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Communicating the Message

If you can write a nation's stories, you needn't worry about who writes its laws.

–George Gerbner[1]

The People of California find and declare as follows:

That they have suffered and are suffering economic hardship caused by the presence of illegal aliens in this state.

That they have suffered and are suffering personal injury and damage caused by the criminal conduct of illegal aliens in this state.

That they have a right to the protection of their government from any person or persons entering this country unlawfully.

Therefore, the People of California declare their intention to provide for cooperation between their agencies of state and local government with the federal government, and to establish a system of required notification by and between such agencies to prevent illegal aliens in the United States from receiving benefits or public services in the State of California.[2]

So reads the introductory text of Proposition 187, a statewide ballot initiative that California's electorate supported in 1994. The Republican governor at the time, Pete Wilson, enthusiastically embraced Prop 187 and used it to surge to a come-from-behind electoral victory against his heavily favored Democratic opponent. Wilson's infamous campaign commercial for re-election ominously intoned: "They keep coming," over grainy black and white surveillance video of people dashing into traffic, as they presumably cross the border from Mexico. "Two million illegal immigrants in California," the narrator says over foreboding music. Then Wilson appears on screen saying, "I'm working to deny state services to illegal immigrants. Enough is enough."[3] Proposition 187 easily passed in 1994 with 59% of the vote.

Fifteen years later during a 2009 joint address to Congress, President Obama pointed out that the Affordable Care Act (ACA) would not cover "illegal immigrants," and in an unprecedented breach of congressional decorum, South Carolina Congressman Joe Wilson screamed "You lie" to the shock of many attendees. Wilson's outburst was subsequently supported by policy briefs from conservative think tanks, and town hall meetings across the country began to be disrupted by unruly crowds, some aligned with the Tea Party, a new conservative political movement hostile to immigration.[4,5] The Minutemen, an extreme rogue vigilante group, began patrolling the US–Mexico border and engaged in shootouts with suspected immigrants.[6]

In the midst of the contentious national discourse on undocumented immigration and the implementation of the ACA, #Health4All was launched. #Health4All is a California health advocacy campaign designed to bring health coverage to all Californians including the undocumented. The architects of #Health4All knew that to truly achieve universal health care coverage in California, the fraught narrative of undocumented Californians as "takers" and criminals had to be changed. They knew that traditional public health arguments about the benefits of access to primary and preventive health services for all would not suffice to overcome the status quo notion of undeserving takers getting free health care. They developed a strategy to remake the narrative about undocumented Californians in a way that would increase the likelihood of being able to move policy to cover undocumented people in health insurance and advance progress on universal coverage.

By 2010, there was evidence that the narrative around the undocumented was changing in California. California had passed bills enabling undocumented people to get driver's licenses, in-state college tuition, college loans, medical licenses, and the right to practice law, among other policy focused on normalizing access to California benefits for all Californians. However, access to health care still seemed a bridge too far for some. How could we be talking about health care for noncitizens when many citizens lacked health insurance?

So the #Health4All campaign was born. From the outset, the decision was made that this campaign had to be driven by undocumented immigrants themselves, to reflect the health equity principle that those most impacted have to be engaged in crafting the solution. The campaign began by mobilizing the immigrant rights community. Partnerships were created with influential celebrities, civil rights icons, and multicultural media, and efforts were made to influence story lines in popular television shows.

By designing a hashtag campaign, #Health4All was able to use social media to build an inclusive campaign centered around the voices of those directly impacted by issues related to residency status and health care. Young, undocumented Californians joined in large numbers. The social media platform allowed them to align and amplify their voices in the public discourse about what it means to be an undocumented resident. Through this strong social media movement, individuals began to step forward and "come out" as undocumented. These actions contributed to a dialogue that worked to change the perception of undocumented individuals by bringing a strong human element to what had largely been a polarized political issue.

A central theme in the campaign was the idea of belonging. The campaign allowed Californians to see themselves connected to undocumented people. They were our neighbors, fellow business owners, classmates, and friends. Images of undocumented young people in medical scrubs with stethoscopes, chef's hats, business suits, and law books, with surfboards and snowboards, populated the campaign's social media, billboards, and newspaper ads. The resounding message was "I am you, you are me. We belong." A successful slogan for many campaign posters and social media pieces was the statement that "I wasn't born in California, but California was born in me." The campaign reinforced and helped socialize this idea of a unique California identity that has more to do with our shared aspirations as Californians than it does our racial or ethnic identities. An overarching theme of the campaign was that California needs all of us in order to be healthy—that we are connected and interdependent.

In October 2015, Governor Jerry Brown signed the Health For All Kids Act into law guaranteeing 200,000 undocumented children access to state-funded health insurance.[7] In July 2019, Governor Gavin Newsom signed Senate Bill 104,[8] which extended state-funded health insurance to almost 100,000 undocumented young adults up to age 26, consistent with the ACA. California is the only state to have taken this inclusive step. The effort to include all undocumented adults continues. California has come a long way since 59% of voters approved Proposition 187.

Policy change always involves communication. In all policy change, the target of that communication is the ultimate decisionmaker; however, an advocacy communications strategy often involves both direct and indirect communications designed to target specific audiences that can influence the decisionmaker. Over the past decade, public health practitioners have become much more savvy about the fact that effective advocacy communication is not just about creating a clear and concise description of the particular policy change being proposed. This realization is creating enormous breakthroughs in public health advocacy. There is a whole discipline of public health media advocacy that has evolved in concert with the fields of consumer advocacy and environmental advocacy. Each of these fields is focused squarely on policy change as the primary tool for advancing its work.

Many practitioners distinguish media advocacy as a distinct form of media communication that is very strategic and expressly designed to advance social or public health policies in the context of an advocacy campaign.[9] General health communication is focused on raising the profile of a health issue or problem to increase awareness in the general public. Unlike traditional forms of health communications, media advocacy focuses on the environmental context for health outcomes and looks specifically to policy as the mechanism for changing them. Substantial research and work in developing the field of public health media advocacy has been conducted by practitioners such as Lori Dorfman and Larry Wallack.[9–11] Much of this work has built on the work of cognitive linguist George Lakoff and others.[12,13] For a much more substantive exploration of the field of public health media advocacy, the reader should refer to the practitioners and scholars mentioned here. This chapter will offer a more practical summary of some of the key concepts that are essential to good media advocacy.

MESSAGES, FRAMES, AND NARRATIVES

Effective public health media advocacy requires a general understanding of three core elements: messages, frames, and narratives.

Messages

There are three key questions in messaging: (1) What is your core idea? (2) Who is your messenger? (3) Who is your primary audience? In other words, what are you going to say, who is going to say it, and who are they going to say it to?

In the #Health4All story, the core message was that undocumented Californians should be able to access health care coverage. The primary messenger was undocumented Californians themselves. The audience was the state legislature. The decision to have undocumented Californians be the primary messengers was not unintentional. In Chapter 1: Advocacy Is Central to Public Health Practice, we talked about the Iton-Witt framework and how a dominant discriminatory narrative shapes institutional policies and practices, which, in turn, create inequitable conditions for those who are the targets of that discriminatory narrative. In the case of undocumented Americans, a dominant narrative that describes them as criminals, has been promulgated nationally (and more recently amplified nationally by the 45th president of the United States: "[t]hey're bringing drugs. They're bringing crime. They're rapists.").[14] This national narrative shaped the policy dialogue around immigration and health reform. The intended effect of this discriminatory narrative is to dehumanize its target so as to justify harsh and punitive policy. In 2013, the architects of the #Health4All campaign knew that they had to directly counter this national narrative of undocumented people as subhuman and a threat. Critical to the campaign's success would be the ability to allow undocumented people to tell their own stories and allow the audience to recognize their shared humanity with undocumented Californians. The decision to have undocumented Californians as the messengers in the #Health4All campaign was intentional and strategic.

Frames

Frames are mental structures that help people understand the world based on particular cues from outside themselves that activate assumptions and values they hold within themselves. Political scientist Franklin Gilliam Jr. describes frames as a composition of elements—visuals, values, stereotypes, messengers—which, together, trigger an existing idea. They tell us what any communications are about. They signal what to pay attention to (and what not to), they allow us to fill in or infer missing information, and they set up a pattern of reasoning that influences decision outcomes.[15] A common set of dueling frames are market justice frame versus social justice frame, or individual freedom versus collective responsibility. The winner of this framing battle is likely the side that will be more persuasive to a public audience and policy decisionmakers. A great example is tobacco, which can be seen as an issue of smokers' rights (individual freedoms) versus exposure to secondhand smoke (collective responsibility and the role of government). Cognitive linguist George Lakoff asserts that frames trump facts. In essence, frames tie your message to a larger narrative.[16]

In the #Health4All example, the frame is belonging. Belonging is a deeply rooted human need that is tied to the values related to notions of community and solidarity. The opposite of belonging is othering. Othering is the frame that Prop 187 employed. In contrast, the idea that undocumented Californians are first and foremost *Californians* is the frame that the #Health4All campaign architects sought to establish. Undocumented Californians are not *others* who are claiming an undeserved benefit; *they are us* and deserving of the benefits of being a Californian. They belong to the larger *we*, which is an identity that we value and cherish: "California was born in me."

Narratives

Narratives are stories that we tell ourselves about who we are. In the 1950s and '60s, California built the world's greatest public education system and a robust water infrastructure to allow great cities to flourish in what is essentially a desert. California birthed the film industry and the tech industry and has been a leader in tackling climate change. These are all stories designed to signify an identity. "We are the kind of people that. . . ." These are narratives. Narratives are powerful by helping us structure our understanding of events in our lives. The #Health4All narrative is the story of building California's future together. Just as we built great educational institutions and future-focused industries, together we Californians will continue to build a successful future. We will need the talents and genius of all us to realize our destiny.

When strategically linked to a campaign for policy change, media advocacy will be a crucial element in driving that change. The work of public health media advocacy is developing accurate and factual messages that are carefully framed to align with strong narratives that comport with the values schemes of your audience and create support for policy change. With this brief conceptual guidance, we now describe the core mechanics of constructing strategic communications in public health advocacy.

THE FOUR FOUNDATIONS OF STRATEGIC COMMUNICATIONS

Your campaign will need to influence the public to encourage decisionmakers to act. A just cause can be more powerful than mountains of money and all the political contacts in the world. The challenge is to craft a way to communicate your concerns and goals so that they are understood and believed and move people to take the action you seek.

Planning your message begins by thinking about how you will "talk" about every aspect of your campaign; what are the facts and data, what does that mean in people terms, what are your sources, who agrees with and supports you, who disagrees and why, why are the opponents wrong, what values are evident in this campaign, and why must and how might this problem be solved. Talking to people, small and large groups, decisionmakers, experts, and the media about what you are trying to accomplish, why, and how you are going about it requires thinking about how to be heard and understood by each of these audiences. Be sure to give weight and resources to reaching all of these audiences. You want to build a broad base of support and individuals and local groups can help you hone your ability to communicate effectively as you generate support.

Traditional and social media are also essential. A skillfully conceived and strategically executed grassroots media advocacy campaign based on facts and stories can cut through the expensive noise generated by well-financed opposition. Without one, you are less likely to achieve your full goals.

To communicate your message successfully, there are four things you must do:

- Offer accurate facts and respected analysis.
- Present a broadly acknowledged human value.
- Tell a simple and compelling story.
- Reach the right audiences with the right messages.

Using **accurate facts and respected analysis** is important for the credibility of your campaign. Your credibility will affect your ability to organize and build a coalition. It will also affect how you are viewed by the public, the media, and decisionmakers. It will be harder to earn support if you exaggerate or omit essential facts, no matter how often you see others doing it! Also at stake is your professional reputation and ability to create the systemic health policies your data and analysis show are necessary. Taking what you know and do and then advocating for what is needed is a shift for some in how they disseminate their research. The research design must be rigorous, but the general public and media are interested in learning about what the data show. If the information is presented respectfully and honestly in lay terms, the public will want to hear it and absorb what has been found.

By translating the data into understandable language and human impact, you can avoid not being heard and falling into "spinning." Stakeholders who may oppose your recommendations or reporters interviewing you will challenge any attempt to skew the facts or data. Decisionmakers and their staff will also closely examine the reasons you give for the policy you want. We all know this, but the danger lies in wanting to achieve the better health outcome we know is possible. Advocates want to win and, if not checked, that desire can lead to an omission or misstatement. Be aware of this potential and discuss it with your allies. It is very difficult to build the trust you need. Above all protect that trust.

A **broadly acknowledged value** is as direct as "lowering the number of fatal auto accidents" or "providing health care for everyone." Everyone, of every viewpoint, will support an issue directly related to improving or maintaining health if it is clearly stated. There may be differences about whether the solution is feasible, affordable, adequate, or fair, but your campaign will have the broadest possible support if the underlying cause is based on a broadly acknowledged value. Those who oppose your campaign will also be placed in the position of defending why they will not find a way to bring about better health. A campaign to end government marketing orders that limited the supply of fresh fruit announced, "No government policy should force the destruction of edible healthy fruit" (Don Fields, RF Communications Inc., in-person communication, June 1990). The opponents could not find a way to argue with that strong universal value and the programs were suspended.

Facts and values provide the foundation for telling a **simple and compelling story**. When you add in the real people and institutions that have been or may be harmed, you complete the picture. Successful campaigns are built on and fueled by making a case that people can understand and relate to and want to see solved. A story or stories without data can be dismissed as not being a public problem. Data without the personal stories that demonstrate the violation of core values of how we want people to be treated are just numbers and will not move people to want change.

In reaching the **right audience** for your campaign, it is helpful to list the people who can improve the health issue you are focused on. That list is begun by using a Strategy Guide, and a brainstorming session can be used to expand it. Then decide what they each need to hear because different people and groups may be impacted differently or have differing priorities. Next, list the best means of having each audience hear the facts and the story that will move them to support your effort. Is your audience the public, opinion leaders, decisionmakers, or potential allies? Do they need to understand the problem or, if there is general agreement on the problem, do they need to understand a solution, why the solution will work, and who supports it? And then, what is the best communication strategy for your target audience? Is it the media, print, electronic, or internet, or is the best method personal meetings, group forums, or perhaps a demonstration?

Keep in mind that the communication goal is not a 60-second evening news story or a meeting with an important official. You want more; you want to drive public support and decisionmaker action to move your community's health agenda forward. Media coverage tells decisionmakers that the public is paying attention to your campaign and wants something done. Meetings with public officials tell them that you want to work with them and help solve a problem that falls within their scope of responsibility. It also says we want you to be accountable for fixing this problem.

FIRST ESTABLISH THE PROBLEM

Communication efforts should first concentrate on establishing that there is a problem—what it is and who is being affected—before trying to encourage a particular solution. In some cases, those who are on the front lines of health, such as providers or health policy

Box 4-1. Let Simple Facts Begin the Story

Facts must be accurate but presented in such a way that creates understanding. Here is a hypothetical example:

The Center for Asthma Prevention has released a study that shows

- The University Public Health Center has conducted a five-year study that demonstrates a direct link between air pollution and chronic asthma in children aged younger than 12.
- Air pollution from car exhaust in Metropolis, USA, now averages XXX parts per million.
- It has increased by more than X% per year.
- Current levels are more than double health standards set by the state.
- Incidents of asthma in children aged younger than 12 in Metropolis have doubled in the past three years from _____ in _____ to _____ in _____.

These simple facts convey the problem and begin to establish the broadly acknowledged value that increased childhood asthma is a bad thing and that auto pollution plays a major role. This allows you to set the stage for telling a simple and compelling story of the individual children suffering a lifelong disease, a health condition that can be prevented if cars emit less harmful exhaust—an achievable policy change.

experts, do not realize that not everyone sees the problems they are confronting every day. Until a clear and convincing demonstration of the problem has been established, the public, the media, and decisionmakers will not give credence to, or may even be confused by, a discussion of how to solve the problem. That is why telling a simple and compelling story is important; it establishes the problem in peoples' minds and motivates them to find a solution (Boxes 4-1 to 4-4). Your goal is to elicit a reaction ("Something should be done!") and guide your audience toward your proposed policy solutions ("Here's something that works!").

If public opinion leaders, allies, the media, and decisionmakers know about the problem, including who is being affected and how they are being affected, you have communicated well. Try to ensure that each audience hears your message—first about the problem and then about the solution.

Box 4-2. Pro Tip: Working With Survivor Advocates

Those affected by a problem—for example, gun violence or drunken driving—have first-hand experiences that exemplify the problem in human terms. Often these "stories" may be tragic and dramatic and must be presented with respect for what the survivor has suffered. Survivor advocates are powerful messengers who communicate the problem in first-hand dramatic terms. Working with survivors who have been injured or have lost a child or loved one can become a partnership among specialists in injury prevention, survivor advocates, and public health policy experts. These partnerships require mutual respect and clear ground rules, which we describe in our discussion of coalitions and building support in Chapter 5: Building Support: Coalition Building and Community Organizing.

Box 4-3. The Trauma Foundation: Working With Survivor Advocates

In 1952, on his seventh birthday, Andrew McGuire sustained third-degree burns on his legs and second-degree burns on his hands and the back of his head after the back of his cotton bathrobe and pajamas ignited while he was standing too close to an open flame. He underwent four skin-grafting procedures and spent nearly three months in the hospital. The burn injury had a profound emotional impact on him and his family.

Twenty-one years later, while working as a machinist in Wakefield, Massachusetts, Andrew attended a meeting at the Shriners Burns Institute organized by parents of children burned as a result of their pajamas igniting. The *Boston Globe* article that Andrew's wife read to him one morning said the purpose of the meeting was to recruit volunteers to assist in an effort to pass a law mandating flame-resistant children's pajamas. Andrew and his wife attended the meeting intending to talk with the parents about Andrew's childhood experience to provide some "adult" insight into the burn trauma that their children were facing. Andrew volunteered to join the effort and within a few months wrote a grant proposal for the newly created nonprofit that the parents named Action for the Prevention of Burn Injuries to Children (APBIC; later shortened to Action Against Burns). With the grant, the board of APBIC hired Andrew as their first executive director.

With the work of the board members of APBIC, a law was enacted in Massachusetts mandating flame-resistant sleepwear, sizes 7 to 14. Nearly two years after the state law took effect, the US Consumer Product Safety Commission amended its regulation to require that all sleepwear up to size 14 must be flame resistant. As a survivor advocate, Andrew led the effort to protect children from the type of injury he sustained as a child. This was Andrew's "Wait, what, I just learned how to pass a law to prevent injuries. I want to do this."

In 1979, Andrew founded the Trauma Foundation to end preventable injuries. Leading the Trauma Foundation, Andrew worked with many survivor advocates including Candy Lightner, the founder of Mothers Against Drunk Driving (MADD), to design MADD's plan to work with, educate, and empower survivor advocates to become the "voice" of the anti-drunk-driving movement. The Trauma Foundation also led the campaign for a California mandatory motorcycle helmet law, the banning of cheap handguns and .50 caliber sniper rifles in California, the passage of county ordinances mandating four-sided fencing around backyard swimming pools, a mandatory seatbelt law in California, the installation of trunk releases in automobiles, and many other injury prevention issues. In all of these campaigns, the voices of survivors were the key to communicating the urgency of creating life-saving policies.

Box 4-4. Pro Tip: Using Your Knowledge for Health Equity

Think about how what you know is effective at bringing about health equity and how that be scaled and improve the field.

Building support means communicating with the public by talking to individuals, groups, opinion leaders, and decisionmakers directly, as well as by using the media and the internet. Communication is reaching people with information to convince them to support your work for better health. The creation of tools such as fact sheets, background papers, posters, info graphics, data mapping, video stories or case histories, question-and-answer handouts, and similar short documents is essential for communicating your issues. Developing these materials helps you think through how best to present the issues in different and effective ways. Once you have them, these materials can be used in all of your strategies for communication. They can be used for door-to-door canvassing

of neighborhoods, distributed to the media, put up on a website, or handed out to elected officials.

Talking With People

A good deal of organizing and coalition building is done by getting the message out person-to-person, through house and block meetings, through door-to-door canvassing, by passing out information in front of supermarkets and at flea markets, and other ways of reaching individuals. In some communities, organizing church meetings, passing out or posting one-page flyers, talking to youth groups, or visiting senior centers are effective ways to reach people. One project to address domestic violence sent organizers to laundromats and beauty parlors to reach women in the community to find out their views, experiences, and needs. It worked, and an effective program was developed.

There are many ways to reach out to educate and convince individuals that there is a problem they should care about. Think through who is likely to be affected by the problem and where you can meet and talk with them. You can build public awareness and personal involvement by talking to people as individuals. This kind of interaction allows you to learn what information helps people understand the issues and become convinced of the cause. You can learn what facts and arguments are important to people, and hone or improve the message to present a more powerful case.

Talking to Opinion Leaders and Decisionmakers

Direct communication with opinion leaders and decisionmakers is a crucial means of building support for your position and getting people with the power to effect change to act on your behalf. An opinion leader can be a person respected and looked to for leadership by his or her community, such as the director of a local program, a local pastor, the president of the women's committee, or an elected official. These influential people can take a leadership role in a community effort to work for better health. An opinion leader can be asked to help right from the beginning and may even be the right person to lead or be the spokesperson for the coalition. Such a person can give more visibility and importance to your coalition and can help convince others to join.

You also want to communicate with the decisionmakers, people who can take the policy action you need for bettering your community's health. You need to find out who will influence or make the decisions on your issues. They may be government staff, corporate executives, hospital directors or personnel, elected officials, or potential funders. Once you find out who the key people are, arrange to reach them directly. When you communicate with decisionmakers, you should be prepared with facts, information, and analysis and have a coalition or other strong support with you (more on this in Chapter 6: Legislative Change: Making Law).

THE ROLE OF THE MEDIA

Advocates use the news media to inform the public about their campaign and to mobilize support. In most cases, news stories come about because of hard work to reach and educate reporters and editors. Getting free media, rather than buying an advertisement for your cause, enables you to reach a lot of people at once in a way that demonstrates that what you are working for is generally recognized as important. Elected officials, their staff, courts, government agency staff, leaders of nonprofit agencies, and business leaders pay attention to the news and to editorial commentary. The media—social, print, and broadcast—have a major impact on public understanding of issues.

Will the Media Pay Attention?

Media coverage is an essential ingredient for a successful health advocacy campaign. Here are some questions to ask to predict whether you will get the media coverage you will need:

- Is this an interesting and important story showing verified evidence of serious problems that endanger individuals and community health?
- Are there credible spokespeople who can describe the problem and individuals who can talk about the impact on their health?
- Is the same problem continuing to happen? Has there been any news media coverage of the problem?
- Have there been similar health problems in other areas?
- How has the media covered other complaints about this issue?

"Traditional" Ways to Reach the Media

There are many ways to reach the media. Some "traditional" means include news releases, news conferences, reporters and editors, editorial writers, letters to the editor, opinion pieces, and even editorial cartoons, which can all be incorporated into a media advocacy campaign (Box 4-5).

Box 4-5. Pro Tip: Editorial Cartoons Work

Editorial cartoons can push a message out and frame a campaign in one graphic and satiric picture that can help bring attention to a campaign. Editorial cartoonists, like reporters, are interested in new issues and angles on issues. They do not like to be told how to do their work, and their product cannot be predicted. With that in mind, always try to get your issue in front of an editorial cartoonist with a history of open mindedness and a penchant for skewering the powerful. Send data and statements that show hypocrisy or falsehood. Resist the urge to explain your own brilliant idea of what you think the cartoon should be or say.

News Releases

A news release tells the story of what is wrong, who says so and what should be done. News releases are usually no more than two pages and are a good way to keep reporters and editors up to date on the progress of the campaign and important events.

News Conferences

News conferences should be reserved for unusually significant events and complex subjects. At news conferences—which can also take place as a conference call or online meet up—people supporting your position talk to reporters about the facts and analysis of the problem and the solution. The speakers have an opportunity to explain data, describe who is being hurt, and explain why the proposed solution will work. The purposes of the campaign can be laid out, members of the coalition can be introduced, and reporters can ask questions.

Reporters and Editors

It is important to call and meet with the people who decide if your campaign is newsworthy and how it will be covered. These personal conversations give you a chance to find out what journalists think about what you are doing. It also gives you a chance to find out what others are saying about your campaign.

Editorial Writers

You can try to get a newspaper or other media source to support your position publicly and urge the action you seek. Present your facts and reasoning either over the phone or in a meeting with the editorial board—call the paper and ask for one.

Letter to the Editor

You can respond to any related event by writing—or by asking your coalition members to write—a short letter to the editor of a newspaper with your comment or viewpoint. This can be a reminder to the public and all concerned about your position and your sustained involvement in activities related to the issue.

Opinion Piece

Newspapers, radio, and TV stations will carry a well-thought-out essay describing your issues. You need to contact the opinion editor to discuss what he or she is looking for, how long your piece can be, and when it can be run.

Box 4-6. Basic Contents of a Campaign Website

- Front page: core messages—problem and solution.
- Policy backgrounders: detailed data, chart decks, longer reports.
- Newsletters and action alerts.
- Buttons for further communications and donations.
- Downloadable toolkits for local activists: fact sheets, sample letters, talking points, flyers, posters, stickers.
- Links to Facebook, Twitter, Instagram feeds.
- Who we are: campaign staff, board, and allies.

Nontraditional Media Advocacy

The internet is an efficient and inexpensive way to reach the public, the media, and decisionmakers in government and corporations. In addition, with a little extra effort, the internet can be used for fundraising. The three main tools of internet advocacy are social media (e.g., Facebook, Twitter, Instagram), email, and websites. With a website as your home platform, you can use email to educate and enlist new supporters to your campaign, to communicate with coalition members and friends, and to launch action alerts.

The website is your basic tool and home base for communicating your campaign goals, plans, and identity, and for providing information on how to get involved, contact, and contribute to the campaign; how and when to contact decisionmakers; and when to show up at meetings, rallies, and hearings (Box 4-6). A simple website can be developed by amateurs using low-cost software and provides the media and policymakers initial access to your campaign and a way to follow up and contact you directly for more information.

Once you have set up a website or landing place, build out Twitter, Facebook, and other feeds to broadcast your messages and calls to action. These should send users back to home base so that you can sign them up for advocacy action such as writing letters to policymakers, attending hearings, or demonstrating. You also need to be aware that Internal Revenue Service rules for nonprofit advocacy activities apply to the use of the internet. For more guidance, see "E-Advocacy for Nonprofits: The Law of Lobbying and Election-Related Activity on the Net," published by Alliance for Justice.[17]

HOW TO HARNESS A MOMENT INTO A MOVEMENT

Social media has been touted as a disruptive new tool that radically democratizes traditional media communications. The #Health4All campaign was primarily a social media campaign that utilized these new tools to reach an enormous audience of young people who could be mobilized for events and lend their voice to the campaign to expand access to health care for all in California. Advocacy campaigns like Occupy Wall Street, Black Lives Matter, and #MeToo would likely not have been possible without the incredible direct access to the public that social media facilitates. However, we have also seen the

rise of fake news, electoral interference, and the fomenting of divisive racial and social issues by organized groups, corporate entities, and some state actors. It is clear that social media can be a double-edged sword. Public health should be particularly sensitive to this threat because of the ability of social media to be used in ways that undermine or negate public health science. Aggressive campaigns against vaccination or water fluoridation are examples of where authoritative public health science and research was undermined by energetic campaigns to argue conspiracy theories or junk science to buttress campaigns against legitimate public health action. The reality is that social media is one of many tools available to advocates and, just like any tool, it can be misused. It is important to recognize that social media work should complement but not supplant other forms of communication in public health advocacy work.

The internet enhances and expands your campaign's communications, which are essential to health policy advocacy. It is not, however, a substitute for the direct, personal contact needed to successfully organize, educate, and persuade supporters, the media, and decisionmakers. Your campaign may experience a viral "moment," but unless you follow up the online "buzz" with a series of visible and concrete actions that get policy results, your moment will not become a movement.

Create a Media Advocacy Plan and Message

Take the time to really think through your media strategy. It should start with your policy goals and objectives, not your message. As the Berkeley Media Studies Group (BMSG) puts it,

> The message is never first. Before we know what to say, we need to clearly understand what policy change we want to achieve, who has the power to create that change, and who the allies are that can work with us to achieve it.[18]

Come up with a goal with real impact. Take the time to craft messages that will grab attention in a noisy field.

Identify Targets and Messengers

Focus your media work with laser-like precision on audiences with the power to make the changes you seek and on individuals and key interest groups who can influence those targets. Do not try to influence "public opinion." As BMSG points out, "the power from media exposure comes from the primary target knowing that the general public is watching their actions."[18] Choose and train your messengers with care. Who will your targets be most responsive to? Are your messengers able to share their values as well as the facts? Can you find an unusual or standout messenger instead of a public health nerd to be your spokesperson?

Build and Maintain Your Messaging and Action Platforms

Now you are ready to formulate your advocacy messages in the form of fact sheets, calls to action, background reports, short videos, press releases, and so on. Create a standard "look and feel" that drives home your campaign messages using logos, slogans, and colorful design. Then get these messages out in a coherent, timed fashion using low-cost digital tools: websites, blogs, Facebook, Twitter, emails, and texting. If you do not have the capacity to integrate and maintain a presence on multiple online platforms, do not try to. Many grassroots groups are quite effective using only Facebook and Twitter.

Evaluate and Fine Tune

Collect and analyze all news coverage of your issue, especially when you generated it. Was the coverage accurate and did your messengers say what they intended? Digital media coverage can be tracked using "dashboard" programs like Google Analytics and others, allowing you to measure how many readers you have and if they are following through with your calls to action. Beyond mere coverage, however, make sure your media advocacy is hitting the targets: are your allies engaging and taking action and are policymakers responding? You can tweak your tactics and fine-tune your message as your campaign progresses.[19,20]

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