

**Communicating** *for Change*

**1**

Making the Case for Health  
with Media Advocacy





**Communicating** *for Change*

1

Making the Case for Health  
with Media Advocacy



Center for Healthy Communities

## Foreword

The California Endowment recognizes that no single policy or systems change will achieve our goals. Rather, we believe that many policy, system and organizational changes are necessary at the local, state and national levels to achieve these goals. We also believe that everyone has a role to play and that all organizations can contribute to a change process.

In order to help build the capacity of our partners to elevate our collective goals and put forth solutions, The Endowment's Communications and Public Affairs Department and the Center for Healthy Communities have developed *Communicating for Change* as part of the Center's Health ExChange Academy. The *Communicating for Change* series is designed to provide advocates with the resources they need to effectively use media advocacy and other strategic communications tools to ensure that their policy goals for improving the health of California's underserved communities remain in the spotlight.

Special thanks are due to the team at Berkeley Media Studies Group and all the other partners who participated in the design of this curriculum, which we hope will help you amplify your voices for change.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert K. Ross', with a stylized, cursive script.

Robert K. Ross, M.D.  
*President and Chief Executive Officer*  
*The California Endowment*

# Curriculum Introduction

The Health ExChange Academy's *Communicating for Change* training series will help advocates learn to engage the news media strategically. Whether the goal is increasing state funding for physical education programs or requiring hospitals to provide language access services, advocates can harness the power of the news media to amplify their voices, reach policy-makers and advance their policy goals. This seven-session training series, which combines advocacy case studies with hands-on activities, will help advocates develop their media strategies and the skills needed to engage the news media effectively. The goal is to learn how media advocacy strategies can best support policy-change efforts to create healthier communities.

By sharing strategic and tactical decisions of veteran advocates throughout California, the trainings will prepare participants to develop their own media advocacy plans. Course participants, for example, will learn to:

- **develop a media strategy that supports their advocacy goals**
- **frame the issue to include a role for institutional as well as individual responsibility in solving community health problems**
- **write concise messages that get reporters' attention**
- **speak confidently and succinctly with the news media**
- **become a resource for reporters by providing trusted research, interesting news stories and articulate spokespeople**
- **create news on their issue at strategically important moments**
- **use the latest communications tools, such as blogs, viral marketing and e-flicks, to engage allies during the policy-change campaign**

After the trainings, the user-friendly manuals can be shared with other leaders in participants' organization or advocacy coalition. The manuals include take-home tools, such as strategic planning worksheets and group exercises, to help advocates put these concepts into practice in their own campaigns.

This manual is for participants of the first training session of the *Communicating for Change* curriculum, Module 1: *Making the Case for Health with Media Advocacy*. The topics for the next six training sessions are listed in the Curriculum Overview on the next page. We hope you enjoy this training and that it helps you reach your goals in creating healthier communities across California.

## CURRICULUM OVERVIEW

---

### **Module 1: *Making the Case for Health with Media Advocacy***

Module 1 introduces how to use media advocacy strategically to advance policy. Participants will learn to recognize the news media's role in shaping debates on community health. They will clarify their overall strategy and learn how it relates to a media strategy, a message strategy and a media access strategy. This will be the basis for subsequent trainings.

### **Module 2: *Planning Ahead for Strategic Media Advocacy***

Module 2 takes participants through each step of developing a media advocacy plan: setting goals and objectives, identifying strategies and tactics, assessing resources, determining time-lines, and specifying who will do what. Participants will learn to integrate communications planning organizationally and develop timely, proactive news coverage.

### **Module 3: *Shaping Public Debate with Framing and Messages***

Module 3 explains framing—what it is and why it matters—and helps participants apply that knowledge to developing messages in advocacy campaigns. Participants will practice framing a range of community health issues to support policy change.

### **Module 4: *Creating News that Reaches Decision Makers***

Module 4 explores different news story elements so participants can get access to journalists by emphasizing what is newsworthy about their issue. Participants will explore how to create news, piggyback on breaking news, meet with editorial boards, submit op-eds and letters to the editor, and develop advocacy ads.

### **Module 5: *Engaging Reporters to Advance Health Policy***

Module 5 gives participants intensive practice being spokespeople for their issue, including on-camera training. Participants will learn to anticipate and practice answering the tough questions reporters ask.

### **Module 6: *Targeting Audiences with New Communication Tools***

Module 6 gives participants a tour of the latest communications tools, including blogs, e-flicks and viral marketing, so they can tailor their advocacy communications to specific goals and audiences.

### **Module 7: *Training Allies in Strategic Media Advocacy***

In Module 7 those who want to train others in their organization learn interactive techniques for teaching media advocacy.

# Table of Contents

<b>1. STRATEGIC MEDIA ADVOCACY: AN INTRODUCTION</b>	<b>1</b>
<b>2. WHY NEWS?</b>	<b>2</b>
<b>3. OVERALL STRATEGY</b>	<b>6</b>
<b>4. MEDIA STRATEGY</b>	<b>13</b>
<b>5. MESSAGE STRATEGY</b>	<b>18</b>
<b>6. MEDIA ACCESS STRATEGY</b>	<b>24</b>
<b>7. CONCLUSION</b>	<b>28</b>
<b>8. RESOURCES</b>	<b>32</b>
<b>9. WORKSHEETS</b>	<b>35</b>





# Strategic Media Advocacy: an Introduction

# 1

*A local coalition fights to reduce diesel emissions from buses.*

*A statewide coalition seeks health insurance for all of California's children.*

*A network of organizations works to remove junk food from schools.*

All three of these California advocacy groups engaged the media strategically to advance policy solutions to create healthier communities. The Dump Diesel Coalition purchased ads at bus shelters near city hall to pressure San Francisco MUNI directors to replace old diesel-burning public buses with cleaner alternatives. The Californians for Healthy Kids Campaign met with newspaper editorial boards across the state, asking them to endorse legislation that would secure health insurance for all children. California Project Lean held news events to pressure local school boards to create wellness policies that restrict the marketing and sale of junk food in schools. These examples illustrate ways advocates might choose media tactics to advance specific policy goals, support unique advocacy strategies, and reach particular types of decision makers.

In this module, we provide an overview of the media advocacy approach and illustrate the four layers of strategy development that advocates can use to determine specific goals and targets, craft messages, and gain access to reporters.

---

## MODULE 1 LEARNING OBJECTIVES

**In this training participants will:**

- **explore the role of the news media in shaping community health debates**
- **learn the value of engaging the news strategically to advance advocacy goals**
- **practice examining news coverage of health and social issues critically**
- **develop relationships with other California advocates**

*“Every organization with a goal of social change should have a strategy for effectively putting the power of the news media to work.”*

— *News for a Change*, Berkeley Media Studies Group

# 2

## Why News?

*Advocates who understand how the news media function in our society can best take advantage of its potential for improving a community's health.*

Advocates have many options for communicating with their target audiences including e-mails, letters, in-person meetings and paid media such as advertisements. We emphasize tactics that involve the news media. Why? Because the news gives legitimacy and credibility to the issues it covers. It sets the agenda for the public and shapes the debate. Perhaps most importantly for health advocates, the news gets the attention of decision makers, particularly policymakers.

Advocates who understand how the news media function in our society can best take advantage of its potential for improving a community's health. In this section, we introduce the concepts of *agenda setting* and *shaping the debate*, or *framing*; we will also explore them in more depth in Module 3.

### **News Sets the Public and Policy Agenda**

By deciding which stories get widely told, the news media shine a spotlight on some problems while others go unnoticed. This is called **agenda setting**; the news media set the agenda for the public, policymakers and each other. As journalist Daniel Schorr said, "If you don't exist in the media, you don't exist." If that sounds harsh, consider what societal problems you have discussed lately. How many are issues in the news? For example, in 2006 demonstrations on immigration dominated the news, fostering public debate and prompting Congress to introduce legislation. This is but one example of how news attention can influence the public and policy agendas. Health advocates cannot afford to have their issues go unnoticed or be caught unprepared when the events of the day catapult their issues into public discussion. News coverage can accelerate advocacy efforts when it gives policymakers insight into public concerns, clear information on specific policy solutions, and, most importantly, the feeling that their actions are being watched by their constituents.

## The News Reaches Opinion Leaders and Decision Makers

Advocates use many strategies to reach decision makers, the people with the power to make the change they want to see. Typically, advocates meet in person with decision makers, hold protests, organize and testify at legislative hearings, and conduct letter-writing campaigns. News coverage can complement these strategies by reaching decision makers who may not respond unless pressured by the scrutiny of the news media.

Elected officials, in particular, pay close attention to the news. First thing in the morning, the office of the speaker of the California Assembly in the state capitol sends a packet of newspaper clippings on key issues, including editorials and letters, to colleagues in the Assembly. Legislative staffers read the newspapers from around the state and from their own district, alerting the legislator to stories of interest. And many legislative staffers in Sacramento keep Rough & Tumble, a news digest of stories from around the state, as their home page (see sidebar). The news is the first thing staffers see in the morning and whatever tops the news is likely to move up on their “to do” list. Advocates invest in creating news on their issue to keep their perspectives and policy goals on the radar screen of policymakers. Developing a successful media strategy includes deciding when news coverage will help your goals most and which news outlets are likely to reach certain decision makers.



### Targeting the News

The Rough & Tumble Web page ([www.rumble.com](http://www.rumble.com)) is a news digest collecting top stories from California and selected national papers in



one place. Legislative aides have told us that they and others use Rough & Tumble as their home page for a quick and easy way to see what is at the top of the news.

But Rough & Tumble cannot include every story. Just as editors at the newspapers choose what will, and what will not, be in their newspaper every day, the editor at Rough & Tumble chooses which stories to include in that day's digest. Those legislative aides are therefore looking at an even more condensed version of the news. Issues that do not make Rough & Tumble's page may not be seen by, or put on the radar screen of, key gatekeepers in the state. But the issues that do make Rough & Tumble's page are likely to be seen by lawmakers and those who advise them.

More than 4 million people have visited Rough & Tumble since its inception, with an average of 20,000 page views a day. While this is considerably less than the daily circulation of the *Los Angeles Times* (around 900,000) or the *Sacramento Bee* (around 300,000), Rough & Tumble's pages are reaching an important group of opinion leaders and decision makers.

Rough & Tumble's popularity, particularly among those with their hands on the state's policy levers, makes it a useful site for advocates. Because this site is relied upon by some legislative staffers, advocates can be confident that the stories on the site are being seen by policymakers in the state. Rough & Tumble is certainly not the only source of information for policymakers, and it may not be viewed at all by local policymakers, but the site likely provides a good summary of what news and issues are capturing the attention of Sacramento decision makers.

The news media also set the agenda for each other. In the mid-1980s, for example, many national news organizations balked at covering AIDS until the *New York Times* began covering the epidemic. Locally, TV-news assignment editors take their cues from the morning newspapers, which they have read before most people are up in the morning. No one reads or sees more news than journalists. This means that problems in certain types of news portrayals can get reinforced by the very people responsible for writing the next story (for example, health stories that focus on individuals but leave out the contextual factors that influence their health such as working conditions or access to insurance). With the Internet, the number of news stories has expanded and at the same time the news cycle, the “attention span” media outlets have for certain stories, has shortened tremendously. In Module 4 we describe in detail how strongly the media’s agenda influences both the policy and public agendas, which is why getting news coverage can boost an advocacy campaign. We discuss when to seek media attention in depth in Module 2 on strategic communications planning.

### News Shapes the Debate

Certainly, many advocates have had an experience where being in the news did not help their cause. Often the difference lies in how the issue was **portrayed**, or **framed**. News coverage can tell the same story in many ways, leading people to understand different causes, favor different solutions, and hold different people or institutions accountable.

News stories about health issues shape public debate in particular ways. The news media traditionally cover health problems as individual stories: portraits of a woman dying from breast cancer, a farm worker suffering from breathing problems, or a child going without needed health care because his family lacks insurance. Reporters seek out such compelling personal stories because they believe these stories will resonate with audiences. Some reporters hope that the strong emotional connection might even prompt action to remedy the problem.

Unfortunately, research shows that news stories that focus exclusively on individuals or singular events do not help audiences understand the broader conditions that led to the personal tragedies.<sup>1</sup> Instead, such personal tales lead people to focus on personal responsibility, what the person in the story could do, or should have done, to solve his or her

1. Iyengar, Shanto. *Is Anyone Responsible?* Chicago, IL: University of Chicago Press, 1991.

own problem. For instance: smokers should have the willpower to quit; parents should make sure overweight kids eat better; people should save to buy health insurance before they get sick.

Of course, this perspective ignores the fact that individuals do not control all the factors that influence their health. Tobacco companies design products to be addictive. Many neighborhoods lack places to buy fresh fruits and vegetables. And the health insurance system does not guarantee that everyone will qualify for coverage, even if they can afford comprehensive or expensive plans. When the news covers health primarily by presenting individual portraits, the social, economic and political factors affecting health are lost.

When news coverage does include these broader factors, people are more likely to understand health as a shared societal responsibility with a role for government, business, and other institutions, as well as for individuals. News stories could explore, for example, what the federal government can do to curb tobacco marketing to kids, what businesses can do to increase the availability of healthy foods in low-income neighborhoods, and how the legislature can make sure that all children have access to health insurance. Health advocates can build on this type of news coverage to further explain the need for policy solutions and community-level approaches.

Before you can leap into attracting the right kind of news attention, you have to know what change you want to make, who can make it and why it matters. So we must turn first to your overall strategy.

*Certainly, many advocates have had an experience where being in the news did not help their cause. Often the difference lies in how the issue was portrayed, or framed.*

# 3

## Overall Strategy

*Knowing your policy goal and identifying your targets will help you prioritize your media efforts and put limited resources where they will count most.*

We suggest planning media advocacy in four stages, what we call the *layers of strategy*. The first stage is the overall strategy, which is the policy goal of your advocacy campaign and how you will reach it. After the goal is selected, advocates develop their media strategies, which are chosen to advance the overall strategy. Next, advocates determine their message strategy: what they want to say, who will say it and to whom. Once the first three layers of strategy are in place, advocates can figure out how to attract news attention, which we call the media access strategy. Few advocates have unlimited resources to proactively create news or even respond to journalists' calls. Knowing your policy goal and identifying your targets will help you prioritize your media efforts and put limited resources where they will count most.

---

### LAYERS OF STRATEGY

- Overall Strategy
- Media Strategy
- Message Strategy
- Media Access Strategy

---

Through the Center for Healthy Communities, the Health ExChange Academy offers a training program to help advocates learn to develop their advocacy goals, strategies and persuasion skills. Called *Advocating for Change*, the training series gives advocates the tools to develop sound advocacy plans, which then can be supported by strategic media work. We encourage advocates who are new to policy-change efforts to take the *Advocating for Change* training series. In this *Communicating for Change* curriculum, we highlight just a few key decisions advocates must make to create their overall strategy as a foundation for exploring how to design media strategies to support those larger advocacy goals.

Answering the following five questions can help you clarify your overall strategy: What is the problem? What is the policy solution? Who has the power to make the necessary change? Who must be mobilized to apply the necessary pressure? What actions will you take?

## 1. What is the problem?

Defining the problem is often not as simple as it seems. On the face of it you are answering questions such as “Whose health is being hurt and how?” Advocates know, however, that determining the answer to that question is rife with social and political tension because different stakeholders will offer competing definitions of the problem. This matters because how the problem is defined will largely determine the solution and where and to whom the resources for solving the problem will go.

A clear example of this—and a terrific public health success story—comes from tobacco control. Since the 1920s when lung cancer was first associated with cigarettes, the issue was defined as “smoking.” When smoking is the problem, the solution rests with the smokers; it is their responsibility to quit. Since the 1980s advocates have worked to redefine the problem not as “smoking” but as “tobacco.” A simple shift in definition has huge implications for identifying new solutions and new actors with responsibility for solving the problem. When the problem is tobacco it is not only smokers who have responsibility, but also the companies that produce and market the product and the government agencies that can regulate those companies.

This shift in problem definition also changed the role of the medical and public health fields in addressing the issue. When the problem was smokers, medicine and public health helped individuals by providing counseling and treatment services. Understanding the problem as tobacco has led health professionals to also take responsibility for preventing people from becoming smokers in the first place by enacting tobacco control policies that, for example, control the product, its price, where it is available and how it is marketed. These solutions can have a population-level impact on how many people become and remain smokers. Shifting the public conversation toward understanding the role of the tobacco industry in creating this problem was an essential step in pursuing policy change.

Advocates are taking a similar approach to redefining many health issues to include a role for institutional, as well as individual, responsibility. Advocates working to secure health insurance for all, for instance, shift the public conversation from focusing on the “uninsured,” which can lead to blaming the victim, to focusing on the appropriate role of businesses and government in fixing a broken health insurance system.

Since community health problems are complex, advocates often will break a large problem into smaller parts that can be addressed over time or by different partner organizations. Tobacco control advocates have done this by focusing some campaigns on raising excise taxes to reduce consumption while others work to establish clean indoor air policies. Advocates concerned about nutrition and physical activity focus on school environments while others work on creating more walkable communities. Advocates worried about the health of farm workers may focus on improving working conditions, while a partner organization works to increase access to health care or reduce pesticide use. Advocates can decide to prioritize one part of a larger problem based on many factors such as what affects the most people, what can be fixed most immediately, or what will build unity in a broad coalition. The important point is that whatever focus you choose, be clear about what part of the problem you are taking on and pick an appropriate solution. Then when it is time to talk with policymakers or reporters, you can confidently discuss one aspect of a problem deeply rather than trying to cover an entire issue.

## 2. What is the policy solution?

Sometimes advocates are so concerned about focusing attention on the problem they give inadequate attention to the solution. Or they may not have identified a clear solution. In the Breast Cancer Fund's early days it used media strategies successfully to draw attention to breast cancer, but its campaign did not focus clearly on a solution (see sidebar). Too often when reporters or policymakers ask what will solve a problem advocates respond with vague statements like, "This is a very complex problem with multifaceted solutions," or "There is no magic bullet," or "The community needs to come together." None of these responses provides concrete direction. Advocates can pick a distinct solution or policy goal—not necessarily one that will solve the entire problem, but something that can make a difference and put you on the path toward creating conditions for healthier communities. The solution should clearly state what you want to happen. Is a new law necessary to increase access to public insurance programs? Is greater enforcement of worker safety regulations required? Does the budget need to be changed to support physical education in schools? When you have determined the solution, use media advocacy to let policymakers know what you expect of them.

The most contentious policies will be those that require lots of money or require significant changes in the environment or institutions.





## When Solutions Shape the Debate: Breast Cancer Fund and Ruth Rosen

News coverage can place your issue on the agenda, but, as many advocates have learned, the conversation it starts may not advance your goals.

In January of 2000, Andrea Martin, the founder of the Breast Cancer Fund, wanted to raise awareness about the consequences of breast cancer. Her goal was “to bring the issue into public discussion . . . to challenge the cultural treatment of women, their breasts, and this disease.”

The Breast Cancer Fund’s media strategy was to run paid advertisements on bus shelters in San Francisco. The very edgy ads superimposed images of Andrea Martin’s own mastectomy scars in the place of the breasts of models in what looked like typical fashion magazine covers.

The images were intentionally strong so that they would grab public attention. But San Francisco’s biggest bus shelter company refused to run the ads because, as the company put it, “They’re just too tough. You can’t force people to look at rough stuff like this. They are shocking.”



This decision not to run the ads attracted a great deal of attention over the next few weeks, including multiple stories in the *San Francisco Chronicle*. Unfortunately, the discussion was not centered on breast cancer, as advocates had hoped, but rather on whether these ads were obscene. The *Chronicle* political cartoonist captured the irony of this controversy in a cartoon that mocked the finger-wagging about the ads while San Francisco allows many images in public that some would consider obscene.

Ruth Rosen, then a history professor at the University of California Davis, saw the ads and decided to comment on the debate. In the opinion editorial she wrote for the *Chronicle*, Rosen took advantage of the controversial moment to shift the focus of public discussion onto policy change. In her op-ed she highlighted the fact that women could get free breast cancer screenings from the state but would receive no help for treatment if they were diagnosed with breast cancer. “What is truly obscene,” Rosen wrote, “is the state’s procrastination in providing free treatment for uninsured women diagnosed with breast cancer.” This op-ed is an example of piggybacking on news strategically to advance a policy solution, in this case legislation to fund treatment for women with breast cancer.

By focusing on a particular part of the problem of breast cancer—lack of funding for treatment—and a clear policy solution—legislation to provide treatment services—Ruth Rosen was able to refocus the debate to advance policy solutions that would improve the situation for many women with breast cancer.

The lesson from this example is that news attention should illuminate your policy goal; news for news’ sake is not the point. The Breast Cancer Fund certainly got attention with its provocative ads, but that attention wasn’t enough to shape the debate so it focused on policy change. It was only after Ruth Rosen made the link to policy explicit in her op-ed that the daring ads focused attention on solutions.



.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

For example, policies that require educating people about eating more fruits and vegetables will be less contentious than policies that require schools to remove junk food or restaurants to include calorie counts on their menus. But educational approaches will only go so far if the environment does not support them. That is, people can only choose to eat more fruits and vegetables if there are places to buy them at a reasonable price. Ultimately, we need a range of policies to protect and improve community health: those that help individuals get better treatment and make good personal health decisions, and those that create healthy environments that prevent health problems from happening in the first place.

### **3. Who has the power to make the necessary change?**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

After you have identified your solution, the next step is to figure out what person or institution has the power to make that change. Who needs to take responsibility to do something to protect the community's health? What should they do? When should they do it? When the goal is to change policy, your target is not the person with the problem. Instead, the target is the person or institution who can change the policy. Advocates have improved community health by focusing on many different solutions and types of targets, from legislators and regulatory agencies to school boards and business owners. If you want to encourage more produce stands to open in your neighborhood, for example, your target may be the city council or planning department to change a zoning ordinance. To increase funding for HIV/AIDS prevention services, legislative budget committees may be your target. To change the way food is produced and marketed, food companies may be your target. To change how the food is distributed in the community, supermarket owners may be your target. To change the language access services available in health care settings, health care institutions or the state agencies that regulate them may be your target.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

As you make progress toward your goal, the target can change. In Oakland, for example, the Coalition on Alcohol Outlet Issues first targeted the city planning commission since it had the power to limit new alcohol outlets, one of the coalition's key goals. After winning at the planning commission, the coalition had to change its target to the city council, which had to approve the planning commission's decision. When the nation's alcohol industry mustered its massive resources to fight the coalition's success in Oakland, the coalition had to turn its attention to the statewide media outlets since the battle had moved to the state legislature and the California Supreme Court.

Similarly, targets can be opportunistic. In Los Angeles, after many liquor stores were destroyed in the violence following the Rodney King verdict, the Community Coalition in South Central Los Angeles, which for many years had been working to bring a greater mix of businesses to an area dominated by liquor stores, took advantage of the destruction to work with the city to limit the re-establishment of the liquor stores in favor of other businesses.

#### 4. Who must be mobilized to apply the necessary pressure?

Community health policies are often hotly contested. Fluoridating drinking water, distributing condoms, reducing the speed limit, regulating air quality, expanding access to public health programs, or limiting the availability of alcohol, handguns or tobacco bring out intense opposition. Many legislators and other policymakers are unlikely to support a controversial policy unless they know they have broad-based community support, especially from their constituents. Advocates create coalitions and activate organizations that will support the policy and apply continued pressure over time until the policy change is achieved.

Deciding who should be mobilized involves asking first, “Who else cares about this issue?” You likely will have many types of allies and allied organizations in any community health advocacy effort. Each can offer unique skills, resources and perspectives. One choice you will make is who should speak publicly for your organization. This may change over time, in different settings and with different target audiences. One way to think about who would best represent you with the news media is to ask, “Who will our target respond to most?” If your target is a governor who relies on the input of the chamber of commerce, for example, you could prioritize business owners, campaign contributors, and professional associations as allies and spokespeople. If you want to change school board policies, you may have more heft by organizing the local PTA. Whomever you enlist as allies, you will want to prepare them to make the case for policy change effectively. Building advocacy and media skills among your allies is also crucial because health policy struggles are usually long fights that depend on effective, consistent advocacy over time. By having a wide range of spokespeople and media strategies, you may succeed in reaching not only your target decision maker, but also new allies for your campaign.

*Many legislators and other policymakers are unlikely to support a controversial policy unless they know they have broad-based community support, especially from their constituents.*



## 5. What actions will you take?

Because of the news media's agenda-setting power, it sometimes seems as if simply getting a clear message out to a mass audience will result in policy change. Policy change, however, requires building relationships with your targets over time and using many advocacy strategies to influence their actions such as letters, rallies and office visits. These direct actions should come before advocates attempt to get news attention; it is usually not wise to surprise a target with a news story if you have not first asked for what you want directly. If the target agrees to what you are asking for, there may be no need for a broader media strategy, except perhaps to thank and congratulate him or her for wise action for community health. Of course, if the target does not respond to your group's request privately, then using the news media to make the demand publicly may be just the thing to bring him or her around.

---

### DEVELOPING OVERALL STRATEGY

- What is the problem?
- What is the solution?
- Who has the power to make that change?
- Who must be mobilized to apply the necessary pressure?
- What actions will you take?

---

Once advocates have defined the problem, developed a realistic and achievable policy objective, identified who has the power to make the desired change, mobilized groups to apply pressure, and planned what advocacy actions they will take, only then are they ready to determine the media, message, and media access strategies.

# Media Strategy

# 4

As mentioned, it is only after direct communication strategies such as in-person meetings have failed to win the target over to your solution that a media strategy would be appropriate. Then the question becomes: what kind of media strategy?

Many communications strategies popular with health advocates emphasize the “information gap” or “motivation gap,” which suggests health problems are primarily caused when individuals lack the information they need to improve their health or when they lack the desire to make healthy choices. Health educators then provide information to fill that gap. When people “know the facts,” it is assumed they will adopt a positive attitude toward the health behavior, act accordingly, and then the problem will be solved. The role of the mass media, in this case, is to deliver the solution (knowledge) to the millions of people who need it.

Media advocacy, on the other hand, focuses on the “power gap,” viewing health problems as arising from people’s lack of power to create change in the broader systems and environments that affect their health. Media advocacy is the strategic use of mass media to advance a social or public policy initiative. Media advocacy is the best mass communication choice to shift the public understanding of the health problem from solely the individual level to the institutional or systems level. Media advocacy directs attention to the policies that can reshape our environments and institutions so that people can make healthier choices.

In practice, media advocacy uses some of the same media-relations tactics that practitioners of other communications strategies might use: sending out news releases and pitching stories to journalists, monitoring the media and keeping a list of media contacts, and paying attention to what is newsworthy. But these practices alone are not media advocacy.

The key distinction for health advocates is that media advocacy is strategically focused on advancing policy solutions that support health. Here, *strategic* means being proactive at the right time in getting the type of attention that will support your advocacy goals. Sometimes it means choosing not to use media. Either way, it entails creating a media strategy in service to your overall advocacy strategy. Media advocacy

*Media advocacy focuses on the “power gap,” viewing health problems as arising from people’s lack of power to create change in the broader systems and environments that affect their health.*

is designed to be one part of an advocacy strategy, not an end in itself. Media attention can amplify the voices of community health advocates, but it is only one way of getting heard by policymakers. As advocates trying to get a suicide barrier on the Golden Gate Bridge have learned (see sidebar), news coverage is not a substitute for other advocacy actions. It may get the attention of policymakers and give advocates who were previously ignored the chance to make their case directly with their targets, but the pressure to keep the targets engaged in solving the problem will come from mobilizing key organizations, constituencies and opinion leaders to make the case directly to policymakers.

Developing your media strategy means first deciding when the media spotlight would make a difference. When might media attention have a direct impact on the policymaking process (e.g., during the budget negotiations or before an important school board vote)? Next, you figure out where the media attention should appear. Which outlets would reach your target audience? For a state legislator you might want coverage in the *Sacramento Bee* and the news outlets in the legislator's home district. For a business executive you might want coverage in the trade press or on the business pages in the newspapers near company headquarters. Finally, you decide whether to create news, piggyback on breaking news, write op-eds, submit letters, request editorials, or purchase advertising. Module 4 on media access covers these choices in detail.

---

## MEDIA STRATEGY

- **What is the best way to reach your target(s)?  
Is it news or something else?**
- **What type of communication will be most effective at each stage of the campaign?**
- **If it's news, what can you do?**
- **When would it make a difference? When might media attention impact the policymaking process?**
- **Where would it help the most? Which outlets would reach your target audience?**



## Preventing Violence on the Golden Gate Bridge: Media Advocacy Lessons from the Struggle for a Suicide Barrier

### The Story

The advocates were committed, but frustrated. For years they had been asking the Golden Gate Bridge Highway and Transit District to construct a suicide barrier on the Golden Gate Bridge. And with good reason. The Golden Gate Bridge is the last remaining suicide icon in the world. All the others—including the Eiffel Tower, the Empire State Building and the Mount Mihara volcano in Japan—have been eliminated or have greatly reduced suicides by installing barriers. But not the Golden Gate Bridge. Since it was built in 1937 more than 1,300 people have jumped to their death, their battered bodies recovered by the U.S. Coast Guard and brought to the Marin County coroner's office.

"The Bridge has a magnetism about it," said Marin County coroner Ervin Jindrich, M.D., who noted that people will drive across the Oakland Bay Bridge to jump off the Golden Gate. A barrier would prevent most of these needless, premature deaths.

The last formal discussions about a suicide barrier were in 1970 when the Bridge District directors commissioned the architectural firm of Anshen & Allen to develop feasible designs for a barrier. But the directors never settled on a design and the plans were set aside. San Francisco Suicide Prevention, which answers 60,000 hotline calls each year—some from the pay phones in the parking lot at the Golden Gate Bridge—decided it was time to revive that discussion and advocate for a barrier. In 1996 it formed the Golden Gate Suicide Barrier Coalition with Marin Suicide Prevention and Community Counseling, Crisis Support Services of Alameda County, the Marin County coroner's office, and the University of California Berkeley, School of Public Health.

Initially, the coalition focused on educating the public about the Golden Gate Bridge's unfortunate status as the last suicide icon without a barrier. They hoped the public would hear this message and contact the Bridge District directors directly, demanding a barrier. The coalition had been working hard to get the barrier approved but remained invisible to the decision makers they needed to reach, the Bridge District directors.

The coalition then changed its strategy, honing in on its new target: the directors, who had the power to approve a barrier. Coalition members began attending Bridge District board meetings to emphasize the number of people who had died jumping off the bridge and the need for a barrier. Still, the directors were unmoved, arguing that the suicidal people would simply find another spot to commit suicide.

Nearly a year went by and the coalition was feeling hopeless about the prospects for change. The San Francisco Convention & Visitors Bureau argued against a barrier, so did the National Historic Society. It seemed that a tourist attraction and historic landmark were more important than the hundreds of lives that had been lost, and would be lost in the future, without a barrier.

*continued on next page*

The coalition was losing energy. Some members had already abandoned the effort. But a small, committed group eyed an opportunity on the horizon: the 60th anniversary of the building of the Golden Gate Bridge.

### **Garnering News Coverage**

Part of the reason arguments from the San Francisco Convention & Visitors Bureau and National Historic Society could hold such sway with the Bridge District directors is that the Golden Gate Bridge is indeed well-loved. With the 60th anniversary of the bridge due on May 27, 1997, the coalition refocused its efforts.

“We knew every news outlet in the region, and some from around the world, would do stories on the Golden Gate Bridge to celebrate its 60th birthday,” said coalition member and public health professor Larry Wallack. “We decided that those stories should include the dark side of the bridge. It was our chance to get the need for a barrier in front of the public and, hopefully, on the agenda of the Bridge District.”

Wallack worked with John Vidaurri, board president of San Francisco Suicide Prevention, and other coalition members to figure out how to take advantage of the coming news coverage to be sure it included mention of a suicide barrier.

The coalition still had several months before the anniversary but had to work fast. They had to create something for journalists to tell a story about; it would not be enough just to call reporters and tell them of the coalition’s desire for a barrier and unsuccessful efforts so far. That alone might give reporters a new angle on the Golden Gate Bridge anniversary story, but the coalition wanted more. It wanted to illustrate the value of a barrier and create public pressure on the Bridge District directors to start talking with the coalition.

To show that the suicide barrier itself could be designed, the coalition invited U.C. Berkeley’s Department of Civil and Environmental Engineering to create models for a suicide barrier. The coalition sponsored a contest for the civil engineering students to create a suicide barrier for the Golden Gate Bridge, with plans to unveil the winning model at a news conference at the School of Public Health on the anniversary. The model would give the TV cameras a way to picture the barrier, literally, and the contest would give the reporters a story to tell.

In the meantime, the coalition members selected the best spokespeople for the news conference, figured out what each should say, and trained them to talk with reporters about the barrier in the context of the Golden Gate Bridge’s 60th anniversary. The coalition prepared background materials for reporters to help them understand that a barrier was not only feasible but essential. The news conference and media kits made the coalition’s case with facts and research, anticipating every opposition argument. They were able to explain, for example, that studies have shown that people prevented from jumping off the Golden Gate Bridge by and large do not go on to commit suicide later by other means. And the winning model from the civil engineering department showed that a beautiful barrier could be designed in keeping with the Golden Gate Bridge’s Art Deco majesty.

Wallack’s prediction was correct: every local news outlet covered the Golden Gate Bridge’s 60th anniversary. And every one included a story about the struggle for a suicide barrier.



The next day the phone rang. The Golden Gate Bridge District engineer was calling the coalition to ask for a meeting. The coalition was invited to participate in the testing and evaluation of a barrier prototype being developed by the Z-Clip Corporation.

### The Lessons

**Choose the right targets.** The coalition's initial interest in targeting the general public was not strategic. Even though the news coverage on the Golden Gate Bridge's 60th anniversary was seen by millions in the San Francisco Bay Area, the coalition's primary target was just a few people who had the power to change policy: the Bridge District directors. They were the only ones who could approve the barrier. By targeting the directors directly in the news coverage the coalition put them on notice. Meanwhile, the public was still involved; the coalition's 60th anniversary publicity attracted a few grieving parents to subsequent Bridge District board meetings to advocate for a barrier that would save other parents from the grief they had endured. The directors knew that millions saw the news coverage, which put pressure on them to act—without requiring members of the news audience to act.

**Every layer of strategy matters.** The coalition did a good job narrowing the problem and defining a clear policy solution. It knew whom to target. And, when the opportunity presented itself, it developed a media strategy with a concise message and got access to reporters to deliver the message to the Bridge District directors. Where the coalition failed was in mobilizing supporters. The coalition's biggest problem was that it did not have a strong community base. Coalition members were equipped with the data to respond to their opposition, but the arguments were not enough. When, and if, the suicide barrier finally goes up, the objections will not have changed. There will still be some who argue that it is too expensive and will ruin the view, or that people will find other ways to commit suicide. A barrier will get installed when a threshold of political pressure has been reached, making it easier for the Bridge District to change than to maintain the status quo.

**Media coverage alone does not do the job, but it can help.** The news coverage increased the legitimacy and credibility of the coalition. Before the coverage the coalition was essentially invisible; after the coverage it was seen as a partner in helping to create a safer bridge. After the news coverage the coalition finally got to meet with the Bridge District. You could even say that the news coverage shamed the engineer into calling the coalition for a meeting. That was substantial progress. Still, despite the extensive news coverage on the Golden Gate Bridge's 60th anniversary highlighting the need for a suicide barrier, there is still no barrier on the bridge.

**The fact is change takes time.** Since the last attempt in the 1990s the issue has been revived. In 2005, after filmmaker Eric Steel captured a year's worth of footage of the bridge, including more than a dozen people jumping off, news coverage again focused on the need for a suicide barrier. Today, with a renewed coalition and new Bridge District directors, a feasibility study has been authorized. The same arguments for and against the barrier have resurfaced. Hopefully, this time, the coalition will prevail.

# 5

## Message Strategy

*News attention will help most if the issue is presented in a way that supports your policy goals.*

News attention will help most if the issue is presented in a way that supports your policy goals. Advocates are often eager to develop the perfect message, hoping that a few well-chosen sentences repeated by everyone in their campaign will turn the tide. Crafting the right message is important, but messages are not that powerful alone. They are one part of a media advocacy plan, which itself is only one of the strategies advocates use to advance their policy goals. The message you develop will depend on your policy goals and on the *frame* that best supports those goals.

Framing is a complex process we describe in depth in Module 3. For now, we focus on one special type of framing: **news frames**. Framing in the context of news refers to journalists' decisions about what is included and what is left out of news stories. One way to think of the frame is as a boundary around the news story. Just as a frame surrounding a painting determines what we focus our attention on and what is blocked out, a news frame determines what is included in the story and what is left out. Certain information or perspectives are highlighted, others not.

Most news stories are framed as a *portrait*, in which audiences may learn a great deal about an individual or an event through high drama and emotion. In the section on how the news shapes public debate, we gave the examples of a woman dying of breast cancer, a farm worker suffering from breathing problems, and a child going without needed health care because his family lacks insurance. Focusing only on the individual story makes it hard to see what surrounds that individual or what brought him or her to that moment in time.

A story framed like a *landscape*, on the other hand, pulls the lens back to take a broader view. It may include people and events, but connects them to the larger social and economic forces that have shaped their story. News stories framed this way are more likely to evoke solutions that focus not exclusively on individuals, but also on the policies, institutions and conditions that surround and influence them. This is why, as we noted earlier, it is important that advocates try to create news that goes beyond personal stories to include the deeper factors underlying those individual struggles. How might you help reporters tell the story

of the prevention or treatment policies that could help the woman with breast cancer, the farm worker or the uninsured child?

**There’s No Place Like Home**

As an example, consider the following three alternate headlines that might have appeared over a familiar story:

Youth at Home Disobeys Warnings: Knocked Out  
in Storm-Related Accident

Girl at Home Injured During Storm: Home Had Been  
Cited for Building Code Violations

Teen Hurt in Freak Storm: “I Was Terrified!”

Let’s take each headline as an indicator of how the story is framed (not always the best practice in real life, but useful for this exercise!). The first headline presents the incident as a matter of personal responsibility: if the girl had only behaved herself, no harm would have come to her. As we have noted, news coverage often frames health issues this way, focusing on personal responsibility for solving problems and ignoring structural or institutional factors that might have contributed to the problem.

In the second story, the net of responsibility is cast a little wider. Now the building owners, city officials, the housing department or others may share some responsibility for preventing such injuries. A story framed this way begins to shed light on what could be done to make the environment safer for more than just one victim.

The third headline is a typical feature story, likely to be heavy with emotion and light on analysis. A “freak storm” implies that nature is responsible and so nothing can be done. Unfortunately, this type of story shows up all too often in news coverage of health problems, which are often framed as unpredictable and therefore not preventable. If violence is random, for example, why should policymakers invest in prevention programs? Similarly, a tragic story of an uninsured woman needing emergency care makes it appear as if her need for health care and insurance was unpredictable, even though millions of people in our country lack basic services.

These three hypothetical headlines, of course, are all different ways to frame what happened to Dorothy at the beginning of *The Wizard of*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Oz. But reality is not far off. These headlines represent patterns in news coverage of health issues that advocates must consider, contend with and often change.

Consider the early coverage of victims of Hurricane Katrina in 2005. At first, news coverage of those left behind in the flood focused only on their dire straits and personal tragedies—highly emotional coverage that triggered many outsiders to help, but also to wonder why “those people” did not evacuate when they had the chance. As news coverage broadened to reveal the lack of planning for effective evacuation procedures, the horribly decrepit state of the levies, and the tragic levels of poverty afflicting many New Orleans neighborhoods long before the storm, news audiences were presented with some of the broader causes of the disaster and the conditions that made it harder for some people to escape than others.

The challenge for advocates is to help reporters craft articles that imbed personal stories into a broader social context. As consumer advocate Harry Snyder advises, “Advocates must learn to strongly make the case for policy solutions since many health problems are caused by factors outside of an individual’s control.” By bringing to life the structural and socioeconomic factors in the story, advocates can help create news coverage that underscores, rather than undermines, the need for policy change to prevent the problem in the first place.

The media advocacy objective is to bring a wider frame into view on the core message, which will convey your perspective on the nature of the problem, why it matters, and what should be done about it. The story elements you create will help reporters illustrate key aspects of the frame. You will find more on how to develop story elements that support a policy-oriented frame in Module 4 on media access.

---

## WHAT’S IN A MESSAGE?

- What is the problem?
  - Why does it matter?
  - What is the solution?
- 



## Elements of a Message

A good core message uses concise, direct language to convey three elements. One element is a clear *statement* of concern that answers the question, “What’s wrong?” For example, “There are too many liquor stores in our community.” A second element of the message represents the *value dimension* answering the question, “Why does it matter?” This may include factors such as the threat to community cohesion and family well-being that the concentration of liquor stores fosters. Typically community health values are about obligation to the collective good. In simple terms they are about saving lives and saving money.

A third element of the message elucidates the *policy objective* and answers the question, “What should be done?” This might be a call for a moratorium on new liquor stores within a certain district, a demand for cleaner operating buses, or any other specific policy. In Ruth Rosen’s op-ed on breast cancer it was a call for the state to provide breast cancer treatment after screening detected the disease. As important as it is to be able to describe the policy solution, sometimes advocates give it short shrift. Typically, advocates spend about 80 percent of their time trying to raise awareness about the problem and only 20 percent of their time stating what needs to be done. Advocates will be more effective if they reverse that ratio.

After you have drafted brief sentences that answer the three message development questions, practice saying the sentences aloud and work to make them as short and concise as possible. When you get a chance to speak to a reporter on your issue, challenge yourself to stick to these statements as closely as possible. Skilled advocates can make a smooth connection from a reporter’s question to at least one of the elements of their message. It is not always easy, but gets easier with practice. This core message will be useful in reporter interviews, meetings with policymakers, community organizing efforts, and any other time advocates have to make their case clearly and succinctly.

Being concise is important because if you do not edit your message reporters will edit it for you, and they may not do it to your liking. Part of the reason advocates have a hard time being concise is because they often feel they have a moral and professional obligation to tell journalists everything they know anytime they are asked about their issue; they know their issue is of vital importance and they do not get asked about it often enough. However, this can result in a muddled communication. If you give the reporter too much information, you give up a strategic opportunity to focus the interview on your most important points.

*The challenge for advocates is to help reporters craft articles that imbed personal stories into a broader social context.*

When tempted to go on at length, remind yourself that it is impossible to be *comprehensive* and *strategic* at the same time. To make the most of the power of the news media, limit yourself to a few key message points at any one time, often your core message. And remember, you can provide the reporter with the names of other allies or allied organizations to expand the story further. We also discuss what else advocates should prepare, such as the right data, policy analysis and talking points, in Module 2 and Module 5. For more discussion of framing and message development, consider taking the Module 3 training. And remember, by thinking through your goals, messages and responses to likely questions in advance, you can turn an interview into a powerful opportunity to make your case publicly.

---

### COMMON QUESTIONS REPORTERS ASK

**Reporters' questions will always begin with the first strategy question: What is the problem? The question may not come in exactly that form, but that is what it is about. Depending on the situation, the reporter may ask:**

- Why did you release this report?
- What is the purpose of your news conference?
- Why did you call me today?

**Even simple questions like these should be answered strategically in terms of your overall strategy and policy goal. Practice using your core message in response to simple, general questions like these.**

**Then, regardless of whether you convince the reporter of the magnitude or importance of the problem—the reporter's job is not to be convinced, but to get your perspective on the story—the reporter will ask:**

- What should be done to solve it?

**This is a simple but important question that should lead you to talk directly about your chosen policy solution. Link this question to why your target is the appropriate person or institution to act. Say what they should do. Say why it matters.**

.....  
.....

**Do all you can to spend most of your time talking about the solution rather than the problem.**

.....  
.....

**Other general questions you might hear and should prepare to answer are:**

.....  
.....

- How big is this problem and who does it affect?**
- Is the solution feasible, fair, affordable?**
- What will happen if nothing is done?**
- Shouldn't individuals just take more responsibility for their own health?**
- Who opposes this change and what will they say?**
- Can you give me the name of an individual with the problem to interview?**

.....  
.....  
.....  
.....  
.....  
.....

**If the reporter is talking to someone who has suffered directly from the problem at hand, he or she will almost certainly ask this question:**

.....  
.....

- How do you feel about [the problem or what happened to you]?**

.....  
.....

**Reporters ask this question because powerful emotions make for powerful stories. But well-trained advocates answer this question with their emotions connected to the policy goal. Advocates say, "I feel angry because this problem could have been prevented. I don't want anyone else to go through what my family went through. That's why we are asking . . ."**

.....  
.....  
.....  
.....

**When you hear someone give a strong answer to a reporter's question, most likely they have said it before. At the very least they brainstormed what questions they would likely get asked and what answers best support their goals. So now is the time to prepare, before you pitch a story or answer a reporter's call.**

.....  
.....  
.....  
.....  
.....

# 6

## Media Access Strategy

*Developing your media access strategy can be done in three parts: planning your access tactics, emphasizing what is newsworthy and creating compelling story elements.*

After you have developed an overall strategy, selected a media strategy and crafted your message, you are ready to attract journalists' attention. Now is the time to think about what parts of your issue will make a good story and what a journalist will need in order to tell that story well. Developing your media access strategy can be done in three parts: planning your access tactics, emphasizing what is newsworthy and creating compelling story elements. Underlying all of these parts—a key to success with media advocacy—is developing and maintaining good relationships with journalists. Your organization, and your issue, will benefit if you devote time to getting to know a few reporters who cover the topic. You will learn from them what they consider newsworthy. They will learn from you about the data on the issue while they develop a connection to the community they cover.

### **Planning Your Media Access Tactics**

There are four general strategies to getting an issue in the news: creating news, piggybacking on breaking news, purchasing advertisements and developing editorial strategies. Advocates often use a combination of strategies over time to best match their advocacy goals, available resources and media opportunities.

**1. Creating news.** What you do to create news must be newsworthy, which means it must have relevance now. Creating news can be as simple as releasing new data or announcing a specific demand. The important part is that it be done publicly and that you alert the news media, emphasizing why the story is newsworthy.

**2. Piggybacking on breaking news.** When advocates identify a connection between their issue and news of the day, they should make the story known to journalists. Family planning advocates used news hype about Viagra to point out that health insurance plans were not covering contraceptives for women, though the plans covered Viagra. Piggybacking on breaking news can be achieved in a letter to the editor, with a news conference, or by the same types of actions advocates use to create news.



**3. Paid advertising.** Buying space is sometimes the only way to be sure a message gets out unadulterated. In the Campaign for Safe Cosmetics (see sidebar in the next section), advocates purchased paid ads in the New York editions of *USA Today* specifically to reach cosmetic company executives attending an industry conference there. The advocates were sure that the executives would see the ad because *USA Today* is delivered to their hotel-room doors; the advocates were also confident the executives would assume that everyone in the country was seeing it too. Paid advertisements are designed to reach a target directly with a clear, often hard-hitting message. Advocates often also contact reporters or send out a press release when placing a controversial paid advertisement in support of their policy goal or issue. Advocates hope the paid ad will ignite a public debate and provide a newsworthy enough hook to interest reporters in covering the issue.

**4. Editorial strategies.** Letters to the editor, editorials and op-eds (opinion editorials, or opinion pieces found opposite the editorial page) provide other opportunities for bringing attention to a policy solution. Worksheets on pitching stories, developing letters and op-eds, and preparing for editorial board meetings are included in Module 4.

## What Makes Something Newsworthy?

The issue you work on is important to community health, otherwise you would not be working so hard. But journalists cannot possibly cover every issue that is important. To get in the news, therefore, you have to offer a story that is not only important, it also has to be interesting. That means it is compelling, timely and meaningful to the readership or viewers of the news outlet. Sometimes this may seem arbitrary, and sometimes it is. When asked what made something news, one network correspondent told us, “News is whatever the news director says it is.” Still, observers can see a pattern in the choices journalists make. Newsworthy stories generally combine one or more of the following characteristics: controversy or conflict, broad population interest, injustice, irony, a local angle, a personal angle, a breakthrough, important research, an anniversary or seasonal link, a celebrity, or compelling visuals. The more of these characteristics your story has, the greater the chance a reporter will want to cover it.

---

## NEWSWORTHINESS

- Is the issue controversial (e.g., freedom of speech versus marketing junk food to kids)?
- Can irony be used (e.g., pointing out that students are required to take health class but are provided few nutritious options in the school cafeteria)?
- Can a local issue be connected with a larger, national event (e.g., local school board decision to remove sodas from schools just as the beverage companies sign voluntary codes of practice)?
- Is there a milestone event (e.g., school wellness policies go into effect)?
- Is there an anniversary (e.g., a year after the Governor's Obesity Summit)?

*Think about what you can provide for reporters to make it easier for them to tell an interesting story that supports your overall goal.*

---

## Creating Compelling Story Elements

Good stories have a scene, a plot, action and characters. What struggle or event will you describe? Where does it take place? Who is involved? What is at stake? Story elements help reporters fill out the frame. Think about what you can provide for reporters to make it easier for them to tell an interesting story that supports your overall goal. To get started we suggest you develop these four story elements: authentic voices, media bites, visuals and social math.

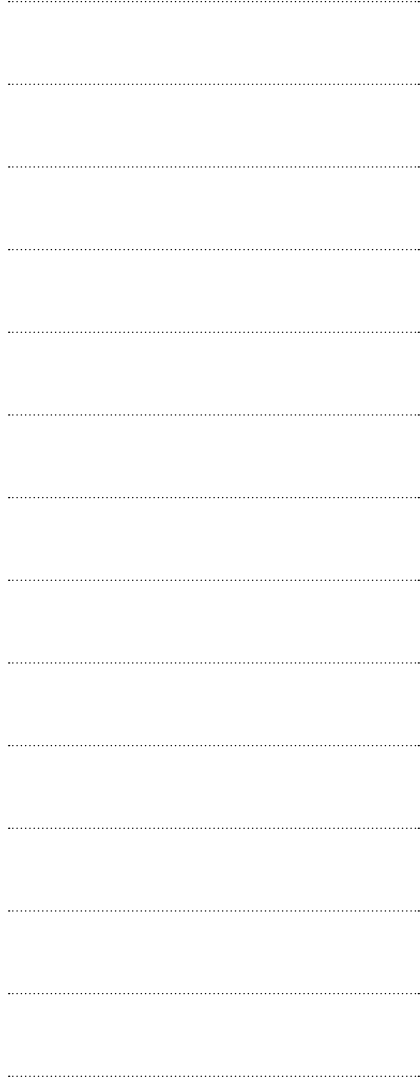
**Authentic voices** are spokespeople who can provide a unique perspective on the problem and the need for a solution based on their personal life experience. They might have suffered from the problem directly (typically referred to as “victims” or “real people” by reporters). Or they might have other direct experience as researchers, businesspeople, service providers or community members. To cultivate the right authentic voices for your campaign, think about who cares about the problem and who your target will respond to. If they are not already allies, invite them to join your advocacy effort and train them to deliver well-crafted media bites.

**Media bites** are the short, memorable statements that communicate your message and can be easily quoted. For example, in the fight for smoke-free restaurants, there was debate about whether nonsmoking sections were an adequate solution. Advocates explained why nonsmoking sections were not enough by repeatedly saying, “Having a nonsmoking section in a restaurant is like having a no-peeing section in a swimming pool.” This media bite communicates instantly why the advocates felt that that solution was not satisfactory.

**Dramatic visuals** can help your news story get in the paper or on the air. Whether broadcast, print or Web, news stories rely on images in our increasingly visual culture. Think carefully about the images that would best illustrate your frame, and then create news to include them. The next example demonstrates how a simple illustration was combined with social math to powerful effect.

**Social math** is the practice of making large numbers comprehensible and compelling by placing them in a social context that provides meaning. Advocates can do this by making comparisons that bring numbers into focus. For example, reporters from the *Chicago Tribune* investigating how Nabisco’s Oreos contribute to obesity showed on a map how far a person would have to walk around Lake Michigan to burn off the calories contained in three Oreo cookies. That picture made the number, nearly 3 miles, visible and meaningful to the readers in Chicago.

Many more examples and hints for creating compelling story elements are included in Module 4.



# 7

## Conclusion

*The layers of strategy can help you clarify your policy objectives before beginning a media campaign, and they provide a way to evaluate strategic decisions throughout the campaign.*

We hope this module has offered you a new way to think about how the strategic use of media can further your advocacy goals. The layers of strategy can help you clarify your policy objectives before beginning a media campaign, and they provide a way to evaluate strategic decisions throughout the campaign. Advocates are often presented with tempting media opportunities: a billboard company offers you a bargain price if you run a paid ad next week or a talk show invites you to tell your story tomorrow. At those moments, remember to look back at your overall strategy and ask whether that media tactic will advance your advocacy goal at that moment in the policy-change process. If not, then pass. If you have planned your overall, media, message, and media access strategies well you will be able to recognize and seize the most strategic opportunities. The Campaign for Safe Cosmetics, for example, is one such campaign where strategic planning and timely action came together to produce results (see sidebar).

If you are already involved in an advocacy campaign, perhaps this is the time to take stock and evaluate whether you have a clear policy objective and appropriate media strategy. If so, you may want to participate in future *Communicating for Change* trainings to develop your plans further and build your skills, as well as those of your colleagues. There is a role for every advocacy partner in carrying out an effective media strategy, whether behind the scenes or in front of the camera, so consider how each member of your campaign could contribute to the media advocacy effort. To begin planning, use the strategy development worksheets at the end of this manual.

***Now good luck, go out and make news, and send us your clippings!***



## Advocacy in Action: Campaign for Safe Cosmetics

What's in your shampoo, lotion, aftershave or cosmetics? Apparently, more than you might hope. Chemicals the government classifies as "known human carcinogens" are found in 1 in 100 health and beauty products. "Possible human carcinogens" can be found even more often, in 1 of every 3 products.<sup>2</sup> In 2002, a coalition of health and environmental groups created the Campaign for Safe Cosmetics to address this problem. Its goal is to phase out the use of chemicals that are known or suspected to cause cancer, genetic mutation or reproductive harm. In four years, the campaign has made remarkable strides toward this goal with carefully designed advocacy and media strategies.

Members of the campaign came together out of a concern about the widespread use of health-compromising chemicals in our society. The advocates' first strategic choice was to target cosmetics products. Cosmetics offered a fitting inroad to address the larger problem since many of these chemicals are most dangerous for women of reproductive age, who also happen to use many health and beauty products. The campaign realized early on that changing consumer behavior would not be enough. The chemicals are too widely used in the industry to be able to shop your way out of exposure. The campaign saw two options for improving the products at the source: strengthening FDA regulation of cosmetics or getting companies to voluntarily change their formulas. The first might lead to broader change in the regulation of toxic chemicals, but it seemed politically unlikely. The campaign chose instead to target the \$35 billion cosmetics industry.

Since the problem was widespread, the campaign didn't single out one company. Instead the campaign asked all companies selling cosmetics in the United States to sign the Compact for Safe Cosmetics. The compact built on the action of the European Union, which in 2003 banned the use of chemicals in personal care products that are known or strongly suspected of causing cancer, mutation or birth defects. Many companies selling such products in the United States would have to reformulate them for the European market anyway, so the campaign hoped to build on this momentum. By signing the compact, companies agree to remove from their products chemicals banned by the European Union within three years. Going beyond the EU requirements, companies would also agree to do an inventory of all product ingredients and replace hazardous ingredients with safe alternatives.

The campaign used many advocacy strategies to reach industry executives including letters, shareholder resolutions and demonstrations at company headquarters. They also organized advocates to pressure salon owners to stop using toxic products, which would also help create a safer working environment for their employees. These advocacy tactics successfully convinced some companies to sign or support the compact. But the industry leaders, the companies with the largest market share, still refused to sign. Many either ignored the campaign's letters or denied the request to sign the compact.

In September 2004, the campaign decided to shine a spotlight on the issue by engaging the media. As a small campaign, they had to be very strategic about what type of media they pursued. The campaign purchased paid advertising space in the New York edition of *USA Today* to appear on the day of a major industry conference being held in New York City. Every cosmetics industry executive attending the conference would see the ad, as *USA Today* would be delivered right to his or her

2. Environmental Working Group report, Skin Deep, 2004, [www.ewg.org/reports/skindeep](http://www.ewg.org/reports/skindeep).

*continued on next page*



hotel-room door. The campaign believed the executives would assume that every *USA Today* reader also saw this unflattering portrait of the industry. The confrontational ad (pictured left) asked leading companies by name to follow the European standards for their products sold in the United States. The ad was discussed in detail at conference sessions and generated news coverage, such as a long article in the trade journal *Women's Wear Daily*. In describing the Campaign for Safe Cosmetics, Janet Bartucci, vice president of global communications for Estée Lauder, told the *Women's Wear Daily* reporter, "These are not fly-by-night activists. These are people who are really great at coalition-building and extremely consistent with their messages." The reporter noted that Bartucci spends "115% of her time monitoring agitators and devising response strategies." As Bartucci put it, "The industry can't sit back and roll over anymore . . . this is a whole new ballgame."

The cosmetics industry was not silent. The day the ad ran, Revlon contacted the campaign to say that its products comply with the EU standards. Advocates had been trying for more than a year to get a response from Revlon. The campaign reused the same ad later that year to reach Hollywood actors, fashion models and L'Oréal executives attending the Cannes film festival. It made use of the ad in community-organizing efforts to continue to put pressure on industry executives. In the two years the campaign had been pushing the compact through direct advocacy and media strategies, more than 400 cosmetics companies signed on or endorsed the concept. While industry leaders such as Estée Lauder, Procter & Gamble, Unilever, Revlon, and L'Oréal have refused to sign the compact, they have edged closer to the compact's goals by reformulating globally to meet the EU standards. In September 2006, OPI, the world's leading nail polish manufacturer, agreed to stop using the hazardous chemical dibutyl phthalate, which has been shown to cause birth defects in baby boys, in its products. OPI had been singled out by the campaign earlier that summer with a hard-hitting ad campaign that spoofed their wacky brand names, as well as protests in 75 cities. Throughout the four-year effort, the Campaign for Safe Cosmetics strategically designed their media work so that it reached particular targets and supported its overall advocacy goals.

## The Lessons

**Define the problem carefully.** The organizations that formed the Campaign for Safe Cosmetics strategically chose to focus on one part of a larger problem. The cosmetics issue allowed advocates to address one way in which people are exposed to hazardous chemicals in our society, while still highlighting a flawed regulatory system that affects all chemicals.

**Choose your target and solution strategically.** The campaign focused on changing the voluntary behavior of the cosmetics industry since the political climate made it unlikely that the FDA would take strong regulatory actions.

**Develop a media strategy that supports your overall strategy.** The Campaign for Safe Cosmetics used many advocacy strategies to reach industry leaders. When those stalled, they engaged the media creatively with paid ads designed to reach specific targets through a carefully chosen outlet. The message in the ad matched that of the larger campaign: cosmetics companies should sign the Compact for Safe Cosmetics.

**Notes:**

A series of horizontal dotted lines provided for taking notes.

# 8

## Resources

### Sources Cited

---

This manual draws on previous work by the Berkeley Media Studies Group including the publications below.

Berkeley Media Studies Group and The Praxis Project.

*Meta Messaging: Framing Your Case and Reinforcing Your Allies.* January 2005.

<http://www.thepraxisproject.org/sites/default/files/Miles/201201/Meta%20Messaging.pdf>

Dorfman, Lori. “Using Media Advocacy to Influence Policy.” Chapter 15 in R. J. Bensley and J. Brookins-Fisher (Eds.), *Community Health Education Methods: A Practitioner’s Guide* (2nd edition). Sudbury, MA: Jones & Bartlett Publishers, 2003.

Dorfman, L., Larry Wallack, and Katie Woodruff. “More Than a Message: Framing Public Health Advocacy to Change Corporate Practices.” *Health Education and Behavior*, 32(4):320-36, June 2005.

Wallack, L., K. Woodruff, L. Dorfman, and Iris Diaz. *News for a Change: An Advocates’ Guide to Working with the Media*. Thousand Oaks, CA: Sage Publications, 1999.

### Additional Reading

---

Bray, Robert. *SPIN Works! A Media Guidebook for Communicating Values and Shaping Opinion*. Independent Media Institute, 2000.

Cutting, Hunter, and Makani Themba-Nixon. *Talking the Walk: A Communications Guide for Racial Justice*. Oakland, CA: AK Press, 2006.

Dean, Robin. *Issue 16: Moving from Head to Heart*. Berkeley Media Studies Group, October 2006.

[www.bmsg.org/pub-issues.php#issue16](http://www.bmsg.org/pub-issues.php#issue16)

Dorfman, L., and L. Wallack. “Moving Nutrition Upstream: The Case for Reframing Obesity.” *Journal of Nutrition Education and Behavior*, in press.



Goodman, Andrew. *Why Bad Ads Happen to Good Causes and How to Ensure They Won't Happen to Yours*. Cause Communications, 2002.

Seevak, Allison. *Issue 3: Oakland Shows the Way*. Berkeley Media Studies Group, December 1997.

<http://www.bmsg.org/resources/publications/issue-3-oakland-shows-the-way>

Wallack, L., and L. Dorfman. "Putting Policy into Health Communication: The Role of Media Advocacy." Pp. 389-401 in Rice & Atkin (Eds.), *Public Communication Campaigns* (3rd edition). Thousand Oaks, CA: Sage Publications, 2001.

## Organizations

---

### **Action Media**

[www.actionmedia.org](http://www.actionmedia.org)

### **Berkeley Media Studies Group**

[www.bmsg.org](http://www.bmsg.org)

### **Cause Communications (Denver, CO)**

[www.causecommunications.com](http://www.causecommunications.com)

### **Cause Communications (Santa Monica, CA)**

[www.causecommunications.org](http://www.causecommunications.org)

### **Communications Consortium Media Center**

[www.ccmc.org](http://www.ccmc.org)

### **Fenton Communications**

[www.fenton.com](http://www.fenton.com)

### **FrameWorks Institute**

[www.frameworksinstitute.org](http://www.frameworksinstitute.org)

### **The Opportunity Agenda**

[www.opportunityagenda.org](http://www.opportunityagenda.org)

### **The Praxis Project**

[www.thepraxisproject.org](http://www.thepraxisproject.org)

**Public Media Center**

[www.publicmediacenter.org](http://www.publicmediacenter.org)

**Center for Story-Based Strategy**

[www.storybasedstrategy.com](http://www.storybasedstrategy.com)

**SmartMeme Studios**

[www.smartmemestudios.com](http://www.smartmemestudios.com)

**The SPIN Project**

[www.spinproject.org](http://www.spinproject.org)

**References for Case Studies**

---

**Breast Cancer Fund**

[www.breastcancerfund.org](http://www.breastcancerfund.org)

**Campaign for Safe Cosmetics**

[www.safecosmetics.org](http://www.safecosmetics.org)

Guthmann, Edward. Lethal Beauty series, “The Allure: Beauty and an easy route to death have long made the Golden Gate Bridge a magnet for suicides.” *San Francisco Chronicle*, October 30, 2005.

McKinley, Jesse. “San Franciscans Try Again to Suicide-Proof the Golden Gate Bridge.” *New York Times*, August 11, 2006.

Singer, Natasha. “Nail Polish Makers Yield on Disputed Chemical.” *New York Times*, September 7, 2006.

# Worksheets

# 9

*The Worksheets outline tasks that will help to organize your research, writing, decision making and actions. Your answers will provide a convenient summary of your findings and strategy, and will form the basis for your plan.*

<b>1. DEVELOPING OVERALL STRATEGY</b>	<b>36</b>
<b>2. DEVELOPING MEDIA STRATEGY</b>	<b>40</b>

# 1. Developing Overall Strategy

1. What is the problem you want fixed?

*Keep in mind that health issues are complex, so your current goal may be to solve one part of a larger problem.*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

2. What is the policy solution you want to see?

*Be as specific as possible.*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

3. Who are the decision makers with the power to make that change?

*Remember, when the goal is policy change your target is not the person with the problem, but rather the person, group or body with the power to take the policy action.*

a. ....

b. ....

c. ....

d. ....

e. ....

# 1. Developing Overall Strategy

4. What will the target(s) need to hear?

.....

.....

.....

.....

.....

.....

.....

.....

5. Who must be mobilized to apply the necessary pressure?

*List the people or groups who care about this issue and why, then prioritize who can best influence the target(s).*

a.

*Interested because*

b.

*Interested because*

c.

*Interested because*

d.

*Interested because*

e.

*Interested because*

# 1. Developing Overall Strategy

Of the people or groups listed above, the target(s) will pay most attention to:

.....

.....

.....

.....

.....

.....

.....

.....

6. What actions will you take?

*Brainstorm the advocacy strategies you will use to influence your target(s).*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

# 1. Developing Overall Strategy

7. Who will oppose you? What will they say? How will you counter those points?

*a. Opposition:*

*Will say:*

*Your response will be:*

*b. Opposition:*

*Will say:*

*Your response will be:*

*c. Opposition:*

*Will say:*

*Your response will be:*

*d. Opposition:*

*Will say:*

*Your response will be:*

## 2. Developing Media Strategy

1. The target(s) with the power to create the policy change you want is (are):

---

---

---

2. The best way(s) to reach your target(s) at this time is (are):

*Remember, you may take different communication approaches at different points in your campaign including private meetings, legislative hearings, letter-writing, paid advertisement or news coverage.*

*Communication strategy:*

---

---

---

*Effective now because:*

---

---

---

*Your first step is to:*

---

---

---

*Communication strategy:*

---

---

---

*Effective now because:*

---

---

---

*Your first step is to:*

---

---

---



## 2. Developing Media Strategy

*Communication strategy:*

*Effective now because:*

*Your first step is to:*

3. If news is the best way to reach your target(s), your actions will be to (give details if possible):

*Create news:*

*Piggyback on breaking news:*

*Request a newspaper editorial:*

*Write op-eds:*

*Submit letters to the editor:*

*Purchase paid advertisements:*

## 2. Developing Media Strategy

4. Given the decision-making timeline of your target(s), news coverage will have the biggest impact at these times:

*a.*

*b.*

*c.*

*d.*

*e.*

5. The media outlets that will reach your target(s) are:

*a.*

*b.*

*c.*

*d.*

*e.*