack of access to care are the primary causes. Another 11% of coverage deflected the question of responsibility or blame. The remaining 2% cited multiple causes, parents among them.

**Most articles that examine public policy solutions to children's oral health problems focus on state, city or local reforms.**

Policy actions at the state, city or, in some cases, county level were described in 19% of coverage. Only 8% addressed the role that national health care reform legislation might play. The rest of the coverage failed to mention any broader policy initiatives.

**Thematic elements were prominent in approximately 16% of the articles examined.**

Coverage of this kind attempted to contextualize issues around broader themes that might help readers to think about the deeper systemic origins and implications of the problems described, as well as possible public policy solutions that could have a more lasting and widespread impact.

**There were noteworthy 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.

## **RESEARCH METHODS**

This analysis focuses on the media's role in setting the public agenda on the topic of children's oral health. It identifies the dominant frames found in newspaper coverage and seeks to answer the questions: Do these media frames advance or constrain the public's awareness and understanding of the subject of children's oral health? Or better still, is it likely that the presentation of this issue in the newspaper will help or hinder public support for policies that will improve children's oral health?



For this analysis, FrameWorks reviewed 63 articles published in newspapers from around the nation. Articles from August 2008 to November 2009 were identified through LexisNexis searches, with geographic diversity an important factor in the selection process. Although the proliferation of new sources, including online news sites and blogs, has affected how Americans gather information, newspapers remain a significant source for news on this particular topic and they continue to remain a bellwether of how issues are framed in public discourse.<sup>4</sup>

The sample selected for this study included newspapers with large circulations, such as *The New York Times*, *Washington Post*, *Los Angeles Times*, *Philadelphia Inquirer* and *Chicago Tribune*, and smaller regional papers, such as *The Milwaukee Journal-Sentinel*, *Rochester Democrat and Chronicle*, *Dayton Daily News*, *Omaha World-Herald* and *Charleston Gazette*. Particular attention was given to identifying articles published in Florida and Maryland, two states where DentaQuest, one of our sponsors on this issue, is currently expanding its efforts. Florida newspapers examined were: *The Miami Herald*, *Florida Times-Union* (Jacksonville), *South Florida Sun-Sentinel* (Fort Lauderdale), *Pensacola News Journal*, *Tampa Tribune*, and *Stuart News*. Maryland area newspapers included *The Baltimore Sun*, *Washington Post*, *Frederick News-Post*, and *Salisbury Daily Times*.

The overall aim was to compile a sufficiently diverse sample of reporting to be able to offer general observations about the patterns of current newspaper coverage on children's oral health. Items examined were identified by searching LexisNexis for the terms "children's oral health," "dental disease," "cavities" and "caries." Only articles containing substantive content related to children's oral health were subsequently included in the media analysis.

To identify the understandings of children's oral health being conveyed by U.S. newspapers, articles were coded based on: (1) how children's oral health was defined as a problem, (2) who or what groups were assigned responsibility, (3) the solutions being proposed, (4) main news sources or messengers quoted, (5) statistics cited and (6) dominant frames or the overall message being communicated to readers through the presentation of the issue. As a secondary analysis, absences or "holes" in media coverage – that is, differences between the actual coverage and the elements of the story that FrameWorks would propose to promote public understanding --were also identified and are discussed in this report.

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<sup>4</sup> Wallsten, Kevin (2007). "Agenda Setting and the Blogosphere: An Analysis of Mainstream Media and Political Blogs." *The Review of Policy Research* 24(6): 567-587.

The overall aim of this report is to locate patterns in newspaper coverage that are likely to constrain the public's understanding of children's oral health, as well as patterns that are promising for advocates and journalists striving to improve how issues related to children's oral health are framed. The report proceeds by presenting the major findings in how children's oral health is covered, observations about absences in this coverage, and then a tentative discussion about the likely take-away points for the public in consuming this news coverage.

## **FINDINGS**

### **Elements of the Media Script on Children's Oral Health**

One of the most important parts of this analysis was to inventory the components of the media "script" on children's oral health. From the scholarly literature on media presentation of social issues, as well as in prior FrameWorks' media analyses, we know that, on most issues, there is a consistent and identifiable media script. The media script on some issues is more entrenched than it is for others but there is a journalistic style of presentation on most issues that becomes fairly formulaic, whether it is a television broadcast, news radio report or newspaper article. The common media script on children's oral health began with a story of a child as a scene setter, then provided a little background about National Children's Health Month and/or Give Kids a Smile Day, and then resumed with details about the event or child, supplemented by quotes from dentists, hygienists and their young patients.

Thus, on the issue of children's oral health, our research shows that the dominant media script is largely episodic. While it may succeed in conveying the pervasiveness and serious consequences of problems associated with children's oral health, it is nevertheless narrowly focused on community awareness of the issue without the broader context provided, or on the oral hygiene habits of individual families. Community awareness of the problem is certainly a step in the right direction but much more needs to be said about the systemic causes and broader policy solutions if the public is to understand why public policies and publicly-funded programs are necessary to address this issue, as contrasted with community-wide charitable programs, for example.

### **Storytelling Style**

A particular interest of this study was the breakdown between coverage that frames children's oral health episodically and coverage that frames it thematically. As Shanto Iyengar, a leading scholar on frame effects explains, episodic frames maintain a focus on

individuals and single events.<sup>5</sup> This type of coverage most often keeps the issue in the private realm, highlighting ways of fixing the person who is experiencing the problem, rather than addressing deeper systemic causes. Audiences are appealed to as consumers in need of better information. In the case of oral health, this frequently means that individuals, both parents and children, are called upon to do a better job of brushing and flossing.

Thematic frames, by contrast, focus on issues and trends over time, a pattern of presentation that has been shown to enhance the public's understanding of the policy implications of the issue. Thematic frames do this by examining what, at a community or systems level, led to the problem being described, and by identifying solutions and reforms in public policy arenas. Instead of appealing to audiences as consumers, thematic coverage addresses them as citizens. For example, rather than framing children's oral health around the need for better parenting skills, thematic coverage is more apt to focus on solutions that are being promoted by advocates, such as legislation to increase reimbursements to dentists who accept patients covered by Medicaid.

**Table 1. Storytelling Style**

	<i>Number of Stories</i>	<i>Percent of Stories</i>
Episodic (total)	53	84%
Episodic with no thematic elements	27	43%
Episodic with minimal thematic elements	26	41%
Thematic or strongly leaning thematic	10	16%
Overall total	63	100%

Most of the coverage sampled (84%) was episodic. A full 43% of this coverage was completely episodic, with absolutely no relevant thematic leanings. Episodic coverage that centered on a discrete local event or program made up another 41% of the total coverage. Such coverage was often of a community awareness program about children's oral health or coverage of an event offering free dental screening for children. The fact that that a higher proportion of stories in the media now have some thematic elements may indicate progress of sorts, and this may be due to the efforts of advocates to hold such events or to get greater media coverage from these types of events. As positive a development as this is, however, this coverage could be improved if these events were

<sup>5</sup> Iyengar, Shanto (1994). *Is Anyone Responsible?: How Television Frames Political Issues*. Chicago: University of Chicago Press.

used by reporters to tell a story that would lead into a wider discussion of the underlying causes of the problems associated with oral health and possible public policy solutions. Instead, nearly all remained focused on the discrete event or the individual participants of the event, and often these stories began with an anecdotal story about one child with massive oral health problems and their parents' attempt to get some help.

To summarize this “episodic coverage with thematic components” category in greater depth, ongoing community programs, such as mobile dental vans or free services at community clinics, were frequently the subjects of a subset of articles, comprising 24% of overall coverage. Annual school or community events where dentists offer free screenings and preventative care were also popular subjects, comprising 17% of the coverage sampled. Give Kids a Smile Day events often prompted stories in this category.

An article in *The Salt Lake Tribune* is emblematic of this type of coverage. It begins:

“It wasn’t easy getting 6-year-old Paulina Martinez to smile, but Salt Lake City dentist Joe Mirci did his best. He showed her the little mirror he used to examine her teeth. He distracted her while counting her cavities — nine — that required immediate attention.” Later the story explains that, “As part of a national effort by the American Dental Association known as Give Kids a Smile Day, Mirci and a dozen other Salt Lake Valley dentists spent several hours on the Sandy campus of Salt Lake Community College treating more than 70 low-income, first-time, uninsured patients.” (“Getting a Smile Tear-Jerking: Free Care Program Helps Low-Income Kids and Educates Parents” *The Salt Lake Tribune*, February 14, 2009.)

While there are indeed positive aspects to the story, in that it depicts oral health as a societal problem that benefits from community solutions, the story goes no deeper into these issues. A more thematic approach would, at the very least, need to move to contextualize the event in such a way that it would enhance the reader’s understanding of the systemic causes of children’s poor oral hygiene and the need for public policies that will improve oral health.

Another relatively common form of episodic coverage focused on parents and their role in instilling better dental habits in their infants and young children. Nearly one-quarter of the articles sampled (22%) isolated the issue of oral health to the home and family. Lists of tips were featured, and the articles were most often written in the form of friendly advice to parents. Typical of this approach was a piece in the *Tucson Citizen* announcing a new Pima County oral health Web site. It concluded with “Dental tips for parents”:

“Brush twice a day .... Start regular dental visits at age 2 or earlier. Give fluoride supplements daily .... Consider sealants ....” (“County Out to Better Kids’ Dental Health,” *Tucson Citizen*, p. A-3, April 20, 2009). By individualizing how the issue is understood, this type of coverage can be counterproductive because it excludes any discussion of public solutions that advocates and experts know will improve children’s oral health.

There were also a whole host of stories that presented plenty of thematic information but whose overall tone was episodic because the balance focused on more episodic elements. Table 2 shows that, when the 53 episodic stories analyzed are pulled from the larger sample, community events are well represented but the coverage is narrow. For example, it was common to see coverage of community oral health programs that focused on a child’s experience in the program with very little or no discussion about the program itself or the needs it served in the community. The reader was left to infer that the program served a larger societal need that would have gone unaddressed otherwise. As stated above, there was also significant coverage of community oral health events but from a largely episodic vantage point — the event was unconnected to larger social trends. So, although the community is well represented within the coverage, the overall presentation of these events remains less than optimal and relatively episodic.

<b>Table 2. Common Episodic Frames</b>		
	<i>Number of Stories</i>	<i>% of Episodic Stories</i>
Anecdotal coverage of participants in a community program	15	28%
Parents and children	14	26%
Local or state issue	13	25%
Discrete community event with no linkage to broader systemic issues	11	21%

The remaining 16% of the coverage dealt with children’s oral health more thematically. In some cases, this coverage contained episodic elements (e.g., an article might lead with the story of a particular family’s plight), but the focus was on children’s oral health more broadly, usually in terms of its impact on state (or, in some cases, city or county) residents, especially low-income families and children. In this coverage, readers were provided more context concerning the systemic origins of the problem, and more discussion of the public policy arenas where it might be solved. In most of these stories,

solutions were identified at the state level, and then most frequently, but not always, through legislation.

Emblematic of this type of coverage are excerpts from an article in the *Charleston Gazette*. Its subject is a new program funded by the Claude Worthington Benedum Foundation and the Appalachian Regional Commission that targets low-income children in rural areas where there is little available dental care.

Recent studies have shown that about 38 percent of West Virginia children have untreated tooth decay. Meanwhile, only about 36 percent of West Virginia kids eligible for Medicaid went to a dentist last year. Dental disease is the single most prevalent chronic childhood disease — five times more common than asthma. Throughout the state, children with untreated cavities, abscessed teeth and gum disease are missing school, having difficulty concentrating, developing speech impediments, not eating right and not sleeping at night, oral health advocates said Thursday. “Health starts with your teeth,” said Anne Pope, federal co-chair with the Appalachian Regional Commission. “The teeth are the first signs of a healthy person.” (“7,500 West Virginia School Kids to Get Dental Care,” *Charleston Gazette*, November 21, 2008.)

The story proceeded to link dental disease to poverty and dentists’ unwillingness to see new Medicaid patients. It concluded by stating that the grant for the project, the main subject of the article, would fund school-based health initiatives providing preventative services, which could serve as a model for other Appalachian states.

Here is another thematic example, pulled from one of several in the *New York Daily News*.

It serves 17,000 children yearly and has been around since 1903. It survived the Great Depression and the fiscal crisis of the 1970s. Yet Mayor Bloomberg is ready to give it the boot. The Oral Health Program — providing dental services in 46 schools and community-based dental clinics and five health centers — could soon become a memory of a time when New York cared for its most vulnerable... Yes, it would be tragic, and a report by Public Advocate Betsy Gotbaum shows why. Consider what would happen to the children who, according to the report, made more than 35,000 visits to Oral Health Program dentists last year. Keep in mind, the study specifies, that tooth decay is the most common chronic disease of childhood, affecting nearly six in 10 children in the U.S. The report, perhaps stating the obvious, adds that children from low-income families are disproportionately affected by tooth decay while having less access to

dental care.... (“Ending Program is Kick in the Teeth for City’s Kids,” *New York Daily News*, March 29, 2009.)

This story fails to show why *all* readers should care about the number of low-income children suffering from tooth decay. However, it does give the reader a sense of the depth of the problem and how community-based solutions can prove effective. We should also note that there were some thematically oriented studies that argued for a whole set of regressive reforms on the oral health front. For example, a set of stories from Louisiana raised the issue of proposed legislation to “ban mobile dental clinics” there. These types of stories tended to contain more thematic elements, rather than other forms of episodic reporting, but ultimately would have negative impact on how readers see the issue of children’s oral health.

### **Story Placement**

That children’s oral health is most often treated as a local, state or family issue was reflected in where stories about the issue were placed in newspapers. If the subject was a program, event, conflict or piece of legislation, the article was most likely to appear in the section devoted to local, state, or regional news. If given an individualized or personal slant (e.g., a focus on parents or a specific child), the story was more apt to appear in the lifestyle section of the paper.

<b>Table 3. Story Placement</b>		
	<i>Number of Stories</i>	<i>Percent of Stories</i>
Metro, state or local section	30	48%
Lifestyle section	11	17%
Front section	8	13%
Opinion pages	6	9%
Health section	6	9%
Business section	1	2%
Special section	1	2%

Upon further examination, *episodic* coverage with a more thematic slant (e.g., focused on a community event) was overwhelmingly found in the “Metro” or “State and Local” section of the paper. That was the case for 77% of such stories. By contrast, *episodic*

articles that treated the issue as one primarily of individualized care, to be addressed privately within the family home, were nearly always placed in the “Lifestyle” section of the paper. They appeared in that section 63% of the time. When treated more broadly or *thematically*, as a systemic issue, one that demands policy reform, coverage of children’s oral health was more likely to appear on the opinion pages (33% of the time) or the “Metro” or “State and Local” section of the newspaper (27%). The remaining issues-oriented pieces were scattered amongst the various other sections named above.

The most in-depth coverage of the issue, as determined by word count, was likely to be policy-oriented and therefore to appear in sections other than “Lifestyle.” Ten of the articles examined, roughly 16%, were over 1,000 words in length. An additional five exceeded 900 words. Of those that exceeded 1,000 words, three (30%) appeared in the A or front section of the newspaper, three (30%) in the state or local section, two (20%) appeared in the health section, one (10%) in business and one (10%) in a “features” section. Also evident in Table 4 is the fact that in-depth reporting did not necessarily appear in newspapers in the largest media markets.

**Table 4. Placement of Lengthy In-Depth Stories**

<i>Newspaper</i>	<i>Word Count</i>	<i>Section</i>
<i>Milwaukee Journal</i> (Part 1 of series)	2,289	Front or A
<i>Eau Claire Leader-Telegram</i>	1,947	State & Regional
<i>Rochester Democrat &amp; Chronicle</i>	1,639	Front or A
<i>Milwaukee Journal</i> (Part 2 of series, includes sidebar)	1,414	Business
<i>Washington Post</i>	1,354	Health
<i>Dayton Daily News</i>	1,255	Front or A
<i>Baltimore Sun</i>	1,133	Features
<i>Charleston Gazette</i> (WV)	1,106	Regional
<i>Los Angeles Times</i>	1,033	Health
<i>Philadelphia Inquirer</i>	1,031	Local (B)

Information of this kind should be of particular help to children’s oral health advocates who are attempting to target reporters and/or news outlets that they see as central to the presentation of this issue in the local news.



### **Story Focus**

As specified earlier in this report, anecdotal vignettes about school-based or community events on oral health were the main focus of 41% of the coverage examined. A fairly good portion of the coverage focused on, or at least tried to incorporate, a particular policy issue, ranging from state or local funding of programs to the importance of including children's oral health provisions in federal health care legislation. Medicare reimbursement policies were a major topic of stories with a state or local focus. Articles that focused on a policy issue were generally longer because they required telling a more complex story. While they might open with, and return to, events or crises facing individuals or families, those anecdotes (however episodic in nature) did at least serve the larger purpose of illustrating how a social problem played out in the lives of members of the community. In some of the coverage, however, no further information about the issues from a systemic view was forthcoming.

Alternatively, this opening trope would launch a discussion of the deeper, underlying issues and of policy solutions being pursued. For example, A *Baltimore Sun* piece ("Brushing Up: Dental Care in State Is Improving, But Loss of Jobs, Health Benefits Could Slow Recent Progress," February 23, 2009) opened with the story of a dental student instructing kindergartners about dental care, but quickly transitioned into a discussion of access to care in Maryland, citing improvements that have been made through policy changes and new legislation, and closing with a set of statistics that illustrated ongoing challenges.

Another example, a two-part series on disparities in access published in the *Milwaukee Journal Sentinel* ("Access Denied: State's Neediest Lack Dental Care," May 10, 2009), opened with the story of a mother's discovery that few Wisconsin dentists accept patients in the state health program for low-income families. It, like the *Baltimore Sun* piece, identified public policy solutions, such as state grants to community health centers and increased funding to programs for children's dental sealants.

Of the stories examined, 7% connected children's oral health with national health care reform efforts. A *Washington Post* article ("Putting Teeth in Health-Care Reform: Advocates Press to Have Dental Issues Addressed; 'We're Always Left Out,'" June 23, 2009) focused on children's dental care as a pressing national problem and then considered how likely it was that oral health would be addressed in a Congressional reform package.

The focus of a relatively small, but still significant, percentage of the coverage was on parents of young children. Of the 63 stories, 22% were about and directed at this segment of the population, with readers provided advice on how to take better care of their children's teeth. In focusing on care within the home, and showing that problems of oral

health are largely about parental responsibility, reporting of this type suggests that children's oral health is strictly a private issue.

<b>Table 5. Story Focus</b>		
	<i>Number of Stories</i>	<i>Percent of Stories</i>
A specific community program as a solution to the problem	16	25%
Changes in personal habits coming from parents	14	22%
State or local policies and reforms	14	22%
A school or community event as solution	10	16%
Disparities that hinder access	5	8%
National health care legislation as a solution	4	7%

### **Prevalence of the Problem**

Over half of the coverage sampled (57%) emphasized that oral health problems are serious problems affecting a sizable number of children in the United States. In nearly all of these cases, tooth decay was identified as the No. 1 chronic childhood disease. A smaller segment of this coverage (14%) compared tooth decay's prevalence to that of the other two leading chronic childhood conditions, asthma and hay fever.

These stories represent positive steps in advancing the public conversation around children's oral health. By emphasizing the widespread prevalence of tooth decay as a chronic childhood disease, media coverage promotes understanding of the importance of oral health as a pressing children's issue.

<b>Table 6. Prevalence of the Problem</b>		
	<i>Number of Stories</i>	<i>Percent of Stories</i>
Cited as a major chronic childhood disease	36	57%
Compared with other major childhood diseases	9	14%

### **Attribution of Responsibility**

Coverage was split when it came to assessing who or what bears responsibility for the poor state of children's oral health.

A high percentage of coverage (67%) pointed to socioeconomic factors as a cause of poor care. This is encouraging because it provides openings for enhanced public awareness of policy solutions. Yet, newspaper coverage did not necessarily make that connection explicitly. Coverage of this type frequently explained that low-income children lack access to care because their families are unable to afford dental insurance or costly preventative exams and procedures. It often dropped the issue at that point, returning to the story's main focus, an event or program that provides care to those in need.

In other cases, blame was placed more firmly on a system that leads dentists to refuse to see Medicaid patients because of low reimbursement rates. Reporting that pursued this aspect of the story generally required more detailed explanation of public policy matters. A significantly smaller percentage of stories (20%), all episodic, placed blame either squarely or indirectly on parents, personalizing the problem. In these cases, poor oral health was portrayed as resulting from negligent and ill-informed parents who had failed to provide proper instruction to their children and who were not sufficiently disciplined when it came to overseeing their offspring's dental care. Parents were blamed for the following: not taking their infants for initial exams at an early age, failing to see that their infants and children received regular checkups, ignoring their children's diets, and not monitoring children's daily brushing and flossing. A more balanced approach attributed problems associated with children's oral health to a host of causes, including parents who neglect baby teeth, poverty that results in poor and uninsured children receiving less care, and lack of access to fluoride, said to affect a third of the population in the United States.

**Table 7. Assigning Responsibility**

Stories mentioned...	<i>Number of Stories</i>	<i>Percent of Stories</i>
Income disparities	42	67%
Parents	13	20%
Unidentified	7	11%
Multiple causes	1	2%

### **Consequences**

Over two-thirds of the coverage (67%) identified one or more consequences of untreated tooth decay. A significant percentage of coverage (35%) noted that untreated decay may lead to other serious oral health problems, including infections, tooth loss or, in some cases, death. Also frequently cited were the effects that pain and other problems associated with untreated tooth decay have on school attendance (cited in 24% of the stories) and overall performance (identified in 21%).

Consequences were nearly always identified as parts of lists, with limited or no additional discussion of any one particular item. Tooth decay's impact on eating, speech and sleep were among the other most often cited consequences. The most frequent exception to lists like this involved tooth decay when linked to infections, abscesses and possible death, a more causal story. In these instances, the story of 12-year-old Deamonte Driver was introduced as a prominent example of the most extreme consequence of allowing decay to go untreated to the point that it became an emergency. Driver's story was also often cited as the worst possible outcome of a health care system riddled with disparities.

Meanwhile, self-esteem received scant mention, being named as one of several consequences in 5% of the articles examined, and personal appearance or cosmetic issues were not named as a consequence. Overall, the effects dental problems have on quality of life, participation in activities, and social development received only one mention each.

<b>Table 8. Consequences of Tooth Decay</b>		
	<i>Number of Stories</i>	<i>Percent of Stories</i>
More serious oral health issues (abscesses, gum disease, tooth loss, spread from baby to adult teeth)	22	35%
Oral health is linked to overall health	18	29%
School absenteeism	15	24%
Concentration, ability to learn, overall performance in school	13	21%
Eating and nutrition	12	19%
Pain	10	16%
Death	10	16%

A cause of other diseases and health problems	9	14%
Speech	7	11%
Sleep	3	5%
Self-esteem	3	5%
Pregnancy outcomes	2	3%
Limited participation in activities	1	2%
Quality of life	1	2%
Breathing	1	2%
Social development	1	2%
Shortened lifespan	1	2%
Financial burden	1	2%

### **Solutions**

Nearly all of the coverage (92%) suggested or assumed one or more solutions for the problem of children's oral health.

Community solutions were most often named. Community clinics, both mobile and stationary, were represented most prominently as solving the program (21% of stories). Discrete school events, staffed by volunteer dentists, hygienists and other oral hygiene professionals, were highlighted in 19%, and community events, similar in nature to those held in schools, were reported on in 11% of the coverage. Combined, these three solutions were named in 41% of the newspaper coverage examined.

All but one of the event-focused articles was published in February or March 2009, coinciding with National Children's Dental Health Month. In these articles, dentists, volunteering their time, were depicted in a positive light. The common media script began with a story of a child, setting the scene, then provided a little background about National Children's Health Month and/or Give Kids a Smile Day, and resumed with details about the event or child, supplemented by quotes from dentists, hygienists and their young patients. While a few of the stories that focused on program-based community solutions unfolded in a similar manner, more often they opened with a description of the program, followed by quotes about its value from those overseeing and/or benefiting from it, and some background on its origins.

Authors of two letters-to-the-editor pointed out that, while admirable, volunteer initiatives do not create a sustainable health care system. These letters, published in *The New York Times* (“Dentists and Health Care,” August 23, 2009) and *Iowa City Press–Citizen* (“State Must Improve Health Care Efforts,” December 22, 2008), called upon members of Congress and state legislators to come up with more comprehensive policy solutions. “Volunteer events are not a long-term solution to improving access to oral health care,” wrote the author of the letter that appeared in *The New York Times*. “Charity is not a system of care.” More people would be helped, the author concluded, if the system were improved by state legislation that would improve access to care by funding Medicaid to its full potential. The Iowa letter writer also noted that donated care cannot create a sustainable system, and urged policymakers at the state level in his state to increase Medicaid funding and expand coverage for Iowa’s children and families.

Not surprisingly, stories that pointed fingers at parents as the main cause of oral health problems turned to parents again as the primary solution. In addition, some of the coverage that did not explicitly assign blame went on to hold parents up as a primary solution. Better informed, more watchful and disciplined parents were identified as an important solution to children’s oral health problems in 27% of the coverage.

More likely to have long-term, far-reaching impact on children’s oral health were the kinds of legislative public policy solutions described in 27% of the reporting, including the letters-to-the-editor cited above. In this coverage, dentists who refuse Medicaid patients due to low reimbursement rates were more likely to be portrayed as part of the problem, although often times they were also seen as victims of the system. Reforms called for or described in this coverage included: increased aid for local health centers, streamlined Medicaid programs, higher reimbursement rates for dentists who see Medicaid patients, tax incentives for dentists who treat children on Medicaid, hiring dental navigators to recruit dentists to participate in Medicaid programs, states repaying student loans for dentists who take Medicaid patients, hygienists recertified and sent out into the community, training in pediatric dentistry for dentists, state funded grants for dental outreach programs in schools, new publicly funded dental centers geared toward serving low-income residents, laws requiring that schoolchildren provide certificates to show they have had checkups, and provisions about children’s oral health in national health care legislation. Access to fluoride varnishes and sealants were identified as solutions in 21% of the coverage.

Emblematic of newspaper coverage that pointed to policy solutions was a *Dayton Daily News* article that concluded with a discussion of Ohio House Bill 456, which would create a pilot program in Ohio similar to one already developed in Michigan. “The bill

would seek to establish a ‘dental home’ for every child by increasing dental services in community health centers, training more individuals in pediatric dentistry and offering tax incentives for dentists to treat children with Medicaid.” Nearly all of the content of the article, “Will a Child’s Death Change Dental Policy?: State Health Officials Say Dental Care is the No. 1 Unmet Health Care Need for Kids, Low-Income Adults” (December 7, 2008), dealt with the urgency of children’s oral health needs, the problems posed by Medicaid rules, and solutions being sought through public policy channels. A second example of a story about a policy solution appeared in *The Houston Chronicle* (March 21, 2009). That article, “Deal Offers Dual Benefits to State to Repay Loans if Doctors Accept Medicaid: Program is a Result of Lawsuit,” described a state-funded program, approved by the Texas Legislature that offered to repay as much as \$140,000 in student loans for dentists who agreed to accept Medicaid patients. Only at the end of the article were readers reminded that, “The new program was created as part of the settlement of a lawsuit over the lack of access to children’s health care services under the state’s Medicaid program, which serves low-income residents.”

<b>Table 9. Proposed Solutions</b>		
	<i>Number of Stories</i>	<i>Percent of Stories</i>
Parents and children	17	27%
Clinics (mobile and stationary)	13	21%
Treatments (e.g., fluoride varnishes and sealants)	13	21%
School events (combined with community events = 19 or 30%)	12	19%
Dentists	12	19%
State legislation	12	19%
Regular checkups	11	17%
Information and education	9	14%
Reimbursement and other Medicaid reforms	8	13%
Government funded programs	8	13%
Community events	7	11%
Diet and nutrition	6	10%

Hygienists in communities	5	8%
Federal health care reform legislation	5	8%
Training	4	6%
Loan forgiveness programs	2	3%
Recruitment	2	3%
Pediatricians and physicians	2	3%

### **Sources**

Nearly all of the articles examined quoted multiple sources. Local practitioners, mainly dentists and hygienists, were the most frequently cited messengers. Professors of dentistry, health officials at various levels, mothers and dental association officers were also often the source of information, stories and ideas. Given that tooth decay has such a widespread effect on school attendance and performance, it was surprising to note that teachers, principals and school nurses were rarely sought out or quoted by reporters. In addition, given the community focus of a significant percentage of coverage, it is curious that broader community leadership was not better represented.

<b>Table 10. Sources Quoted</b>		
	<i>Number of Stories</i>	<i>Percent of Stories</i>
Dentists	22	35%
Professors of dentistry	13	21%
State, county or local health officials	13	21%
Mothers	11	17%
Dental association officers	10	16%
Misc. medical professionals	10	16%
Community program directors	9	14%
Hygienists and dental assistants	7	11%
Advocates	6	10%
Elected officials	6	10%



Foundation officers or spokespersons	5	8%
Pediatricians	3	5%
Clinic staff	3	5%
Educators	3	5%
Dental students	3	5%
School nurses	2	3%
Children	2	3%
Fathers	1	2%

### **Statistical Evidence**

Less than half (46%) of coverage contained any statistical data. The one most commonly cited figure (found in 35% of the articles) concerned the prevalence of the problem, specifically that tooth decay is the No. 1 chronic childhood disease. Perhaps the most dramatic statistic was the cumulative number of school hours missed annually due to pain and other problems associated with untreated tooth decay. This appeared in 11% of the coverage. Statistics on the number of children not seeing dentists, who lack insurance, or who rely on Medicaid also appeared with some regularity, but were reported in various ways, sometimes with state numbers, other times with national figures.

**Table 11. Main Statistics Cited**

	<i>Number of Stories</i>	<i>Percent of Stories</i>
Prevalence of untreated decay	22	35%
Children who never see a dentist	11	17%
Missed hours of school due to untreated dental problems	7	11%
Children lacking dental coverage	6	10%
Children treated at free annual events	2	3%
Children relying on Medicaid for care	2	3%

## Critical Absences in Media Coverage

In addition to outlining the media script on this issue, we also examine critical absences in the coverage of this issue. Here we want to discuss key components of this issue that are critical to broadening the public discussion of children's oral health but are consistently left out of coverage and, thus, invisible to the reading public. These "holes" represent the tension between elements of the story that FrameWorks' research would suggest needs to be told to engage public thinking and the story that is actually being told. Identifying these absences is important because they may represent missed opportunities in advocacy communications.

1. **Voices of educators and others on how tooth decay impacts the lives of students and parents.** Given that untreated tooth decay's impact on school attendance and performance in school was reported with some frequency, it is noteworthy that teachers, principals and school nurses were rarely quoted in the articles examined. When they were included, they played only a cameo role, normally to comment on a Give Kids a Smile Day event, not the broader issue of how oral health affects school performance. Also a critical absence: the voices of parents and students. If these groups were to be included as messengers, it could lead to discussions of the repercussions that student absenteeism has for parents who miss work to take care of their children, another public consequence that was not addressed in any of the coverage. Most importantly, these holes in coverage represent missed opportunities to enhance understanding of how poor oral health limits opportunities and hence children's chances for success, a message that FrameWorks research has shown resonates deeply with the public.
2. **In-depth discussions of consequences.** Consequences of poor oral health, including missed hours of school, were generally combined, often in one sentence or paragraph. For the public to better understand how tooth decay and other oral health diseases affect school attendance, concentration, learning, eating, speech, sleep and so forth, reporting must extend beyond such presentations. In addition to messengers cited above (educators, school nurses, students and parents), experts in such fields as child development, educational psychology and speech pathology must be sought out to provide a deeper conversation about the many serious consequences that may result from allowing dental decay to go untreated.
3. **Policy solutions.** Recognizing that Americans crave solutions to children's problems, earlier FrameWorks research recommended that advocates enumerate policy solutions at every opportunity, citing examples of states and cities where progress has been made. The general lack of attention given to government's limited role in creating public policies is a key critical absence. Overall, emphasis

was on other types of solutions, those coming from within the family home or through community projects, many of them relying on volunteers. When policy solutions were discussed, it was generally within the context of a specific situation in one particular state. Sometimes, as in the case of the previously cited two-part *Milwaukee Journal Sentinel* series, the stories focused on barriers to policy change, rather than successes, and rarely did reporters turn to examples of successes in other states. An example of where this was done effectively was the article in the *Dayton Daily News*, also previously cited. The reporter from that publication linked the high rate of dental health neglect in Ohio to low Medicaid reimbursements to dentists. In dissecting some of the challenges facing the state, the article turned to examples from two other states to illustrate what had been done to confront the problem through programs and legislation. Given limits on research and time now constant in the newsroom, advocates may need to provide the comparative examples across states that reporters would need to further contextualize these stories.

4. **A consistent and effective way of conveying data on oral health care disparities.** Certain statistics, when contextualized, become easy for readers to remember and think. This is especially true when the statistic is made more relevant to the public. An example is the cumulative number of hours of school missed each year due to tooth decay, a statistic from the Surgeon General's report which made its way into several of the articles examined for this report. While some reporters offered statistics to support assertions about poverty as a barrier to accessing care, there was no one number that effectively and regularly made the point that millions of children's oral health care needs are being neglected due to *their family's economic status*. Instead, when reporters cited statistics, it tended to be a jumble of numbers, sometimes from the state, other times national, stating how many children lack insurance, both dental and medical, or rely on Medicaid, *or do not see dentists* because of reasons connected to family income. More attention to the presentation of numbers might be even more important on this issue since it is already clear that media coverage typically tries to convey the prevalence of oral health problems. Again, this "hole" suggests ways that advocates can contribute to better coverage through such efforts as the development of better fact sheets, for example.
5. **Linking single events, specific programs and changes in personal habits to broader, systemic policy solutions.** While the frequent focus on community events and programs was encouraging, a move in the right direction in terms of helping people to think about children's oral health as a collective problem that calls out for collective solutions, very little of the reporting of this type took the

next step toward advancing the public’s understanding of systemic causes, or to helping people see the need for policy solutions. In other words, coverage with this focus is a useful step because it removes the issue of children’s oral health from the home and parental responsibility, but it could go further by holding up community events and programs as concrete examples of what is being done, and then identifying *what else* is needed to create a more sustainable and comprehensive system of care. **Cost of emergency treatment versus the cost of preventative care.** High costs of emergency care were only occasionally contrasted with the much more modest costs attached to preventative care. In those rare cases when it was raised, it was clear that the cumulative costs of emergency treatment are a major problem for the public health system in the United States. Presentation of this issue in the coverage could lead nicely into a larger conversation about the “system” of oral health and nature/scope of services that exist within it. In other words, this might be a golden opportunity to talk about the patchwork nature of children’s oral health and what might be done to fill in the missing parts of the system. This is a point that can be easily and effectively made, but which received very little attention in the coverage examined.

### **Particular Elements of the *Media Coverage* in Florida and Maryland**

We very briefly review particularized elements of the media coverage in two media markets — Florida and Maryland — since they are two areas about to initiate major campaigns on children’s oral health. Combined, the two states comprised 21% of the coverage examined for this study. Florida’s coverage made up 13% of the total, Maryland/Washington, D.C., the other 8%. Newspaper coverage from communities of a wide range of sizes was considered for this segment of the study. Included in the sample were articles published in newspapers from four of the 20 largest media markets: Washington, D.C. (*The Washington Post*), Miami/Fort Lauderdale (*Miami Herald* and *South Florida Sun-Sentinel*), Baltimore (*The Baltimore Sun*) and Tampa (*Tampa Tribune*); two medium-sized markets: Jacksonville (*The Florida Times-Union*) and Pensacola (*Pensacola News Journal*); and three small markets: Salisbury, Md. (*Salisbury Daily Times*), Frederick, Md. (*Frederick News-Post*), and Stuart, Fla. (*Stuart News*).

#### **Florida’s Coverage of Children’s Oral Health**

Children’s oral health has received a considerable amount of attention in *The Miami Herald* in the past eight months. Four articles on the topic appeared in its pages during that period. One, a duplicate distributed by a wire service and published previously in longer form in another newspaper market, was not considered for this analysis.

Coverage of the issue in Florida fit into virtually every category: episodic focused on individual behaviors, episodic focused on a few discrete events, and episodic focused on a state or local issue/conflict. Like the larger content analysis, there were some positive aspects of this coverage and problematic elements as well.

Only one of the articles in *The Miami Herald* dealt with the larger systemic challenges to this issue. The article, which included lengthy discussions of the effects that low Medicaid payments have on children's dental care, contained a significant number of thematic elements. The article emphasized the severity of decay, particularly the pain that accompanies it, but not the prevalence of the problem (i.e., how many children it impacts). The piece also avoided citing most of the consequences of untreated decay, including missed school. More generally, this article focused on the legislation that children's health advocates are promoting that would increase Medicaid reimbursement to dentists. This article was important because it may have helped readers to see an important systemic failure and placed the issue in a generally solutions-oriented context ("Low Medicaid Payments Lead to Lack of Dental Care for Kids: Florida Healthcare Advocates Say a Key to Improving the Health of Poor Children in the State Is to Increase the Low Rates Paid to Medicaid Dentists," *The Miami Herald*, March 22, 2009.)

At the other end of the spectrum were articles that followed more familiar scripts. One was a short, episodic *Miami Herald* article ("Protect Your Child's Smile," August 2, 2009) that consisted largely of tips for parents. Another short piece, this one in the *Jacksonville Florida Times-Union* ("Health Care for Kids: Overlooking Teeth," February 11, 2009), opened with a broad observation about how the current health care system fails children who are poor, but proceeded to instruct parents on how to prevent tooth decay. An op-ed piece published in the Fort Lauderdale *South Florida Sun-Sentinel* ("Good Health Begins with Proper Dental Care," August 12, 2009) also focused on what parents need to do, the main responsibility being to schedule regular dental checkups that include screenings and preventative measures like sealants.

As in other media markets around the nation, February and March proved to be popular times to publish articles on children's oral health. A *Miami Herald* article ("Miami-Dade Dental Clinics Treat Nearly 100 Kids for Free," March 5, 2009) highlighted a Give Kids a Smile Day event. Like other coverage of this kind, that story illustrated why these events are valuable: they reach children who otherwise receive no care. A *Tampa Tribune* article ("Dentists Help Kids Smile," March 4, 2009) was also prompted by the annual Give Kids a Smile program. The typical media script for stories like these is upbeat, applauding volunteer efforts and showing the happy ending for a particular child. While this approach highlights community dimensions of the story, it often shifts the focus to

how events of this kind lead to needed improvements in care at home. There is little discussion of bringing these programs to scale.

The remaining coverage focused on state-funded programs. Offering an example of a public solution, a *Pensacola News Journal* article (“1,000 More Area Children to Get Dental Care,” September 23, 2008) reported on legislation that would provide funds for a dental college and health system to form a partnership to provide care to Medicaid-eligible children in four counties in Florida. It focused on the specifics of that program. *The Stuart News* published a short piece on Martin County’s decision to add dental screenings to the health services provided at public schools. It also discussed some of the socioeconomic reasons why this was being done, and made a connection to the prevalence of tooth decay. (“Martin County Public Schools Offering Dental Screening for Kids,” October 9, 2009.)

### **Maryland’s Coverage of Children’s Oral Health**

Coverage of the topic in Maryland was also found in media markets both large and small. Because the *Washington Post* is the newspaper with the largest circulation in Maryland’s D.C. suburbs, it was included in the sample. The smaller newspapers, the *Frederick News-Post* and *Salisbury Daily Times*, were sources of episodic coverage. By contrast, both the *Washington Post* and *Baltimore Sun* published in-depth, policy-focused articles on the topic, the *Sun* offering a piece on efforts and successes at state-level reform, the *Post* article assessing how children’s oral health might fit into national health care reform legislation. A second story published in the *Post* reported on the announcement of a specific program funded by the state for Prince George’s County residents.

The article, “Frederick Dentists Offer Care to Needy Students,” was published in the *Frederick News-Post* (March 8, 2009), and later picked up and distributed by the Associated Press. Focused on a Give Kids a Smile Day event and following a common script, it opened with the story of a second-grade boy who was having his first cavity filled by a dentist that day, then provided some background on the event, and closed with another story about a dentist examining a young Spanish-speaking eight-year-old. This was one of the rare articles in our sample that quoted a school nurse, but only in regard to some of the logistics of the event, specifically the criteria by which students were selected to participate. With the exception of one sentence in the middle of the piece, which noted the prevalence of dental decay and the cumulative hours of school lost nationwide each year due to the disease, the remaining sections of the article focused strictly on the event itself.

By contrast, the *Salisbury Daily Times* article (“Dentists Try to Give Shore Youth a Good Start,” October 30, 2008) took an individualized episodic approach, opening with quotes

from the mother of a three-year-old boy. In this piece the main message was that parents must serve as role models and work with their children to establish a dental hygiene routine at home. Dentists were the key sources or news messengers in this article. They conveyed why dental care from an early age is so important — decay was linked to pain, abscesses, gum disease and a host of other illnesses — but the bulk of the story focused on preventative care at home, including brushing, flossing and monitoring of diet.

Like the Frederick article, and so many others, the previously cited *Baltimore Sun* piece was timed around National Children’s Dental Health Month, but it took a very different approach. At over 1,100 words, it assessed where the state of Maryland currently stands in regard to access to care. While opening in an episodic fashion with the story of a dental student meeting with children at the National Museum of Dentistry, it moved quickly to problems in Maryland that were brought to light by the death of 12-year-old Deamonte Driver. Not dwelling on that incident, it looked at improvements that academic, industry and government leaders could point to, one of which was the formation of a Dental Action Committee, credited with winning aid for local health centers, streamlining the Medicaid program, and sending hygienists into the community to provide screenings. From there, it moved to challenges posed by the economic downturn. One of the main messages of this piece was that education campaigns are key to solving children’s oral health problems but that funding is required to carry out such campaigns. The article closed with a series of statistics that served to illustrate many of the problems that continue to face low-income children.

The *Washington Post* articles were of two types. One (“Prince George’s Getting Mobile Dental Office,” November 13, 2008) was very short and simply reported on state funding for a mobile dental office, the Deamonte Driver Dental Project, which was designed to serve low-income children in Prince George’s County. The other, the previously cited “Putting Teeth in Health-Care Reform: Advocates Press to Have Dental Issues Addressed,” was a much longer piece that examined efforts to include provisions for oral health care in national legislation coming before Congress. The piece on national health care opened with a one-sentence recounting of the story of Deamonte Driver’s death as a way of leading in to some of the deeper context. The following paragraph pointed out the prevalence of the problem, compared the number of children suffering tooth decay to those with asthma, and then made a significant point that other coverage on the topic omitted:

“While asthma is covered by health insurance, at least 26 million children lack dental coverage, more than twice as many as lack medical insurance.”

Most of the piece examined the chances of dental care provisions being included in federal legislation, and quoted Rep. Elijah Cummings of Maryland, a leading proponent of including oral health in any reform package. Cummings was selected because he has been working with various advocates to keep the issue visible. As noted, this was one of a relative few articles that discussed oral health care in conjunction with policy at the national level.

### **Likely Impacts of the Patterns of Media Coverage on Children's Oral Health**

The media script around children's oral health, which dictates what journalists leave in and out of their coverage, has important implications for how the public is likely to understand and view children's oral health. As part of a series of earlier research reports on this issue, FrameWorks investigated the conceptual frameworks that ordinary people use to reason about children's oral health, and compared these frames to those evident in news coverage accorded this topic, as well as to professional material provided by children's oral health professionals. There were several elements of how Americans commonly think about children's oral health that may impede advocates' policy goals and that are further supported by dominant frames in the media identified in this analysis.

First, most Americans believe that cavities are the prime effect of poor oral health, followed by cosmetic beauty and self-esteem. Furthermore, they believe the primary responsibility for children's oral health lies with parents, and they are most likely to want to solve the problem through parent education or consumer outreach. The dominance of episodic framing in the media, the poor linkages between economic disparities and oral health outcomes, and the lack of in-depth discussion of long-term consequences of children's poor oral health will likely solidify the public's unproductive thinking on the issue. Reporting that focuses on changing individual behavior, especially that which conflates children's oral health with parenting skills, continues to make it more difficult for the public to understand the role that communities and policymakers might play in solving the problems of children's oral health. That is, it will be difficult for people to understand why children's oral health is a social, rather than an individual, problem and an issue in need of policy solutions.

FrameWorks' prior research on how people think about children's oral health also demonstrated more promising trends and possibilities for more robust conversations about the systemic causes and solutions. When people thought about systemic solutions, they expected schools to be involved. Although a narrow conception of what community-based solutions might look like, this shows that public thinking about solutions to children's oral health issues was not solely confined to educating parents. In fact, FrameWorks' previous research has shown that, when prompted, adults can understand that children's oral health is a community responsibility and that community solutions



play an important role in solving problems of oral health by providing basic preventative care to children. If children are unable to see dentists due to financial barriers, then the community must develop programs that bring dentists and/or hygienists to them. This analysis has shown that the media focused on several kinds of community-based solutions. With the public's willingness to see solutions to oral health problems outside of what FrameWorks calls the "family bubble," news reporting can serve to broaden the public's perception of where and how children's oral health issues should be addressed – but only if community programs are presented as part of a coherent approach to bringing services to scale, not as disconnected efforts to prove communities charitable.

There are several ways that advocates can shape messages that will improve the media's focus on community-based solutions. As noted, community solutions were often framed as episodic stories. In reporting that was framed around discrete events and programs, some social dimensions of children's oral health may be identified — e.g., health care disparities — but the focus is largely on one particular community solution, often volunteer-led and run. Readers may conclude that something good is being done in their community, applaud the generous individuals showcased, and take away the message that American volunteerism is all that is needed to solve the problem at hand. The topic could be approached in such a way that it would help readers understand that the event or program profiled was developed in response to a set of pressing social and public health problems, that the solution described is but one response, and that more needs to be done in the realm of public policy.

Finally, FrameWorks' research on the effectiveness of the Watch Your Mouth campaign has shown that productive communications about children's oral health can help the public to connect children's oral health to overall health throughout the life course. This entails presenting the severity of tooth decay as a health issue, and recognizing the long-term, community implications of children's oral health issues, including absenteeism in schools. It suggests linking economic disparities to children's access to oral health care, where preventive measures can be put in place by communities in order to keep children on a positive developmental trajectory. Advocates and experts should continue to employ these strategies to build broad public support for children's oral health policies.

## **DISCUSSION AND CONCLUSIONS**

In order to garner greater support for public policies that would address the state of children's oral health, early research conducted by FrameWorks Institute concluded that several messages must be conveyed, and that some existing frames had to be overcome. Reframes would need to highlight the prevalence, severity and consequences of the problem, and demonstrate the efficacy of prevention in solving it. Successful frames would need to show that: 1) children's oral health is linked to overall health; 2) oral

health problems are diseases with serious consequences; 3) there are a number of policy solutions that have proven effective in addressing children's oral health needs; and 4) responsibility for children's oral health extends far beyond parents to the community and society as a whole.

In this analysis of media coverage on children's oral health, conducted after several years of strategic messaging, we find both continuing challenges in the presentation of this issue in the media as well as changes that make us optimistic about the impact of strategic framing on this issue. We are optimistic, for example, about how much emphasis there is on community solutions to the oral health problem. Our analysis uncovered an abundance of stories that understand community solutions as part of the necessary components for addressing this issue. Still, there is much more work to be done. While community solutions are emerging as part of the presentation of coverage on this issue, more work is necessary to link children's oral health and community solutions to the overall health care system and helpful public policies.

Similarly, we are also pleased to see more coverage of economic inequality as a reason for tooth decay. Our analysis showed significant coverage around the economic disparities that undergird tooth decay among children. Even so, we also acknowledge that more work will need to be done to show how policy initiatives can address those disparities — rather than, or alongside, the efforts of poor parents as individual actors to address this issue, as was often prescribed in the coverage.

In all, children's oral health communicators have shown positive effects on the earned media universe in the insertion of various narrative components—from recognition of severity to consideration of impact. Further shaping the children's oral health script will require considerable intentional effort, but this analysis suggests numerous places where insertions can be made and outlines ways they might be pursued through standard communications practices and tools.

## ABOUT THE INSTITUTE

*The FrameWorks Institute* is an independent nonprofit research organization founded in 1999 to advance the nonprofit sector's communications capacity by identifying, translating and modeling relevant scholarly research for framing the public discourse about social problems. It has become known for its development of Strategic Frame Analysis™, which roots communications practice in the cognitive and social sciences. FrameWorks designs, commissions, manages and publishes multi-method, multi-disciplinary communications research to prepare nonprofit organizations to expand their constituency base, to build public will, and to further public understanding of specific social issues. In addition to working closely with scientists and social policy experts familiar with the specific issue, its work is informed by communications scholars and practitioners who are convened to discuss the research problem, and to work together in outlining potential strategies for advancing public understanding of remedial policies. The Institute publishes its research and recommendations at [www.frameworksinstitute.org](http://www.frameworksinstitute.org).

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