COORDINATING COMMUNICATIONS

Strategic Guidance for the Children's Health and Development Project (Mississippi Thrive!)

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Introduction

Public agencies and nonprofits that communicate well are stronger, smarter, and vastly more effective. This document offers guidance on how the Mississippi Thrive! project can make more strategic use of communications to advance its overall goals. The plan is grounded in an analysis by the FrameWorks Institute, a nonprofit that equips mission-driven communicators to lead productive public conversations on social and scientific issues.

The recommendations that follow were informed by:

- *A Messaging Audit.* FrameWorks staff revewied a substantial sample of the messaging used in 2018 and 2019 by Mississippi Thrive!, and compared its themes to FrameWorks' database of original social science research on how people think about early childhood development.
- *A Learning Tour.* In April 2019, FrameWorks strategists met with more than a dozen professionals who play different roles in the initiative, then common themes and divergent points of view were brought to the surface through group discussion.
- *Staff Input.* FrameWorks staff presented ideas to staff and team leads at different points, refining their ideas each time based on discussion and feedback.

This document begins with recommending five high-level strategic goals, then specifies potential objectives and activities for advancing toward each of those goals. The plan concludes with framing considerations that can shape a variety of messaging and outreach considerations.

Appendices gather ideas generated by the team to use in reaching specific audiences.

Strategic goals: What can you accomplish through communications

There are many different ways to use communications for social change. Articulating broader goals will help Mississippi Thrive! to thoughtfully prioritize activities and avoid the problem of being continuously pulled in different directions.

Making consistent progress toward the following strategic communications goals will advance the project's overall ambitions:

1. Early childhood professionals actively participate in tracking and enhancing young children's developmental progress.
2. Pediatric health care providers actively participate in tracking and enhancing young children's developmental progress.
3. Families access the services needed to foster healthy development and address delays.
4. Policymakers support the changes needed to expand and improve the systems in Mississippi that support healthy child development.
5. Advocates include early childhood development and related policies in their outreach and advocacy agendas.

Planning grids for each goal

To move closer to each goal, it is important to clarify the relationships between audiences, messages, channels, activities, and materials. The following high-level communications planning grids identify who needs to be reached and why; what they should know; and how they can be reached. They reflect the principle that communications planning should consider **who says what to whom, through what channel, and with what effect**.

These grids can, and should, be reviewed regularly; both to ensure that activities are working toward these goals, and so the plan can be updated to reflect new insights or changes in context.

Goal #1: Early childhood professionals actively participate in tracking and enhancing young children's developmental progress.

OBJECTIVE To what end	AUDIENCE Who is influenced	CONTENT What's shared	MESSENGER Who is credible	TACTICS How to reach
1.1 The early childhood workforce understands the importance of early brain development and how this fits into health promotion	All types of early childhood development professionals	Science of early brain development, translated through metaphor, etc.	Mississippi State Department of Health	Mississippi State Department of Health leads with the Brain Architecture Game in trainings session Table/booth outreach at professional events
1.2 Early childhood workforce attends session	Varied according to training opportunity	Announcement of training availability, details, etc.	SSRC UMC	Personal outreach Email invitations, segmented by role
1.3 Early childhood workforce accesses online resources about child development and developmental delays	All types of ECD professionals	Promotion of online resources	SSRC UMC	Website—If You Have a Concern Social media promotion

OBJECTIVE To what end	AUDIENCE Who is influenced	CONTENT What's shared	MESSENGER Who is credible	TACTICS How to reach
1.4 Early childhood workforce knows the appropriate referral mechanisms to use	All types of ECD professionals	Five places to call, based on age/stage	SSRC UMC	Handouts distributed at training sessions Website—If You Have a Concern
1.5 Early childhood workforce has more confidence in talking with families with concerns	All types of ECD professionals	There are effective ways to talk with families about developmental concerns	SSRC UMC	Booklet: Talking to Families About Developmental Concerns Handout: What Families Need to Know about Developmental Delays
1.6 Knowledge is reflected in everyday practice, through interactions with children and families	All types of ECD professionals	Brain building activities Know the signs, act early	Vroom! CDC (Learn the Signs)	Curriculum for three trainers at Mississippi State Department of Health

Note. Early childhood professionals include: teachers, center-based staff, child care providers, home visitors, extension agents, and migrant education services center staff.

Goal #2: Pediatric health care providers actively participate in tracking and enhancing young children's developmental progress.

Pediatric health care providers can be segmented into two main groups for messaging:

1. Providers: physicians, nurse practitioners, other advanced practitioners and nurses.
2. Healthcare support staff: frontline office staff, medical assistants, licensed practical nurse, etc.

OBJECTIVE To what end	AUDIENCE Who is influenced	CONTENT What's shared	MESSENGER Who is credible	TACTICS How to reach
2.1 Increase in use of validated screeners at recommended intervals	Providers	Validated developmental screening tools are available, important, and billable/ reimbursable	MS Thrive Team	Presentations to medical "tiny publics" Publicize peer reviewed findings
2.2 Increase in surveillance at all interactions	Providers	Providers have a role to play in laying the foundation for early brain development; mark milestones	MS Thrive Team	Presentations to medical "tiny publics" Publicize peer reviewed findings
2.3 Increase in brief, early interventions that can be handled in a primary care setting	Providers	Providers and the family can take action; providers don't always have to refer	MS Thrive Team	Dot phrase for EPIC system with information for families
2.4 Increase in referrals to appropriate interventions	Providers	Resource map, up to date by providers	MS Thrive Team	Email marketing Health care provider distribution list
2.5 Increase in identification of mild delays	Providers	Using a validated screener helps to identify milder delays	MS Thrive Team	Publish Willowood data and publicize findings
2.6 Effective interactions with families with concerns	Providers Healthcare support staff	Please distribute the ASQ Learning Activities to families	MS Thrive Team	Dot phrase for EPIC system with information for families
2.7. Clincal settings incorporate brain building practices	Providers Healthcare support staff	Posters (VroomTalking is Teaching Learn the Signs)	MS Thrive Vroom! CDC	Deliver MS Thrive and Vroom materials to clinics/offices

Goal #3: Families access the services needed to foster healthy development and address delays.

OBJECTIVE To what end	AUDIENCE Who is influenced	CONTENT What's shared	MESSENGER Who is credible	TACTICS How to reach
3.1 Families of young children are aware of children's developmental milestones and that early action is best if there are delays	Families of children 0–5	Accessible scientific information about milestones and delays	Pediatric health care providers MS Thrive!	Clinical outreach (wellness checks) Family outreach (tabling) Social media
3.2 Families with a concern about their child's development seek a wellness check from a qualified clinician	Families of children 0–5	Accessible scientific information about and delays and screening	Early Childhood Professsionals MS Thrive!	MS Thrive Website, especially "If You Have a Concern" Trainings for child care providers—how to talk to families about concerns Social media
3.3 Families follow through on interventions	Families of children referred for interventions	ASQ Learning Activities	Pediatric health care providers Early Childhood Professsionals	MS Thrive website/new materials for families of children in interventions Dot phrase for EPIC system with information for families
3.4 Families have increased confidence in supporting development	Families of children referred for interventions	Vroom ASQ Learning Activities	MS Thrive! Early Childhood Professsionals Pediatric health care providers	Family outreach (tabling) Social media Dot phrase for EPIC system with information for families

Note. Families may include: expecting families, families of children with mild delays, and families with children in a paediatric or neonatal intensive care unit (PICU/NICU).

Goal #4. Policymakers support the changes needed to expand and improve the systems in Mississippi that support healthy child development.

OBJECTIVE To what end	AUDIENCE Who is influenced	CONTENT What's shared	MESSENGER Who is credible	TACTICS How to reach
4.1 Mississippi Thrive is considered a leader in the field with a reputation for doing good work	Funders Elected officials State agencies	Research findings Success stories	MS Thrive Team	Stories/talking points for meetings Leave behinds (swag) Policy brief
4.2 Policymakers understand the importance of early childhood development and consider investments critical	Elected officials	Brain Architecture Game	MS Thrive Scientists Physicians	Policymakers play the Brain Architecture Game Start with "super friendly" elected officials
4.3 More options for billing/ reimbursing telehealth and teleconsulting	Elected officials	Policy directions	MS Thrive Center for Telehealth	Stories/talking points for meetings Policy brief
4.4 Care coordination is reimbursed through Medicaid	Division of Medicaid	Policy directions	MS Thrive CAY	Meetings and dialogue
4.5 Policymakers support efforts to expand and upskill the workforce	Elected Officials Agency Leaders	Data on workforce characteristics, etc.	MS Thrive CAY	Meetings and dialogue
4.6 Policymakers support efforts to expand the availability of quality intervention services	MS State Department of Health/Early Intervention Stacy Calendar	Policy directions	MS Thrive CAY	Meetings and dialogue
4.7 Policymakers support requiring child care centers to document child wellness checks	MS State Department of Health	Message House built for Wellness Check Campaign	MS Thrive Child Care Center directors	Meetings and dialogue Policy brief

Planning grids for each goal

Goal #5: Advocates include early childhood development and related policies in their outreach and advocacy agendas.

OBJECTIVE To what end	AUDIENCE Who is influenced	CONTENT What's shared	MESSENGER Who is credible	TACTICS How to reach
5.1 Advocates include early childhood development issues in their advocacy agendas	Advocacy groups	Policy directions Impact data	MS Thrive CAY	Develop storybank of "success stories" and share with advocates
5.2 Advocates understand the importance of early screening and surveillance; consider investments to be critical	Advocacy groups	Baseline data Impact data Policy directions	MS Thrive CAY	Intepersonal outreach: meetings to establish common agenda, participation in working groups, etc.
5.3 Advocates on "neighboring issues" attend MS Thrive events	Advocacy groups	Timely announcement of events	MS Thrive	Segmented/ tagged email distribution list
5.4 Advocates on "neighboring issues" cross-promote MS Thrive materials, themes, and policy asks	Advocacy groups	Communications collateral Policy directions Impact data	MS Thrive CAY	Interpersonal outreach: meetings to establish a common agenda, participation in working groups, etc.

Planning grids for each goal

Advocacy Groups Mentioned:

- Children's Foundation of Mississippi
- Families As Allies; Families First
- Healthy Families Mississippi
- Mississippi Families for Kids
- Mississippi Parent Training Information Center
- University of Southern Mississippi Institute for Disability Studies, especially Early Childhood Inclusion Center
- NAMI Mississippi

Monitoring communications outcomes

Monitoring and measuring the outcomes of your communications yields critical strategic information. Without defining what it means for a communications effort to "work," it's impossible to judge whether an activity has met its goals. Without predefined indicators and data on performance, it's impossible to distinguish what made an impact from what was a waste of precious time and energy.

Mississippi Thrive! teams spent time with FrameWorks strategists considering the data that is already available and imagining what might be worth collecting in the future. The resulting measurement and evaluation ideas are compiled below.

The team committed to reviewing some data on communications outcomes in the regular health literacy team meetings. This habit of looking at data on a consistent basis will build the team's capacity to think strategically and align their efforts with larger goals.

Goal #1: Early childhood professionals actively participate in tracking and enhancing young children's developmental progress.

- Pre and post tests in trainings
- Website analytics, especially If You Have a Concern section
- Website analytics, cross-referenced with locations of recent tabling events
- MailChimp Analytics: Look at open rates, click-through rates, etc. by location
- Possibility: Vroom! Download analytics, cross-referenced with locations of recent tabling events
- Possibility: Call-in lines ask, "how did you hear about us?" Ask for the data
- Possibility: Post-training follow-up survey/interviews, asking about implementation

Goal #2: Pediatric health care providers actively participate in tracking and enhancing young children's developmental progress.

- Possibility: How many providers are aware of the new dot-script? How many times was it accessed/printed?
- Possibility: Ask providers on the resource map to ask new patients, "how did you hear about us?"
- Possibility: Use mail-merge to email each office manager once a month: "Did anyone mention us?"
- Get data from First Steps and other providers on rates of referrals before and after Mississippi Thrive! started, perhaps focusing on the tri-county area.

Goal #4: Policymakers support the changes needed to expand and improve the systems in Mississippi that support healthy child development.

- Possibility: How many early childhood champions can we count on now? Has that number increased? Has the intensity of our engagement with them, or of their support for the issue, increased?

Framing considerations

Communications for social change needs to accomplish more than "reach" or "resonance." To drive meaningful change on issues like child mental health, strategic communicators must also consider whether an image, a message, or a story has the power to shift unproductive mindsets, spark policy thinking, and, ultimately, change the culture.

The good news is that Mississippi Thrive! Thrive doesn't have to guess which themes, examples, or words can do so. Empirical studies of public thinking and frame effects can help communicators discern more and less effective options. Since 1999, the FrameWorks Institute's social and cognitive scientists have investigated the communications aspects of children's issues, including early childhood development, with a particular focus on the mindsets—or ways of seeing the world—that are created through framing (different choices in how issues are explained and communicated).

This section presents some of the most relevant insights from this body of work. References to the original studies that informed this analysis are available in Appendix B, and they can be accessed at www.frameworksinstitute.org.

TRAPS: NAVIGATING COMMON MENTAL MODELS

People are not blank slates; they come with prior assumptions and mental models of social issues. The public has multiple models available on any given social issue. Some are productive because they are aligned with science, evidence, and good policy; they are helpful ways of understanding your issue. Others are unproductive in some way; perhaps they are inaccurate or outdated, obscure underlying causes, or narrow attention to the exclusion of important factors.

It does little good to attempt to "correct" people's unproductive models with stacks of facts and finely tuned counter-arguments. Social science has found the opposite to be true: in some situations, myth-busting attempts backfire and reinforce pre-existing beliefs.

Mental models are widely shared, deeply engrained, and durable, and therefore can't be "defeated." But they can be navigated. First, keep in mind that all mental models are activated by the process of association. Strategic communicators find

ways to avoid words, images, or overarching themes that might trigger an unproductive cultural model—or, as we often say at FrameWorks: never remind people of something you want them to forget.

Framing principle:
"Never remind people of something you want them to forget."

The list in Box 1, offers a selected set of unproductive mental models of child mental health, along with pointers on how communications might inadvertently call up those ways of thinking. This partial list was constructed based on previous relevant FrameWorks studies in which researchers analyzed dozens of in-depth cognitive interviews with ordinary Americans across the nation.

Box 1: Navigating Unproductive Mental Models of Early Childhood Mental Health

Are there ways that the communication might trigger *Family Bubble Thinking,* the idea that child outcomes are almost entirely due to parental values and behaviors? Scan for language that could suggest that parents are to blame for their children's health outcomes. Look for "silences," too: If you don't offer an explanation of why children experience problems, remember that people will "fill in" parents as the cause. To avoid stigmatizing families, take care to point to structural issues (like access to quality care) that shape parents' contexts.

Are there ways that the communication might allow for *Ageing Up,* people's tendency to picture school-age children when considering children's issues? Explicitly and consistently communicate that your work is with young children, always including cues that bring young children to mind. This can be accomplished in multiple ways: by specifying the age range under discussion; by mentioning "infants, toddlers, and preschoolers"; by describing scenarios that involve young children; by using photographs of toddlers and preschool children.

Are there ways that the communication might trigger *Determinism,* the idea that some things are "set in stone" and impervious to change? Scan for medical terminology, especially references to genetic predispositions or other biological risk factors. If the language could lead non-specialists to remark, "some people are just born that way," it's time to reframe. Revise so that the message that comes across is: "development is influenced by environments, experiences, and interventions."

Are there ways that the communication might trigger *Fatalism,* the idea that improvement is impossible? Scan for strongly negative word choices, vividly emotional depictions of people experiencing the problem, or stacks of stark statistics. If the language could lead non-specialists to conclude that "the problem is too big to fix," it's time to reframe. Revise so that the message that comes across is: "we have a problem, but solutions are within our reach."

Are there ways that the communication might trigger *Separate Fates* thinking, the idea that different groups in society have different concerns and distinct experiences? Look at "terms of reference and address"—pronouns, group names, and other labels that point to people—especially people directly experiencing a social problem. If the language could lead non-specialists to conclude that "this issue is a problem for them," *but not for us,* it's time to reframe. Revise so that the message that comes across is: "we all have a shared stake in this issue, and a shared responsibility to address it."

Words to Watch

Mississippi Thrive! has developed this set of guidelines to help communicators stay on message.

For all audiences

Instead of this	Say this
Doctors	Health care providers (like doctors and nurse practitioners)
Brains grow most in the early years	Brains grow rapidly in the early years
Some delays are normal	Children develop at different rates
Developmental concerns	Concerns about a child's progress
We're getting kids ready for kindergarten	We're building a strong foundation for young children

For families

Instead of this	Say this, at least the first time
Developmental screening	Developmental questionnaire
Developmental surveillance	A conversation about your child's development
Developmental delay	Concerns about a child's progress

Five Ways to Redirect People from "Aging Up" Children

1. Never leave the word "child" unadorned. Add descriptors like *young* or *little*.
2. Give an age range, such as *"from before birth through age five" or "infants, toddlers, and preschoolers."*
3. Describe scenarios that involve young children.
4. Talk about early brain development.
5. Use images that help people visualize young children in learning settings.

VALUES: ORIENTING AUDIENCES TO "WHY IT MATTERS"

Communications on complex social issues can be more effective when they appeal to values—stable, general ideals that orient and motivate attitudes, behaviors, and policy preferences. Values act as a starting point on a topic, guiding the reasoning and opinions that come after. When they are included in communications, they can help the public better appreciate why the issue matters and what is at stake.

Recommended Values Frames for Early Developmental Monitoring Initiatives

Values have significant frame effects, shifting public thinking in measurable ways. These specific values frames have been shown, in randomized, controlled message testing, to reliably boost support among non-specialists for early childhood screening:

Potential: Children have tremendous promise—and what happens in the earliest stages of life shapes it. We have a responsibility to make sure nothing dampens their potential.

Civic Potential: When we do what it takes for Mississippi's children to thrive, we equip tomorrow's neighbors, workforce, and leaders to do what it takes for Mississippi to thrive.

Prevention: By taking action now, we can address problems before they become more difficult to handle, or head them off altogether.

While these frames will give a boost to communications, they are not "magic words" that create an effect through the mere mention of the idea. Treat these values frames as themes to integrate across your communications, elaborating on the ideas early and often.

Note that these are generic examples that can and should be recast for different channels, contexts, and audiences. Messengers can and should use these recommendations as a filter for creating specific messaging. For example, a message based on the *Prevention* theme for parents might be: "If you have a concern, it's important to ask your pediatrician about it sooner rather than later, instead of taking a "wait and see" approach. If there's an issue, it's usually easier and more effective to handle it right away; but the problem can be more difficult to address later on."

Common Values Framing to Avoid

Don't frame the issue as a crisis. Crisis framing does not have the mobilizing, attention-grabbing effect that communicators often attribute to it. It is more likely to spark apathy or fatalism, and therefore should be avoided. Scan for more than just the word "crisis." Other tell-tale signs of crisis framing include strongly negative word choices, stacks of stark statistics about prevalence, or predictions of dire consequences if action is not taken straight away.

Don't over-rely on an economic argument. (It can be a supporting point.) It's great when an issue lends itself to an economic argument like return on investment, cost reduction, or avoiding unnecessary costs. However, it's more than likely that at some point, a program or policy will need to advance in a direction that costs more, not less. Economic impacts should be treated like a bonus feature or desirable by-product of an issue, not the main reason for doing it.

EXPLANATORY METAPHORS: MAKING SCIENCE ACCESSIBLE TO THE PUBLIC

An explanatory metaphor is a simple, concrete, and memorable comparison that quickly and effectively explains an abstract or complex topic. Explanatory metaphors developed by FrameWorks have been tested extensively to ensure that they build public understanding about how a problem, process, or issue works, and that they reliably lead to stronger support for research-based policy positions.

Specifically, the metaphors below have been designed to give people ways to think about early childhood mental health and to channel attention away from mental models:

Common, Unproductive Mental Models on Early Childhood Development and Intervention

- Family Bubble: It all comes down to parents
- All They Need Is Love: Affection is children's primary need
- Auto-Pilot: Kids just grow

- Aging Up: Real learning starts at school
- Determinism: Born that way, will stay that way
- Naturalism: It's just a phase, they'll grow out of it
- Fatalism: No point in trying to change it
- Early skills = ABCs and 123s
- Early social skills = morals and manners

In addition to integrating these explanations into prose, graphic elements should be used that extend the metaphor; they are concrete images to begin with, so this is often a relatively easy way to add to the impact of the overall framing.

These examples are not audience- or channel-specific. Messengers can and should use these recommendations as a filter for messaging, adapting as needed to fit the context.

***Brain Architecture:* A metaphor for rapid development of the early years.** From the earliest stages of life, experiences and environments are building the architecture of children's brains. This process begins before birth and continues until the early twenties. Babies and toddlers are undergoing an especially intense period of brain development, with 1 million neural connections being made each second. Key construction tasks during this stage are social and emotional: children are learning to form relationships, develop a sense of autonomy, and regulate their emotions. When children are well-supported, their brains get wired for healthy relationships with others and an overall feeling of wellbeing. If there's a social-emotional issue at this stage, it's easier and more effective to address it early, so that a shaky foundation doesn't affect the skills that will be built on top of it. There are many ways that early childhood systems can offer the raw materials for strong social and emotional skills as the foundation is being built.

***Serve and Return*: A metaphor for the importance of mutual, contingent interaction.** Serve-and-return interactions shape brain architecture. Infants and young children reach out for interaction through babbles, gestures, or cries. When an adult "returns the serve" by responding with eye contact, words, or a hug, it strengthens the connections in the child's brain that support communication, cognition, and social skills. It's best when these interactions are extended, like a lively game of tennis, volleyball, or ping-pong. Anyone can serve-and-return with young children: parents, grandparents, siblings, and caregivers.

***Skills Rope*: A metaphor for the interconnected nature of child development.** For ropes—or even shoestrings—to be strong and functional, they need all the individual strands to be strong and they also need all these strands to be woven tightly together. To do its job, each strand needs all the others. The same is true of the many skills that babies, toddlers, and preschoolers are learning each and every day. For example, let's look at how people skills and emotional skills are

intertwined with other skills that children are developing. Toddlers are working hard to develop independence and a sense of autonomy. This is interwoven with their physical growth—they can start to run and climb—and with their language development, as they start to ask about the world around them. When the emotional strand is strong, the language, cognitive, and physical strands can be strong, too. If any single strand is frayed or loose, it's important to take action right away, rather than waiting, so that all kinds of skills can continue to grow and develop.

EXPLANATION

Professional terms of art (jargon terms) are important short-hand for specialists, and can serve an important "signaling effect," letting other specialists know that you, too, are an expert.

But most often, these terms don't make sense to people outside the field. These terms, and, more importantly, the concepts behind them, need to be explained in plain language for any audiences that aren't experts in early childhood mental health.

Explanation differs from definition and description, though it may incorporate aspects of both. A definition of an issue names its distinguishing characteristics; it sets boundaries around a concept, delineating its edges and helping us see what it is and is not. A description of an issue is often a list, perhaps an enumeration of data; it seeks to represent the scope and characteristics of the problem and its effects.

An explanation of an issue, in contrast, invites people to understand how something works. It illuminates process. It makes mechanisms visible and clarifies connections. As a result, explanation yields a remarkably strong base for judgment. It invites non-specialists into expert understanding.

Box 2 lists the top jargon terms that appeared in Mississippi Thrive! materials, followed by plain-language explanations of the concepts. An "explain it first, then add the label" approach should be considered when communicating to non-specialists.

Box 2: Explaining key concepts in child mental health—without jargon

***Developmental Screening*:** Health care professionals or child care providers can start a conversation with families about how children are developing. This works best when professionals ask parents a set of questions that check on children's progress toward different types of developmental milestones. For example, it's important to know whether one-year-olds have said their first word, and if two-year-olds have started to use two-word phrases. If the answer is yes, then that's evidence that the child's language skills are developing, and families should keep doing what they are doing. If the answer is no, then the professional asks additional questions to figure out if there is an issue that needs attention. These kinds of conversation-based questionnaires are known as *developmental screening*. The American Academy of Pediatrics says that health care providers should check on developmental milestones at 9 months, 18 months, and 24 or 30 months old.

***Developmental Surveilliance*:** Health care professionals or child care providers can pay attention to specific things that babies and young children do to gain insight into how children are developing. For example, they can watch a child as they play, paying attention to how they pick up toys. This can reveal whether a child's hands and eyes are working together as they should, and how the small muscles in the fingers are developing. Professionals can also ask families about what they have noticed. This kind of ongoing monitoring is called *developmental surveillance*.

***Developmental Delays*:** The things young children learn to do are called developmental milestones and they usually happen at certain ages. It is important for adults to pay attention to children's progress toward these milestones. When children do not reach the milestones at the expected time, that is known as a *developmental delay*. If there is a delay or other problem, it is usually easier and more effective to take action early, rather than waiting.

Putting it All Together: A "Big Picture" Message House for Mississippi Thrive!

This messaging framework integrates the frames recommended above into a simple graphic. Messaging should start with the "high level" ideas in the roof, and then proceed into one or more of the pillars. Supporting points in the "basement" can be brought out as needed.

Concluding thoughts

Because mission-driven communications shape public discourse and understanding, it is critical to use every communications channel thoughtfully. The outreach efforts of Mississippi Thrive! are no exception. Framing is already happening in their materials—because there is no such thing as a frameless communication. The practical dilemma, therefore, isn't whether or not to frame communications, but rather whether the frames that are already being amplified will result in a narrative that will support the network's broader goals. We hope these resources will help Mississippi Thrive! work toward those goals more strategically, and we stand at the ready to assist their efforts in any way we can.

Appendix A: key messages for specific audiences

Key Messages for Health Care Providers

More scientific and technical language is appropriate for physicians and advanced practitioners.

Our main messages for health care providers are:

1. Health care providers have a role to play in laying the foundation for strong brain development.
2. Validated developmental screening tools are available, important, and billable/reimbursable.
3. Using validated screeners at recommened intervals will help to identify children with milder delays.
4. Resources are available to help equip families as "brain builders" who can support healthy development and participate in interventions if there are concerns.
5. Don't wait to act. It's important to refer children right away if needed. The Mississippi Thrive! call line can help connect families with the right supports.

Key Messages for Early Childhood Professionals

Our main messages for early childhood professionals are:

1. You are a brain builder. Early childcare providers play a vital role laying the foundation for strong brain development.
2. Back-and-forth, "serve-and-return" interactions build the brain.
3. It's important to mark *developmental milestones*, things that usually happen at certain ages.

4. When children don't reach a milestone at the time we expect, it's important to notice and take action. Don't worry, but don't wait. Talk to the family or other professionals.
5. Connect families with the right supports. If there is a concern about a child's development, encourage families to ask their health care provider for a developmental screening.

Key Messages for All Families with Young Children

Our main messages for families with children are:

1. The foundation of the brain is being built in the early years.
2. Back-and-forth, "serve-and-return" interactions build the brain.
3. It's important to mark *developmental milestones*, things that usally happen at certain ages.
4. When children don't reach a milestone at the expected time, it's important to notice. Often there are simple supports that can boost the child's progress.
5. Don't worry, but don't wait. If you have a concern about your child's progress, ask your health care provider to conduct a developmental questionnaire.

Key Messages for Families with a Concern

Our main messages for families who have a concern or whose child has been identified:

1. When children don't reach a developmental milestone at the time we expect, it's important to notice. Often there are simple supports that can boost the child's progress.
2. If a specialist (like a doctor, nurse practitioner, or teacher) has raised a concern about your child's progress, take it seriously. Don't worry, but don't wait to act.
3. Children grow and learn at different paces, so delays are fairly common. About 1 in 6 children in the US has a developmental delay.
4. Look forward, not backward. Sometimes delays have a clear cause, but in most cases, it's a result of a mix of factors. Typically, delays are not caused by anything parents did or did not do.
5. To support your child, learn all you can about the type of delay and what can be done.

Key Messages for Policymakers

Our main messages for elected officials and staff:

1. We value your support in making sure that Mississipi's youngest children—from birth through age five—get a strong foundation. Our state can reach its potential if our children thrive. **Thank you** for what you have done already!

2. Mississippi Thrive! is focused on improving the policies and the practices that affect young children's brain development, because the earliest stages of life have everything to do with later ability to thrive and participate in our communities and our workforce.

3. Only 23% of children in Mississippi have a formal developmental screening from a health care provider. **Low levels of screening means we are missing opportunities** to take action when it would be most effective, and often, less expensive.

    - We're working with health care providers to increase developmental screening rates in primary care, making it a more streamlined process for them.
    - We're working with the Mississippi State Department of Health to enlist child care centers to increase rates of developmental screenings. Child care settings, like daycares, are currently required to document that children have had a physical exam and vaccinations. We are proposing that they also document whether children have had a developmental screening.

4. In addition to more screening, we need to expand **access to care**. [Depending on the context—choose among these:]

    - We're hoping to see more support for **telehealth** so we can cover the entire state**.** Telehealth lets rural providers get a consult from specialists, and can even work for treatment for developmental and behavioral issues. If we can make these services billable/reimbursable through insurance, it would allow for more targeted, appropriate care for young children.
    - We're hoping to see more support for **care coordination**—allowing it to be billable/reimbursable under Medicaid—so that more Mississippi children get effective treatment and intervention for issues that are undermining their development.
    - We're working on **upskilling and expanding the workforce** by offering training on child development for everyone from child care center directors to allied health professionals and medical residents. If we can get to a place where more primary care providers can address

developmental concerns instead of needing to refer out to specialty care, we can better stewards of health care dollars. (Costs associated with specialty care include medical transportation, higher fees for specialized services, lost wages and tax revenues from parents taking off work.)

5. The work of Mississippi Thrive! operates through a cooperative agreement among Health Resources & Services Administration (HRSA), University of Mississippi Medical Center's Children's of Mississippi, Mississippi State University's Social Science Research Center. The work is funded a grant from HRSA through September 2020 and we will apply for a three year extension. This work is making such a difference that we want to see it continue, and we need your support.

Appendix B: tips for tabling

1. Consider starting with a value or the brain building metaphor:

   We're Mississippi Thrive and we're all about…

   …building children's brains.

   …making sure Mississippi children reach their full potential.

2. Remember our Key Messages—Especially the First Three
   - The foundation of the brain is being built in the early years.
   - Back-and-forth, "serve-and-return" interactions build the brain.
   - It's important to mark *developmental milestones*, things that usally happen at certain ages.
   - When children don't reach a milestone at the time we expect, it's important to notice.
   - If there's ever a concern about a child's progress, don't worry, but don't wait to act.
3. Engage participants with a tactile object
   - Measuring tape—you can turn waiting time into brain-building time.
   - Mirror—interaction is key; everything you need for brain building is right here.
   - House on level/house on shaky foundation
4. Connect with the visitors based on the age of children in their lives.
   - Ask what age children they work with/care for.
   - You can turn to that page in the Milestone Checklists and spark a conversation. Have you noticed this? What about these social-emotional milestones?
   - You can talk about the Vroom! app. Talk about the brain building activity for their age group. "And the best thing is, it tells you *why* that kind of activity is so important at that stage.

5. Gather contact information.
    - Please sign up here to receive more information and tools.
    - Our monthly newsletter is really full of great resources and ideas.
    - Would you like to help us spread the word about brain building? I can help you find us on Facebook and Twitter so you can be part of the conversation.
6. Offer to be a resource—you can contact us.
    - When people take a magnet, bag, etc point out that it shows how to reach us.
    - Offer your business card to professionals: "We'd love to find ways to partner. You can always reach out to us on developmental issues."

Appendix C: distribution list/events for pediatric health providers

Physicians

- AAP Newsletter
- Mississippi Medical Journal
- Mississippi Association for Family Physicians
- Mississipi State Medical Association

Physicans offices

- Is there a way to distribute materials in waiting rooms?

Maternal/infant

- American College of Obstetricians and Gynecologists
- Dr. Renata Savich—Neonatal Medicine

Allied health

- Mississippi Psychological Association
- Mississippi Speech and Hearing Association

Nurses

- UM School of Nursing
- MS Association of Nurse Practitioners

FRAME WORKS INSTITUTE

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