Overcoming a (False) Bad Rep:
Designing and testing messages to reposition and secure funding for adolescent health initiatives in North Carolina

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ABSTRACT

Courtney Woo: Overcoming a (False) Bad Rep: Designing and testing messages to reposition and secure funding for adolescent health initiatives in North Carolina (Under the direction of Heidi Hennink-Kaminski, Ph.D.)

The Metamorphosis Project must break through negative stereotypes of adolescents with messages that inspire policy maker and public support of adolescent health. The purpose of this master’s thesis is five-fold: (1) to understand how the American public views teens, (2) to review literature that presents best practices for framing teens to achieve organizational goals, (3) to dissect existing messages of organizations nationwide that frame teens (and to propose framing models), (4) to use best practices and framing models to compose messages for The Metamorphosis Project, and (5) to test the messages with members of the target audience. Findings from the first three phases suggested four key frames, strengths and positive outcomes, social incentives, economic incentives, and adolescence is a developmental stage, which were used to develop messages. Testing with key audiences revealed that messages were understandable, attention-getting, memorable, believable, and persuasive. Areas for improvement included readability, relevancy, credibility and acceptability.
DEDICATION

For mom, dad, and Ashley.
ACKNOWLEDGEMENTS

I am deeply indebted to my parents, Karen and Edward Woo, for the sacrifices they have made to open every possible door for me. They have always believed in me and taught me that through hard work and perseverance, I can achieve whatever I set my mind to. They are my anchors. I am also blessed to have the best friend and sister anyone could ask for. It was Ashley’s support and friendship that helped me through this busy year.

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# TABLE OF CONTENTS

LIST OF TABLES................................................................................................................................. ix

LIST OF FIGURES .................................................................................................................................. x

CHAPTER

1. INTRODUCTION ................................................................................................................................1
    Challenge and Statement of Purpose .......................................................................................... 4

2. LITERATURE REVIEW .................................................................................................................... 6
    Current Public Perceptions of Teens............................................................................................ 6
    Social Marketing............................................................................................................................ 11
    Framing and Agenda Building...................................................................................................... 14
    Framing and Agenda Building in The Metamorphosis Project .................................................... 25
    The Emotional Truth..................................................................................................................... 25
    Research Questions: Stage One .................................................................................................... 27
    Research Questions: Stage Two.................................................................................................... 27

3. METHOD ........................................................................................................................................ 30
    Stage One..................................................................................................................................... 30
    Stage Two..................................................................................................................................... 32
4. FINDINGS: STAGE ONE.........................................................................................................38
   How Researchers Recommend Framing Adolescents ...........................................................38
   How National Organizations Have Framed Teens in Communication Materials ..........45
   Summary of Frames...............................................................................................................47

5. DISCUSSION: STAGE ONE....................................................................................................54
   Frame Identification...............................................................................................................54
   Framing Models.....................................................................................................................55
   Message Design .....................................................................................................................55

6. FINDINGS: STAGE TWO........................................................................................................61
   Insights from Positioning Statement Testing.........................................................................61
   Insights from Key Messages Testing.....................................................................................74
   Response to the Word "Crisis" ..............................................................................................80
   Key Insights ...........................................................................................................................81

7. DISCUSSION: STAGE TWO...................................................................................................88
   Recommendations..................................................................................................................88
   Pracical Implications..............................................................................................................93
   Limitations .............................................................................................................................95
LIST OF TABLES

TABLE

2.1. Frameworks’ Focus Group Findings ......................................................................................29

3.1 Participant Characteristics .......................................................................................................36

3.2 Message Testing Mesasures .....................................................................................................37

4.1 FrameWorks Frames ................................................................................................................48

4.2 The National Campaign to Prevent Teens and Unplanned Pregnancy ....................................49

4.3 Youth Advocacy Center ...........................................................................................................50

4.4 Wyman Center .........................................................................................................................51

4.5 The Forum for Youth Investment ............................................................................................52

4.6 Healthy Teen Network .............................................................................................................53

6.1 Message Successes and Challenges by Variable .....................................................................87
LIST OF FIGURES

FIGURE

5.1 Model A for Constituents (Parents) ................................................................. 58

5.2 Model B for Policy Makers and Gatekeepers .............................................. 59-60
CHAPTER ONE
INTRODUCTION

The world facing adolescents\(^1\) in the twenty-first century would be unrecognizable to teenagers a generation ago. Today’s teenagers are bombarded with increasingly complex life decisions and continually changing technologies, which facilitate faster communication and challenging new job opportunities. On the surface this accelerated lifestyle excites, but sifting through what are often confusing and contradictory options makes a teen’s transition into adulthood a more difficult task (Pittman, Diversi, & Ferber, 2002). Adolescent health is not immune to the intricacies of change. Although advances in technology and science have revolutionized the way we treat disease, teens today still struggle with modern issues ranging from unplanned pregnancy and eating disorders to drug use and mental illness.

In North Carolina, child health supplants teen health on advocate, policy maker and practitioner agendas. Experts in the advocacy field say that groups direct most efforts to children rather than teenagers.\(^2\) According to a North Carolina-based advocacy group for children, the attention adolescents do receive from policy makers is primarily limited to

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\(^1\) The terms “adolescent,” “teenager,” and “teen” will be used interchangeably throughout this study.

\(^2\) There are, of course, exceptions. For example, the North Carolina Youth Advocacy and Involvement Office (YIAO) is a state agency that lobbies for teen health, mental health, and juvenile justice issues.
negative outcomes, dropout rates, and juvenile justice issues. A review of websites belonging to 10 North Carolinian health organizations from the nonprofit, private and government sectors, conducted for this study, reveals that few organizations distinguished between youth and teen health in their 2008 online communications (See Appendix A). The few programs that did distinguish work primarily to reduce teen pregnancy and substance abuse through education, such as the NC Health and Wellness Trust Funds’ QuitlineNC and TRU programs, and NC Healthy School’s Not My Kids campaign. Other critical health areas, such as teen obesity and mental illness, receive less attention. For example, Fit Kids NC targets grades K-8 only.

Such a narrow and exclusionary view of adolescent health is worrisome because adolescents struggle with a unique set of health issues that determine how successfully they will transition into adulthood. For this reason, a multidisciplinary group of health care experts from around North Carolina has launched a social marketing campaign named The Metamorphosis Project to increase awareness of and funding for solely adolescent health issues. Participating organizations include the University of North Carolina at Chapel Hill, Action for Child North Carolina, NC Department of Health and Human Services (NCDHHS), and the North Carolina Institute of Medicine (NCIOM). The goal is to build a political agenda for the health needs of North Carolina teens in six high-priority areas: violence, sexual health, substance abuse, chronic illness, mental health, and accidental death or injury.

To facilitate this goal, the campaign includes five main promotional and awareness-raising initiatives occurring from 2008 through 2009:

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3 E-mail correspondence with communications director.
• To publish a compilation of health statistics from North Carolinians between the ages of 10 and 20 called the NC Adolescent and Young Adult Health Report Card.

• To publish the results of a parent survey conducted by Action for Children that will report how parents rank adolescent health needs and how they believe health policies, services, and programs could best serve these needs.

• To establish a task force of healthcare professionals, educators, researchers, state leaders, and parents that will issue a report that includes detailed recommendations for achieving better health services and programs to address the six critical health areas listed above.

• To convene a statewide summit in November 2009 for decision makers to begin identifying specific implementation strategies for each recommendation.

• To construct a feedback mechanism so that the campaign is sustainable past 2009.

To maximize these five steps, the team needs to construct an integrated communications plan that ensures consistent messaging across all initiatives and channels, from spokespeople to news releases and web content. As many separate parties will produce the campaign’s products, messaging at all touch points must be cohesive and consistent with the project’s main goals to prevent audience confusion. For example, news releases and communications disseminated along with Action for Children’s parent survey results must align with messages disseminated by NCIOM for the adolescent health report card. Likewise, campaign leadership must relay similar messages when interviewed by the media or when lobbying legislators. Moreover, the messages must build public and policy maker support for the recommendations and implementation

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4 This definition of integrated marketing communications comes from “Marketing: An Introduction,” pg. 353-354.
strategies resulting from the task force and summit.

**Challenge and Statement of Purpose**

Creating messages that will secure financial resources for North Carolina’s adolescents is a challenge. The dearth of funding allotted to adolescent health issues in North Carolina is perhaps because adolescents are a complicated group that many adults do not fully understand. Not only is the beginning and end of adolescence hard to pinpoint (adolescence may last long after physical maturity) (Luker, 1996), but also the term’s progeny “teenager” today conjures up negative descriptors like “rude,” “irresponsible,” and “wild” (*Kids these Days*, 1997). These negative and often inaccurate stereotypes are harmful to society at large because “perceptions influence public policy, as well as public and private investments in children” (Guzman, Lippman, Moore, & O’Hare, 2003, p. 1). In other words, constituents are less supportive of policies for teens when they are looking through a negative lens. Only when society sheds these myopic misconceptions will real progress be made in health prevention and service delivery (Clayton, Brindis, Hamor, Raiden-Wright, & Fong, 2000, p. 12).

It follows then that one challenge facing The Metamorphosis Project is to break through negative and inaccurate stereotypes with emotionally resonant, credible messages that inspire decision makers to support teen health. The message design process must be systematic and include formative research, message drafting, testing and revision. To these ends, the goal of this thesis project is five-fold: (1) to understand the American public’s perception of teens; (2) to review literature that presents best practices for framing teens to achieve organizational goals; (3) to dissect existing messages of real

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5 The term “adolescence” did not exist until the early 1900s.
organizations nationwide that frame teens (and to propose message framing models based on the findings); (4) to use best practices and framing models to compose strategic messages for The Metamorphosis Project; and (5) to test the message concepts on a sample audience for comprehension, attention-getting, relevancy, acceptability, believability/credibility, usefulness, persuasiveness (Salazar, Brown, 2008) and emotion. The first three steps were completed in Fall 2008. Those findings were used by the message design team, of which this author was a part, to draft key messages. Insights from the fifth step, message testing, revealed how effectively the suggested frames communicated a positive image of adolescents toward those decision makers who determine the quality of their health and therefore the future of society.

This study is organized as follows. Chapter Two introduces the theoretical constructs that inform the message design strategy of The Metamorphosis Project, including social marketing, framing, agenda setting, and emotional truths. It also examines prevailing public attitudes toward adolescents that may hinder message reception. Chapter Three outlines the methodology adopted for Stage One and Stage Two of the study. Chapter Four presents the findings of Stage One, and Chapter Five summarizes best practices and presents two framing models to direct message construction for The Metamorphosis Project. Chapter Six presents the results of message testing on a sample of the target audience, while Chapter Seven discusses the findings, recommends ways to enhance the final messages, and considers implications for future social marketing initiatives.
CHAPTER TWO
LITERATURE REVIEW

The purpose of this literature review is to introduce the main theoretical concepts that will direct the message design strategy of The Metamorphosis Project. It also explores the landscape of public opinion in which the campaign will operate. It begins by establishing that the prevailing adult perception of teens is indeed negative. It continues with a definition of social marketing and the 4Ps of the marketing mix. It then looks at framing theory, including past applications of framing to public relations—which is part of the fourth P of social marketing—and the application of loss- and gain-framing to health communications. It next summarizes the agenda-building literature, focusing on the use of information subsidies—a public relations tool—to build agendas for social marketing campaigns. Finally, this chapter explores how the emotional truth framing concept derived from product marketing and advertising can be used to frame messages in social marketing campaigns such as The Metamorphosis Project.

Current Public Perceptions of Teens

The California Wellness Foundation writes that the media’s focus on the “problematic, turbulent, and stressful aspects of adolescence” (Clayton et al., 2000, p. 12) has reduced the American public’s willingness to invest in teens. If this is the case, it follows that when designing messages for a campaign soliciting investment in adolescent health, one should fully understand common adult perceptions of adolescents. In the
following paragraphs, I review six sources for insights spanning the past decade from 1999 to 2009. The first four are nationally recognized research arms, which have contributed to the study of adolescents: FrameWorks Institute, The National Campaign to Prevent Teen and Unplanned Pregnancy, Child Trends and Public Agenda. The fifth source is the recently published book *Teens in Crisis: How the industry serving struggling teens helps and hurts our kids* by Frederic Reamer and Deborah Siegel, and the sixth is a recent New York Times article, *The Myth of Rampant Teenage Promiscuity*. In actuality, the majority of this literature was compiled and analyzed in Fall 2008 to address the first goal of this thesis—to understand how the American public views teens. The findings become a reference point to contextualize the study and its baseline perceptions.

To begin, negative baseline perceptions have persisted over the past 10 years. Early survey data collected by Public Agenda in 1997 and 1999 found that “most Americans look at today’s teenagers with misgivings and trepidation, viewing them as undisciplined, disrespectful and unfriendly” (Duffett, Johnson, & Farkas, 1999). Five years later, FrameWorks Institute, a Washington-DC based research firm, found through focus group research that adults reportedly objectify adolescents or view them as an alien species (See findings in Table 2.1).

Additional work from The National Campaign to Prevent Teen and Unplanned Pregnancy and Child Trends suggests that adults do not know as much about teens as they think they do. The National Campaign succinctly summarizes public misconceptions

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6 Frederic Reamer is a professor of social work at Rhode Island College. Deborah Siegel is a nationally recognized writer and scholar of gender, politics and feminism.

7 Its most recent venture, conducted for the Healthy Teens Network in June 2008, examines the challenge of reframing teen families.
of teens in its report *Freeze Frame: A Snapshot of America’s Teens*:

Parents tend to think highly of their own children—and their children’s friends—but may have a much more negative view of teenagers in general. At worst, the stereotype is that teens are spoiled, sullen, materialistic, and care only about themselves. All of them are having sex, many of them are involved in violent behavior, and those who aren’t are probably binge drinking and using drugs (Albert, Lippman, Franzetta, Ikramullah, Keith, Shwalb, Ryan, & Terry-Human, 2005, p. 1).

A Child Trends survey *How Children are Doing: A Mismatch Between Public Perception and Statistical Reality* (2003) concluded that adults have limited knowledge of risky youth behaviors and believe children and teens are worse off than they really are. For example, 91 percent of the American public believes the teen crime rate has increased or reached a plateau over the past 10 years, when in fact it is at a 25-year low (Guzman et al., 2003, p. 1 and Federal Interagency Forum on Child and Family Statistics, 2002). Similar statistics and misconceptions exist for teen pregnancy, which declined by 16 percent between 1996 and 2001.

More recently, Child Trends reported in *How Much Do You Know About Teen Sexual Behavior? A True-false Quiz* that adults are surprisingly misinformed about teen sexual behavior (Holcombe, Peterson, & Manlove, 2008, p. 1). Similarly, New York Times writer Tara Parker-Pope (2009) wrote that the recent “crisis” pictures painted by talk show hosts Tyra Banks and Oprah Winfrey are not only “troubling,” but also “misleading.” “While some young people are clearly engaging in risky sexual behavior, a vast majority are not. The reality is that in many ways, today’s teenagers are more conservative about sex than previous generations.”

For example, the CDC’s most recent *Youth Behavior Risk Surveillance Report* (2007) shows that in 2007, only 47.8 percent of high school students had engaged in
sexual intercourse compared to 54.1 percent in 1991 and 49.9 percent in 1999. Only 35 percent were currently sexually active compared to 37.5 percent in 1991 and 36.3 percent in 1999. Likewise, a comparison of YBRS statistics for tobacco use reveals that in 2007, 50.3 percent of high school students reported having smoked a cigarette compared to 70.4 percent in 1999. And only 20 percent of high school students reported current cigarette use compared to 34.8 percent in 1999. Parker-Pope quotes La Salle University’s Kathleen A. Bogle who says “There’s no doubt that the public perception is that things are getting worse, and that kids are having sex younger and are much wilder than they ever were. But when you look at the data, that’s not the case.”

Reamer and Siegal (2008), the authors of *Teens in Crisis*, argue against the label “troubled teens” that is often used by members of educational and social organizations, noting that the term is “a negative label that has pejorative overtones” and “suggests that the problem lies primarily within the adolescent and is not a result of multiple factors that vary uniquely in each situation.” These factors may be “unresponsive school environments, lack of income supports, racism, homophobia, and mental health issues.” The authors offer up in replacement the term “struggling teens,” which has become more widely accepted in the industry and is “less judgmental, more descriptive and behaviorally neutral” (p. 11).

In part, these attitudes stem from how news and entertainment media cover young adults. A study conducted by the Anne E. Casey Foundation found that journalists rarely report teen well-being. When they do, statistics are reported out of historical context without a point of comparison, and themes tend to depict teens in desperate circumstances. Susannah Stern (2005) demonstrated that Hollywood films reinforce
negative stereotypes by depicting teens as “self-absorbed, violent, disconnected from parents and disengaged from civic life.” Such pessimism, especially among adults who have little contact with teens, is alarming because adults are the policymakers, community leaders and voters who determine the fate of laws and programs benefitting teens (p. 1-2).

Negative perceptions of teens exist in North Carolina as well. James Martin, the communications coordinator at the Adolescent Pregnancy Prevention Coalition of North Carolina, reports the obstacles he encounters when trying to advocate pregnancy to local media:

The media doesn’t love teen pregnancy unless it’s someone important or famous. So we throw the net and try to catch anybody. Reporters don’t like to cover it because socially, there’s a lot of blame involved. People think it’s a moral decision. It’s the teens’ fault they got pregnant; they need to pay.  

In sum, the findings suggest that adult perceptions of teenagers today are not in tune with reality. While Americans assume adolescents are using drugs, delinquent and pregnant, data shows that sexual activity, teen pregnancy, tobacco use and crime rates are actually declining. Instead of viewing teens as young adults in a period of developmental transition, adults see teens as a separate species or objects that are undisciplined, unfriendly, troubled and even violent. Such a skewed view is dangerous because when adults “are unaware of the successes that have occurred, they may be less willing to continue investing in the programs or supporting the policies that have helped to bring about these positive changes” (Guzman et al, 2003). In short, an initiative such as The Metamorphosis Project should be prepared to face a public negatively predisposed toward teenagers. And without public backing for programs to improve adolescent health

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8 Personal communication with James Martin, December 3, 2008.
and well-being, policy maker support may be in short supply.

**Social Marketing**

The Metamorphosis Project is an example of a social marketing campaign to change negative perceptions of adolescents and to encourage funding and support of adolescent health programs.

*A definition of social marketing*

Philip Kotler and Nancy Lee (2008) define social marketing as a systematic process that uses the principles and techniques of commercial marketing to “create, communicate and deliver value in order to influence target audience behaviors that benefit society (public health, safety, the environment, and communities) as well as the target audience.” They identify four types of behaviors targeted by social marketing:

1. to *accept* a new behavior (e.g. composting food waste);
2. to *reject* a potentially undesirable behavior (e.g. starting smoking);
3. to *modify* a current behavior (e.g. increasing physical activity from 3 to 5 days of the week; or (4) to *abandon* an old undesirable one (e.g. talking on a cell phone while driving) (p. 8).

Accordingly, social marketing is the selling of a voluntary behavior rather than the selling of goods and services (Kotler and Lee p. 8). Unlike commercial marketing, the marketer gains no financial profit in exchange for the behavior (Bill Smith cited in Kotler and Lee, p. 7).

**Social marketing principles: segmentation and the 4Ps**

Social marketing utilizes traditional marketing principles and techniques such as audience segmentation and the 4Ps of the marketing mix. For example, social marketing begins with systematic research to identify the behaviors, beliefs, wants and needs of various customer segments. It then selects a target segment and sets objectives and goals.
From there the social marketer positions the desired behavior so that it appeals to the target audience. It finally applies the 4Ps—product, price, place, and promotion—to interact with and influence the target audience (p. 10). *Product* is defined as the tangible service or good or the intangible behavior or idea that satisfies a want or need of the target audience. *Price* is defined as the cost—such as giving up a behavior, spending time, or losing convenience—that a customer exchanges in return for the product. *Place* is defined as “where” and “when” the target audience encounters the product. *Promotion* is defined as “persuasive communications designed and delivered to inspire your target audience to action” (p. 205, 227, 247, 268).

**The fourth P: social marketing promotion**

The Metamorphosis Project’s messaging strategy is part of the fourth P: promotion. Promotion is comprised of four key parts: key messages, the messengers, the creative strategy, and the communication channels. Key messages are brief statements or concepts you want to communicate to the audience to adopt the advocated behavior. Messengers are the people who will deliver your messages. The creative strategy is the actual developed messages, exact wording and creative presentation. Communication channels are the places and times at which the message will be communicated (p. 268). Examples of channels are advertising (television, radio, billboards), public relations (articles in magazines, op-eds, lobbying, conferences), printed materials (brochures and newsletters), promotional items (clothing and key chains), signage and displays (road signs and posters), personal selling and social media (blogs, networking sites, telephone selling) and popular media (movie scripts, songs and personal web sites) (p. 297).
Public relations as a promotional channel

The main channel for the Metamorphosis Project is public relations, which is free publicity for a cause often in the form of lobbying and media advocacy (p. 299). To generate favorable news coverage of an issue, Siegel and Doner (1998) recommend the following three tactics: build relationships with the media, frame the issues, and create news (pp. 393-396). Kotler and Lee recommend the following four tools: press releases, press kits, news conferences, and letters to the editor (p. 300). An example would be a parent writing a letter to the editor that references The Metamorphosis Project or a task force member writing an Op-ed for a local paper.

It is important that the promotional channel, whether it is an event such as The Metamorphosis Project’s summit or a letter to the editor, communicates the key message to the target audience. To increase the likelihood of the message being well received, communicators should conduct pretesting, or message testing. Message testing is used to evaluate how well the desired message is communicated. Results can be used to refine the messages before distribution. Often this is done through qualitative focus groups, surveys, or personal interviews (p. 284).

Challenges of social marketing

The biggest challenge for social marketers is that they cannot promise an immediate and obvious benefit or result in exchange for engaging in the desired behavior (p. 10). For example, leadership of The Metamorphosis Project cannot demonstrate until several years after the campaign’s commencement that investing in adolescent health will indeed reduce economic and social costs and will decrease incidences of teen pregnancy, teen smoking, and other health problems.
Framing and Agenda Building

To achieve or to build its social marketing agenda, the Metamorphosis Project must strategically frame adolescents in its public relations communications. The following sections review framing and agenda building literature.

A definition of framing

In *Words That Work*, Republican strategist Frank Luntz (2007) recounts the Bush administration’s renaming of “drilling for oil” as “exploring for energy” and “undocumented workers” as “illegal aliens.” With these simple linguistic changes, the Bush administration redefined the public’s understanding of these controversial issues by emphasizing interpretations that best served the administration’s agenda. This technique or paradigm is called framing and transects various fields of communication such as health communication, journalism, political communication, and psychology (Hallahan, 1999, p. 205-206.) The power of framing to define organizational goals and affect audience response makes it an appropriate messaging strategy for The Metamorphosis Project’s discussion of adolescents.

Framing theory posits that a communicator’s conscious choice of language, symbols and metaphors transfers meaning through a message that subtly influences the receiver’s unconscious thoughts (Entman, 1993, p. 51-52). The linguistic and thematic selections also determine who will become aware of the issue and who will not (Cobb and Elder, 1972). In the mid 1970s, Erving Goffman (1974) proposed two types of frames: social and natural. Whereas the purpose of natural frames is to capture factual and physical events, social frames are constructed to achieve a specific outcome that furthers the communicator’s world-view (Goffman, 1974). Often times these frames are
shaped by the communicator’s unconscious or conscious judgments, values, beliefs and culture.

Communication scholar Robert Entman (1993) examined the role of selection and expected receiver salience in message framing. He argued that to promote a particular issue or recommendation, framers should restructure reality by selecting and enhancing whatever aspect of the “perceived reality” they believe will be most salient to the receiver in a piece of communication (p. 52). Scheufele and Tewksbury (2007) suggest framing refers to “modes of presentation that journalists and other communicators use to present information in a way that resonates with existing underlying schemas in their audience” (p. 11). This resonance can be achieved through repetition and thought-association or heuristic cues such as words, themes, symbols or metaphors. Those that are left out of the message may be as significant as those that are kept in (Entman, 1993, p. 52)

As recent as 2007, interdisciplinary scholars advised “cleaning up the framing paradigm, making it more theoretically respectable and coherent” (Reese, 2007, p. 148). Mass communication scholar Stephen Reese subsequently conceptualized frames as organizing principles “that draw boundaries, set up categories, define some ideas as out and others in, and generally operate to snag related ideas in their net in an active process” (Reese, 2007, p. 150). He sees frames as being “socially shared and persistent over time” and working “symbolically to meaningfully structure the social world” (Reese, 2001). In 2006, Takeshita defined frames as “interpretive frameworks” applied by the media to an issue or an event that “consequently influences people’s understanding of that issue or event” (p. 279-280). Shaw and Weaver (2008) further emphasize the interpretive nature of frames, arguing that audiences inevitably read between the lines and, because of self-
reference criterion, fill in the gaps in a certain story, resulting in multiple meanings for a particular frame.\(^9\) Moreover, FrameWorks Institute defines framing simply as “the way a story is told” and emphasizes the role that symbols, metaphors, and messengers play in triggering “the shared and durable cultural models that people use to make sense of their world”\(^{10}\) (FrameWorks, Some Important Definitions).

Frames pervade most written and spoken communication. Reese (2007) offers the “war on terror” as a compelling, timely example of a confining frame that the media has institutionalized in contemporary political rhetoric (p. 152). Hallahan (1999) notes that whether the media frames AIDS as a disease affecting hemophiliacs, drug users, or homosexuals affects public sympathy and action, because “framing plays a pivotal role in defining social problems and the attendant moral actions in dealing with them” (Gergen, 1992)” (p. 217). Of particular relevance to this project is FrameWorks’ finding that the word “teenager” as contextualized in news and entertainment media conjures up images of rebellion, irresponsibility and the dangerous landscape teens must navigate (Bostrom, 2000, p. 4).

**Framing used in public relations**

It is relevant to explore how public relations practitioners use framing because public relations is a type of promotion, the fourth P of social marketing. The Metamorphosis Project will use public relations techniques such as information subsidies and key messages to reposition adolescents in the public mind and to further its political agenda.

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\(^9\) Class discussion on 11/5. For example, the frame of “gun control is a public safety issue” could take on multiple meanings. It can deter crime, or it can cause more crime.

\(^{10}\) Framework’s definitions.
In recent years, public relations researchers have declared framing theory one of the most-sound and comprehensive foundations for understanding public relations practice. Kirk Hallahan (1999) likens framing to an “umbrella” under which practitioners “examine…what occurs in public relations” (p. 206). As in other fields, public relations framing is a psychological process through which message creators weave their own judgments into a message in hopes of shaping how the receiver responds to and interprets the message. Public relations practitioners do this by inserting contextual cues into organizational messages; these cues act as heuristics by which the receiver—perhaps a journalist or a legislator—later makes judgments, interpretations and decisions (Hallahan, 1999, p. 206). McCombs, Llamas, Lopez-Escobar and Rey (1997) propose that these contextual cues should not focus on the issues themselves (or the “objects”) but on the issue’s “attributes” or “those characteristics and properties that fill out the picture of each object” (p.704).

The theory is one conceptualization of how public relations practitioners or public information officers communicate an organization-friendly reality to their publics. Sometimes the organizations, agencies and corporations are so large and powerful that they can control how reporters and editors frame their issue in the news. Andsager and Smiley (1998) call these organizational policy actors (p. 183). The issues they represent range from the environment and political campaigns to war and health.

There are several situations during which these policy actors use framing: defining an organizational problem, identifying what is causing the problem, making a moral judgment about the cause, and recommending how to resolve the problem (Entman, 1993 p. 52). Because the desired outcome of each formal communication act is to receive
favorable attention or action that furthers the organization’s agenda, Zoch and Molleda (2006) conclude that framing applied to public relations most often assumes the social form identified by Goffman (p. 282).

**Loss- and gain-framed messages**

Loss- and gain-framing is one approach used to craft messages for new health products and behavioral health campaigns. The framer presents the potential outcomes of an uncertain situation as either a positive (gain) or a negative (loss). According to O’Keefe and Jensen (2008), gain-frames emphasize “desirable consequences associated with compliance with the advocated viewpoint” whereas loss-frames emphasize “the undesirable consequences associated with noncompliance” (p. 52). For example, a gain-framed appeal could be that investing in teenagers now helps them mature into healthy, successful adults capable of raising the next generation. Alternatively, a loss-framed appeal would suggest that failure to invest in teenagers now increases the risk of teen pregnancy, drug use and obesity.

Although research results are mixed, several recent studies demonstrate the success of gain-framed appeals in social marketing and health communication. Grau and Folse (2007) found that for cause-related marketing, less-involved consumers were more influenced by gain-framed messaging rather than loss-framed messaging. They could not confirm, however, a link between gain-framed messaging and actual behavioral change as there might be other personal factors driving intentions (p. 28). That same year, Chang (2007) researched consumer responses to loss- and gain-framed messages of health products according to perceived risk and the consumer’s familiarity with the product. Like Grau and Folse, Chang found that gain-framed messaging was most persuasive,
particularly for new products and familiar prevention products. Conversely, loss-framed messages worked only for familiar detection products such as gum that exposes plaque accumulation (p. 149 and 165).

The results of meta-analyses of loss- and gain-framed studies are similar. A 2007 review of 93 studies concluded that gain-frames are slightly though significantly more effective for encouraging disease prevention behaviors than loss-frames (Latimer, Salovey, & Rothman, 2007, p. 645). O’Keefe and Jensen’s (2008) meta-analysis likewise found that gain-framed messages induce a significantly greater amount of cognitive message processing than do loss-framed messages. This is perhaps because a positively framed messages is more optimistic and therefore “recipients may be inclined to engage gain-framed appeals more closely,” whereas loss-framed messages may seem “hectoring in tone and unpleasant to engage” (O’Keefe & Jensen, 2008, p. 62). Hallahan (1999), however, found that loss-frames work better on highly cognitive individuals who carefully process messages; on the contrary, individuals who spend little effort analyzing a message will more likely act if the result of the action is framed as a gain (p. 210-223).

**Public policy implications for framing**

Beyond loss- and gain-frames, public relations scholars have examined the potential of framing to affect policy for complex and controversial issues. For example, Knight (1999) and Callagan and Schnell (2005) identify framing as an essential component of agenda setting and policy advocacy. Knight envisions frames as powerful tools that “mediate debate related to public policy” (p. 381). She analyzes how framing might generate constructive dialogue about and support for a potentially fractious issue like sexual education. Callagan and Schnell (2005) later suggest that “emotive-laden” or
“emotionally rooted” frames possess “the greatest potential to influence politics” because a person is more likely to support a policy if the frame activates an emotional response (p. 182).

Knight (1999) and Andsager and Smiley (1998) link issues framing to the news media. Andsager and Smiley emphasize the role that public relations officers play in framing complex organizational issues and stances to journalists and editors, through interviews, press conferences, and press releases (p. 183). Knight discusses the crucial role that journalists then play in shaping public opinion and policy through the way they digest and relay the frames to audiences (p. 381).

In conclusion, they way adolescents are framed by The Metamorphosis Project and in the news media will impact how successful the messages are in acquiring the desired behavior—funding and support for adolescent health.

**Agenda building: building a political agenda through public relations communications**

The Metamorphosis Project’s strategic communications team aims to acquire public and policy maker support of teen health issues by influencing the frames and angles the media and opinion makers use to discuss adolescents and adolescent health. This activity is also known as agenda building. Agenda building is often paired with the discussion of framing, public relations, and social marketing.

**Origins of agenda building**

Public relations scholars locate agenda building as the precursor to agenda setting. These concepts both derive from the study of mass communication. In 1972, McCombs and Shaw defined agenda setting as the function of the media to control what issues people think about by emphasizing certain “newsworthy” issues over others. Later,
Gandy (1982) and Weaver and Elliot (1985), drawing upon Cobb and Elder (1972), minimized the media’s power to set the public agenda, arguing that the original, and therefore more powerful, sources of the media’s information—for example council members or area experts—are the ones who actually craft the information angles and frames in the first place. The media act merely as a filter that reports the news source’s frames.11

Individuals and organizations who care strongly about an issue, be it health or education, may use agenda building to influence related public policy, among other things. Theorist Oscar H. Gandy Jr. (1982) posits that a policy’s very existence is owed to the passionate players who skillfully persuade news providers and disseminate strategically framed issue information in hopes of influencing public awareness and opinion (p. ix). For example, Glen Murray and Ronald Douglas (1988) used framing in social marketing to build a political agenda for alcohol control policy and to “mobilize public support” in Ontario, Canada.

Gandy says, “it is the goal of all sources to influence decisions by changing the stock of information upon which those decisions are based” (p. 13). He coined the term “information subsidy” to define the communication tools that individuals and organizations use to disseminate the framed information. The term encompasses both written and interpersonal communication, such as news releases, fact sheets, news conferences, direct personal contact with legislators, testimony in congressional hearings,

11 Weaver, D., & Elliott, S. N. (1985). “Who sets the agenda for the media? A study of local agenda building.” Journalism Quarterly, 62(1), pgs.87-94. Weaver and Elliot draw on the work of Cobb and Elder who, in 1972, first proposed a theory of agenda building used in politics in their book Participation in American Politics. For example, Cobb and Elder cite Medicare as an issue that remained on the political agenda for many years because of a vocal majority (pg. 161).
and press coverage of the issue (p. 109). These materials are also promotional tools in social marketing.

Gandy (1992) emphasizes the economic benefit that information subsidies bring to news creation by lowering the cost of acquiring information. News releases act as leads for reporters, thereby eliminating part of the labor involved in searching for new content. An organization may initiate the materials or create them in response to a media inquiry (p. 21-34). The ideal effect of an information subsidy is that the news media’s view reflects the organization’s view (Zoch & Molleda, 2006, p. 290), meaning the information was salient to the reporters.

**Information subsidies and agenda building in public relations**

Building on Gandy’s (1982), Weaver’s and Elliot’s (1985) research, Turk (1986) links information subsidies and agenda building to the public relations field specifically, proposing that public relations practitioners\(^{12}\) use information subsidies “to influence the media’s agenda, so that they may in turn influence the public opinion upon which their organizations depend for survival” (p. 4). In other words, they use information subsidies (and the messages contained within) to affect public perception by way of agenda building.

Research points to the utility of agenda building strategy, especially for nonprofit and governmental organizations. For example, Harmon and White (2001) confirmed that producers of video news releases influence the broadcast news agenda, especially in smaller markets. Moreover, news agencies favor VNRs sponsored by nonprofit organizations or the government over those from private companies (p. 219-220).

\(^{12}\) Author’s note: And social marketers.
Likewise, Curtin (1999) found that although news organizations more frequently rely on information subsidies due to increasing budget restraints, they tend to prioritize nonprofit agendas over for-profit agendas (p. 86). Miller (2006) advanced one step further to assess agenda building effects on the viewer’s beliefs rather than solely the gatekeeper’s. Looking at the coal industry, she found that “an agenda-building influence among respondents was positively correlated with more favorable attitudes toward industry, suggesting that higher levels of an agenda-building influence are related to greater approval toward the advocated industry” (p. 21). Miller also found that the framing strategies that worked best were the emotional appeal (community identity, tradition and heritage)—to be addressed later in this literature review—and economic issues (employment, economic prosperity, and personal economic benefits).

**Agenda building in the health care field**

Some theorists argue that issues such as health care that have wide social significance or impact—perhaps by requiring a large amount of funding or affecting a large number of people—are more likely to garner support and a desired outcome (Cobb & Elder, 1972, pp. 97-98). The available literature suggests that the medical community relies heavily on agenda building to further its cause amongst legislators and the news media. For example, in the early 1990s Schwitzer (1992) found that 90 percent of medical news originated from medical public relations sources (p. 1971). Gandy (1982) argued that health care professionals, operating in a gatekeeping role, could control the creation of health policy by revealing specialized knowledge of health problems, alternatives, and the costs and benefits of specific actions (p. 96). In essence, health care professionals release information that frames the debate according to their priorities.
Corbett and Mori (1999) reference a study by Dorothy Nelkin (1987) who writes that in a departure from the beginning of the century, public relations activities conducted today by medical and science professionals are more developed because they all “‘want to manage the messages that enter the cultural sphere’” (p. 101). To illustrate this, Corbett and Mori (1999) reference a study by Rogers, Dearing and Chang (1991) that claims the medical community influenced media coverage of AIDS by deciding what to translate, what to release, and what to withhold from the media (p. 230).

**Summary: the intersection of agenda building and framing**

Zoch and Molleda (2006) suggest that framing and information subsidies are tools used by public relations practitioners and public information officers to advance an agenda. Therefore, how a message is framed may determine the success or failure of its agenda-building capacity. Strategically, a communicator will attract a wider audience to its issue by utilizing multiple frames and tying in issues other than the primary one.

For example, Miller (2006) explores agenda building in the coal industry and finds a direct link between certain frames and successful agenda building. Messages most likely to garner approval for the coal industry are those that “emphasize issues relating to community identity” and use “emotional appeals to highlight a resource community’s sense of tradition and heritage.” Another frame that works well is the economic incentive frame that ties support for the industry to “employment, economic prosperity, and personal economic benefits resulting from the industry’s role in the community” (p. 22). An issue that attracts a broad audience is more likely to triumph over competing messages and reach the media and hopefully policy maker agendas.
Framing and Agenda Building in The Metamorphosis Project

Zoch and Molleda (2006) establish a three-part framework comprised of framing, agenda building, and information subsidies to guide message construction (p. 302). This approach will be adopted for The Metamorphosis Project. In other words, to further its agenda-building goals, The Metamorphosis Project’s communications team will produce framed messages, in forms such as information subsidies, to disseminate to the media and decision makers. The word choice, symbols, images and spokespeople used both affect a message’s salience and the audience’s reception of the message. Messages targeting policy makers and parents might require different approaches (Cobb & Elder, 1972, pp. 161-162). The two frames found to benefit agendas in the coal industry—the emotional appeal (which is discussed in the following section as the emotional truth) and the economic incentive—are frames that may similarly garner policy maker and public support for adolescent health programs.

The Emotional Truth

The emotional truth is a consumer branding approach from the field of product marketing and advertising. Although it is not a frame, the emotional truth is a concept that can be woven into a message frame.

University of North Carolina advertising professor Dana McMahan (personal communication, 2008) defines the emotional truth as “the shared experiences that bind people together and make them human.” Business literature defines the emotional truth as the subconscious emotional drivers that lead a consumer to make a purchase (Molitor, 2006, p. 12). These emotions are crucial to “coding, storing and retrieving memories, which are the foundation of decision making” (Fallon & Senn, 2006, p. 12); only
messages that have emotional significance will be stored and retrieved. Marketers are finding emotional drivers to be more powerful than rational drivers like convenience and financial value. “Marketers who favor reason over emotion will find themselves quite literally forgotten” (Fallon & Senn, 2006, p. 13).

For example, Schwan Food Company—as related by Dori Molitor (2006) from WomanWise—found that mothers of teenagers make food-buying decisions not based on price and value alone; but rather the subconscious quest for “youthful self-expression,” or revisiting their youth by connecting with their teenage children over food, is a significant driver of purchasing behavior (p. 15). An example of a health campaign that used the emotional truth is the Truth Campaign, launched in 2000. By strategically challenging teens to stand up to the corporations trying to kill them with cigarettes, this anti-smoking initiative tapped the shared teen experience of rebellion, or the subconscious emotional drive to rebel in some way (McMahan, personal communication, 2008).

By harnessing the power of these subconscious drivers that steer an individual’s behavior--and vary by culture, nationality, environment and life experience--marketers build “brand enthusiasm” in its target audience almost subconsciously. Once the emotional truth has been established, marketers design a communications plan with the emotional truth at the center, affecting distribution, promotions, public relations and advertising.

McMahan (2008) advocates using the emotional truth approach to inform message construction for The Metamorphosis Project. Miller (2006), who found emotional appeals to be a successful framing strategy, also recommends this approach for social marketing campaigns. McMahan and Molitor recommend conducting
ethnographies, surveys, discussion or focus groups, workshops and other such research activities that provide insight into a person’s values, beliefs, emotions and unconscious behaviors (Molitor, 2006, p. 13).

**Research Questions: Stage One**

Having established that the public holds negative perceptions of teens and may not be receptive to advocating the funding of teen health initiatives, it is useful to examine framing strategies recommended by communication experts and used by real organizations to frame teens effectively. Accordingly:

**RQ1:** What are the most effective framing strategies for teen issues in general? How does the literature suggest we overcome negative perceptions to achieve our policy objectives?

**RQ2:** How have teenagers been framed by organizations that support teen health and achievement in North Carolina and nationally? What themes, phrases, metaphors and words emerge in materials available on the websites of these organizations, including letters to policymakers, mission statements, fact sheets and research reports?

The findings of RQ1 and RQ2 will be used to propose message-framing models to guide the construction of The Metamorphosis Project’s key messages.

**Research Questions: Stage Two**

The purpose of the second stage of research is to test the messages that have been created to determine how effectively they generate perceptions and behaviors that will lead to support for programs and policies for adolescents. Salazar (2008) recommends asking questions that assess whether the audience “understands the idea; believes the message; thinks the message relates to them; gets confused by or dislikes some part of it; and says they will follow the advice” (p. 97).
Therefore:

**RQ3:** What reactions do receivers have to the messages? Do they understand the idea? Believe the message? Think the message is for them? Get confused or dislike some part of the message? Say they will follow the advice?

**RQ4:** What emotions do the messages elicit?

And finally, some leaders of The Metamorphosis Project strongly believe a loss-frame such as a “crisis” frame is the best way to attract support for adolescent health. Others disagree.

Therefore:

**RQ5:** What emotions and thoughts does the word “crisis” elicit in receivers?
Table 2.1

*FrameWorks’ Focus Groups Findings*

<table>
<thead>
<tr>
<th>Focus Group Attitude</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens are a foreign species</td>
<td>“They seem to be a different kind of person, rather than a person undergoing a particular stage of development.”</td>
</tr>
<tr>
<td>The media creates distance between youth</td>
<td>“There is an overemphasis on crime, and, more generally, bad news about adolescents in the news media.”</td>
</tr>
<tr>
<td>and adults</td>
<td></td>
</tr>
<tr>
<td>Adults view teens as objects</td>
<td>“Adults often take a spectator stance, seeing teens as objects of amusement, fear, ridicule, and condemnation.”</td>
</tr>
<tr>
<td>Adults worry about teens</td>
<td>“Adults feel teens are more in need of protection than ever before” but it is incredibly difficult to protect them from sex, drugs and violence. (Aubrun, Emanatian, &amp; Grady, 2004, pp. 1-2)</td>
</tr>
</tbody>
</table>
CHAPTER THREE

METHOD

Stage One

To answer RQ1, I provided an overview of best practice teen frames already in circulation by examining a range of academic, public health and professional sources. Academic literature was retrieved from Academic Search Premier using the search terms “teenager,” “teens,” “adolescence,” “framing,” and “health.” Databases selected were Communication and Mass Media Complete, Global Health, Health Source, PsycARTICLES and PsycINFO. Three articles from the following publications were identified as relevant to this study: Culture, Medicine & Psychiatry, The American Psychologist and The Journal of Research on Adolescence. Public health and professional literature was also reviewed and included research conducted by FrameWorks Institute, the newly published book Teens in Crisis, The California Wellness Foundations’ Get Real Campaign, and Action for Children’s Juvenile Justice report.

To answer RQ2—what themes, phrases, and words do real organizations use to frame teens positively—I conducted a textual analysis of frames appearing in the online materials of five national organizations that advocate teen health, development or achievement that are likely to be encountered by members of the target audience—policy makers and gatekeepers (the media and advocates).
A content analysis can be either qualitative or quantitative (Gilliam & Bales, 2001, p. 3-4). Both processes extract the schemas (cognitive images, scripts, metaphors, and stories) found in a text “that provide a frame or lens to interpret future stimuli” (Dodge, 2008). In other words, the language, symbols and visuals selected by The Metamorphosis Project could shape the audience’s future discourse around adolescents. This study used the qualitative method to extract frames.

**Sampling Procedure**

The organizations whose web site content was selected for analysis included The National Campaign to Prevent Teen and Unplanned Pregnancy, The Youth Advocacy Center, the Wyman Center, the Forum for Youth Investment, and the Healthy Teen Network.

The National Campaign was chosen because it is a nationally recognized organization that has collaborated with UNC faculty in the past. The Forum for Youth Investment was chosen because its leadership authored several journal articles reviewed to answer RQ1. The Healthy Teen Network was selected for its recent collaboration with FrameWorks in 2008 and its support from the Anne E. Casey Foundation and the Centers for Disease Control and Prevention (Bales & O’Neil, 2008). The Wyman Center was chosen because it is a national youth-focused nonprofit organization. Although some of these organizations are health-focused, others promote teen education and professional development.

Online content was identified and printed from sections likely to be encountered by members of the target audience including “About Us” pages, home pages, letters to policymakers, fact sheets, and research reports. I then coded hard copies of the materials.
See Appendix B for a list of materials coded.

Analysis

The constant comparative method was used to analyze the documents for frequently occurring ideas, themes, and language that would comprise a frame. The emergent themes, metaphors, and verbiage extracted were compiled into charts. These findings informed the messages that were tested in Stage Two.

Stage Two

Message Testing

According to Salazar (2008), the objective of message testing is to have receivers “clearly communicate what the material is asking them to do” (p. 6). Communicators use message testing to ascertain whether the messages are “on the ‘right track’ before the final product is completed.” (p. 5) This process saves time and money and allows audiences to play an active role in the message construction. There are several advantages to using individual, semi-structured interviews. Firstly, the researcher can “probe” (Salazar, 33). Secondly, the researcher can explore unanticipated insights.

To answer RQ3 and RQ4, I conducted in-depth, semi-structured, one-on-one interviews with a purposive sample of eight members of the target audience to test whether the messages generated perceptions and intended behaviors that supported adolescents. To answer RQ5, I asked participants to share their general reactions to the term “crisis” in the context of adolescent health.

Criteria for Participant Selection

Participants for message testing (see Table 3.1) included two policy makers, four gatekeepers, and two parents (Mason, 1996). Although parents did not comprise a key
target audience, they were included in the sample because they are the constituents who influence policy makers and consume messages from gatekeepers. To ensure diversity and guard against bias and anecdotalism (Mason, 1996; Silverman, 2000), the policy maker sample included one state representative and one state senator. Rather than testing messages on policy makers involved with the project, I selected policy makers who were not involved. The gatekeeping sample included one radio journalist, one television journalist, one child advocate, and one general policy advocate. Rather than testing the messages with advocates who work exclusively with adolescents, I tested the messages with advocates who work primarily on children’s or general policy issues. Finally, the parent sample included one parent of an adolescent age 10 to 14 and one parent of an adolescent age 15 to 19. Seven participants were female and one was male. Geographically they either lived or worked in Chapel Hill, Durham, or Raleigh. Appendix C provides further description.

**Recruitment Process**

Prospective participants were identified using contacts within the School of Journalism and Mass Communication. For example, Dr. Charlie Tuggle, head of the electronic communication sequence, offered the names and contact information of two broadcast journalists. Monica Hill, director of the North Carolina Scholastic Media Association, provided the names and contact information of print journalists. Graduate student Erica Yamauchi, who dealt with state health policy at her last place of employment, provided leads to state legislators. Through colleagues at The Metamorphosis Project and through personal contacts, I located state officials and parents. I then contacted potential participants via phone and/or e-mail.
Interview Guide

An interview guide (see Appendix D) was developed that included open-ended message-testing questions selected from existing social marketing literature to test comprehension and meaning, attractiveness, relevancy, believability/credibility, acceptability, persuasiveness, and usefulness (Brown, 2008; Salazar, 2008). The objective of each element is elaborated in Table 3.2.

An eighth element, emotion, was added to assess whether messages elicited the emotional responses recommended by Callagan and Schnell (2005), Miller (2006), and McMahon (2009). Finally, the participants were asked to share their opinions of the term “crisis” in both a general sense and in the context of adolescent health. This term was assumed to represent a loss-frame: “If we do not invest in adolescent health now, we are jeopardizing our state’s future.”

Pilot Study

Prior to meeting with interview participants, pilot interviews were conducted with journalism students to reveal weaknesses in the method or instrument. No revisions were deemed necessary.

Interview Format and Protocol

Interviews lasted no longer than 30 minutes and were conducted in-person either on-campus, at the participant’s place of employment, or at a public venue such as a coffee shop or library. At the outset, participants were invited to review a positioning statement several times. I then elicited responses to open-ended questions on the interview guide in a semi-structured format (Mason, 1996, p. 39). The participants were
next invited to read three key messages, after which they responded to similar questions. The interviews were audiotaped with the participant’s permission for later review. I also took notes.

**Analysis**

The constant comparative method was used to analyze the transcripts for ideas, themes, and language.

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13 The positioning statement and key messages were “tangible preliminary drafts” rather than completed messages (Salazar, p. 18).
Table 3.1

*Participant Characteristics*

<table>
<thead>
<tr>
<th>Participant Type</th>
<th>Sex</th>
<th>Total (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Journalists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>Television</td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td><strong>Legislators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State senator</td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>State representative</td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td><strong>Parents of Adolescents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 10-14</td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>Age 15-20</td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td><strong>Advocates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child advocate</td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>General policy advocate</td>
<td>M</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>
Table 3.2

*Message Testing Measures*

<table>
<thead>
<tr>
<th>Element</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attractiveness</td>
<td>Includes the general image and appeal, color, illustrations, and the material’s ability to catch attention.</td>
</tr>
<tr>
<td>Comprehension</td>
<td>Involves the recognition of main ideas and the identification of aspects that are confusing.</td>
</tr>
<tr>
<td>Relevancy</td>
<td>Consists of the participants ability to identify with the person or images transmitting the message, as well as the message itself; level of interest in the message and its informational value are measured.</td>
</tr>
<tr>
<td>Acceptability</td>
<td>Targets offensive or annoying messages and/or illustrations.</td>
</tr>
<tr>
<td>Persuasiveness</td>
<td>Identifies whether messages are motivational and whether participants intend to follow the recommended actions.</td>
</tr>
<tr>
<td>Usefulness</td>
<td>Includes the way the material will be used, anticipated benefits, anticipated problems, and ways to enhance its usefulness.</td>
</tr>
<tr>
<td>Believability/Credibility</td>
<td>Refers to the participant’s belief that the information presented in the material is credible.</td>
</tr>
</tbody>
</table>

From Salazar (2008).
The objective of Stage One was to determine the most effective framing strategies for teen issues in general. This chapter presents the findings of that analysis to guide message construction.

**How Researchers Recommend Framing Adolescents**

A number of researchers from academia, public health and non-profit organizations have studied how to frame adolescents. A review of reports from FrameWorks Institute, *Teens in Crisis*, the California Wellness Foundations’ Get Real Campaign, Action for Children’s Juvenile Justice report, and several research studies published in academic journals yielded five main frames: (1) adolescence is a developmental stage (includes brain development, developmental benefits of programs, and the role for community in development); (2) healthy adolescents are agents of strength and positive outcomes; (3) investment in teens is good economic policy; (4) adults and society are responsible; (5) and teens are whole people. Each frame is discussed in great detail below.

*Adolescence is a Developmental Stage*

The developmental stage frame was suggested in 2004 by FrameWorks researchers who interviewed parents in Minnesota to understand their opinions of teens and after school programs. Finding that Minnesotans did not associate after-school
programs with positive teen development (Bostrom, 2004, p. 1), FrameWorks developed six frames to encourage support for such programs and tested each one in focus groups. As seen in Table 4.1, the findings eliminated three unsuccessful frames—crime prevention, economic development, and stewardship—and recommended three that, as a set, garnered positive reactions from focus group participants—the environment of relationships, brain architecture and developmental experiences (Bostrom, 2004, p. 1-2). The researchers then collapsed the three frames into one frame, the developmental frame, comprised of three sub-frames: adolescent brain development, developmental benefits of programs, and role for community.

- **Adolescent Brain Development**: the public needs to be reminded that adolescence is a developmental stage. A simplified brain architecture model would aid in the understanding.

- **Developmental Benefits of Programs**: the developmental benefits of a proposed program must be explained. The public must see the link between these programs and how they “shape who they will be in adulthood.”

- **Role for Community**: Parents are not solely responsible for children’s growth and development—the entire community is. However, the parents’ role must always be communicated so that they don’t feel displaced by the community.

  Adolescent brain development was also referenced by Action for Children of North Carolina in *Putting the Juvenile Back in Juvenile Justice*. According to research, the adolescent brain is a work in progress that undergoes neural and structural change. Personality traits and behaviors developed during this time accompany teens into adulthood. At the same time, the parts of the brain that control emotions, impulse and consequence perception are still immature. In other words, a teen brain is very different from an adult brain. Therefore, it is critical that adolescence be a period of healthy development (Action for Children North Carolina, 2007, p. 3-4).
More recently, brain development acquired attention from North Carolina’s leaders. For example, at the North Carolina Summit on Youth and Families (2008), medical experts from Duke University Medical Center discussed the implications of teen brain development on public policy issues such as health and juvenile justice. There was also evidence that North Carolinian lawmakers responded to scientific evidence on brain development. In the 1980s and 1990s, for example, the North Carolina legislature invested in More at Four and SmartStart programs in response to cutting-edge childhood brain research showing that children’s brains before age 6 were “undergoing dramatic changes that could be positively influenced by their environments” (Action for Children North Carolina, 2007, p. 4). Action for Children consequently recommended that North Carolina’s policy makers and leaders “reevaluate current policies affecting adolescents to ensure they take into account existing scientific knowledge and reflect best practices in dealing with adolescents.”

Findings from a California health campaign espoused the third component of the developmental frame: that teenagers respond to supportive communities:

Too often we blamed teens for these behaviors, without fully acknowledging that adolescent behavior mirrors that of adults and is shaped by their social and cultural environments, including families, communities, schools, media, popular culture, and public opinion (Clayton et al., p. 4).

Adults should focus not on “ridding teens of deficiencies,” but on creating safe spaces where teens can develop caring relationships with adults and mentors (Clayton et al., p. 4 and 13).

**Healthy Adolescents are Agents of Strength and Positive Outcomes**

The strengths and positive outcome frame advocated by several organizations highlighted the positive contributions adolescents make to society. The authors of *Teens*
improving youth’s self-confidence by treating them as autonomous and active players in

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14 In 2004 the NIH Consensus Development Program concluded that scare tactics like shaming and labeling do not work and in fact may even exacerbate the problem.
their own lives (Shanahan, Mortimer, & Kruger, 2002, pp. 99-120).

**Investment in Adolescents is Good Economic Policy**

Perhaps the best way to reach policy makers, who are described as busy generalists courted by so many bills that “teen pregnancy would be considered a blip on the radar screen” (National Campaign to Prevent Teen Pregnancy conference call, 2007), is with messages highlighting the economic gains to be generated from investing in teens. In the article *The Framing of Teenage Healthcare*, researchers found economic arguments to be the most effective strategy used by state and federal officials. For instance, in 1996, a vehement California governor declared teen pregnancy a vicious cycle that costs taxpayers around $7 billion per year. Later, President Clinton garnered support for a $30 million package to prevent teen pregnancy in 1997 by citing similar economic findings (Nader & Gonzalez, 2000, pp. 249-250).

The National Campaign to Prevent Teen and Unplanned Pregnancy also utilized this messaging strategy. Executive Director Bill Albert (personal communication, 2008) recommended stressing the cost-saving benefits of investing in teens. “Because legislative pockets are getting tighter during the economic recession, we must frame our discussion around cost savings,” said Albert. “Use formulas such as ‘If you do X you can save Y’” (Albert, 2008). The campaign’s *By the Numbers* briefs, for example, highlighted the financial impact of teen pregnancy on taxpayers by state. The North Carolina brief showed that teen pregnancies cost taxpayers in North Carolina approximately $312 million dollars in 2004 alone. And the average annual cost of a teen pregnancy to the state was $1,504 per birth, or $3,868 per birth to a mother 17 and

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15 E.g. The National Campaign did a cost analysis of teen child-bearing.
younger (National Campaign to Prevent Teen and Unplanned Pregnancy, 2006).

**Adults and Society are Responsible**

Similar to the *role for community*, some organizations reframed adolescent problems as *adult and societal problems*. One example is the California Wellness Foundation. In a review of its Teen Pregnancy Prevention Initiative (TPPI) published in October 2007, former director Tom David praised the Get Real About Teen Pregnancy public education campaign as one of the most successful components of TPPI. Developed by Ogilvy Public Relations Worldwide, the campaign framed teen pregnancy as an *adult and societal problem* rather than simply an individual and family problem, in hopes of garnering support for policies and programs to reduce teen pregnancy (David, 2007).

Related to adult and social responsibility is the concept of “interconnection” posed by the Berkeley Media Studies Group (2002), which argued that news media could play a pivotal role in children’s health if they used a lens of “interconnection” over the traditional American lens of “individualism”:

> Individualism’s emphasis on personal responsibility…can also leave us blind to the ways in which health problems can be caused by forces beyond the individual’s control. The prevention of illness and injury requires an environment that is conducive to health, and that environment is not shaped by individual action alone (p. 4).

The “interconnection” frame emphasized both the responsibility of society to prevent illness and injury and the greater societal good to be achieved by investing in children’s health: “It nurtures the social bonds of community; it improves the quality of life for everyone” (Berkeley Media Studies Group, 2002, p. 5).

Furthermore, although news media frequently reported policy recommendations, they less often framed them with the value of “interconnectedness,” or concrete examples
of social benefits to be gained. This failure to explicitly link policy recommendations to their societal impact reduced the public’s perception of the policy’s worth (Berkeley Media Studies Group, 2002, p. 21), as well as the public’s accountability for young people’s health.

**Teens are Whole People**

A research brief by Child Trends titled *Building a Better Teenager: A Summary of What Works in Adolescent Development* suggested that policy makers and program providers should view teens not as “students, patients or delinquents” but as “whole people” (Moore & Zaff, p. 3) who are affected by a range of socio-economic determinants. For example, a teenager who moves from a high-poverty neighborhood to a low-poverty neighborhood would experience an improvement in physical and mental health and a reduction in teen pregnancy and accidental injury. Knowledge of this could potentially realign adult attitudes with the efficacy of investing in young people.

In summary, both national and local research studies pointed to five framing strategies that may be successful when communicating about teenagers:

1. Adolescence is a Developmental Stage
2. Healthy Adolescents are Agents of Strength and Positive Outcomes
3. Investment is Good Economic Policy
4. Adults and Society are Responsible
5. Teens are Whole People

These frames served as organizing principles for the textual analysis undertaken to answer RQ2.
How National Organizations Have Framed Teens in Communication Materials

Textual analysis of communication about teen issues by organizations like The National Campaign to Prevent Teen and Unplanned Pregnancy and The Forum for Youth Investment yielded additional insights.

**Key Findings: The National Campaign to Prevent Teen and Unplanned Pregnancy**

The National Campaign’s mission statement is an example of framing used to influence lawmakers. Rather than “to decrease teen pregnancy,” its stated goal is “to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation” (2008 Federal Policy Agenda). This frame deflects the focus from teens and redirects it to the social and economic issues that legislators prioritize. Similar strategies of deflection and redirection were evident in the four frames extracted from the online materials used by The National Campaign to communicate with policy makers and parents (Table 4.2).

**Key Findings: Youth Advocacy Center**

The Youth Advocacy Center is a non-profit organization that teaches youth in foster care the skills needed to realize goals and lead healthy lives. Founded in 1992 by two lawyers, its long list of supporters includes the William T. Grant Foundation, the Anne E. Casey Foundation and the Open Society Institute. The three frames used in its web communications encouraged adults to feel optimistic and inspired by what teens could accomplish in the face of hardship rather than outraged and sad at the difficulties they endured (Table 4.3).

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16 The National Campaign’s specific *strategy* for achieving this goal is to reduce the number of unplanned pregnancies among teens and young adults.
**Key Findings: The Wyman Center**

The Wyman Center is a non-profit foundation headquartered in St. Louis that has provided educational and leadership opportunities to children from disadvantaged communities for more than a century. A content analysis of its online materials revealed frames of brain development, teens as productive achievers, and teens as real people who are family members, citizens and employees (Table 4.4).

**Key Findings: Forum for Youth Investment: Ready by 21™**

Ready by 21™ is a nation-wide initiative that challenges legislators, business leaders and educators to offer youth more cohesive programs as they transition into working adults. Launched in 2008 by the Forum for Youth Investment ([http://www.forumforyouthinvestment.org](http://www.forumforyouthinvestment.org)), a think tank whose mission is to help business leaders and policymakers make informed decisions for youth, the goals of Ready by 21™ include a redefinition of the way youth and teens are perceived. The program is partially funded by the Robert Wood Johnson Foundation and the William T. Grant Foundation. An analysis of its webinars, training materials, press releases, fact sheets, home page and about us page revealed five frames of teenagers (Table 4.5). These frames emphasized adult and social responsibility, the need for community involvement, and the positive outcomes to be gained from investing in teens who are tomorrow’s workers, leaders, and talent pool for corporations.

**Key Findings: Healthy Teen Network**

Supported by nationally recognized foundations and organizations such as the Anne E. Casey Foundation, the California Wellness Foundation, DHHS and The Centers for Disease Control and Prevention, the Healthy Teen Network is a national leader in
adolescent health advocacy. With a focus on teen pregnancy prevention and teen parenting, the group provides a variety of networking, research and training services to professionals and organizations working on adolescent health. Much of its online communications targeted policy makers, practitioners, parents and educators. Five frames of teens were identified, such as securing the well-being of future generations and a healthier economy (Table 4.6).

**Summary of Frames**

Collectively these frames forged a solid base for strategically framing teenagers in communications to policy makers, parents, and the media. In total, the research elicited the following eight framing options:

1. Adolescence is a Developmental Stage
   a. Brain Development
   b. Developmental Benefits of Programs
   c. Role for Community in Development
2. Healthy Adolescents are Agents of Strength and Positive Outcomes
3. Investment in Teens is Good Economic Policy
4. Adults and Society are Responsible
5. Teens are Whole People
6. Links to the Well-being of Future Generations
7. Links to Controversial and Critical Social and Health Issues
8. Teens are the Future Talent Pool of Corporations

As there are underlying similarities among many of the frames, the chapter that follows condenses these eight frames into a structure capable of informing message design.
Table 4.1

**FrameWorks Frames**

<table>
<thead>
<tr>
<th>Frame</th>
<th>Intended Meaning</th>
<th>Focus Group Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime Prevention</td>
<td>Youth programs keep teens safe and out of trouble with the law.</td>
<td>• “Scary” teenagers needed to be locked up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Value of youth programs is to busy teens until parents get home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No emphasis on enrichment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Parental failure</td>
</tr>
<tr>
<td>Economic Development</td>
<td>Invest in kids because if they have good childhoods they will be economically</td>
<td>• It’s hard to quantify the success of investing in programs</td>
</tr>
<tr>
<td></td>
<td>successful and give back to the community.</td>
<td>• A good upbringing and education (or health) does not nec. imply financial success</td>
</tr>
<tr>
<td>Stewardship</td>
<td>Children are our future. Investing in children today is synonymous with investing</td>
<td>• A good supporting frame but insufficient on its own</td>
</tr>
<tr>
<td></td>
<td>in the future.</td>
<td>• Hard to prove future success is related to education and programs</td>
</tr>
<tr>
<td>Environment of Relationships</td>
<td>A teen’s intellectual, social and emotional development is shaped by</td>
<td>• Participants reject because there may be dangerous people in a community</td>
</tr>
<tr>
<td></td>
<td>relationships with adults both inside and outside the family unit. Coaches,</td>
<td>• Participants support socialization with adults, but believe their own town already has</td>
</tr>
<tr>
<td></td>
<td>teachers, mentors and neighbors are key.</td>
<td>plenty of programs</td>
</tr>
<tr>
<td>Brain Architecture</td>
<td>A teen’s brain is a work in progress. The parts that guide decision-making and</td>
<td>• Participants gained a new, compassionate understanding</td>
</tr>
<tr>
<td></td>
<td>judgment are still developing. During this difficult time, teens need adults’</td>
<td>• Science is highly credible and unbiased to them</td>
</tr>
<tr>
<td></td>
<td>understanding, sensitivity, support and guidance. Society can play a nurturing</td>
<td>• Many participants didn’t realize a teen’s brain is not fully developed</td>
</tr>
<tr>
<td></td>
<td>role.</td>
<td></td>
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<tr>
<td>Developmental Experiences</td>
<td>Emphasizes the developmental benefits of youth programs. Frames youth programs</td>
<td>• This caused participants to recall their own positive youth experiences at 4-H, etc.</td>
</tr>
<tr>
<td></td>
<td>as essential to development rather than an extra. Adults should ensure programs</td>
<td>• Participants felt a responsibility to fund and support programs</td>
</tr>
<tr>
<td></td>
<td>exist.</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.2

_The National Campaign to Prevent Teen and Unplanned Pregnancy_

<table>
<thead>
<tr>
<th>Framing Strategy</th>
<th>Example from Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on the well-being of others including future</td>
<td>• Children born of unplanned pregnancies are more likely to drop out of school, be</td>
</tr>
<tr>
<td>generations.</td>
<td>poor, and have lower academic achievement. (<em>2008 Federal Policy Agenda</em>)</td>
</tr>
<tr>
<td></td>
<td>• “Allocating additional resources for prevention will improve the health, economic</td>
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<tr>
<td></td>
<td>and social well-being of this generation, as well as the next.” (*Policy Brief:</td>
</tr>
<tr>
<td></td>
<td>Preventing Pregnancy Among Youth in Foster Care*)</td>
</tr>
<tr>
<td>Link pregnancy to controversial and critical social</td>
<td>• If more children…were born to parents who are ready and able to care for them, we</td>
</tr>
<tr>
<td>issues.</td>
<td>would see a significant reduction in a host of social problems afflicting children…</td>
</tr>
<tr>
<td></td>
<td>from school failure and crime to child abuse and neglect.” (*Fact Sheet: Linking</td>
</tr>
<tr>
<td></td>
<td>Teen Pregnancy to Other Critical Social Issues*)</td>
</tr>
<tr>
<td></td>
<td>• Teen pregnancy “is at the root of a number of important public health and social</td>
</tr>
<tr>
<td></td>
<td>challenges.” (<em>Home Page</em>)</td>
</tr>
<tr>
<td>Link pregnancy to other teen health issues.</td>
<td>• Research shows associations between overall teen health and sexual behavior.</td>
</tr>
<tr>
<td></td>
<td>(<em>Research Report: Freeze Frame</em>)</td>
</tr>
<tr>
<td></td>
<td>• There are links between health behaviors. Teens who eat well and exercise are more</td>
</tr>
<tr>
<td></td>
<td>likely to delay sexual activity. (<em>Research Report: Freeze Frame</em>)</td>
</tr>
<tr>
<td></td>
<td>• Links between pregnancy and STDs. (*Fact Sheet: Teen Pregnancy and Other Health</td>
</tr>
<tr>
<td></td>
<td>Issues*)</td>
</tr>
<tr>
<td>Link pregnancy to economic costs.</td>
<td>• Reducing teen pregnancy will reduce costs of public health services: “The public</td>
</tr>
<tr>
<td></td>
<td>costs of providing medical care to these children is $2 billion/year.” (*Fact Sheet:</td>
</tr>
<tr>
<td></td>
<td>Teen Pregnancy and Other Health Issues*)</td>
</tr>
<tr>
<td></td>
<td>• “Teen Childbearing cost taxpayers $9.1 billion in 2004.” (*Policy Brief: Preventing</td>
</tr>
<tr>
<td></td>
<td>Pregnancy Among Youth in foster Care*)</td>
</tr>
</tbody>
</table>
### Table 4.3

*Youth Advocacy Center*

<table>
<thead>
<tr>
<th>Framing Strategy</th>
<th>Example from Web Site</th>
</tr>
</thead>
</table>
| Strengths and Positive Outcomes.      | • “Advocate for themselves and take control of their lives.”  
                                          (About YAC)  
• “Teens in and at risk of foster care have the desire, talents and potential to be participating citizens - to hold jobs, to play a role in their community.”  
                                          (About YAC)                                                                                      |
| Well-being of Future Generations.     | • “To raise their children to be educated and healthy.”  
                                          (About YAC)                                                                                      |
| Teens as More than Teens.             | • Teens themselves have drive and goals. They want to succeed. They have potential  
                                          (Home page)  
• “Over the past 12 years, we have talked to hundreds of teenagers in foster care about their lives. We have found that you can ask one set of questions and be overwhelmed and saddened by the forces that surround youth: poverty, homelessness, drug addiction, violence and incarceration. You can ask another set of questions and be outraged by the injustices they have suffered in foster care and the violations and humiliations they endure each day. Or you can ask a different set of questions and be inspired by their hopes and dreams, their varied interests, their commitments and passions and their desire to participate fully in society.”  
                                          (Reports and Publications Page: The Future for Teens in Foster Care) |
<table>
<thead>
<tr>
<th>Framing Strategy</th>
<th>Example from Web Site</th>
</tr>
</thead>
</table>
| **Strengths and Positive Outcomes.**   | - “We’re proving that given the correct supports, teens have the power to tap their talents and build a productive foundation for lifetime achievement.” *(Home Page)*  
- “Wyman is all about preparing youth to lead successful lives and build strong communities.” *(Who We Are)* |
| **Brain Architecture.**                | - Teens are “works in progress.” *(Hope from the Heartland: What We Have Learned)*  
- “New research shows that practice, modeling and experience shape the quality of teens’ brain pathways and the speed at which they develop.” *(Hope etc.)*  
- Adolescence is a critical brain development period. *(Hope etc.)*  
- The parts of the brain responsible for impulse control, planning and reasoning mature during teenage years. *(Hope etc.)*  
- “pruning” years in which the activities most often done by a teen become embedded in the brain. *(Hope etc.)* |
| **View Teens as More Than Teens.**     | - They are students, family members, employees and citizens. *(Who We Are)*  
- Focus on a teen’s potential to be compassionate, to solve, to plan, to lead. *(Who We Are)* |
### Table 4.5

*The Forum for Youth Investment*

<table>
<thead>
<tr>
<th>Framing Strategy</th>
<th>Example from Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role for Community Frame (Developmental Frame).</td>
<td>• The community as a whole or “everyone” is responsible and should be involved in creating nurturing environments, basic care and supportive relationships for high school and young adults. (<em>Fact sheet: “Core assumptions about Youth”</em>)</td>
</tr>
<tr>
<td>Strengths and positive outcomes frame.</td>
<td>• The goal is that by age 21, young people are not just a bunch of ‘nots’ – not pregnant, not dropouts, not gang members – but are actually ready for college, work and life.” (<em>Press release</em>)</td>
</tr>
<tr>
<td></td>
<td>• Build on strengths, don’t just focus on problem-reduction. (<em>The Challenge: Key Ideas</em>)</td>
</tr>
<tr>
<td></td>
<td>• Ready by 21 policies would mean youth would be ready to raise a family, make a sustaining wage, be active citizens, lifelong learners, and enjoy healthy physical, social and emotional health. (<em>Big Picture Messages and Frameworks</em>)</td>
</tr>
<tr>
<td>View Teens as More Than Teens.</td>
<td>• See youth and families as change agents, not clients. (<em>The Challenge: Key Ideas</em>)</td>
</tr>
<tr>
<td>Adult and societal responsibility.</td>
<td>• Children don’t grow up in programs. They grow up in families and communities. (<em>The Challenge: Key Ideas</em>)</td>
</tr>
<tr>
<td>Future talent pool for corporations.</td>
<td>• “Young people ages 14 to 21 have a unique set of needs and represent the promise of the future. Too often in the past, they have been looked upon as a potential problem group; however, with the proper range of opportunities and supports, they can be an invaluable asset—to their families, their communities and to the corporate sector.” (<em>Business Leadership: Supporting Youth Development and the Talent Pipeline</em>)</td>
</tr>
</tbody>
</table>
## Table 4.6

*The Healthy Teen Network*

<table>
<thead>
<tr>
<th>Framing Strategy</th>
<th>Example from Web Site</th>
</tr>
</thead>
</table>
| Role for Community.                  | • The involvement of families, communities, practitioners, schools, religious institutions and local, state, regional and national coalitions and networks is essential in addressing the issues of adolescent pregnancy, prevention and parenting. (What Guides Our Work)  
  • “The cycle of poverty that accompanies many teen parents and their children impacts the entire community.” (news release) |
| View Teens as More Than Teens.       | • Understanding and respect for the rights and capabilities of adolescents, (What Guides Our Work)                                                                                 
  • Also believe that youth can be good parents if they have the right info, skills and support. (Our Mission, Vision, Values)                                                   |
| Economic Effects.                    | • “Graduating from high school improves pregnant and parenting teens’ chances of going on to further education and the workforce and avoiding poverty and/or the need to rely on public assistance.” (A Guide for Policymakers) |
| Well-being of Future Generations.    | • “The children of teen parents are among the highest risk for becoming teen parents and maintaining a life of poverty” (press release)                                                                 |
| Strengths and Positive Outcomes.     | • Young people can make responsible decisions if they’re given the right information and support from adults (Fact Sheet: Opportunity Knocks, About Us)                               |
CHAPTER FIVE

DISCUSSION: STAGE ONE

To bridge from Stage One findings to message design, two courses of action were taken: identifying four main frames based on overlap and conceptual closeness and creating separate framing models for each target audience.

Frame Identification

The four frames most evidenced in the research were strengths and positive outcomes, developmental, social incentives, and economic incentives. All four frames were gain-frames, in accordance with best practices presented in Chapter Two (O’Keefe & Jensen, 2008, Chang, 2007, and Grau & Folse, 2007). As strengths and positive outcomes emphasized teens’ positive accomplishments and used adjectives like connectedness, potential, contribution, the teens are whole people frame was included under its umbrella. As the developmental frame included a role for community, the adults and society are responsible frame was subsumed here. The well-being of future generations and links to controversial and critical social and health issues frames were placed within the more general social incentives frame. Lastly, the future talent pool for corporations frame, which emphasized the evolution of today’s teens into tomorrow’s business leaders, was placed within the economic incentives frame.
Framing Models

Two models were developed to aid message construction. As Cobb and Elder (1972) wrote that communications should be tailored to specific audiences, Model A was used for parents (see Figure 5.1) whereas Model B was used for policy makers and gatekeepers including advocates and the media (see Figure 5.2).

Because the findings of RQ2 revealed that most organizations used multiple frames in their communications, which was also advised by Zoch and Molleda (2006), the communications team of The Metamorphosis Project decided to use a combination of frames to construct an umbrella frame to govern the positioning statement and key messages. This concept is visually represented by the multiple smaller circles in Models A and B. The large center circle in each model illustrates the role the emotional truth played in all frames and communications. In other words, a shared emotional truth that resonates across parental and policy maker experience was infused into each frame.

Message Design

The umbrella frame consisted of three gain-frames: (1) adolescence is a developmental stage (includes role for community in development); (2) healthy adolescents are agents of strength and positive outcomes; and (3) social incentives. The fourth frame, economic incentives, was tabled for future use due to the need to tailor specific economic benefits to an individual’s area of interest and expertise. To address the emotional truth, the metaphor of adolescence as a period of “metamorphosis” was chosen for its expected resonance with participants who were parents. This umbrella frame was used to develop a positioning statement and three key messages for testing:

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17 For instance, a senator serving on the standing committee of Mental Health and Youth Services would be shown financial savings associated with better mental health.
Positioning Statement

Adolescence is a time of metamorphosis—a transformative period of extraordinary development. The experiences adolescents have in their communities, the relationships they build with adults and service providers, and the policies that make these services and opportunities possible are fundamental to the development of adolescents’ brains, bodies and behaviors and will shape their lifelong health and well-being. North Carolina’s future depends upon adolescents becoming tomorrow’s workers, leaders and good citizens. North Carolina must make smart investments in programs and policies that support adolescent health and well-being. The goal of the Metamorphosis Project is to improve the health and well-being of the 1.2 million North Carolinians ages 10-20 over the next decade by implementing programs and policies that we know work.

Three Key Messages & Supporting Language

1. Adolescence is a time of extraordinary change and opportunity, when young people are defining their trajectories into adulthood.

   Much like in early childhood, adolescents’ brains are developing at a rapid pace. Adolescent brains are in the process of developing more sophisticated decision-making skills. Now, more than ever before, we realize the importance of supporting healthy adolescent development and supportive environments so that young people get what they need to develop into healthy, happy, and successful adults.

2. For North Carolina to continue to prosper, we must take advantage of this opportunity and invest in programs and policies that will ensure all youth have the types of experiences that will positively influence their development into healthy, productive adults tomorrow.

   The NC Adolescent Health Report Card summarizes the health problems we see among young people in this state. The North Carolina Institute of Medicine Adolescent Health Task Force Report summarizes all of the opportunities we are missing to prevent and address these problems.

3. To ensure a healthier population today and in the future, we must invest more in the health and well-being of adolescents. Programs and policies that have been demonstrated to positively impact youth development and deliver long-term positive outcomes should be the focus.

   Investments in programs and policies that have been proven to positively affect adolescent health and well-being today will lead to healthier adults across North Carolina for generations to come.
The Metamorphosis Project is dedicated to implementing an evidence-based roadmap to transform the health and well-being of 1.2 million North Carolinians between 10 and 20 years of age over the next decade.

The following chapter reveals findings from Stage Two of this research—testing the messages.
**Figure 5.1**

*Model A for constituents (parents)*

<table>
<thead>
<tr>
<th>Frame</th>
<th>Example</th>
</tr>
</thead>
</table>
| Developmental: brain architecture               | * Teens are “works in progress,” Adolescence is a critical brain development period.  
  * The parts of the brain responsible for impulse control, planning and reasoning mature during teenage years.  
  * Teen years are “pruning” years in which the activities most often done by a teen become embedded in the brain.  
  * A teen’s brain is a work in progress. The parts that guide decision-making and judgment are still developing. During this difficult time, teens need adults’ understanding, sensitivity, support and guidance. Society plays a nurturing role. |
| Developmental: role for community               | * The community as a whole or “everyone” is responsible and should be involved in creating nurturing environments, basic care and supportive relationships for high school and young adults. |
| Strengths and positive outcomes                 | * Teens have already achieved X.  
  * “Ready by 21 policies would mean youth would be ready to raise a family, make a sustaining wage, be active citizens, lifelong learners, and enjoy healthy physical, social and emotional health.” – Ready by 21  
  * “The goal is that by age 21, young people are not just a bunch of ‘norts’ – not pregnant, not dropouts, not gang members – but are actually ready for college, work and life.” – Ready by 21  
  * We’re proving that given the correct supports, teens have the power to tap their talents and build a productive foundation for lifetime achievement.” |
## Figure 5.2

**Model B for policy makers and gatekeepers**

<table>
<thead>
<tr>
<th>Frame</th>
<th>Example</th>
</tr>
</thead>
</table>
| Developmental: brain architecture | • Teens are “works in progress.”  
• Adolescence is a critical brain development period.  
• The parts of the brain responsible for impulse control, planning and reasoning mature during teenage years.  
• Teen years are “pruning” years in which the activities most often done by a teen become embedded in the brain.  
• A teen’s brain is a work in progress. The parts that guide decision-making and judgment are still developing. During this difficult time, teens need adults’ understanding, sensitivity, support and guidance. Society can play a nurturing role. |
| Economic incentives         | • Reducing teen pregnancy will reduce costs of public health services: “The public costs of providing medical care to these children is $2 billion/year.” – National Campaign  
• “Teen Childbearing cost taxpayers $9.1 billion in 2004.” – National Campaign  
• “By doing X, we can save Y.” - Bill Alpert, National Campaign |
| Social incentives           | • Teen pregnancy “is at the root of a number of important public health and social challenges.” – National Campaign  
• “If more children in this country were born to parents who are ready and able to care for them, we would see a significant reduction in a host of social problems afflicting children in the United States, from school failure and crime to child abuse and neglect.” – National Campaign  
• There are links between health behaviors. Teens who eat well and exercise are more likely to delay sexual activity.  
• Teens have already achieved X.  
• “Ready by 21 policies would mean youth would be ready to raise a family, make a sustaining wage, be active citizens, lifelong learners, and enjoy healthy physical, social and emotional health.” – Ready by 21  
• “The goal is that by age 21, young people are not just a bunch of ‘nots’ – not pregnant, not dropouts, not gang members – but are actually ready for college, work and life.” – Ready by 21  
• We’re proving that given the correct supports, teens have the power to tap their talents and build a productive foundation for lifetime achievement.” – Wyman Center |
CHAPTER SIX

FINDINGS: STAGE TWO

The objective of Stage Two was to assess target audience reactions to gain-framed messaging concepts for The Metamorphosis Project and to determine whether audiences interpreted the concepts as the communicators intended.

This chapter reports the results of eight in-depth, semi-structured, one-on-one interviews. Participants were asked to review (1) a positioning statement that included multiple frames and (2) a set of three key messages. Success was measured by whether participants understood the main message, thought the message was for them, trusted the source, were motivated to act, and were not confused or offended (Brown, 2008). The messages were also expected to be readable, informative, and compelling emotionally.

Insights from Positioning Statement Testing

Comprehension and Meaning

The purpose of testing comprehension and meaning is to assess how clearly the message is communicated and to identify any “confusing” language (Salazar, 72). First, participants were asked to summarize the main message, to identify what the message was asking them to do, and to explain what they expected to receive in exchange for that action. Secondly, participants critiqued readability, or language that was difficult to read or understand.
Comprehension of main message. The intended takeaway message of the positioning statement was that adolescence is a critical period of growth and development. By making smart investments now in policies and programs that support adolescent health and well-being, North Carolinians ensure the future success of their state. In general, participants understood this message.

- **Radio journalist**: If tomorrow’s workers are not healthy socially and physically, then that can only hurt this state. It’s workforce needs healthy workers to progress.
- **Television journalist**: It is important to invest in programs and policies to help the youth of the state.
- **Parent of adolescent #1**: Adolescent is a critical time period during which it is important to invest in health and well-being.
- **Policy advocate**: This project is trying to improve the health and well-being of adolescents. Adolescence is a critical period for the development of a human being. Therefore we need to act.
- **State legislator**: Adolescence is a difficult time in which the direction of a child, depending on his or her experiences, is going to be set. Because brains and bodies are developing, who and what they interact with is crucial to their direction. And so we need to have programs in place to intercept our children at the right time and the right place.

However, three participants said the specific focus of the initiative was unclear because health and well-being are general terms:

- **Radio journalist**: Well-being can include a lot of things…I don’t know if the focus is health issues such as obesity, or work-related issues. If this is a healthcare statement, a clearer message might be “mental and physical health can improve well-being.”
- **Parent of adolescent #2**: What are we specifically targeting here? Is it medical health or mental health or general well-being? Because my mind went to educational opportunities rather than health and well-being.

The positioning statement was intended to foster attitudes and behaviors supportive of adolescents. Almost all the participants inferred the message was looking for their support and consideration and priming them for future campaign events and requests for funding.
• **Radio journalist:** They probably want the media’s help to get the word out about this project. It seems like something they would need a vast array of people to believe in order to move forward. They would like a story done on the project.

• **State legislator:** It’s saying that I should pay attention. That adolescence is the last chance for public policy and our leaders to provide direction. What you want is to change minds of people who *can* change policies and programs.

• **Parent of adolescent #1:** That I should be supportive of whatever comes next. That this is an important cause that I should buy into. It’s preparing me for when I hear the next thing that I’m supposed to take action and I understand that this is important.

• **Parent of adolescent #2:** That I should be aware of what policies and programs might be coming out. That I should be on the lookout for programs that might affect my adolescents, especially if I am a voting member of the community and school boards.

On the other hand, the policy advocate did not think the message asked anything of him.

• **Policy advocate:** It’s a general statement about an issue and a project to do something about it. But it’s not asking for any specific policy change or item that it’s trying to get done. It’s not clear to me exactly what it’s asking me to do.

Finally, the positioning statement was intended to communicate benefits to the target audience in relation to undertaking the desired behavior. However, only the radio journalist, child advocate, and two parents articulated that they would “get” something by paying attention and supporting The Metamorphosis Project. The journalist thought she would receive ownership of the story, or professional recognition, as the first media representative to act.

• **Radio journalist:** It’s news. It hasn’t been talked about. As a journalist I would get a sense of satisfaction for being the one to get the word out first. And I may feel more apt to follow it all the way through.

Parents thought that not only their families but also *society as a whole* would receive a better future for supporting the message.

• **Parent of adolescent #1:** We would receive a better future for kids who are adolescents now and a society that’s better off.

• **Parent of adolescent #2:** As a society, we will all be better off, not just the adolescents. As a parent, the pay off is that by helping teen health and mental
health, I would be uplifting all of society, the society in which my children will grow up.

Surprisingly, no other participants mentioned “benefits to society” in the comprehension section, although the child advocate alluded to it:

- **Child advocate:** I would get a better future with kids that are not in jail and who are functioning as healthy and engaged leaders, parents and citizens.

This suggests the societal concept was most relevant to parents and those who work with children’s issues, perhaps because they have immediate, tangible ties to a community’s future.

**Readability.** Poor readability may impede comprehension of the message. The language used by The Metamorphosis Project was meant to satisfy an educated audience of policy makers, gatekeepers and parents. Surprisingly, the majority of participants thought the language should be simplified, with policy makers and advocates being the most emphatic.

- **Policy advocate:** My initial reaction is that it’s a little too complicated, and at a higher reading level than would be appropriate to getting to lawmakers. For example when I’m writing I constantly have to check myself and dumb things down. When you’re got in your first seven or eight words “adolescence” “extraordinary” metamorphosis” and “transformative” you will scare some people off.
- **State legislator:** Not all general assembly members are sophisticated readers. The positioning statement is too dense, has too many ideas. Use smaller words.
- **State legislator:** The mind can’t go on for that long.

Other participants felt the language of the first sentence was too academic and spoke above them:

- **Parent of adolescent #1:** I was turned off by the first sentence. There were too many clunky words, such as “transformative,” “extraordinary,” and “metamorphosis.” It came across too intellectual, too policy wonk.
Several participants said the second sentence of the positioning statement was long and convoluted. They had to read it several times and recommended splitting it up. However, one parent thought the third, fourth, and fifth sentences were “crisp and clear” and “memorable.”

- **Parent of adolescent #1:** The last two sentences are good. Clear and straight to the point. I know exactly what you’re trying to tell me. Everyone can identify and most people would buy in.

Lastly, both legislators and one parent recommended using the first person “us,” “our,” and “we” instead of “North Carolina,” as well as using strong efficacy statements such as “we can” rather than the imploring, “we must.”

**Persuasiveness**

If a message is persuasive, the individual is more likely to perform the requested action (Salazar, 78). To determine whether the messages had a persuasive effect on the target audience, participants were asked to share what the message made them want to do, and how likely they were to actually do it. While the previous section assessed comprehension of the message’s calls to action, this section addressed actual willingness to act.

The majority of participants said they were willing to learn more about The Metamorphosis Project.

- **Television journalist:** I want to learn more. How will they accomplish those goals? Through programs in schools? How this will affect my children?
- **Radio journalist:** I would put it in the stack with all the other news releases. But I would want to know more about this.
- **Policy advocate:** I’d like to know more, and what it’s really trying to do. It’s an increasingly powerful argument that there is a scientific reason to invest in these people, and we have more data to show that brains are not developed. And we need different ways to deal with them. We need to keep pounding this message. Targeted at professionals, service providers, this would work.
One parent said she was very likely to search for more information on the project while another parent said she felt compelled to speak to her legislator.

- **Parent of adolescent #1:** It makes me want to write my state legislator and say, “vote for whatever bill is coming up.”

However, she admitted there was only a small likelihood she would actually do this. Similarly, although the child advocate said, “It makes me want to get more information about adolescence and figure out why this is such an important period in child development and what I can do to help them,” she admitted that because the message was so broad she would need more information before she would do anything specific.

The legislators, on the other hand, avoided committing to specific actions themselves, instead suggesting that the General Assembly’s Legislative Study Commission on Children and Youth, which is “almost too big to do anything with,” should be divided into subcommittees—one for pre-school, one for pre-teens, and one for teens.

On the whole, only a few participants expressed an intention to act. Others either required more information before proceeding or would rather pass responsibility to someone else.

**Attractiveness**

Also known as “attention-getting,” attractiveness identifies the features of the messages participants find “most pleasing” (Salazar, 70), and which penetrate the clutter of competing messages received daily. These questions asked of participants what words and themes first caught their attention.
Words and phrases. Several participants mentioned, “brains, bodies, and behaviors” and “North Carolina’s future depends upon adolescents becoming tomorrow’s workers, leaders and good citizens.

- **Parent of adolescent #1**: That policies could be fundamental to the development of brains, bodies and behaviors is a powerful statement. The decisions I make have a direct impact on a kid’s brain? How could you not agree? If you don’t agree you’re stupid.
- **Televisions journalist**: I like the key words “tomorrow’s workers leaders, and good citizens” and “the development of their brains, bodies and behaviors.” I like how physical and mental health go hand in hand here, to make productive adults.
- **State legislator #1**: I like the term “leaders.” I’d put that at the beginning of the list. Or I’d say simply “Today’s leaders must make investment in tomorrow’s leaders.”
- **Child advocate**: The whole idea of today’s kids are tomorrow’s workers and leaders is good.

Despite concerns over the loftiness of “metamorphosis,” all eight participants said the word caught their attention.

- **Radio journalist**: I never use the word metamorphosis when I think of children, but in a way that’s what’s happening.
- **Television journalist**: Metamorphosis is a good descriptive word. It’s symbolic of transformation—a butterfly transforming from a cocoon to something that can fly and be on its own. It encompasses a journey, a change, that is crucial to whom you become. It’s a great word.
- **State legislator #2**: I love the word “metamorphosis.”
- **Parent of adolescent #2**: The Metamorphosis Project really stands out. It doesn’t sound like a million other organizations (as an acronym would).

However, one parent who thought The Metamorphosis Project was “a cool name” felt it should be introduced later:

- **Parent of adolescent #1**: To use such a big word in the very first sentence comes across as very “not everyday language.”

And although both advocates considered the word metamorphosis “evocative,” they worried the meaning would be too obscure for some readers:

- **General advocate**: I think of metamorphic rock from geology. Or a caterpillar.
• **Child advocate:** It’s a wonderful metaphor but I would want to make sure the average Joe citizen grasps that.

However they acknowledged it would resonate with advocates who might carry the message: “it would resonate well with how they perceive children.”

Still, two other participants disliked launching the positioning statement with the metaphor because people without children might not identify. For example, both journalists preferred beginning the positioning statement with the statistic “North Carolina’s future depends on its 1.2 million North Carolinians ages 10-20.”

• **Television journalist:** We have short attention spans. So launch with statistics and buzz words like “new program,” “statewide,” and “impact your children.” If you were trying to get my attention, I would use terms like future “doctors, lawyers, journalists, governors.”

• **Television journalist:** Don’t bury the lead as you’ve done here. Start with “Did you know that there are 1.2 million North Carolinians?”

The child advocate similarly said:

• **Child advocate:** That there are 1.2 million kids in that age bracket is something that catches your eye because you forget how many there are.

_Tone._ Besides words and phrases, tone also stood out. Two participants said they liked the message’s “positive tone” versus a crisis tone:

• **Advocate:** There’s an overload of crisis language in public policy, and I think some people tune it out. So I think the positive tone is good. And it’s good to remind people of this fundamental reality (that adolescence is a critical stage).

• **Parent of adolescent #2:** I like the holistic idea of communities, adults, and service providers working together. It sounds like a positive message.

Perhaps most surprising was that many of the terms considered to be complex actually received positive marks for being attention-getting.

_Relevancy_

Relevancy ascertains whether the target audience feels the message “is appropriate for people ‘like them’” (Salazar, 74). To understand relevancy, participants were asked to
identify to whom the message was speaking and what types of people should see the message with the intention that their responses would align with the designated target audiences.

Most participants felt the message was speaking to a literate audience of leaders within the state who influence policy and funding. Not limited to elected officials, these leaders could be church leaders, lobbyists, the business community, service providers and community agencies. Additionally, two participants said it sounded like a “preamble to a grant proposal.”

- **Parent of adolescent #1:** It’s written like you’re trying to get their buy in—this is a cause they should pay attention to above others.
- **Television journalist:** It sounds like you’re pitching somebody to invest.

Participants also thought the message should be viewed by the media, parents, school administrators and teachers who “should know what is trying to be done.”

However, one parent said the message did not speak to her:

- **Parent of adolescent #1:** I’m not the audience for this. There isn’t anything here that I as a parent need to know. It seems like it’s for legislators rather than parents.

For parents to identify, she recommended using “we” instead of “North Carolina,” which represents “us” rather than “the state.”

- **Parent of adolescent #1:** A parent can’t impact or invest in a program or policy. But a parent can relate to “we all need to get involved,” volunteer, attend meetings, etc.

The child advocate, who is also a mother, likewise did not feel the message spoke to parents:

- **Child advocate:** This is not targeted at parent and families to change their behavior. It’s targeted at leaders and policy makers who can make sound policy and program decisions.
Yet, parent #2 thought the message was speaking to all citizens, including parents of adolescents.

**Believability/Credibility**

When an audience does not believe a message or trust its spokesperson, it is less likely to perform the desired action (Salazar, 82). To assess the believability and credibility of the messages, participants were asked to identify the source and share how they felt about that source. Participants were expected to name experts such as physicians, researchers, educators, and state agencies involved with adolescent education, health and development. To ascertain credibility, participants were expected to use adjectives such as “credible,” “trustworthy,” “reliable,” “expert,” “reputable,” “unbiased,” “ethical,” and “honest.”

As intended, participants mentioned public health professionals, human service professionals, service providers, teachers, doctors, lobbyists, advocates, and state agencies. At the same time, several participants thought the source was ambiguous.

- **Radio journalist:** It came from an organization—I can’t even say it’s health—or a lobbying group that is trying to get support for this project. I don’t think it came from a school or superintendent. It has a lobbyist feel to it.

This uncertainty may stem from the fact that, as several participants mentioned in the comprehension section, the initiative’s stated goal to affect “health” and “well-being” is broad.

In regards to credibility, few participants raised the anticipated descriptors. Only one participant said, “this is clearly a credible expert, they’re saying ‘we’ve done the research. We know what works.’” At the same time, one parent merely hinted at credibility.
• **Parent of adolescent #2:** It looks like the intro to a research report or grant proposal.

On the other hand, the radio journalist was unsurprisingly more skeptical of the source.

• **Radio journalist:** I would decide if it was a reputable group. I would find out if it was connected to state government and had a history of working on projects that dealt with adolescents, if it was a non-profit rather than commercial company, and who sat on board, like scholars or people who didn’t have a financial interest.

Other reactions included “they seem passionate about their cause” and “I don’t feel anything.”

**Acceptability**

Acceptability identifies “subtle” language that is “inappropriate” or “offensive” (Salazar, 76). I tested this by asking if the message was offensive or annoying.

Although participants did not report anything offensive, several found the tone to be annoying and pretentious.

• **Parent of adolescent #1:** The first two sentences came off too academic and wonkish. It sounds like they were written by someone in academia. There were too many big words.

And some disapproved of the “advocacy-like” tone and being told information they already knew.

• **Radio journalist:** The message has an advocacy tone to it, which means it may try to beat you over the head a little. Some things you already know of course – you know it’s a transformative time – you know that adolescents brains, bodies and behaviors will shape life long health.

Some were annoyed that the project did not explicitly state its goal. They felt the message was too general and required supporting statistics to illustrate the problem. One participant went so far to liken the message to presidential rhetoric.

• **Child advocate:** What you’re doing is “Obama-izing” stuff. But at some point you need to come down to what exactly it is you’re talking about—what is the policy, what you are going to do, and how you are going to do it.
On a different note, the policy advocate disliked the use of the word “adolescent”

- **Policy advocate:** I think “adolescence” removes some of the emotion and makes it sound like a scientific endeavor. I am concerned this word makes the message sound too sterile and devoid of feeling that readers won’t be moved by it. It sounds like another wonky, scientific thing.

He preferred conversational terms like “young people” or “children,” which he applied to any one age 18 and under. This comment indicates that he missed the point about differentiating between adolescent and children’s health in hope of equalizing resource allocations.

Although not annoying or offensive, several participants said “10 to 20” sounded like a wide range: “you get kicked out at 18. You’re not an adolescent.” Moreover, upon learning the topic, one legislator said, “Teenagers are wired to be obnoxious.”

**Usefulness**

A useful message should provide the individual with new knowledge. New information is crucial because today’s news organizations and gatekeepers increasingly use information subsidies to set agendas (Turk, 1986, Curtin, 1999, Harmon & White, 2001). Here, utility was measured by asking participants to identify new information and information they already knew.

Most participants said they already knew adolescence was a transformative phase, when brains and bodies are “malleable” and “works in progress.”

- **Radio journalist:** Adolescents are crazy and it’s a crazy time, puberty, they are changing. I knew that this is a pivotal time. I have an adolescent at home. And if they’re not prepared they won’t make good adults, can’t perform or take care of themselves.
- **State legislator:** We already know this. You aren’t telling us anything we don’t already know. But we aren’t focusing on it.
On the whole, participants did not learn anything knew from the concepts, and believed that more substance would lead to increased engagement and recall.

**Television Journalist:** I feel like I already know that stuff. It’s common sense. What you need is to create a sense of urgency around the issue. Sprinkle in interesting facts. Bullet examples of massive problems that need to be addressed. Give me more meat. For example, “Our goal is to start bringing that trend down. Here are some examples.”

On the other hand, the child advocate thought the brain development concept would be new information for most people.

- **Child advocate:** It reframes adolescent development in a way that is not how we’ve been framing it. The general consensus is that when kids are 15 they’re done, and we can’t influence their development. Folks do not know and find it fascinating that brains are still developing at 15 up until 25. So it’s great to focus on this. It humanizes kids and provides a context that leads to better decision making. In fact we’re seeing more and more [advocacy] folks using it in their communications.

The only information the rest of the participants claimed was new was the name The Metamorphosis Project and that there were 1.2 million North Carolinians between the ages of 10 and 20. This statistic stuck, as might additional statistics.

**Emotion**

Lastly, participants were asked what emotions were triggered by the messages. This information was meant to assess the impact of the emotional truth—that adolescence is a magical, transformative time full of opportunity to shape a better future. Feeling a desirable or positive emotion would be a gain, which according to framing literature should increase cognitive message processing and adoption of the advocated behavior (Latimer, Salovey, & Rothman, 2007, Change, 2007, O’Keefe & Jensen, 2008).

Fortunately, emotions elicited by the positioning statement included optimism, hope, inspiration and positivity.
• **Parent of adolescent #1**: I feel like, wow! We have a chance to shape the future of adolescents. It made me excited to think that teens can be leaders. It’s a positive message. It wasn’t negative like your kids are screwed. It isn’t a negative message. It was hopeful.

• **Parent of adolescent #2**: It’s a positive message, hopeful. I do sense hope.

• **Radio journalist**: I feel hope because it sets out to help 1.2 million North Carolinians.

Conversely, one legislator said, “I feel like I’ve read a gazillion of these. They end up in the wastebasket.”

**Insights from Key Messages Testing**

Participants were also asked to review three key messages tied to the positioning statement and respond to the same set of questions posed for the positioning statement.

**Comprehension and Meaning**

*Comprehension of main message.* Participants thought the meaning of the three messages combined was similar to the positioning statement, except more robust. They said that adolescence was a critical period in which policies and program must guide youth’s health and development to ensure a better future for the state. New research, such as a health report card and task force report, would identify problems and offer policy solutions.

• **Radio journalist**: This is a crucial time for young adults. And more programs and policies are needed to transition them into healthy adults. It mentions a health report card to support that this is a crucial time.

• **Parent of adolescent #2**: There’s some recent report card and task force report that inform the positioning statement and say we need to invest in our kids so North Carolina is a better place so our children will be successful adults.

• **Parent of adolescent #1**: That again, investing in adolescent health is a good thing and critical to the success of the state.

• **Policy advocate**: We need to invest in adolescents because they are our future. We’ll try to keep track of issues that affect them and advocate for investment.
Parents felt the key messages asked more of them than the positioning statement.

- **Parent of adolescent #2**: It’s telling me to find out what’s in the health report card and task force report. Find out what the project wants me to do. See what my role is—what I could be doing differently. These messages more than the positioning statement address what I as a parent would want to find out.

- **Parent of adolescent #1**: To support and invest in programs and policies that will benefit adolescents.

However the policy advocate felt he was asked only to become aware of the issue, not take action.

- **Policy advocate**: Be mindful of this issue. But aside from that I don’t get any direct “ask” of me. Just “be with us in the cause.”

**Readability.** Regarding words or sentences that were difficult to read or understand, answers mirrored those given for the positioning statement. For example, parents still felt the key messages were overly academic:

- **Parent of adolescent #1**: The first key message was the worst—too academic. And the word “trajectory” is not the right word.

She recommended rewriting “trajectory” and “extraordinary change” as:

- **Parent of adolescent #1**: “When young people’s futures are being determined,” or, “When young people are defining who they will become” instead of “extraordinary change.”

The child advocate also disliked “trajectory,” calling it “conceptual and vague. I don’t think even policy makers would get that word.” Whereas the radio journalist was confused by the wording of the second key message:

- **Radio journalist**: The thing I read over and over was “The North Carolina Institute of Medicine Adolescent Task Force report.”

Since she was unfamiliar with the institute and the task force, the succession of new terms was overwhelming. She recommended beginning the sentence with a generic “report,” followed by the specific organization, for example:
• **Radio journalist**: “There are two major reports that have come out this year that demonstrate that…” The names of organizations are secondary information. Say what the reports say first. Then say who said that. And “opportunities missing” is too vague. You didn’t say what they say.

As with the positioning statement, the policy advocate disagreed with the choice of “adolescent” and “metamorphosis.”

• **Policy advocate**: I still have concerns about the terms “metamorphosis” and “adolescent.” If you’re using them in a scholarly report from the NCIOM, that’s fine. But for a lobbying campaign, a fact sheet to the general assembly, or an op-ed in the Greensboro News and Record, I would use different words. If I were writing an op-ed, you have to realize that a huge portion of your readers are at a very basic reading level.

**Persuasiveness**

Surprisingly, the persuasiveness of key messages received mixed reactions. On the one hand, a few participants felt compelled to obtain more information,

• **Parent of adolescent #2**: The positioning statement was too vague. But these key messages spoke to me because of the “evidence-based road map” to change behavior. As a parent I would like to know what they are. It really intrigues me.

She said she would research the report card online “to see if it was readable for a lay person. I would start at the Metamorphosis Project’s web site.” On the other hand, a few participants claimed the messages lacked the emotion or relevance to encourage action.

• **Parent of adolescent #1**: It doesn’t speak to me as a parent. The report card and NCIOM task force report are not things a parent would see. It doesn’t make me as a parent want to do anything.

• **Advocate**: I’m not getting ready to man the barricades. But it’s persuasive, and well written, and sounds like it’s coming from people who know what they’re talking about. And I assume that’s what it as intended to do.

Similar to responses to the positioning statement, the radio journalist was not compelled to take immediate action.

• **Radio journalist**: As a journalist, they are telling me that this is a serious situation even though they haven't put facts in this at all. There’s not much reason for me to jump on this without facts like “more children in North Carolina commit suicide than
any other state.” But it sends the message that this is an age group that needs attention. I would probably look into this and do a story, but not right away.

The responses indicated that both relevance and emotion contribute to persuasion.

**Attractiveness**

Again, new information captured attention—not what participants already knew.

- **Parent of adolescent #1:** I like the phrase “for North Carolina to continue to prosper.” The fact that we’re already prospering; we’re already doing well. I like the vision of continuing to prosper. And we’re on the cusp of this really important next step.

- **Parent of adolescent #2:** I noticed new information like the adolescent health report card. And I didn’t know of institutions like the IOM. From an advertising point, I like how you use the word “transform” a lot with the word “metamorphosis.”

Both parents mentioned “evidence-based road map” as attention-getting or “intriguing”:

“I like the idea that you’re investing in things that are already working.” However the child advocate thought the term was too conceptual. She also wished to see statistics from the adolescent health report card.

- **Child advocate:** If you just say, ‘there’s this report card over there,’ you will lose people. You’ve got to incorporate statistics into what you’re saying right away.

**Relevancy**

As reported in “comprehension and meaning,” parents felt more connection with the key messages than the positioning statement. On the other hand, the radio journalist and advocate thought the messages addressed a formal audience.

- **Radio journalist:** It’s speaking to a very formal group of people, like a committee, or the media through a news release. I don’t think parents would keep it and read it. I don’t think they’d want to get their kids involved with this.

- **Advocate:** This is the kind of stuff you would produce in an institutional or academic report. It would advise high-level policy makers, but would ultimately be translated to more common parlance by an advocate or political representative.
Regardless, a few participants felt that *all* types of people should see the message, raising the need to simplify the language.

- **Radio journalist**: Everybody should see it. The public needs to say that it’s important to them. If they don’t think there’s a problem, nothing will be done. The more the merrier when you want something.
- **Parent of adolescent #1**: It speaks to decision makers who could affect funding and policy to allow project to fruition. But also to public health experts in a position to implement the programs.

*Acceptability*

Participants were not offended by the key messages. But as with the positioning statement, participants were frustrated that the messages primarily repeated old information.

- **Parent of adolescent #2**: The first key message didn’t tell me anything new. There was no meat. Most parents already know this stuff from the first statement. But the second two (key messages) have more substance.
- **Parent of adolescent #1**: The second message needs something more concrete. Expand on that thought “continue to prosper” by saying, for example, that the jobs of the future will demand something that adolescents need and get from better health.
- **Radio journalist**: I didn’t hear anything new. Maybe I was looking to learn something new other than the name of the project. Since reports are cited, there’s got to be more info supporting details, examples of statistics.

The radio journalist proceeded to give an example of what she does with press releases that do not provide new, compelling information.

- **Radio journalist**: I used to get messages from Welcome Baby. I know it’s a good organization but I don’t read their notices much anymore because I know what they do and there’s nothing new in that information. Maybe if they sent a notice that they have somehow surveyed and followed a group of 100 women in Chapel Hill; if they found an interesting rate. Something new.
- **Policy advocate**: You need to tell the big picture story, statistics, kill them with the facts.
*Usefulness*

As reported in “acceptability,” the only information new to participants was the report card and task force report.

- **Parent of adolescent**: #1: The new info is that there is a report card and task force. I didn’t know what was currently being done about adolescent health.

One participant said the message should be placed in “every newspaper, every child magazine, every doctor’s office.”

- **Radio journalist**: I would expect it to be everywhere if you want to accomplish a lot and be taken seriously.

Participants implied that reports were useful and the public should be made aware of them.

*Emotion*

Finally, the participants’ emotional reactions echoed the feelings of hope and positivity reported for the positioning statement.

- **Parent of adolescent #1**: Hopeful and positive. That there’s an opportunity.
- **Parent of adolescent #2**: It’s hard to feel discouraged. It’s easier to feel hopeful than if the report card had discouraging, crisis info.

Only the radio journalist expressed feelings of sympathy toward adolescents.

- **Radio journalist**: They do make you want to feel sorry for these kids. This age group needs help. Makes me feel, wow, we really messed up. We’ve forgotten these people. Teachers and society has left them to raise themselves. You leave fifth grade and go into sixth and it’s like night and day. I definitely notice that. They’re left to fend for themselves.

But several participants believed facts and statistics would provoke even more emotion.
Responses to the Word “Crisis”

This study employed gain-framed appeals rather than loss-framed appeals. As stated earlier, crisis messages are typically associated with loss-frame appeals.

Overwhelmingly, participants believed the word “crisis” had been overused and misused in modern communications, providing indirect support for a gain-framed messaging strategy. It also caused anxiety.

- **Television journalist:** I don’t like it. It’s overused. For example we’re overusing “economic crisis.” We become desensitized. It’s cliché. It’s a strong word, but it has to be used appropriately.
- **Radio journalist:** It makes one feel anxious. Something at a crisis level feels like it’s at a point of no return, that you can’t possible fix it no matter what you do. It might spark people to move, but it’s not good to scare people. That word can be misused. I try not to report things as a crisis if they’re not really a crisis. Who says this and why? I don’t like that word.
- **Parent of adolescent #1:** I would think, “Oh my god, we have so many crises I can’t deal with another.” I would walk away more negative. It’s upsetting. The word “crisis” is more of a turn off then saying, “we have a great opportunity, and we know what to do and we can do it.”
- **State legislator:** A message should inspire our listeners, not scare them.
- **Advocate:** Your risk overload and crisis fatigue. People stop listening.
- **Parent of adolescent #2:** Anxious. I would want to know more—is it really a crisis or is it something trying to get my attention? I would be skeptical.

One state legislator favored inspirational messages to crisis messages because they “let people know that this is possible.” Moreover inspiring messages paved a path for action: “most people want to do good if they can see a way to do it.”

However, one parent acknowledged that crisis messages are sometimes effective:

- **Parent of adolescent #2:** Depending on what type of crisis, it might make me do something, like give money or volunteer. Sometimes we need to say there’s a crisis to get attention for issues. Using “crisis” isn’t necessarily a bad thing that would make me ignore the issue.
And the policy advocate noted there could be a time and place for crisis language in The Metamorphosis Project:

- **Advocate:** It would be a mistake to use “crisis” as a general descriptor of the whole situation. Perhaps there could be sub-issues in which to use it, such as the treatment of adolescents in mental health facilities is a crisis.

**Key Insights**

Twelve key insights were gleaned from testing; seven were successes and five were challenges that will be addressed in Chapter Seven. Table 6.1 classifies the successes and failures according to the eight variables and one word tested.

**Successes**

Analysis of participant responses revealed seven successes: (1) participants understood the main message; (2) participants did not counter-argue, despite existing stereotypes; (3) participants liked the metaphor of metamorphosis; (4) participants correctly identified the sources; (5) awareness of teen issues was increased; (6) messages established an emotional connection; and (7) the gain-framed message was preferred to a crisis or loss-framed message.

**1) The Frame was Understood.** Perhaps the most important finding was that participants comprehended the gain-framed message. For example, responses indicated that participants accepted, and in most cases already knew, that adolescence is a *developmental stage* for the brain and the body that sets the “direction” of a child. In addition, references to brain development were well received. Moreover, responses indicated that after reading the messages, participants believed the future of the state depended on healthy adolescents who would achieve *positive outcomes* as its leaders,
workers and good citizens. Lastly, responses indicated that participants recognized the *responsibility of adults and society*.

2) **No Counter-arguing.** Existing beliefs and negative perceptions did not interfere with acceptance. For example, one participant said, “10 to 20 sounds like a wide range” and one legislator said, “Teenagers are wired to be obnoxious.” But rather than counter-argue or “ignore, alter or otherwise manipulate the message and the frame in which it was presented (Kaczynski, Havitz, & McCarville, 2005),” these participants supported the new frame.

3) **“Metamorphosis” Captured Attention.** In general, participants expressed strong like or love of the word in this context. The word was “evocative” and conjured up the image of human transformation similar to a caterpillar’s transformation into a butterfly.

4) **Participants Correctly Identified the Source.** Participants on the whole identified the source as an “expert” or someone “who does this all day long,” including doctors, public health professionals, service providers, lobbyists, advocates, and state agencies. However compared to parents, legislators and advocates, the journalists were hesitant to identify a source and its credibility until they had conducted their own investigation.

5) **Messages Increased Awareness of Teen Issues.** When asked what the message requested, most participants replied “awareness,” “attention,” “to change minds,” and “to be mindful” of “this issue above all others.” Some said the message was preparing them for future funding requests. These responses were expected because the goal of the frame
was to change perceptions first and foremost, which would hopefully lead to later adoption of behaviors.

6) **Messages Established an Emotional Connection.** The messages made most participants feel optimistic and hopeful. Interestingly, the most vocal participants were currently parents of young children or adolescents, suggesting that the parental role aroused more powerful emotional reactions. I also sensed that participants felt emotional when discussing the word “metamorphosis.”

7) **Gain-Framed Message Preferred to Crisis Messages.** In line with recommendations from Stage One and the framing literature (O’Keefe & Jensen, 2008, Grau & Folse, 2007, Chang, 2007, Latimer, Salovey, & Rothman, 2007), participants preferred the gain-framed appeal of “development” and “opportunity” to the loss-framed concept tested indirectly using the word “crisis.” For example when discussing attention-getting and emotional reactions, all participants identified themes of positivity, hope, and prosperity without prompts. One state legislator went so far to say, “We want a message that will inspire our listeners, not scare them.” In addition, participants unanimously disliked the word “crisis” in this context. Participants associated the word with feelings of anxiety and said it was overused to the point of being cliché and causing crisis fatigue. They also believed it could be misused as an advertising ploy, which aroused skepticism and suspicion. Such reactions might generate discouragement and inefficacy and render a loss-framed approach less persuasive.

**Challenges**

On the other hand, message testing revealed five challenges: (1) poor readability created confusion; (2) underestimating the audience caused annoyance and suspicion; (3)
not all audiences felt the message spoke to them; (4) participants were not asked to act now; and (5) participant motivations to support adolescents in the future were mixed.

1) Poor Readability Created Confusion. Almost all participants criticized the language as either overly complicated or too impersonal, both of which might repel audiences. For examples, words like “metamorphosis,” “transformative,” and “extraordinary,” were thought to be too advanced and academic for newspaper readers and the General Assembly. Terms such as “the state” or “North Carolina” created distance between the communicator and the audience, while terms like “us” and “we” would possibly increase engagement and personal relevance.

2) Underestimating the Audience Caused Annoyance and Suspicion. Participants were irritated that the messages lacked new knowledge and supporting evidence. Although they thought the frame of adolescent development and potential was compelling, it was considered common knowledge. Their responses insinuated, “I agree with you, we should care about our adolescents because they are our future. But I already know this and I’m annoyed you didn’t tell me anything new.” That is perhaps why almost every participant recalled and liked the statistic “1.2 million.” Moreover, participants felt suspicious because claims were not backed by statistics and explicit examples of serious health problems facing adolescents. Indeed, the lack of facts seemed to undermine the believability, credibility and persuasion of the messages.

3) The Message Spoke More to Policymakers and Gatekeepers and Less to Parents. When asked to whom the messages were speaking, participants identified three target audiences: policy makers, advocates, and the media. Most participants thought the messages were for opinion leaders and decision makers who influence government
funding including legislators, the media, advocates, community leaders or “literate people who work on this type of thing everyday.” No one said parents. In fact, one highly-educated parent emphasized that although she comprehended the messages, they were not speaking to her.18 One explanation is the tone and vocabulary issues previously raised, which indicates that language appropriate for funders is not appropriate for parents. These findings are not surprising given that the messages were designed for policy makers and gatekeepers. However, given the import of the parent-child relationship, it may be beneficial to tailor a specific subset of messages directly to parents when the campaign is finalized.

4) Participants Not Asked to Act Now. When asked what the messages wanted them to do, several participants felt either no direction at all or no direction to act now. For example, journalists expressed intentions to research the issue and perhaps write a story in the future. This suggested the messages raised awareness rather than encouraged adoption of a specific behavior.

5) Participants Reported Mixed Motivations. Participants who detected a request in the messages expressed intentions to act, but could not confirm whether they would actually act when called upon. For example, parents said they should “see what my role is,” “see what I could do differently,” be on the lookout for voting opportunities, write to their legislators, and “invest in programs and policies.” The journalists and advocates said they would “definitely” want to know more about how the program could achieve its goals and how it would affect their children. That being said, intentions ranged from very

---

18 Note that several participants thought parents, teachers and the general public should see the message. But the message was not speaking to them.
likely to somewhat likely to not very likely. Interestingly, participants who experienced a strong emotional reaction seemed more motivated or persuaded.
Table 6.1

Message Successes and Challenges by Variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>Successes</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehension and Meaning</td>
<td>• Sample comprehended three components of the gain-framed appeal.</td>
<td>• Poor readability due to complex language and sentence structure.</td>
</tr>
<tr>
<td></td>
<td>• Raised awareness.</td>
<td>• Failed to clearly request future adoption of a behavior.</td>
</tr>
<tr>
<td>Persuasiveness</td>
<td>• Participants reported awareness of teen issues and perceptions supportive of teens.</td>
<td>• Motivation to act ranged from very likely to not likely.</td>
</tr>
<tr>
<td></td>
<td>• “Metamorphosis” was well received.</td>
<td>• Lack of supporting evidence may have undermined persuasion.</td>
</tr>
<tr>
<td>Attractiveness</td>
<td>• “Metamorphosis” was well received.</td>
<td>• Too many multi-syllabic words.</td>
</tr>
<tr>
<td></td>
<td>• “Brains, bodies, behaviors” and “tomorrow’s workers, leaders, and good citizens” were well received.</td>
<td></td>
</tr>
<tr>
<td>Relevancy</td>
<td>• Spoke to policymakers, advocates, and the media.</td>
<td>• Did not speak to parents. Perhaps parents should be included in the target audience.</td>
</tr>
<tr>
<td>Believability/Credibility</td>
<td>• Source was identified as an expert or health professional</td>
<td>• Lack of supporting evidence undermined credibility</td>
</tr>
<tr>
<td>Acceptability</td>
<td>• Nothing offensive reported</td>
<td>• Irritated over lack of new information and supporting evidence</td>
</tr>
<tr>
<td>Usefulness</td>
<td>• Statistics were new and often recalled.</td>
<td>• On the whole, little new information was provided.</td>
</tr>
<tr>
<td></td>
<td>• Brain architecture was expected to be new information.</td>
<td></td>
</tr>
<tr>
<td>Emotion</td>
<td>• Optimism, hope and positivity</td>
<td>• Several participants didn’t feel anything.</td>
</tr>
</tbody>
</table>
CHAPTER SEVEN

DISCUSSION: STAGE TWO

Message testing is a crucial phase of the social marketing process used to understand how target audiences “perceive materials” and “interpret the messages they contain” (Salazar, 2008). The findings can be used to affirm a message’s strengths and to distill inappropriate content and language that could impede the campaign’s overall effectiveness.

The findings from Chapter Six raised seven successes and five challenges that must be addressed to improve the messages before the launch of The Metamorphosis Project in May 2009. The challenges identified in Chapter Six are handled in turn in the following section. Many of the recommendations for improvement came from the participants themselves. Sample revised messages can be found in Appendix F.

Recommendations

1) Clarify Definitions. Participants said that comprehension and readability could be improved through better descriptions of vague terms like “health and well-being,” “health problems,” and “service providers.” For example:

- Participants felt frustrated because they did not know what type of health or well being the message asked them to support. A better choice might be, “mental and physical health and well-being.”
• Instead of saying “health problems,” which policy makers might interpret as simply asthma and allergies, be more precise and provide examples. For example, try “behavioral health problems such as substance abuse and aggression."

• Medical jargon such as “service providers” sounds bureaucratic. Policymakers skeptical of government might associate the term with government services and public services. To avoid negative connotations and confusion, try saying “other community members such as physicians, educators and counselors.” This is explicit and carries “more weight” with the General Assembly.

• Bolster “missing opportunities” with two or three specific examples.

2) Establish Supporting Evidence Early On. A recurring complaint was that the messages made bold statements without supporting evidence, which resulted in suspicion and annoyance. Participants claimed believability, credibility and persuasion would be enhanced were evidence presented at the start. Although the umbrella frame was meant to be broad, participants recommended incorporating facts from the outset when creating final messages. For example:

• Illustrate points with examples tailored to each individual audience to ensure the messages resonate. Create a list of “supporting messages” for policymakers, for gatekeepers, and for parents. For example, when speaking to policy makers, use gain-framed economic incentives such as this statistic from The National Campaign

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19 Such facts are memorable, too. Almost all participants said that “1.2 million North Carolinians ages 10 to 20” caught their attention in the positioning statement.

20 I note that the communications team, from the very beginning, planned to use facts and statistics to tailor versions of key messages to specific audiences.
to Prevent Teen and Unplanned Pregnancy: “the progress North Carolina has made in reducing teen childbearing saved taxpayers an estimated $219 million in 2004 alone.”

- Because information about adolescent “brain development” intrigued participants, consider expanding such content in the final messages.

- A statement such as “North Carolina ranks 44th for treatment of homeless kids” catches the eye because it captures a number of statistics in one place. “5,000 statistics make people glaze over, but rankings give them a context for what you’re talking about” (child advocate). Final messages could augment the following sweeping statement with statistics: “The NC Adolescent Health Report Card summarizes the health problems we see among young people in this state.”

**3) Launch with “Breaking News” Frames and Include New Information.**

A second recurring complaint indicated that both the frames and supporting content communicated little new information. Participants repeatedly said, “I already knew this,” and “Give me something new.” This oversight could hurt the campaign because messages with low utility are less likely to be recalled. To prevent this, the team should rank frames according to “breaking news” (which should be the main argument) and “already known” (which should be second-level arguments). For example:

- Launch with of strength and positive outcomes and social incentives, which most participants identified as breaking news, and use brain development, which participants said was becoming “already known,” as a supporting argument in the second or third sentence.

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21 However, all participants were highly educated and of a higher socio-economic status. People who are less educated and a lower SEC might find the messages informative.
• Participants repeatedly referenced “new” facts such as 1.2 million adolescents and the report card, suggesting that new information stuck and should be amplified.

4) Design Messages Specifically for Parents. One audience to whom messages did not resonate was parents. This was unsurprising given that the messages were not designed for them. However, their enthusiasm for the project in general suggests they could be powerful allies to whom we should communicate through tailored messages.

The message feature that resonated most with parents was the metaphorical image of adolescence as a metamorphosis. What parents most disliked was the lofty language and tone, which eroded the power of the emotional truth. Therefore, the following recommendations, three of which were offered by parents themselves, might satisfy the unique communication needs of the parent segment. For example:

• Use the first person to speak to parents. For example, say “our future” instead of “North Carolina’s future.”

• Rather than saying, “invest in programs and policies,” which parents felt they could not impact as individuals, ask for behaviors that parents can do, such as “volunteer,” and “attend meetings.”

• Use a conversational tone and colloquial language. Parents criticized the tone as “academic” and “wonkish.”

5) Include Action Steps. One reason participants reported a low likelihood to act was perhaps because the messages lacked concrete action steps. For example, the policy advocate said, “I don’t get any direct ‘ask’ of me,” and “It needs to ask for something, to create a sense of urgency to act now.” Instead, use stronger action verbs that make direct
requests. This gives audiences a clear path and promotes self-efficacy: “OK, this is what you want us to do.” For example:

- Volunteer at your school; write to your legislator; attend school council meetings; download the report card online.

6) Use Inverted Pyramid Structure. Several participants felt the last and second-to-last sentences of the positioning statement were strongest. They recommended inverting the structure to launch with “1.2 million North Carolinians,” followed by the “metamorphosis” metaphor and adolescence is a “transformative” phase. Although the latter two are crucial components of the frame, beginning with multi-syllabic words intimidates readers and may not resonate with non-parents. For example:

- Try saying: “The goal of The Metamorphosis Project is to improve the physical and mental health and well-being of the 1.2 million North Carolinians ages 10-20 over the next decade. Because adolescence is a crucial period when brains, bodies, and behaviors are developing, we must make smart investment in programs and policies that support adolescent health.”

7) Use the First Person. Several participants other than parents suggested using “we” and “us” rather than “North Carolina” and “the state.” This recommendation happens to be a best practice of Susan Moran, public information officer of the Town of Cary, who uses the first person when communicating to townspeople because it establishes trust and confidence: “We are all in this together. We are one of you rather than talking at you.”

8) Keep it Short and Sweet, Clear and Simple. Almost all participants were turned off by complex sentence structures and multi-syllabic words including “transformative”
and “extraordinary.” Although “metamorphosis” received predominantly positive responses, it also received negative responses, possibly because it was presented in concert with other multi-syllabic words. To reach legislators, parents, and the media, use “common parlance” with a conversational tone. For example:

- Consider using an eighth grade reading level for fact sheets to the General Assembly and editorials in local newspapers. Use no more than one complex word per sentence.
- Try writing something like: “The goal of The Metamorphosis Project is to improve the physical and mental health and well-being of the 1.2 million North Carolinians ages 10-20 over the next decade. Because adolescence is a crucial period when brains, bodies, and behaviors are developing, we must make smart investment in programs and policies that we know work.”

**Practical Implications**

The results of this research were expected to aid The Metamorphosis Project in the final stages of its message construction and also contribute to the body of knowledge for social marketing of adolescent issues and targeted communications to specific audiences.

Stage One of this study summarized best practices for framing adolescents and proposed two gain-framed models for constructing messages targeting policy makers, gatekeepers and constituents. As the gain-frames tested well in Stage Two, it is hoped that the best practices and models might aid future social marketers and communicators as they design their own messages about adolescents.
The findings from Stage Two demonstrated that messages employing gain-frames were indeed successful in generating perceptions that were supportive of adolescents. Although some participants did not feel motivated to act, others expressed future intentions to adopt behaviors that supported adolescents (and adding action-oriented language might increase motivation to act). This supports O’Keefe and Jensen’s (2008) conclusion that feelings of positivity and optimism arising from gain-framed appeals lead to increased cognitive processing and engagement, whereas negative emotions linked to loss-frames are more likely to be suppressed.

Stage Two was also worthwhile because it successfully applied the testing instrument developed by Salazar (2008) and Brown (2008) to assess whether the messages were “understandable, relevant, attention getting, memorable, attractive, credible, and acceptable.” The interviews revealed that messages were understandable, attention getting, memorable, believable, and persuasive.

In addition, identification of five challenges that social marketers may encounter when communicating about adolescents may add to the body of knowledge, as will the eight recommendations offered by members of the target audience. These challenges and recommendations revolved around readability, relevancy, credibility and acceptability.

The recommendations were found to align with existing communication research and best practices. For example, in retrospect it was unwise to group together disparate audiences such as parents and advocates because the marketing and public relations literature tells us that different audience segments have unique motivations and beliefs. Although the gain-framed appeals resonated with both groups, the language and tone needed to effectively reach parents was distinct from that to reach advocates.
It was also unsurprising that participants were not compelled to act immediately. One of the biggest challenges for social marketing is that the benefits for behavior change are neither tangible nor immediate and therefore less persuasive.

Lastly, Stage Two employed an emotional truth that resonated with some participants and in some cases persuaded them to adopt perceptions and even behaviors supportive of adolescents. This supported Callagan and Schnell’s (2005) findings that people are more likely to support a policy if the frame activates an emotional connection. Surprising was that although some participants thought the word “metamorphosis” was complex and obscure, many participants experienced a positive emotional reaction to it. Perhaps the concept of “metamorphosis” is appropriate but could be communicated using a simpler term.

Additional formative research is needed here. For example, focus groups, ideally with each of the three target audiences, could identify authentic emotional truths rather than constructing a truth based on the experiences of The Metamorphosis Project’s team members. These emotional truths would likely be more tailored and persuasive.

Limitations

As with all research, this study has several limitations. The use of one coder for the textual analysis increases the risk of subjective interpretation. Furthermore the sample could have been expanded to include local North Carolina organizations involved in adolescent health issues. The small number of participants included in the message testing precluded the opportunity to interview to the point of redundancy. In addition, the participant subgroups (e.g., media, policymakers) did not represent all facets of the target audience. For example, it is possible that the opinions of a print journalist in Asheville
might differ from those of a broadcast journalist in Raleigh. And the reactions of a young legislator in eastern North Carolina might differ from those of a veteran legislator in Charlotte. Moreover, both parents were of a highly educated socio-economic group. Finally, the study used a blunt, indirect measure to assess reactions to the idea of “crisis” messages rather than developing and testing an actual loss-framed set of messages.

**Conclusion**

In sum, adolescents in North Carolina need champions to fight for policies and programs that support their health and well-being. The Metamorphosis Project has undertaken that challenge and should do so with research-based campaign messages that are consistent across all touch points with all audiences. This study was an attempt to do just that.
## LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Survey of web space devoted to teen health</td>
<td>98</td>
</tr>
<tr>
<td>Appendix B</td>
<td>List of online communication materials analyzed</td>
<td>99</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Anonymous participant bios</td>
<td>100</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Message testing in-depth interview guide</td>
<td>101</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Testing Materials</td>
<td>104</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Recommended revisions to messages</td>
<td>106</td>
</tr>
</tbody>
</table>
Appendix A

Survey of Web Space Devoted to Teen Health
on the Web Sites of 10 North Carolinian Health Organizations

These findings were drawn from a review of web sites only. These organizations may offer programs that target adolescents, but I could find no evidence of such based on the materials available on the web.

<table>
<thead>
<tr>
<th>NC Organization</th>
<th>Separate Category for Teen Health? Y/N</th>
<th>Groups Teen Health with Child Health?</th>
<th>Programs for Teens Only? Which issues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Pregnancy Prevention Campaign of North Carolina</td>
<td>Yes</td>
<td>None</td>
<td>• Entire campaign/web site covers teen pregnancy</td>
</tr>
<tr>
<td>NC Prevention Partners</td>
<td>No</td>
<td>• Zone Health: Teens lumped into K-12 group</td>
<td>0</td>
</tr>
<tr>
<td>NC Health Alliance</td>
<td>No</td>
<td>• Child obesity program makes no mention of teenagers</td>
<td>0</td>
</tr>
<tr>
<td>NC DHHS</td>
<td>Yes</td>
<td>• “Health”: This section is divided into “all ages” and “0-5 years”. No section for teens. • Facts and Figures – no topics for teens. Reports for children, but not teens</td>
<td>• Teens and Young Adult Section: Substance abuse and foster care • Health Section: Tobacco Prevention for Teens (Step Up NC)</td>
</tr>
<tr>
<td>NC Healthy Schools</td>
<td>Yes</td>
<td>• Health education lesson plans are for K-5 only.</td>
<td>• “Not My Kids” regional media campaign to inform parents about risky youth behavior in NC. • Youth Risk Behavior Survey</td>
</tr>
<tr>
<td>NC Eat Smart Move More</td>
<td>No</td>
<td>• Fact sheet for Childhood Overweight in NC groups 0 – 20 as “children”</td>
<td>• Cybershop interactive CD for teens age 13-19</td>
</tr>
<tr>
<td>NC Action for Children</td>
<td>Yes</td>
<td>• 2008 Child Health report card groups children 0 – 17.</td>
<td>• Mention of programs to prevent substance abuse, obesity and pregnancy • Foster Care/transition into adulthood • Juvenile Justice</td>
</tr>
<tr>
<td>Health and Wellness Trust Fund</td>
<td>Yes</td>
<td>• Fit Families Report on the whole groups teens with children. Only one page out of 24 mentions youth 12-18; the legislation proposed is for grades K-8 only.</td>
<td>• QuitlineNC (smoking cessation) • TRU (smoking cessation)</td>
</tr>
<tr>
<td>Nutrition Services NC</td>
<td>No</td>
<td>• Food plans for K-5 only.</td>
<td>0</td>
</tr>
<tr>
<td>NC Public Health Dept</td>
<td>No</td>
<td>• One mention of “adolescent health” on the “Women’s and Children’s Health” page.</td>
<td>0</td>
</tr>
</tbody>
</table>

**Conclusion:** North Carolinian non-profit, public and private health organizations rarely devote web space solely to teen health. When they do, the issues addressed are teen pregnancy, substance abuse and obesity. Almost every organization lumped teen health with child health in at least one instance.
Appendix B

List of Online Communication Materials Analyzed

<table>
<thead>
<tr>
<th>Healthy Teen Network Materials Analyzed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Homepage, Press Release</td>
<td></td>
</tr>
<tr>
<td>About Us and Our Mission, Vision, Values</td>
<td></td>
</tr>
<tr>
<td>What Guides Our Work</td>
<td></td>
</tr>
<tr>
<td>A Guide for Policymakers: Keeping pregnant and parenting students from dropping out</td>
<td></td>
</tr>
<tr>
<td>Fact Sheet: Opportunity Knocks: Using Teachable Moments to Convey safer Sex Messages to Young People</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES! Materials Analyzed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Homepage</td>
<td></td>
</tr>
<tr>
<td>About Us</td>
<td></td>
</tr>
<tr>
<td>Question Y Info Page</td>
<td></td>
</tr>
<tr>
<td>Support Us Page</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Wyman Center Materials Analyzed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Page</td>
<td></td>
</tr>
<tr>
<td>About Wyman</td>
<td></td>
</tr>
<tr>
<td>Who We Are</td>
<td></td>
</tr>
<tr>
<td>Why We’re Needed</td>
<td></td>
</tr>
<tr>
<td>Fact Sheet</td>
<td></td>
</tr>
<tr>
<td>Hope from the Heartland: Empowering Teens for Success</td>
<td></td>
</tr>
<tr>
<td>Hope from the Heartland: What We Have Learned</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>National Campaign Materials Analyzed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Page</td>
<td></td>
</tr>
<tr>
<td>Fact Sheet: Teen Pregnancy and Other Health Issues</td>
<td></td>
</tr>
<tr>
<td>Fact Sheet: Linking Teen Pregnancy Prevention to Other Critical Social Issues</td>
<td></td>
</tr>
<tr>
<td>Fact Sheets: The Costs of Teen Childbearing</td>
<td></td>
</tr>
<tr>
<td>Research Report: “A Good Time”</td>
<td></td>
</tr>
<tr>
<td>Research Report: “Freeze Frame” – for policymakers, programs and parents</td>
<td></td>
</tr>
<tr>
<td>Letter to DHHS</td>
<td></td>
</tr>
<tr>
<td>Policy Brief: Restoring Affordable Birth Control</td>
<td></td>
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<tr>
<td>Policy Brief: Title X</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Forum for Youth Investment Materials Analyzed</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Home Page</td>
<td></td>
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<tr>
<td>About Us</td>
<td></td>
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<tr>
<td>Press release:</td>
<td></td>
</tr>
<tr>
<td>Fact sheet: “Core assumptions about Youth”</td>
<td></td>
</tr>
<tr>
<td>Report for leaders and legislators: The Challenge: Key Ideas</td>
<td></td>
</tr>
<tr>
<td>Big Picture Messages and Frameworks</td>
<td></td>
</tr>
<tr>
<td>Business Leadership: Supporting Youth Development and the Talent Pipeline</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C

Anonymous Participant Bios

**Mother of adolescent age 10-14**
A mother of one adolescent boy (age 10-14) and one adolescent girl (age 15-20) from New York who lives and works in Durham as a financial director of a non-profit organization. Holds an MBA.

**Mother of adolescent age 15-20**
A mother of two adolescent girls (age 15-20) who lives in Chapel Hill and is employed at a health insurance company. Her eldest daughter is active in high school sports. Holds a PhD.

**Policy advocate**
Is director of research at a public policy organization affiliated with a non-profit, anti-poverty organization in North Carolina. Has worked in public policy for 17 years.

**Child advocate**
Vice president of programs at a public policy and advocacy organization in North Carolina that works to improve the health and well being of children and families. Also the mother of two young children.

**State senator**
A mother and former educator who advocates health, education, the environment and employment.

**State representative**
A mother and former public administrator who advocates health, education and the environment.

**Radio journalist**
An award-winning radio journalist who has worked for commercial and public radio stations and is currently covering the economy in North Carolina. Also a mother of two boys. Holds a master’s degree in journalism.

**Television journalist**
An award-winning reporter and anchor who covers health, fitness and morning news in North Carolina. The mother of two young children.
Appendix D
Message Testing In-depth Interview Guide

Thank you so much for agreeing to help me today. Please take a moment to read this consent form.

Are you comfortable proceeding? If so, please sign here.

I am going to ask you to read a positioning statement for a health campaign. I will then ask you some questions about it. I will then show you three key messages for the health campaign and ask you similar questions about them.

Please be candid – I didn’t develop these materials but I really need to find out what you, or people like you, think.

Would you like to use a pseudonym?

I would like to tape-record this session. Is that all right?

[IF YES] Great. Are you ready?

[IF NO] That’s fine. I will type notes as you speak instead. Are you ready?

Okay. Please take a few minutes to read this positioning statement. (Researcher gives the participant a piece of paper on which the positioning statement is written).

Now I’ll ask you some questions. Please approach them wearing your [journalist/parent/legislator] hat as well as if you were a member of the general public.

Part 1: Comprehension & Meaning
  → What is the main idea that this message is trying to get across?
  → What do you think this message is telling you, or someone like you, to do?
  → What will you get if you do that?
  → What words or sentences are difficult to read or understand?
  → How can we say it differently so it is easier to understand?

Part 2: Attention-Getting
  → Reading this message, what first caught your attention? Any words or themes?

Part 3: Relevancy
  → Who do you think this message is speaking to?
  → What types of people should see this message?
  → What makes you think the message is for them?
Great. Now I’d like to show you three key messages for the campaign. Are you ready? Okay. Please take a few minutes to read these key messages. (Researcher gives the participant a piece of paper on which the key messages are written). Now I’ll ask you some questions.

Part 1: Comprehension & Meaning
→ What is the main idea that this message is trying to get across?
→ What do you think this message is telling you, or someone like you, to do?
→ What will you get if you do that?
→ What words or sentences are difficult to read or understand?
→ How can we say it differently so it is easier to understand?

Part 2: Attention-Getting
→ Reading this message, what first caught your attention? Any words or themes?
Part 3: Relevancy
→ Who do you think this message is speaking to?
→ What types of people should see this message?
→ What makes you think the message is for them?

Part 4: Believability/Credibility
→ Who do you think created this message?
→ How do you feel about who created them?
→ What types of people/organizations would be most qualified to use messages like these?

Part 5: Acceptability
→ Is there anything about this message that you find offensive?
→ Is there anything that you find annoying?
→ What should be changed to make them more enjoyable to read?

Part 6: Persuasiveness
→ What does this message make you want to do?
→ How likely are you to do that?
→ What makes you want to take the recommended action?
→ What could convince you to take the recommended action?

Part 7: Usefulness
→ What information did you already know?
→ What new information did you learn?
→ Where do you think this message should be placed?

Part 8: Emotion
→ Do you sense any hope in this message?
→ What other emotions do you feel?

Before we wrap up, are there any other comments you would like to make about the messages?

May I have permission to contact you later within two weeks if I have clarification questions?

This concludes our interview. Thank you so much for your time. If you have any questions feel free to email me at cwoo@email.unc.edu.
Positioning Statement

Adolescence is a time of metamorphosis—a transformative period of extraordinary development. The experiences adolescents have in their communities, the relationships they build with adults and service providers, and the policies that make these services and opportunities possible are fundamental to the development of adolescents’ brains, bodies and behaviors and will shape their lifelong health and well-being. North Carolina’s future depends upon adolescents becoming tomorrow’s workers, leaders and good citizens. North Carolina must make smart investments in programs and policies that support adolescent health and well-being. The goal of the Metamorphosis Project is to improve the health and well-being of the 1.2 million North Carolinians ages 10-20 over the next decade by implementing programs and policies that we know work.

Three Key Messages & Supporting Language

1. Adolescence is a time of extraordinary change and opportunity, when young people are defining their trajectories into adulthood.

   Much like in early childhood, adolescents’ brains are developing at a rapid pace. Adolescent brains are in the process of developing more sophisticated decision-making skills. Now, more than ever before, we realize the importance of supporting healthy adolescent development and supportive environments so that young people get what they need to develop into healthy, happy, and successful adults.

2. For North Carolina to continue to prosper, we must take advantage of this opportunity and invest in programs and policies that will ensure all youth have the types of experiences that will positively influence their development into healthy, productive adults tomorrow.

   The NC Adolescent Health Report Card summarizes the health problems we see among young people in this state. The North Carolina Institute of Medicine Adolescent Health Task Force Report summarizes all of the opportunities we are missing to prevent and address these problems.

3. To ensure a healthier population today and in the future, we must invest more in the health and well-being of adolescents. Programs and policies that have been demonstrated to positively impact youth development and deliver long-term positive outcomes should be the focus.
Investments in programs and policies that have been proven to positively affect adolescent health and well-being today will lead to healthier adults across North Carolina for generations to come.

The Metamorphosis Project is dedicated to implementing an evidence-based roadmap to transform the health and well-being of 1.2 million North Carolinians between 10 and 20 years of age over the next decade.
# Appendix F

## Recommended Revisions to Messages

### POSITIONING STATEMENT / FRAME

Our future depends upon adolescents becoming tomorrow’s workers, leaders, and good citizens. The goal of The Metamorphosis Project is to improve the health and well-being of the 1.2 million North Carolinians ages 10-20 over the next decade. Because adolescence is a crucial period when brains, bodies, and behaviors are developing, we must make smart investment in programs and policies that support adolescent health.

### KEY MESSAGES

<table>
<thead>
<tr>
<th>Adolescent Development</th>
<th>Message</th>
</tr>
</thead>
</table>
| **Adolescence is a critical period of physical and mental development that sets the course for adulthood.** | • Much like in early childhood, adolescents’ brains are developing at a rapid pace.  
• The adolescent brain is a work in progress that undergoes neural and structural change.  
• Personality traits, decision-making skills, and behaviors developed during this time accompany teens into adulthood. |

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Message</th>
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<tbody>
<tr>
<td><strong>We are all responsible for the health of our adolescents.</strong></td>
<td>• As parents, legislators, counselors, educators, and physicians, we must support programs and policies that create healthy environments.</td>
</tr>
</tbody>
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<tr>
<th>Progress</th>
<th>Message</th>
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</table>
| **We have done a good job, but we can do better. There are many more opportunities for us to invest in programs and policies today that ensure our adolescents lead successful lives and strengthen our community as adults tomorrow.** | • The NC Adolescent Health Report Card summarizes the health problems we see among young people in this state, such as substance abuse and aggression.  
• A task force on adolescent health led by the North Carolina Institute of Medicine has identified opportunities we are missing to prevent and address these problems. |

<table>
<thead>
<tr>
<th>Focus</th>
<th>Message</th>
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</table>
| **We are focusing on evidence-based programs and policies that positively impact adolescent development and deliver long-term positive outcomes.** | • We are dedicated to implementing evidence-based programs to improve the health and well-being of our 1.2 million adolescents over the next decade.  
• This will lead to healthier adults across North Carolina for generations to come. It will improve family well-being, increase educational attainment, bolster the workforce, and ensure healthier future generations. |
<table>
<thead>
<tr>
<th>SUPPORTING DETAILS BY AUDIENCE (fictional examples)</th>
</tr>
</thead>
</table>
| **Policy makers** | • Decreasing teen and unplanned pregnancies will lead to reduced child poverty, fewer abortions, and a smaller taxpayer burden.  
• Teen pregnancy has declined by almost 40 percent since the early 1990s.  
• The National Campaign to Prevent Teen and Unplanned Pregnancy: “The progress North Carolina has made in reducing teen childbearing saved taxpayers an estimated $219 million in 2004 alone.”  
• The National Campaign: “If more children…were born to parents who are ready and able to care for them, we would see a significant reduction in a host of social problems afflicting children…from school failure and crime to child abuse and neglect.” |
| **Gatekeepers** | • North Carolina ranks 44th for the treatment of homeless kids.  
• We surveyed 1,000 adolescents in North Carolina and found that 12 percent do not have health insurance.  
• 43 percent of high school students in North Carolina have consumed alcohol in the past 30 days.  
• *Download* the report card online. |
| **Parents** | • *Volunteer* at your school.  
• *Write* to your legislator.  
• *Attend* school council meetings.  
• *Download* the report card online. |
REFERENCE LIST


