



TAKING ACTION FOR

Heart-healthy and Stroke-free States:

A Communication Guide for Policy and
Environmental Change



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Centers for Disease Control and Prevention. *Heart-healthy and stroke-free states: A communication guide for policy and environmental change.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2004.



chapter

1

Making the Case for Population-based Cardiovascular Health Interventions

Teaching children not to play with matches. Discouraging teenagers from smoking. Alerting college students to the hazards of binge drinking. Directing adults to early-detection programs for cardiovascular disease, cancer, and diabetes. Encouraging families to “buckle up,” exercise, and eat five or more servings of fruits and vegetables each day for better health. These disease prevention and health promotion strategies represent merely a handful of educational initiatives advocated by our nation’s public health practitioners. The messages supporting these efforts are compelling, informative, and clear, and the majority of interventions designed to promote them share a consistent approach — educate, enable, and encourage individuals to adopt healthy attitudes and behaviors.

Although promoting individual behavior change is essential to health promotion and prevention of chronic disease, public health authorities increasingly view use of this social marketing tactic alone as insufficient. In the past decade, there has been growing interest in developing and making policy and environmental changes that simultaneously affect the chronic disease risks of many people.¹

In 2001, the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Directors of Health Promotion and Public Health Education published *Policy and Environmental Change, New Directions for Public Health (The Blue Book)*. The purpose was to assist decision makers in recognizing the value of designing and implementing policy and environmental interventions that can affect large segments of the population in tandem. In the introduction, James S. Marks, M.D., M.P.H., director of CDC's National Center for Chronic Disease Prevention and Health Promotion comments:

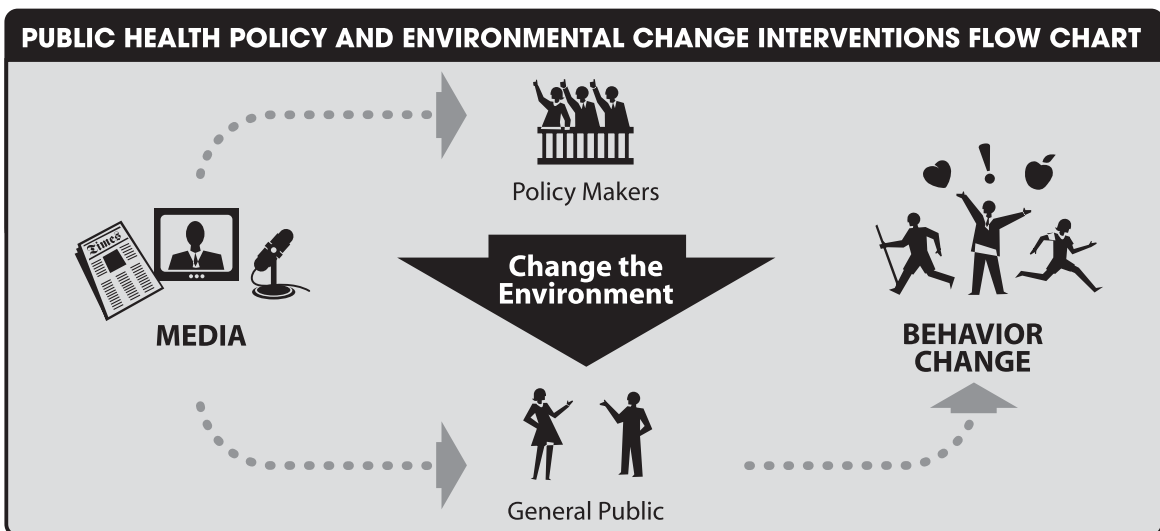
“The major public health problems of our time will not be solved merely by individual actions and health choices, but by individuals coming together to make our society one in which healthy choices are easy, fun, and

popular. Communities where policies and environments focus on the latter approach will be healthier and more satisfying places to live, work, and play.”²

The initiative of the U.S. Department of Health and Human Services on *Steps to a HealthierUS* provides another example of support among decision makers for addressing prevention of heart disease and stroke through interventions for policy and environmental change. This initiative affirms the role of public health in providing policy makers with research and data on cardiovascular health (CVH) and in educating policy makers across settings about the importance of supporting health through policy change.³

DEFINING INTERVENTIONS FOR PUBLIC HEALTH POLICY AND ENVIRONMENTAL CHANGE

Public health policies include laws, regulations, and rules (both formal and informal) that are designed to have a positive effect on the health of a large number of people, a “target population.” Laws and regulations that restrict smoking in public buildings and an organizational rule that provides time off during work hours for physical activity are examples of policy interventions focused on CVH. Environmental interventions include



Source: Centers for Disease Control and Prevention

changes to the economic, social, or physical environment. CVH-related environmental interventions include incorporating walking paths and recreation areas into designs for development of new communities, making low-fat choices available in cafeterias, and removing ashtrays from meeting rooms.⁴ (See Public Health Policy and Environmental Change Interventions Flow Chart, page 2.)

NOTEWORTHY ACHIEVEMENTS

In recent years, various policies (laws, regulations, and rules) have proven effective in reducing the risk and burden of numerous chronic diseases. Similarly, a host of environmental interventions (changes to economic, social, or physical settings) have complemented and enhanced traditional public health efforts to reform individual behaviors.

For the past decade, one major focus of such efforts has been to reduce tobacco use, which creates a safer environment through policy changes. These efforts have led to the nationwide limitation of smoking in public buildings and the restriction of minors' access to tobacco products. CVH also has benefited from efforts to achieve policy and environmental change. Other successful strategies for prevention of disease and injury through policy and environmental change have centered on the following:

- **Folic Acid Fortification** — The Food and Drug Administration's January 1998 requirement for food manufacturers to enhance the level of folic acid in enriched grain products is helping to ensure that women of childbearing age receive recommended levels of folic acid to prevent birth defects.^{5,6}
- **Lead Poisoning** — Since the 1980s, the federally mandated ban on or reduction of lead in gasoline, drinking water, residential paint, and other consumer and industrial products has lowered the incidence of lead poisoning in children.⁷

SUCCESS STORIES

HEART DISEASE AND STROKE SUCCESS: NEW YORK

The New York State Healthy Heart Program has increased the number of low-fat food choices, policies for a smoke-free workplace, and breaks for physical activity.⁸

- **Motor Vehicle Safety** — Engineering efforts to make vehicles and highways safer, laws requiring use of seat belts and child safety seats, and a Federal Motor Vehicle Safety Standard requiring automobile manufacturers to install automatic restraint systems (airbags or automatic seat belts) have contributed to large reductions in fatal and nonfatal motor vehicle injuries.^{9,10}
- **Safer Workplaces** — Extraordinary efforts by employees, unions, employers, government agencies, and scientists have provided safer working conditions for people with hazardous occupations, such as mining, manufacturing, construction, and transportation. Since 1980, safer workplaces have reduced the rate of fatal occupational injuries by approximately 40 percent.¹¹
- **Water Fluoridation** — The fluoridation of community drinking water is a major factor responsible for the decline in tooth decay during the second half of the 20th century.¹²

A glossary of terms used in this guide is provided in *Chapter 7: Tools and Resources* on pages 71 – 81.



BUILDING ON A STRONG FOUNDATION

A great deal of activity in interventions for policy and environmental change is already under way. A survey led by the Association of State and Territorial Directors of Health Promotion and Public Health Education, with support from CDC, concluded that interventions for policy and environmental change signify a major new area of effort for state and local health departments. The survey, conducted in 1996–1999, was based on a review of interventions in chronic disease at state and local levels. Findings of this survey and review included the following:

- The vast majority of “highly successful” state policy interventions focused on tobacco use, diabetes, cancer, physical activity, oral health, and nutrition.¹³
- Highly successful state interventions for environmental change mostly addressed nutrition, physical activity, local-level capacity building, tobacco use, diabetes, and cardiovascular disease (CVD).¹⁴
- The most effective interventions for local policy and environmental change addressed tobacco use, physical activity, and nutrition.¹⁵

Despite these successes, “many public health practitioners, including some key decision makers, do not intuitively understand what policy and environmental change interventions are, why they are important, and how to engage in them.”¹⁶ Practical tools and

information are needed to help public health professionals better understand and communicate the concept of policy and environmental change interventions.

ROLE OF STATE HEART DISEASE AND STROKE PREVENTION PROGRAMS

A major role of State Heart Disease and Stroke Prevention Programs is to communicate the importance of strategies for policy and environmental change to policy makers, program decision makers, sources of funding, and other key stakeholders. Great opportunities exist to inform and implement such interventions at the state and local levels.

The communication and marketing of policy and environmental change can help you, as a Program Director, to fulfill specific program components that support population-based interventions. For example, by explaining the importance of this concept to your program partners, you can achieve their buy-in and support for promoting strategies for CVH policy and environmental change through media advocacy and other outreach activities. In addition to establishing greater visibility for your State’s Heart Disease and Stroke Prevention Program, this collective effort can help you to attract new program partners. It can also enable you to identify and develop an inventory of successful strategies for policy and environmental change that can be incorporated into the plan for the state’s Heart Disease and Stroke Prevention Program.



MORE INFORMATION

CDC-FUNDED ACTIVITIES IN STATE-BASED PROGRAM

Activities in the State Heart Disease and Stroke Prevention Program funded by CDC include the following:

- Defining the CVD problem in a state;
- Facilitating partnerships and coordination among concerned nongovernmental and governmental parties;
- Monitoring the critical aspects of CVD;
- Developing effective strategies for reducing the burden of CVD and related risk factors, with an overarching emphasis on heart-healthy policies and physical and social environmental changes; and
- Developing population-based interventions to address primary and secondary prevention. (*See Glossary of Key Terms in Chapter 7: Tools and Resources for definitions of primary and secondary prevention.*)

APPEAL FOR ENHANCED COMMUNICATION SKILLS AND RESOURCES

A series of CDC-sponsored interviews with the directors of 15 State Heart Disease and Stroke Prevention Programs revealed that most programs are concentrating their prevention efforts on facilitating policy and environmental changes.¹⁷

Many State Heart Disease and Stroke Prevention Programs are targeting their communication efforts to policy makers, potential partners, and health care providers. The majority of the State Program Directors interviewed expressed a desire for CDC to assist them in communicating to their partners, potential partners, and other stakeholders how their efforts to influence policy and environmental changes will help to improve public health in the state. Many states emphasized a need for Program Directors to acquire basic communication and media skills to support this endeavor.

Communities can educate, enable, and encourage individuals to adopt healthy attitudes and behaviors through policy and environmental interventions.

State Program Directors also said they could benefit from CDC guidance in their efforts at communication and messaging and at building partnerships. Several directors cited a need for state and local offices to promote their activities aimed at policy and environmental change as part of a “national movement” and to facilitate the sharing of information across the three levels of

government as a means to enhance their skills and credibility.

PURPOSE OF THE GUIDE

This guide has been developed to enhance communication skills and to address needs. It provides you and your partners with comprehensive skill-building tools, information, and resources for conveying and marketing the concept of CVH policy and environmental change to policy makers, program decision makers, funders, and other key stakeholders. Designed as a tactical instrument for planning, implementing, and evaluating communication strategies to facilitate policy and environmental change, this resource offers step-by-step guidance on the following tasks:

1. Tracking and influencing the policy development process;
2. Leveraging partnerships;
3. Developing a communication plan;
4. Framing a message, media advocacy, media relations, presentations and meetings, and materials to implement the plan;
5. Using other communication strategies to implement your plan; and
6. Conducting process and outcome evaluation.

The guide should be used in coordination with *CDCynergy 2001 — Cardiovascular Health Edition*, an interactive CD-ROM designed to help public health professionals plan CVH-related communication programs. (A copy is included with this guide.) *CDCynergy 2001* guides users through a sequence of questions on communication planning and offers examples related to CVH. Together, this publication and *CDCynergy 2001* provide you with powerful tools for planning and executing communication



initiatives that can make a significant impact on CVH. CDC's Heart Disease and Stroke Prevention Program periodically holds *CDCynergy 2001* training workshops. For more information about these workshops or to request additional copies of *CDCynergy 2001*, please contact Susan Lockhart.

Taking Action for Heart-healthy and Stroke-free States: A Communication Guide for Policy and Environmental Change can be a useful tool in your work to help create a heart-healthy and stroke-free nation.

CONTACT

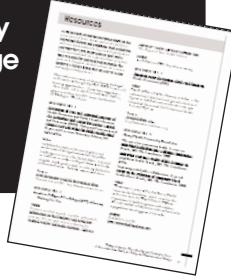
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A list of additional resources to help you learn more about communicating for policy and environmental change is provided in *Chapter 7: Tools and Resources* on pages 85 – 87.





chapter **2**

Learning About Policy and Environmental Change

Individual changes in human behavior, including making better lifestyle choices, will not solve the public health challenges of our time. A complementary strategy also is needed: one that brings together many individuals and groups to encourage society to make healthy decisions. Many stakeholders — both public and private — can respond to these challenges with changes in policies and environments that affect populations and society as a whole. These stakeholders include, but are not limited to, legislators, regulators, school boards, health care providers, and business leaders.

Policy and environmental changes are integral in the lives of public health officials and individual citizens. Simply put, policy and environmental changes are defined as what an authority chooses to do or not do about a specific problem. This chapter provides a basic overview of the process by which public health problems can be addressed. The process is dynamic and complex, and each situation is unique. It is important to recognize that the steps in this process generally do not “just happen.” Action is needed to prompt discussion and to sustain sufficient momentum to ensure that ideas are implemented in policy or environmental changes.

This chapter also provides examples of interventions for policy and environmental change that can be used to address prevention and control of heart disease and stroke. It should provoke questions and ideas on how public health professionals and others can successfully influence the process through proactive communication activities that address policies and environments, educate the public, provide resources, and foster partnering with many sectors of society in pursuit of positive health benefits for the general public.

SHAPING POLICY AND ENVIRONMENTAL CHANGE

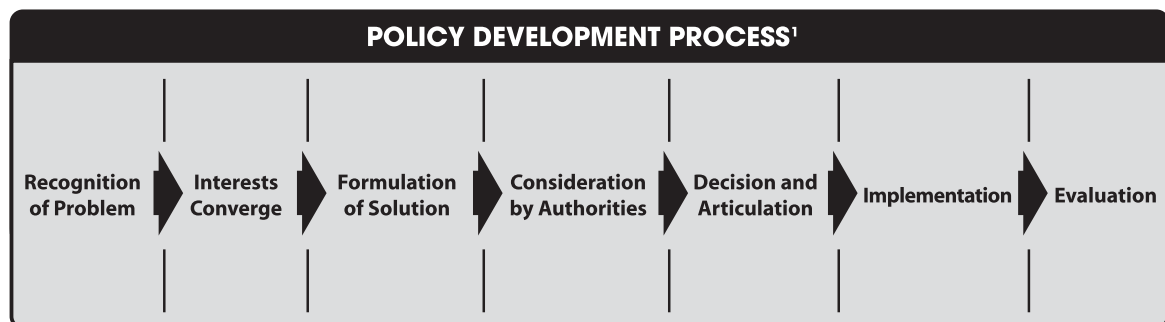
1. Problem Recognition. Analyze the current situation and identify a problem that needs to be addressed. This process can be based on qualitative or quantitative research or on individual opinions. Health practitioners,

community advocates, teachers, business leaders, legislators, or individuals can initiate this step, unveiling a problem for a larger debate.

Role for State Heart Disease and Stroke Prevention Programs. Identify a problem related to (1) cardiovascular health (e.g., lack of knowledge of signs and symptoms of cardiovascular disease, lack of emergency medical service protocols for stroke, or lack of insurance that covers prescriptions or prevention services) or (2) risk factors (e.g., high blood pressure (HBP), high blood cholesterol levels, tobacco use, physical inactivity, poor nutrition, overweight, or diabetes), and provide real-life examples of the effect on the state’s citizens. You can do research or use data, case histories, and anecdotal evidence that strengthen the rationale for action and provide credibility to the debate.¹

2. Convergence of Interests. Once the problem is made public, stakeholders — those most affected by the problem — enter the debate. Advocacy groups with similar missions coalesce, as do those with opposing interests. Stakeholders will address the situation to determine the direct and indirect impacts on his or her organization or entity.

Role for State Heart Disease and Stroke Prevention Programs. Recruit additional stakeholders (e.g., contacts



See a more detailed, fold-out chart in Chapter 7: Tools and Resources, page 89.



or partners in the advocacy group or in a business or government community with an interest in the issue), and educate them about the problem. To magnify the voice, you can create a consensus and communication workgroup in support of action. Identify experts and others who can speak knowledgeably about the issue.

3. Formulation of Proposal/Solution.

Stakeholders, both supporters and opponents, should develop strategies to achieve appropriate solutions. Formulation of a solution hinges on getting the right information to the right people at the right time. Decision makers need to know what people think and feel about an issue. Hard facts are needed to help evaluate the efficacy of a course of action, and information may need to be packaged in a variety of ways to be appropriate for various audiences.

Role for State Heart Disease and Stroke Prevention Programs. Play an active role with stakeholders to help identify strategies and plans to address the problem. You should share promising practices. Identify and interpret facts to enable diverse audiences to understand them and take appropriate action. You also need to inform decision makers such as state insurance departments, medical societies, managed care associations, and legislators of what they can do about the issue.

4. Consideration by Authorities. The process is then brought before the proper authorities, such as a school board, legislature, court, board of directors, or county commissioners. During consideration of the problem, there are often opportunities for public comment.

Role for State Heart Disease and Stroke Prevention Programs. Work with stakeholders to identify the appropriate authorities. You should establish and maintain relationships with key individuals (e.g., legislators, legislative staff, school board members, business managers, leaders of medical and insurance associations, and state agency leaders). Know the process by which the problem will be considered (e.g., how a bill becomes a law, how school board decisions are made, how decisions from state agencies are influenced, and how business managers change policies). You must also understand any restrictions for state health officials, including lobbying restrictions. (See AR-12 Lobbying

SUCCESS STORIES

HEART DISEASE AND STROKE: MISSOURI

The Missouri Cardiovascular Health Program is working to improve standards of care for patients with cardiovascular disease, hypertension, and diabetes by partnering with the State Diabetes Control Program and Federally Qualified Health Centers. These centers are a major source of care in Missouri, particularly among the state's high-risk minority and low-income populations. One project involving collaboration in control of cardiovascular disease and diabetes entailed implementing a registry that will store clinical patient data and enable aggressive follow-up and monitoring of patients with high blood pressure. The Missouri CVH Program also is working with health care systems, medical schools, insurance organizations, and the American Heart Association (AHA) to promote AHA's guidelines for primary and secondary prevention of cardiovascular disease.²



A checklist for working toward sustainable local policy change is provided in *Chapter 7: Tools and Resources* on pages 91-92.



2

Restrictions in *Chapter 7: Tools and Resources* on page 93.) Provide policy and decision makers with data, tools, and resources to articulate the agenda. You will want to seek opportunities to testify or otherwise comment for the public record. In addition, work to educate those who are opposed or neutral to the proposed solution.

- 5. Decision and Articulation.** Authorities render a decision, and numerous outcomes are possible — adopting a proposal or compromise, rejecting a proposal or compromise, or maintaining the status quo. Therefore, it is critical for the public and stakeholders to understand how the issue affects them.



SUCCESS STORIES

HEART DISEASE AND STROKE: MAINE

In Maine, the CVH program has implemented a number of initiatives in health care settings, with the goal of improving secondary prevention through training of health care providers. For example, Maine has worked closely with AHA to provide regular training for health care providers. Training staff use AHA’s “Get With the Guidelines” quality-assurance program for hospitals. Through collaboration with AHA and its medical advisory arm, the CVH program also is implementing prevention guidelines for patients discharged from hospitals and has implemented a system to enroll patients in cardiac rehabilitation programs.³

Role for State Heart Disease and Stroke Prevention Programs. Once a proposal is in play, you need to take a position and publicly offer strong support. Work with partners to articulate your support to the public and other stakeholders. You will find it helpful to provide testimony and endorsements to write letters to decision makers, and to send letters to the editor and submit Op-Ed (opinion editorial) articles to newspapers. Prepare a statement for the media, hold a press conference, and speak with reporters to ensure that the public is aware of your position. You should establish feedback mechanisms through which actual policy consequences are examined for health, social, economic, and cultural impacts. Be prepared to respond to statements and other information from opponents of your proposal.

To avoid concerns about lobbying restrictions and other advocacy issues, State Program Directors may consider engaging their partners in any of these efforts. When partners are involved, states can provide funding information and data such as state documents on disease burden and data from the CDC, as tools.

- 6. Implementation.** After the formal decision has been made, the policy is implemented. New rules, processes, and organizations often result. The officials who will write the implementation documents need input and support, and public comments often are sought.

Role for State Heart Disease and Stroke Prevention Programs. Make it happen! You can provide expert input and comment on the optimal way to implement the new decision. Ensure that public bodies are held accountable to deadlines and a transparent public process. You must

be ready to counteract negative statements or comments by opponents. Provide data collection or other resources to ensure implementation, and work with implementers to track progress and results. Ensure that stakeholders and the public understand their roles in the decision and that existing or potential legislation or policies are enforceable.

7. Evaluation. Outcomes of communication interventions are documented to examine whether the problem was properly addressed and the process achieved results.

Role for State Heart Disease and Stroke Prevention Programs. Work with stakeholders and related parties to identify whether desired outcomes have been met. Share promising practices. You should identify any issues or problems in the evaluation process and note possible improvements.

The process described here leaves the door open for a number of communication activities that can target legislators directly. Legal restrictions are noted for the following examples:

- Meeting with a legislator about possible solutions to health problems, as long as no specific policy or funding proposals are outlined;
- Publishing or verbally communicating nonpartisan analysis or research on specific legislation, including a view on the legislation under the conditions that (1) a full and fair review of facts is presented, (2) there



Some examples of specific communication interventions are provided in *Chapter 7: Tools and Resources* on pages 95–100.

is no call to action, and (3) the message is given to legislators on both sides of the issue; and

- Responding to requests for technical assistance or testimony from lawmakers, provided that the request is in writing on behalf of a full committee or subcommittee.

The AR-12 Lobbying Restrictions are provided in *Chapter 7: Tools and Resources* on page 93.



ADVOCACY AND LOBBYING

Program Directors have concern about the ability of State Heart Disease and Stroke Prevention Program personnel to interact with legislators and how to determine whether one is “crossing the line.” Fortunately, the guidelines are clear. According to the AR-12 Lobbying Restrictions published by CDC (Program Announcement 02045, Cardiovascular Health Programs), the defining feature of an act that is considered to be lobbying is the intent to influence a specific piece of legislation. Importantly, “[t]he provisions [of AR-12] are not intended to prohibit all interaction with the legislative branch or to prohibit educational efforts pertaining to public health. Clearly, there are circumstances when it is advisable and permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, it would not be permissible to influence, directly or indirectly, a specific piece of pending legislation.”⁴

2



ISSUES AND APPROACHES FOR PREVENTION THROUGH POLICY AND ENVIRONMENTAL CHANGE

The approaches and tactics for prevention of stroke, high blood pressure, and heart disease that are highlighted here can be used by State Program staff to promote primary and secondary prevention. The legislative examples provide concrete ideas for state compliance with AR-12 Lobbying

KEY DEFINITIONS

LOBBYING

“Lobbying is any attempt to influence any legislation through communication with legislators, staff persons, or any other government official who participates in the formulation of legislation, where the communication:

- (1) refers to a specific piece of legislation and
- (2) reflects a view on that legislation.”⁵

Example: Expressing support to a lawmaker for a specific piece of legislation or encouraging a lawmaker to take a position on a specific bill.

ADVOCACY AND EDUCATION

“Advocacy is participating in the democratic process by taking action in support of a particular issue or cause. Advocacy efforts such as education, awareness building, promotion, marketing, and/or social marketing do not constitute lobbying as long as a policy maker is not being urged to take a position or action on a specific piece of legislation.”⁶

Example: Educating lawmakers about the importance of stroke as a public health problem and the benefits of establishing stroke centers in their state to improve care for stroke victims.

Restrictions and still provide information and ideas to legislators and their staff. The nonlegislative examples emphasize that policy change goes beyond legislation and includes such elements as insurance regulations and accreditation, employer incentives for health insurance, individual behavior and healthy practices, and incentives of health care organizations for practitioners to improve standards of care.

State Heart Disease and Stroke Prevention Programs are not expected to implement all these approaches but are encouraged to consider those that fit best within their state plans and meet state needs.

SPOTLIGHT: STROKE

ISSUES

- Stroke is the third leading cause of death in the United States.⁷
- Forty-eight percent of all stroke deaths occur before transport or before emergency medical services arrive.⁸
- In 2001, only 46 percent of U.S. adults recognized the five key symptoms of stroke; 38 percent of Hispanics and 32 percent of African Americans recognized the symptoms.⁹

APPROACHES FOR PREVENTING STROKE

1. Promote policy and systems changes within health care systems to increase adherence to guidelines for primary and secondary prevention of stroke.

Inform and educate hospital administrators and individual providers about guidelines and systems changes to ensure compliance with guidelines. (Nonlegislative)

2. Promote policies for treating stroke as an acute emergency.

Meet with administrators from organizations of emergency medical service personnel and health care providers in the area to discuss adoption of guidelines for treating stroke as an acute emergency. Present state data on stroke burden, and discuss the importance of policy and environmental change.

(Nonlegislative)

Write an article about the importance of thrombolytic treatment for stroke and the role of stroke centers and neurologists in reducing death and disability from stroke. Work with professional associations to get the article published in their member newsletters. (Nonlegislative)

3. Strengthen prevention through increased awareness and education about risk factors and lifestyle changes that affect HBP, high cholesterol, diabetes, and tobacco use, and through policy and environmental changes

in a variety of settings that encourage healthy lifestyles.

Develop a presentation about policy and environmental change by using *The Blue Book*. You can use strategies from projects on tobacco use, water fluoridation, and lead poisoning as talking points and examples. Use this presentation with school boards, policy makers, hospital administrators, and leaders in other important settings. (Legislative and nonlegislative)

4. Promote state-based policy development for enhanced 9-1-1 coverage.

Work with partners to develop key messages on enhanced 9-1-1 coverage for distribution to policy makers in the form of a briefing document or fact sheet. (Legislative and nonlegislative)

5. Increase awareness of the signs and symptoms of stroke and the need for people to act promptly by calling 9-1-1.

Provide existing materials to policy makers and partner organizations that can educate people in different settings about the signs and symptoms of stroke. (Legislative and nonlegislative)

6. Promote multistate and regional networks, such as the Tri-State Stroke Network, to share prevention strategies and partnership opportunities related to stroke.

Host a conference call to introduce members of different stroke networks to facilitate the exchange of information and ideas.

(Nonlegislative)

Work with other states to leverage resources and increase focus on stroke as a major health issue. Prepare communication packets for use across states. (Nonlegislative)

7. Develop a state-based registry to assess quality of care for stroke.

Inform policy makers about the benefits of stroke registries. (Legislative and nonlegislative)





2

SPOTLIGHT: HIGH BLOOD PRESSURE

ISSUES

- HBP is the leading modifiable risk factor for stroke and a major cause of heart attack.¹⁰
- One in four adults in the United States has HBP.¹¹
- Middle-aged Americans face a 90 percent chance of developing HBP during their lives.¹²
- Effective strategies for prevention and control of HBP are not widely used.¹³

APPROACHES FOR PREVENTING HIGH BLOOD PRESSURE

1. Promote policy development for increased adherence to national guidelines for the prevention and control of HBP.

Work with managed care companies in your state to create incentive programs for physicians who comply with national guidelines for managing HBP. This could include a certificate or other public or professional recognition. (Nonlegislative)

2. Continue to inform the public that HBP is a major modifiable risk factor for heart disease and stroke. Encourage having HBP checked as an important first step in identifying and controlling HBP and reducing the risk of heart disease and stroke.

With your workgroup partners, develop consistent messaging about HBP and its

effect on public health. Have partners develop public education materials containing key messages. (Nonlegislative)

Develop materials for various audiences that present HBP as an urgent health issue. For example, compare the cost of treating HBP with that of treating heart disease or stroke. (Nonlegislative)

Track outreach efforts to ensure that the messages are culturally appropriate and consistently delivered to populations at risk for HBP. (Nonlegislative)

3. Collaborate on education and policy intervention programs to detect and control HBP in high-risk groups.

Work with a nurses' association to create a communications initiative that encourages and enables nurses to clearly and briefly explain to patients the meaning of blood pressure readings obtained during a health care visit. (Nonlegislative)

Develop handouts and talking points about HBP prevention and control. Ask partner organizations active with your priority populations, such as interfaith associations and community service organizations, to speak with groups in their communities. Also ask these partners to distribute educational materials about HBP. (Nonlegislative)

SPOTLIGHT: HEART DISEASE

ISSUES

- Heart disease remains the single most common cause of death in the United States.¹⁴
- Most of the death and disability from heart disease can be prevented.¹⁵
- Sixty to 70 percent of cardiac deaths occur outside the hospital.¹⁶
- Out-of-hospital deaths have increased among women.¹⁷
- The leading cause of disability among Americans is heart disease.¹⁸

APPROACHES FOR PREVENTING HEART DISEASE AND DEATHS FROM HEART ATTACK

1. Increase awareness and sense of urgency about out-of-hospital cardiac deaths.

Use data from CDC or state surveillance to develop a fact sheet on the number of cardiac deaths and the importance of addressing out-of-hospital deaths. Share this information with policy makers and health care providers. (Legislative and nonlegislative)

Develop a PowerPoint presentation about policy and environmental change using *The Blue Book*. Deliver a presentation in discussions with school boards, policy makers, hospital administrators, and leaders in other priority settings. (Legislative and nonlegislative)

2. Encourage health care systems to increase adherence to guidelines for primary and secondary prevention of heart disease.

Circulate information with the latest guidelines for prevention of heart disease to hospital personnel, administrators, and individual health care providers. Meet with administrators of large health care systems to design communication programs to encourage compliance with guidelines. (Nonlegislative)

3. Promote development of state policy for enhanced 9-1-1 coverage.

With your workgroup partners, develop key messages on enhanced 9-1-1 coverage for distribution to policy makers in the form of a briefing document or fact sheet. (Legislative and nonlegislative)

4. Promote education at schools and work sites on use of defibrillators.

Provide educational materials that explain to employers and school sites how to use defibrillators and emphasize their importance in these settings. Meet with school boards and major employers to discuss the need for defibrillators. Provide printed information on the purchase of defibrillators and training for their use. (Nonlegislative)

5. Increase awareness of the signs and symptoms of heart attack and of the need to act promptly by calling 9-1-1.

Inform policy makers and partner organizations about health education materials that can be easily obtained and distributed in their communities. (Legislative and nonlegislative)

Use data from CDC and the Behavioral Risk Factor Surveillance System to develop materials on the need for education about the signs and symptoms of heart attack. (Nonlegislative)

6. Strengthen prevention through increased awareness and education about risk factors and lifestyle changes that affect high blood pressure, high cholesterol, diabetes, and tobacco use.

Help personnel at a local hospital to write an article educating physicians about the guidelines for putting patients on cholesterol-lowering statin drugs and the importance of statin treatment. Work with hospital personnel to include this information in communication vehicles they use to reach admitting physicians (e.g., physician newsletters). (Nonlegislative)



2



chapter

3

Expanding Reach and Influence Through Partnerships

United we stand, divided we fall. Birds of a feather flock together. Two heads are better than one. Many hands make light work. Strength lies in numbers. By forging communication-focused workgroups and partnerships to promote policy or cardiovascular health and related environmental change, you and your program staff will realize the wisdom and accuracy of these adages.

Workgroups (stakeholder partnerships) are critical in the process of policy and environmental change. When lawmakers and other decision-making authorities see broad support for an issue or cause, they pay close attention and often take action, particularly when the issue, such as CVH, affects a large segment of the general population. Advocacy efforts are strengthened when a diverse and influential group of individuals or organizations pools skills, resources, and political clout to achieve common social objectives.¹ (See chart below on *Characteristics of Ideal Communication Partners.*)



TIPS

CHARACTERISTICS OF IDEAL COMMUNICATION PARTNERS

- Commitment to achieving shared vision, goals, and objectives
- Credibility in the community
- Specialized skills to assist CVH communication efforts
- Involvement with and access to key target audiences (e.g., news media, legislators, regulators, business leaders)
- Willingness to share resources and expertise
- Flexibility
- Capacity to function as a viable team member
- Strong work ethic
- Acceptance of responsibility and recognition
- History of working with the State Heart Disease and Stroke Prevention Program and/or related programs addressing chronic disease
- Support from organizational leadership
- No obvious conflicts of interest

BUILD A COMMUNICATION WORKGROUP

To maximize the influence and reach of communication efforts related to CVH policy and environmental change, you need to join forces with individuals and groups that share your interest in promoting heart-healthy and stroke-free states. An important first step is to identify, approach, and recruit a wide range of CVH supporters at state and local levels who are interested in and well positioned to promote initiatives to advance policy and environmental change.

IDENTIFY VIABLE PARTNERS FOCUSED ON COMMUNICATION

Communication partners can be recruited from two primary sources: (1) associates you have already engaged in state heart disease and stroke prevention activities and (2) nonaffiliated individuals and organizations you believe will add value to your communication effort.

Involve Current Partners

Start by assessing your universe of partners in the heart disease and stroke prevention program at state and local levels, and determine which individuals and/or organizations are best suited to collaborate on a communication effort.

The needs and interests of your existing partners likely will vary. An organization's willingness to support a particular CVH project does not guarantee that it will be receptive to serving in your communication workgroup. By the same token, you may decide that a partner in the State Heart Disease and Stroke Prevention Program is highly suitable for an existing project but cannot provide the specialized skills, resources, or professional contacts needed for a communication effort to achieve policy and environmental change. (See chart on left on *Characteristics of Ideal Communication Partners.*) Evaluate the



strengths of your existing partners. Also, ask yourself the following questions:

- Have they played an effective role in past or present initiatives of the State Heart Disease and Stroke Prevention Program?
- Have they consistently fulfilled expectations? Are they reliable, accessible, and committed to supporting efforts of the State Heart Disease and Stroke Prevention Program over the long term?
- What are their strengths and weaknesses?
- What are their current activities, strategies, and policies in relation to CVH? Do they have documented success in achieving the goals of their efforts? Would any of their skills, resources, or professional associations benefit from communication activities?
- How do they relate to and interact with staff of the State Heart Disease and Stroke Prevention Program and other partners? Has their partners' involvement reinforced the project team's cohesion?
- Do they have experience communicating for CVH policy and environmental change?

TIPS
FORMING PARTNERSHIPS

Partners can come from organizations that are obvious sources of help and others that are not as obvious. You may be working on activities related to heart health and stroke with the American Heart Association, the National Stroke Association, or both. In addition, however, a number of organizations with a primary mission other than prevention of heart disease have goals or activities related to cardiovascular health. Categories of organizations you may want to approach to be part of your workgroup include the following:

- Health care providers and related professional associations (e.g., medical, hospital, nursing, pharmacy, and primary care associations);
- Health care payers (e.g., managed care organizations, employer-sponsored health plans);
- Organizations representing priority populations (e.g., National Black Nurses Association, Federally Funded Health Centers, and National Alliance for Hispanic Health);
- Health foundations (e.g., organizers and sources of funding for interventions);
- Schools (e.g., state education agency);
- Elected officials (e.g., legislators, governor, mayor, city council, and school board members);
- Businesses (e.g., chambers of commerce, public relations and advertising agencies, and the largest private sector employers with employee health care plans);
- State departments and agencies (e.g., parks and recreation, education, and transportation);
- Non-health associations (associations for professions other than health care) (e.g., real estate/urban planning, travel/tourism, environmental/outdoor recreation and transportation);
- Religious organizations (e.g., statewide councils of churches, synagogues, and mosques);
- Service organizations (e.g., groups for youth, adults, or seniors and civic associations); and
- Consumers (e.g., individuals and their friends, families, co-workers, and neighbors affected by CVD).

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If so, what did these efforts entail? Were they successful?

- In view of their volume of commitments, how much time are they likely able to commit to the workgroup?

Seek New Partners

As you develop a list of existing partners who may be appropriate to join your workgroup, pay close attention to the mix of associates that you are compiling:

- Are the potential workgroup members complementary in their goals, yet diverse in the type of organization represented?

SUCCESS STORIES

HEART DISEASE AND STROKE: SOUTH CAROLINA

The Tobacco Control Program of the South Carolina Department of Health and Environment Control is working in close partnership with the statewide Tobacco Collaborative to advocate for the Smoke-Free Charleston Project. Community-level support is being garnered through educational efforts to promote smoke-free work sites, including restaurants and bars. Citizens across the state are becoming vocal and visible advocates to propel this policy change into action and to help prevent and reduce “environmental harm” (secondhand smoke) to others. South Carolina’s Tobacco Control Program was asked to provide testimony on science and data pertaining to this environmental harm. Community-level advocacy activities have included letters to the editor, letters to the City of Charleston City Council, and Town Hall meetings. The grassroots advocacy effort has acquired support from the Charleston mayor and several City Council members.

- Does your list encompass every type of individual and organization that you are seeking to involve?
- Have you included representatives of every audience your communication initiative will target? Whom are you leaving out?

You may wish to consider various types of partners for the workgroup, to ensure representation, outreach, and expertise. (*See chart on Forming Partnerships on page 19.*)

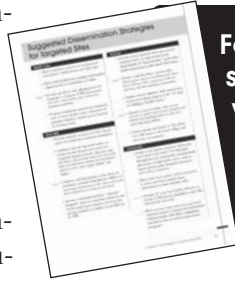
Compare your list of viable existing partners with the full spectrum of potential partners. Identify where gaps exist, and investigate individuals and organizations that may be worth approaching. You may also want to consult several partners regardless of whether you invite the current partners to serve on the workgroup. For suggestions of, or referrals to, new potential program partners, keep in mind that your recruitment efforts may change over time. Once you’ve engaged a core group of members and started planning your communication initiative, you are likely to identify opportunities for securing additional partners who can support specific strategies and tactics.

APPROACH POTENTIAL WORKGROUP MEMBERS FOR BUY-IN

After completing your list of potential members, schedule face-to-face meetings to introduce the communication initiative, and invite them to participate. Point out the areas of shared interest and explain how they relate to the CVH initiative. As you discuss the concept of promoting CVH policy and environmental change through communication activities, it may be helpful to describe successful cases.

In your approach, define the value of the partnership exchange — what’s in it for each potential workgroup member. You may decide to provide a document that details the purpose of your efforts on policy

and environmental change, how members can contribute to the initiative, and how they may benefit from being involved. You may also want to incorporate model selling points for promoting CVH policy and environmental change into your pitches to potential partners about communication. (See chart on *Selling Points to Potential Partners* on pages 23–24.)



For suggested dissemination strategies for targeted health care, work sites, schools, and community sites, see *Chapter 7: Tools and Resources* on page 101.



The main reason to join a workgroup is that the benefits are likely to outweigh the costs of participating.² Many workgroups fail when the costs of participation, particularly time, greatly outweigh the benefits of being part of the workgroup. Carefully assess the needs of potential members, and determine how the workgroup’s activities will help them achieve their objectives. Discuss ways the communication initiative will strengthen your partners’ efforts to promote CVH and present heightened visibility and partnership opportunities. Talk to each potential partner about your expectations, provide options, and try to determine how much of a commitment each can make.

For a tool to assess workgroup status, see *Chapter 7: Tools and Resources* on pages 103–104.



Following is a sample of the many ways in which you can engage your existing and potential partners in promoting communication interventions that support policy and environmental change as part of your workgroup. (See *Chapters 4, 5, and 6* for guidance on developing, implementing, and evaluating specific communication tools and tactics.)

“By utilizing the most promising communication practices, State Heart Disease and Stroke Prevention Programs can translate basic science into messages that educate the public about healthy lifestyle choices, as well as inform decision makers of the importance of executing policy and environmental changes. Strategic communication in health care, work sites, schools, and community settings will support population-based interventions for blood pressure control, high cholesterol control, emergency response, awareness of signs and symptoms of heart attacks and stroke, quality of care, and elimination of disparities.”

—George Mensab, Chief, CVH Branch, CDC

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Message Development

Draw on the communication expertise of your workgroup members to craft appropriate messages for each of your target audiences. Representatives of the target sites (health care, work, school, and community) can be of great value in this process.

Message Dissemination

- Place newsletter articles in workgroup members' publications.
- Give presentations at members' chapter meetings.
- Provide data for members to write Op-Eds and letters to the editor.
- Create a subcommittee of media relations staff to cultivate the best relationships with target media and to assign media outreach activities.

- Create a Web site on your policy or environmental change initiative, and encourage all your partners to link to and promote the site.
- Elicit in-kind support from members to design and print materials.

EVALUATE WORKGROUP EFFORTS

After you have assembled the workgroup with both existing and new partners and initiated the planning efforts, establish a system for long-term assessment of the structure, working relationships, and overall effectiveness of the workgroup. (This method of process evaluation is discussed in Chapter 4.) This exercise will help to ensure that your workgroup maintains harmony, a balance of responsibility, and a high level of motivation among its members, all of which ultimately will promote a successful initiative. Frequent two-way communication with the members of your workgroup will enable you



TIPS

KEEPING YOUR WORKGROUP MEMBERS ENGAGED

- **Call members periodically to find out how their work is progressing.** Offer assistance when appropriate, congratulate and thank them for their achievements, and show interest in the work they do on behalf of their organization.
- **Involve members in workgroup-related activities.** Make sure they are aware of all scheduled meetings, special events, and evaluation processes. If they are unable to participate in an activity, provide them with a verbal or written debriefing and copies of materials.
- **Update members regularly on the communication effort.** Provide verbal reports by conference calls and in-person meetings. You can also circulate a newsletter or other written communication through regular mail or e-mail. Tell them about program changes that may affect their organization.
- **Enhance the visibility of members.** Credit them in your news releases and other communication materials and at special events. If you generate a story that mentions them, send them a copy.
- **Provide materials and resources.** When you encounter breaking news and information that is of interest to their organization, be sure to alert them to it. Send written materials when possible.
- **Share results.** Whether positive or negative, be sure to circulate information about the results of the communication effort, including feedback from formal program evaluation.
- **Explore ways to extend collaboration.** Look for additional opportunities to partner with members. Consider providing support for their organization's projects.

to evaluate how the work is progressing. In addition to conducting regular telephone and face-to-face meetings, you may wish to arrange for members to complete a partnership

evaluation form every few months or every quarter, to gauge their perceptions of and contributions to the workgroup and obtain feedback for enhancing the team effort.

TIPS

SELLING POINTS TO POTENTIAL PARTNERS

Health Care Providers and Associations

- **Save money and improve health.** Improvement in CVH may decrease the duration of hospital stays, reduce health care costs, and improve patient outcomes.
- **Strengthen community relations.** Heighten your organization’s visibility as a leader in building healthy communities.
- **Make new alliances.** Forge relationships with new partners to promote a heart-healthy and stroke-free community and state.

Health Care Payers

- **Reinforce efforts to reduce health care costs through prevention.** CVH policy and environmental changes can improve quality of care and lessen the CVD burden, lowering health care costs.
- **Enhance corporate image.** Your presence in this workgroup will signify your commitment to promoting community health through education and policy and environmental supports.

Organizations Representing Priority Populations

- **Play an active role in reducing health disparities.** By participating in this communication effort, you will help to promote CVH environmental and policy changes that can improve your constituents’ quality of life.
- **Ensure that constituencies are represented in this important health promotion effort.** This group will enable you to serve as a voice for all the people you represent in your day-to-day advocacy efforts, ensuring that their CVH needs and interests are recognized and addressed.

Health Foundations

- **Facilitate linkages between community CVH efforts.** By joining this effort, you can reinforce and call greater attention to your pilot projects and interventions to prevent heart disease and stroke.
- **Network and identify opportunities for developing new programs.** By associating your organization with a wide range of CVH-promoting interests, you may uncover specific CVH issues and experts your organization may wish to work with to champion your cause.

Schools

- **Build healthy students.** Promote healthy school environments to increase student capacity to learn, reduce absenteeism, and improve physical fitness and mental alertness.
- **Reinforce the teaching community’s role in health promotion.** Your participation will support educators’ efforts to incorporate important health information into curriculum and will facilitate healthy learning environments.

Elected Officials

- **Lower public health insurance costs.** Healthier environments create healthier citizens, reducing the drain on Medicaid and other public health programs.
- **Attract new businesses and jobs.** By promoting a healthier workforce, policy and environmental changes can facilitate economic growth in your state.
- **Develop model programs with federal support.** Your state can be a leader in developing federally funded programs and policies to encourage healthy lifestyles.

Continued on page 24



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TIPS

SELLING POINTS TO POTENTIAL PARTNERS *continued from page 23*

Businesses

- **Help to keep employees at work.** CVD can cause extensive absenteeism of workers. Improving heart health will help to keep employees on the job.
- **Improve your bottom line.** CVD imposes significant health care and disability management costs on employers — particularly for larger businesses that tend to be self-insured.
- **Better health means better business.** Involvement in this effort can strengthen your company's reputation and goodwill; provide greater access to key customer groups; and heighten employee motivation, morale, and retention.

State Departments and Agencies

- **Network to promote a host of community interests.** The relationships you establish with members of the workgroup may facilitate long-term partnerships that can further advance your efforts to promote community activity.
- **Heighten community participation in park and recreation activities.** By participating in this CVH communication initiative,

you can actively promote the benefits of regular exercise, encouraging members of your community to visit state parks and take part in state recreational programs.

Nonhealth Associations, Religious Organizations, Service Organizations, and Consumers

- **Help to educate the public at large about the importance of CVH.** Your knowledge, insight, and connections to the community can help enable populations to maintain heart-healthy lifestyles and garner their support for petitions for policy and environmental change related to CVH.
- **Fulfill your mission to promote healthier communities.** By incorporating your direct and/or indirect experiences with CVD into this effort, you can actively appeal to lawmakers and other key decision makers for positive change in health systems.
- **Strengthen constituent and community relations.** Your support for this effort will enhance your image as a leader in promoting healthy, happy, and active communities.



chapter

4

Developing a Communication Plan

The communication plan may be one of the most important documents that you and your communication workgroup create. It serves as a programmatic road map to define what you are trying to achieve, the steps you will take to accomplish your goals and objectives, and how you will measure success. To develop a communication plan, you need to draw from formative research, information about the health issue, and the expertise of your partners. This process is your opportunity to think strategically about the intervention tactics that are most likely to resonate with your target audiences.

With workgroups, as with any intricately structured organization, thoughtful and all-inclusive team planning is an essential task for ensuring the success of the program. After recruiting the core members of your workgroup, schedule a meeting of the partners to start planning the communication program. To keep the meeting focused, you may wish to develop an outline of a proposed plan — including your preliminary ideas — which can be used as a basis for discussion.

Although you and/or your staff may have specific ideas about the direction the communication initiative should take, it is important to remain flexible and open to considering a multitude of strategic and creative suggestions. To fully invest each member in your effort, you must prove to them early that their opinions, interests, and needs will be recognized and respected throughout the planning process. Thus, if you do open the meeting with a draft outline

“The ability to persuasively communicate the need for policy and environmental changes that support heart-healthy lifestyles is a critical competency of public health practice. From partnership and cross-cultural communication to media advocacy, communication skills will help define future success in preventing the national tragedy of heart disease and stroke.”

—Virginia Bales Harris, Director,
Division of Adult and Community Health, CDC

of your communication plan, make it clear to your partners that their input is necessary before the plan can be completed.

ESTABLISH PROGRAM GOALS

The first step in developing a communication plan is to determine the goals of your effort to promote CVH policy and environmental change. The object is to accomplish the following preliminary work:

- Establish consensus on the reasons you are entering a partnership and the goals of the communication efforts.
- Set realistic expectations, and effectively leverage your workgroup’s combined skills, resources, and associations.
- Create guideposts to keep your work on track and to measure the success of your efforts.
- Review information with the group to help focus the communication priorities.

IDENTIFY AND SEGMENT TARGET AUDIENCES

Select the audiences your communication effort will target. Because cardiovascular health is a concern for all segments of society, you and your workgroup need to identify which audience segments are most important to reach with interventions to achieve policy and environmental changes related to CVH.

For example, if your partners seek to communicate information about the importance of incentives for hospitals to provide specialized care for patients with stroke, the target audiences might include legislators, hospital administrators, health care providers, consumer advocacy organizations, and individual consumers who can help to advance this effort. To ensure that your limited resources are used most efficiently and effectively, you and members of your

workgroup should prioritize these groups. Lawmakers are likely to be the primary target audience, and you can designate the remaining groups as secondary. Given the extremely diverse backgrounds, perspectives, and media preferences of these groups, they must be further categorized to select the most appropriate channel(s), language(s), and literacy level(s) for effective communication with each group.

The basic principle of audience segmentation is simple: people respond differently to messages depending on behavioral, cultural, demographic, physical, psychographic, geographic, and other factors. Defining subgroups of your target audience according to these elements can help you to develop the messages, materials, and activities that are the most relevant and appealing to them. Use the following characteristics to help define the key audience segments.¹

- **Behavioral:** Health activities or choices, media use, and lifestyle.
- **Cultural:** Language, religion, family structure, dietary practices, and perceptions of health.
- **Demographic:** Sex, age, race, education, income, and employment.
- **Physical:** Medical condition, type and degree of exposure to health risks, and family health history.
- **Psychographic:** Attitudes toward life and health, personality traits, values, opinions, and beliefs.
- **Geographic:** Access to health resources, places of residence and work, work setting, and environment.

Once you identify the key audience segments, begin to set communication priorities and determine the target groups for communication. Primary audiences are the segments you want your initiative to affect in some way. In

contrast, secondary or “gateway” audiences are the groups that influence primary audiences or have a strong interest in promoting your intervention among primary audiences. For example, if your workgroup promotes policy change within health care payer organizations to support adherence to national guidelines for the treatment of high blood pressure, the primary audience would likely be the health care administrators who have a role in setting organizational policy. Because physicians, nurse managers, health plan members, and general consumers all influence the decisions of health care administrators, however, these groups might be designated as secondary audiences. To guide the prioritization of the key audience segments, ask the following questions:

- **What is a realistic communication objective for this audience segment?** What kind of policy and environmental change can this group make, and how receptive is it to making that change?
- **Will fulfilling that communication objective adequately support your health program’s goal?** Because your effort is focused on facilitating population- and system-wide improvement, the key segments should wield significant societal influence.
- **To what degree will members of this group benefit from the communication?** Health care, school, business, and community leaders who stand to gain from their involvement in CVH promotional efforts may be more receptive to messages about policy and environmental changes related to CVH.
- **How effectively will available resources and channels reach this audience segment?** If your communication effort will emphasize the promotion of tools and tactics of media outreach and community education, make sure your targeted groups will be receptive to this approach.



- To what extent does the secondary audience influence the primary audience?**

Depending on your resources, you should determine the most cost-effective way to reach the primary audience. Some groups may be more receptive to direct outreach strategies, and others are more heavily influenced by information from secondary parties. For example, public service announcements, while often targeted to consumers, can also raise awareness and motivate policy makers to address a particular issue.

Answering these questions will help you to identify audience segments that should be excluded from your communication efforts. Narrowing the scope of your key audience segments will help you to simplify the message development and dissemination processes and to make the most productive use of program resources.

CHART A COLLECTIVE COURSE

After deciding on the program's goals, objectives, and target audience segments, you and your partners should develop a plan to collectively reach them. Start by

COMMUNICATION PLAN: CORE COMPONENTS	
Communication Goals and Objectives	Short-term and long-term goals and measurable program objectives, tied to desired CVH policy and environmental changes. Where possible, desired outcomes should be given a quantitative baseline, based on available state data.
Organizational Identity	Formal name, logo, tagline, and other branding elements of a workgroup that will help build it into a recognized movement.
Target Audiences	The identification of primary and secondary target audiences.
Communication Channels	Recommended channels for reaching target audiences, based on congruence with communication objectives (e.g., reach, cost, and opportunities for multiple exposures to message).
Messages, Materials, and Activities	Description of message strategies, directional content, tone, and manner; suggested materials and activities, such as media outreach and community programs; identification of action(s) target audiences should take; and benefits of the desired action(s) that can be suggested.
Partners	Detailed roles and responsibilities of workgroup members and recommendations for establishing additional partnerships to support specific program strategies.
Timeline	Step-by-step listing of all development and implementation activities, with appropriate time for proper review, approvals, revisions, and clearance by all partners.
Evaluation	Plans for assessing program effectiveness and reach through formative, process, and outcome evaluation measures.

creating the workgroup's organizational identity, or "brand." A strong brand will create an emotional bond between your workgroup and every audience touched by it. Establishing a formal name and tagline and even a logo that identifies the workgroup will help it become a recognized movement to effect CVH policy and environmental change.

To complete the development of your communication plan, the following tasks must be accomplished:

- Define the program's target audiences and determine the most appropriate communication channels.
- Frame appropriate program messages and plan an appropriate mix of materials and activities for promoting them.
- Detail the roles and responsibilities of workgroup members for developing, implementing, and evaluating the communication program and for making recommendations for recruiting additional partners to reinforce specific program elements.
- Establish a master schedule of program timelines.
- Plan an approach for conducting formative, process, and outcome program evaluation.

You and members of your workgroup should co-develop the core components of the communications plan. (*See table on Communication Plan: Core Components on page 28 for definitions of the core components.*)

DEVISE AN APPROACH FOR EVALUATING COMMUNICATION ACTIVITIES

Because the communication process for health care is continuing and cyclic, you need to plan and start the evaluation activities during the early stages of your efforts to promote policy and environmental change. You will

find that the results of each stage feed into the next, affording valuable opportunities to refine your program and its core components. By building structured evaluation into the planning and implementation phases of the program, you and members of your workgroup will be able to determine how well you are hitting your marks and to implement quality improvements as they are needed. You also will be able to assess the program's use of resources and to identify ways to maximize efficiency.

Evaluation is critical to ensure that your communication tools and activities are properly conceived and implemented, reaching the target audiences, and resulting in the kinds of responses and actions intended. Everyone involved with your program will want to hear about its achievements. By developing comprehensive evaluation reports, you can demonstrate to partners, intermediaries, and others the value of and lessons learned from your communication efforts. Evaluation will enable you to establish benchmarks that spotlight your success and to provide interested parties with frequent updates.

The communication initiative should include formative, process, and outcome methods of evaluation. (*CDCynergy 2001 — Cardiovascular Health Edition* provides an in-depth discussion of program evaluation with practical exercises and tips to guide you through each stage.)

Conducting Formative Research

Formative research entails collecting the front-end information that is needed to shape your communication effort. It includes a needs assessment that defines the scope of the problem you are aiming to address; a target audience analysis; an environmental scan of existing materials; and pretesting to assess the strengths and weaknesses of your communication strategies, messages, and materials prior to implementation.

Conducted during the program planning and development phases, formative research will help you identify concerns and make any necessary revisions before launching your CVH policy and environmental change effort, maximizing its likelihood of success.

For example, if you and members of your workgroup are planning a communication effort to encourage businesses to purchase automatic external defibrillators (AEDs) and train their employees to use them, you may want to conduct a comprehensive literature review; key informant interviews; and a series of focus groups to assess the prevailing consumer knowledge, attitudes, and behaviors toward CVH and public access to critical lifesaving tools. Similarly, you may want to examine CVH educational outreach programs that promote the use of AEDs, noting their strengths and weaknesses and data and anecdotal information showing their value. Your approach to developing an effective communication effort will also be informed by a review of the news media's past and present coverage of CVH and AED use, as well as the attention directed by state and local leaders to concerns about the availability and use of AEDs for CVH. All these tasks will help you identify factors that can help or hinder your effort.

The focus group is perhaps the most common vehicle for conducting the formative research of a communication effort. This type of small-group interview provides an efficient mechanism for eliciting feedback from a target audience. Uses of the focus group include the following:

- Helping to create initial themes for your initiative;
- Acquiring respondent views about the optimal channels of communication;
- Garnering reaction (e.g., comprehension, perceived strengths and weaknesses, and potential obstacles to the success of your

initiative) to draft messages in the form of scripts, storyboards, or mock-ups of print advertisements; and

- Testing completed messages to ensure that they are appropriate and resonate with the target audience.

Other formative research methods include the following:

- In-depth personal interviews with members of the target audiences;
- “Mall intercepts” or intercepts at other central locations, where people in a public place are asked to participate in a brief interview; and
- Random-sample surveys.

Process Evaluation

Conducted during implementation, process evaluation is used to monitor the status and effectiveness of your effort's execution, including media and community-based outreach, development of allies, and activities to disseminate messages. Process evaluation will demonstrate the extent to which each activity and product is occurring and penetrating its intended media market; the degree to which each target audience is exposed to key messages; and the level at which media gatekeepers, intermediaries, and other channels are receiving and using your information and materials. It also will allow you to track your progress and will provide feedback on how well activities are advancing.

The implementation phase will not always proceed as you anticipate, so a periodic review of your program tasks and timelines will help you identify and modify plans that might be affected by unexpected events or delays. Likewise, process evaluation will allow you to monitor the dissemination and use of your communication messages and materials, and identify and incorporate necessary improvements in your communication plan.

For example, you and your workgroup may decide to issue to targeted publications a series of Op-Ed columns and letters to the editor that encourage area employers to disseminate messages promoting control of blood pressure and cholesterol through wellness groups at work sites. You may also encourage employers to consult your toll-free hot line or Web site for information on how to execute this intervention. Process evaluation will help you to assess the function and effectiveness of your “call to action” by tracking the level of response to these resources. Process evaluation can be used to monitor the following functions:

- Operation and quality of communication efforts;
- Coordination and implementation of outreach efforts;
- Media reach and response;
- Involvement of workgroup members;
- Target audience participation, inquiries, and other forms of response; and
- Staff adherence to program timelines and budget.

Strategies for gathering information needed to assess your initiatives process include the following:

- Encourage staff and workgroup members to use activity-tracking forms to provide ongoing status reports on key components of your communication effort.
- Meet with workgroup members, either in person or by telephone, to review your progress.
- Hire a clipping service and broadcast media-monitoring service, or designate a workgroup member to track your media coverage.

- Calculate the amount of space and time the media have given to your messages, and determine the estimated audience size and demographics for each publication and station.
- Assess the amount of traffic to your Web site.
- Monitor the quantity of materials distributed and where they were distributed.
- Measure the size of the audience(s) at news conferences and other special events.
- Collect media impressions, which tabulate the total print distribution or reach of a piece of media coverage. Also, analyze the number of health care provider groups, community organizations, businesses, and policy makers that are supporting your effort.

Outcome Evaluation

Outcome evaluation gauges the immediate effects of and the changes that result from a communication effort. This evaluation illustrates how well a program has met its communication objectives and generates strategies for enhancing program effectiveness. Determining your effort’s success in reaching its objectives will be critical for justifying its existence; showing evidence of its achievements and potential need for additional resources; increasing institutional knowledge of and support for health communication initiatives; and sustaining cooperative undertakings among your workgroup members.

Of the three evaluation methods, outcome evaluation generally requires the greatest amount of time, resources, and methodological rigor. The measurements are usually made before and after the communication effort’s implementation and sometimes at several points during the effort. The evaluation entails measuring the outcomes in the target

population that the effort was designed to affect, such as knowledge, attitude, behavior, and policy or environmental change.

To determine the best approach for conducting outcome evaluation, you and members of your workgroup should consider the following questions during the planning phase²:

- **What are the communication objectives?**
What should the target audience think, feel, or do as a result of this intervention, in contrast to what they previously thought, felt, or did? How can these changes be measured?
- **How do you anticipate that change will occur?** Will it happen immediately or over time? What measurable intermediate outcomes are likely to occur before the desired outcome? For example, if your workgroup seeks to promote the introduction and passage of legislation establishing a state registry to assess the quality of care for stroke, an intermediate outcome might be enhanced awareness of stroke mortality and morbidity among policy makers, but the intended outcome may not occur for a matter of years.
- **How long will the communication effort last?**
What kinds of policy and/or environmental changes can reasonably be expected within a certain time frame? Often, programs are not in place long enough for objectives to be met in time for measurement of outcomes.
- **Which aspects of outcome evaluation are in line with your organization's priorities?**
Communication programs rarely have adequate resources to evaluate all activities. As a result, your workgroup may need to illustrate how its initiative contributes to its organizational priorities to ensure continued funding. If so, your best option may be to evaluate aspects of the program that contribute to the collective organizational missions and that are most likely to result in measurable changes.

The key steps for conducting outcome evaluation are as follows³:

- **Decide which information the evaluation must provide.** Start by thinking about the decisions you will need to make on the basis of the evaluation report. For example, if your communication effort aims to encourage schools throughout the state to put healthy snacks in vending machines over a three-year period, your outcome evaluation at year one must justify a need for the project to continue.
- **Define the data to be collected.** Decide what you need to measure to assess your effort's ability to meet its objectives. Consider questions such as (1) Were policies initiated or any other institutional actions taken? (2) Has knowledge and awareness of this issue increased among community leaders?
- **Determine the data collection methods.** There are multiple designs for outcome evaluation. Consult an evaluation expert to determine which is most appropriate for your effort. If your program is complex and multifaceted, you may wish to use a range of methods to evaluate various activities appropriately.
- **Develop and pretest the data collection instruments.** Outcome evaluation usually entails gathering data through methods such as target-audience interviews, surveys, and questionnaires. Specific instruments may include interview guides, tally sheets, and feedback forms. Taking into consideration your access to the target audience and available resources, work with your evaluation expert to identify the best method for answering the evaluation questions.
- **Collect and process the data.** Gather your postprogram data, and compare it with the baseline data collected before implementation of your initiative.

Incorporate the data into a format appropriate for analysis. Your evaluation expert may be able to help you enter the data into an evaluation software package or existing evaluation program.

- **Analyze the data to answer the evaluation questions.** Use statistical techniques to identify significant relationships. Your

workgroup may choose to enlist the expertise of a university-based evaluator who is seeking publication opportunities.

- **Assemble and disseminate the evaluation's findings.** After the analysis, write an evaluation report that provides background on what you did to implement your effort, why you did it, what worked, and what

TIPS

ROLES OF EVALUATION IN COMMUNICATION EFFORTS

Planning (Formative)

- Defines scope of problem
 - Community impact
 - Affected populations
 - Contributing factors
 - Existing policies, programs, and gaps
 - Effective health communication interventions
- Identifies target audience(s)
 - Demographics (e.g., age, sex, ethnicity, and education)
 - Psychographics (e.g., attitudes, feelings, and values)
 - Current behaviors
 - Preferred health information settings, channels, messengers, and activities
- Determines whether messages and materials are appropriate
 - Understandable
 - Believable
 - Culturally sensitive
 - Attractive and memorable
 - Effective in eliciting the desired response

Implementation (Process)

- Measures the effort and direct outputs of the initiative
 - Publicity, community outreach, and other tasks accomplished
 - Materials produced and distributed
 - Compliance with timelines and budget
- Examines how the project's activities are working
 - Ability to reach target audience
 - Participation, inquiries, or other responses
 - Interim changes of audience awareness and knowledge of actions
 - Functioning and quality of distribution and response systems

Post-Implementation (Outcome)

- Assesses the effect of the initiative among the target audience
 - Support from decision makers who can affect current policy and environment
 - Changes in public policies or rules
 - Changes in knowledge, attitudes, behavior, and/or beliefs among the audience
 - Changes in media framing of an issue and/or volume of coverage

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should be changed in the future. This report should detail how your initiative was effective in meeting its communication objectives; one section should address any lessons you learned, from both achievements and shortcomings. For easy reference, include any instruments you used to develop the report. To identify and address concerns about issues that might compromise the impact of the evaluation report, arrange for selected members of your workgroup and/or other key stakeholders to review the report before its release. When the report is completed, share it with all appropriate audiences. You may want to use the evaluation findings to garner recognition for your effort's achievements by publishing articles in professional publications; presenting the findings at conferences or workshops; and entering health communication awards programs, sponsored by organizations such as the American Public Health Association, the National Association of Government Communicators, and the Public Relations Society of America.

USE *CDCYNERGY 2001* AND LOGIC MODELS AS PLANNING RESOURCES

As you develop your communication plan, be sure to use and cite *CDCynergy 2001*, a comprehensive communication planning tool based on CDC's best communication practices. The tool, an interactive CD-ROM, provides a host of resources, including the following:

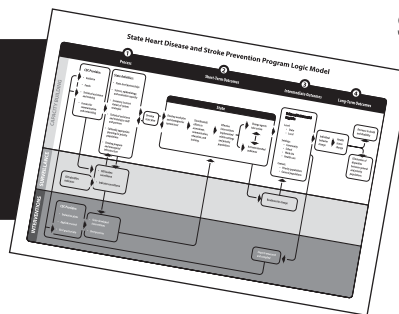
- Step-by-step guidance on the development of a communications plan, including a series of questions to be answered at each step to ensure effective planning;
- Examples of target audiences, communication channels, messages, materials, activities, and partners;
- Training on communication specialty areas, such as media and policy advocacy and product development; and
- Strategic tips for conveying information and relevant case examples in support of heart-healthy and stroke-free states.

CDCynergy 2001 will help you develop a communication effort that provides data from (1) state surveys, (2) documents with data on disease burden, and (3) inventories of heart disease and stroke prevention that were compiled for formulation of policy and plans. This resource also gives guidance for involvement in effective partnerships. It is also designed to help you use a logic model in your communication planning.

Logic models are commonly used to graphically depict the organization, structure, assumptions, and associations underlying a program. They not only serve to describe the program, but they also act as a tool to guide program evaluation. The logic model identifies the steps necessary to reach intended outcomes and outlines critical steps in the progression of the program, indicating where emphasis should be placed in evaluating aspects of the program.

Some logic models are fully descriptive and include all aspects of a program's structure, organization, and expected outcomes in addition to a theoretical framework. For instance,

The logic model for the CDC Cardiovascular Health State Program is in *Chapter 7: Tools and Resources* on page 105.



the logic model for the State Heart Disease and Stroke Prevention Program is based on the socioecological model, which links environmental and policy change with individual behavioral change. This logic model depicts relationships and actions that are expected to precede the long-term change in cardiovascular disease.

Logic models are often cyclic, so an outcome from one activity can provide information that feeds back into a previous activity. Hence, logic models often are not simply a linear flow of events. For example, a state plan for CVH activities influences the development of a work plan for implementation of state CVH activities. The work plan, in turn, can affect portions of the state plan. Similarly, the development of the state plan can affect capacity-building activities. Because the CVH logic model is dynamic, any number of activities provide input to different aspects of the model. The feedback loops in the model are the strongest anticipated influences, but they do not exhaust all the possible influences.

Now that you have learned the steps to developing a comprehensive communication plan in cooperation with your workgroup, turn to the next chapter for guidance on implementing the various program elements.



chapter **5**

Working With the Media to Implement the Plan

Former Chrysler Corporation President Lee Iacocca once said, “You can have brilliant ideas, but if you can’t get them across, your ideas won’t get you anywhere.” In the context of promoting policy and environmental change, this statement underscores the importance of knowing how to communicate effectively with the masses, as well as with legislators, regulators, and other key decision makers, on issues of societal concern. The media are a major channel for accomplishing this.

In public health promotion, communication is like solving a complex puzzle — finding the right channel to reach the right audience, with the right message, at the right time. Considerable effort must be taken to identify the people you are trying to educate and influence; craft messages that will impart your information in accurate and appealing ways; and determine the best avenues and opportunities for reaching your target audiences. During the process of planning communication, you and members of your workgroup will establish a blueprint for undertaking these efforts. Chapters 5 and 6 explain how to execute your plan with a range of communication tools and tactics that can foster support for policy and environmental change related to cardiovascular health (CVH). This chapter focuses on working with the media, and Chapter 6 explains how to implement your communication plan by using a number of other communication tools and tactics, including presentations, exhibits, and legislative testimony.

Although media extensions may seem daunting, many of them can be incorporated into your existing efforts. For example, the workgroup meetings can address message development; your documents on disease burden and plans for State Heart Disease and Stroke Prevention Programs can be the basis for news releases and Op-Ed articles; and your scheduled speaking engagements can be opportunities to invite reporters and educate the media. Your colleagues and partners may offer many resources for media research and education, so consider how the activities you read about here fit into your ongoing work.

DEVELOP KEY MESSAGES

Before starting your communication efforts, you must determine the key messages. A message is the succinct statement of concern (e.g., “Few people know what the numbers in the blood pressure reading mean.”); impact

“Communications is much less about the technology or medium chosen as a vehicle and more about advancing the cause of your organization. An effective communications strategy reflects your organization’s mission, goals, and objectives and is well integrated into daily operations. It requires a clear articulation of audience, clarity of message, and choice of media platform. It also consists of an ongoing feedback relationship between planning and evaluation.”

—Benton Foundation,
Communications Capacity Building Program

(e.g., “High blood pressure is frequently misinterpreted and left untreated.”); and the solution of policy and environmental change (e.g., “State health departments are going to educate physicians on how to implement changes in practice that support better management of high blood pressure.”).

Collaborate closely with your workgroup to develop solid, unified messages for reaching each audience segment. Start by reviewing the list of media, policy makers, program decision makers, sources of funding, and other key CVH stakeholders you have identified as key audiences.

Ask yourself the following questions:

- What is the problem?
- Who or what is causing the problem?
- Who is affected by the problem?
- What tangible actions or policies should be made in response?
- Who has the power to make these changes?

With this information, develop the best messages for reaching each group. Point out the problem you are addressing, why your intended audience should be concerned with this problem, and what they should do about it. The selling points provided in Chapter 4 can serve as a good starting point for developing audience-specific messages. Make your messages powerful and persuasive by incorporating supportive CVH data, emphasizing strategic plans from State Heart Disease and Stroke Prevention Programs, and “humanizing” the issue.

Before promoting your key messages, use one or more methods of formative evaluation, such as testing with focus groups, individual in-depth interviews, intercepts at central locations, and/or random-sample surveys, to assess the strength and effectiveness of the messages among members of your target audience. This evaluation will help you identify and correct any potential problems concerning comprehension and ensure that the messages are appealing and culturally and linguistically appropriate for the audience. *(See Chapter 4 for additional information about formative evaluation.)*

MARKET TO MEDIA

After the workgroup’s key messages have been completed, convey them through media advocacy. Media advocacy is the strategic use of mass media to advance a social or public policy initiative. It can help to build individual awareness of an issue, but media

advocacy primarily serves to promote population-focused solutions to widespread problems. As an essential part of your communication workgroup, media advocacy will relay your messages about CVH in a way that educates and informs and also generates public interest in changing policy, practices, and norms contributing to CVD.

Key decision makers — from state lawmakers to local elected officials — constantly monitor the news to stay abreast of the local issues, trends, and opinions that affect their daily work. Consequently, media coverage is one of the best ways to attract their attention and influence their policy initiatives. Media advocacy also will help you shape public opinion to mobilize grassroots support for policy and environmental change related to CVH.

Successful media advocacy requires you to identify the audience(s) you are trying to reach and gain access to the media that reach them. By determining your communication goals early, developing clear and consistent messages, and using the range of media tools described in this guide, you can start ongoing coverage of the CVD problem with persuasive discussion of policy and environmental solutions. As you develop the media outreach plan, be sure to incorporate a process for evaluating your progress and outcomes. *(See Chapter 4 for information on conducting evaluations.)* Following is an overview of the steps you can take to establish and sustain media relations that support your advocacy efforts.

Capturing Media Attention

Before starting media outreach, you and your workgroup members should work closely to identify the most promising opportunities for media placement. Consult your internal public information officers and other communication office(s) and partner staff to assess the collective media relationships, resources, and expertise. Several State Heart

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Disease and Stroke Prevention Programs have hired communication specialists to assist their efforts, and many find the resources for these staff members by sharing them with other programs to prevent chronic disease. If your program does not allow you to work directly with the media, consider working with your public information office or partner organizations. With thoughtful planning and the assignment of individual media research and development tasks, you can develop and implement a comprehensive plan for sustained media outreach. The 10 key steps presented here will guide you through the media outreach process:

Step 1. Select the Media Liaison

Assign one person to serve as the primary point of contact with the media. This person should have some experience in working with the media, because he or she will be responsible for disseminating your workgroup's information, receiving media inquiries, referring media to designated spokespeople, and coordinating interviews and appearances. All materials distributed to the media should include the name of your media liaison with his or her daytime and evening telephone numbers, so reporters can get answers to their questions whenever necessary.

Step 2. Develop a Media Contact List

Create a list of the statewide and local print, broadcast, and online reporters and media outlets that cover politics and legislation and health-related topics, particularly CVH. The state health department's public information officer or the American Heart Association's state representative may already have a media list you can use. Depending on

the positioning of your workgroup's CVH media advocacy efforts, you may decide to include media covering general health, lifestyles, women's issues, aging, science, economics, environment, fitness, and community "beats." You can identify which persons and news organizations to incorporate into your list by reading newspapers, magazines, and trade and specialty publications; monitoring television and radio news programs; and surfing popular Internet news sites that cover your area. Also, check several media directories available in public libraries, from local public relations associations, and through your program partners and public information and media relations staff.

Pay close attention to the type of audience(s) that each publication, program, and Web site reaches. Because some of your media advocacy efforts are likely to target legislators and other key decision makers, and other efforts will aim to reach the general population of health consumers, you will want to assemble a list of media that encompasses all of the key audience segments. Be sure to include media outlets targeting African Americans, Hispanics, Asian Americans/Pacific Islanders, urban and rural areas, and other racially and ethnically diverse populations your initiative seeks to reach.

Do not forget to include electronic wire service contacts on your list. Wire services (e.g., *Associated Press* and *Reuters*) have regional bureaus that disseminate news to a host of print, broadcast, and online media outlets. In many major cities, they also produce and circulate a complete daily listing of scheduled news events, known as a "daybook." You may also want to include contact information for public relations wire services, such as *PR Newswire* and *Business Wire*, which will transmit your news releases and story ideas directly into newsrooms for a fee.

Once you decide which media to

A work sheet to help you organize and develop your media list is provided in *Chapter 7: Tools and Resources on page 107*.



include on your list, call and confirm the correspondent names and contact information. Be sure to obtain titles, addresses, telephone numbers, fax numbers, and e-mail addresses. In general, your list should include contact information for the types of media representatives listed in the box below. (See *Media Contact Information List below.*)

Bear in mind that turnover in the media is high, so it is important to keep your list up-to-date. Try to verify the names of the media contacts every few months to ensure that your outreach is directed to the appropriate individuals.

Step 3. Get to Know Target Media

Take time to develop relationships with the media you have identified. Believe it or not, you are a valuable resource to them. With one simple telephone call to a savvy media liaison, a reporter on deadline can get in touch with dozens of experts and background resources to complete his or her story. How can you develop rewarding relationships with reporters? Get to know them. Before sending a media kit or picking up the telephone to deliver a pitch, read their articles and editorials, watch their television news reports, and listen to their radio programs. Media lists provide basic contact information, but you need to determine whether a reporter's style, format, background, and audience are appropriate for your messages. Whether by telephone or in person, it is important to introduce yourself and establish rapport. However, do not call when a reporter is facing a deadline (typically during mid- to late afternoon), and do not drop by without an appointment. When contact is made, be brief and to the point. Try to gain additional insight on your target media's day-to-day operations by asking the following questions:

- What type of content do you look for?
- When is it most convenient to reach you?
- How do you prefer to find out about news events (e.g., fax, mail, telephone call, or e-mail)?
- How far in advance do you like to receive information?
- When are your typical deadlines?
- Can you use stock photos/audio feed/video footage?
- Are there any special sections or talk shows scheduled to focus on CVH or related health issues?

MEDIA CONTACT INFORMATION LIST

Newspapers — (dailies/weeklies)
News editor, assignment desk editor, city/metro editor, and relevant beat reporters and columnists

Magazines — (monthlies/weeklies)
Managing editor or department editor

Television — (basic/cable) News director, assignment director, and program producer

Radio — (AM/FM) News director, public affairs director, program producer, and/or host

Wire Services — (news/public relations)
News: Bureau chief and/or daybook editor
Public relations: Sales representative

Trade and Specialty Publications — Editor, managing editor, or community editor



Step 4. Frame Messages and Create Supportive Materials

The content you choose to disseminate through the media must be newsworthy. Local media focus heavily on hometown and regional developments. The more localized your information is, the greater chance you have of placing it in the news. Tying your story to an issue or trend that is receiving media attention and/or raising concern among local policy makers, such as soaring health care costs, can enhance the likelihood of media pickup.

Search your area's current media coverage for stories that can be directly linked to the need for policy and environmental change related to CVH. For example, you may find news about a local ban on smoking in restaurants that you can incorporate into a CVH-focused pitch to area media about how tobacco use not only causes lung cancer, but

is also a key risk factor for heart disease and stroke. Similarly, you may encounter coverage on response times for 9-1-1 calls and turn that into a pitch about how people experiencing heart attack and stroke do not call 9-1-1 early enough to receive the full benefit of immediate treatment. News media are always looking for ways to build on their recent coverage with new, thought-provoking angles. By the same token, local media outlets constantly seek information to show the local impact of national trends, so look for opportunities to share state data on the CVD burden. For example, you could use the CDC atlases related to cardiovascular disease to obtain state maps with county information on mortality rates by racial and ethnic groups. Data from the Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention (CDC) may also be available for counties or regions of the state.



TIPS

HINTS FOR SUCCESS

- Relate messages to state CVH plans.
- Keep materials on hand for quick response.
- Remember that partners can say things that government employees cannot say.
- Keep a page of key facts, with sources for keeping them current, such as CDC's *Atlas of Stroke Mortality* and the American Heart Association's annual update of statistics on heart disease and stroke.
- Have a list of national and state media events you can use to generate media attention for prevention of heart disease and stroke.
- Prepare key quotations in advance or prearrange for spokespersons from priority populations and groups (e.g., American Heart Association, survivors of heart disease and stroke, and experts on high blood pressure).
- Promote the media priorities listed in the CDC Program Announcement 02045 (Cardiovascular Health Programs), such as the national tragedy of heart disease and stroke, the signs and symptoms of heart attack and stroke, the overall need for policy and environmental approaches to prevent CVD, and the need for specific policy and environmental changes in your state.¹
- Gather stories that illustrate the impact of heart disease and stroke on your state's residents. Obtain written permission from your storytellers before releasing their stories to reporters and policy makers.

Before approaching the media with a news pitch, it is important to understand what they want. Reporters and producers all seek similar story elements, including

- Audience appeal,
- Timeliness,
- Human impact,
- New or unusual perspectives,
- Issues that stimulate controversy and debate, and
- Reports that enhance readership and yield high ratings.

Members of the media also are always looking to “scoop” their competitors; they try to avoid duplicating stories that have already been covered. They also stay away from inaccurate or incomplete news accounts and people who are overly persistent when a pitch has been rejected.

After determining the best approach for reaching targeted media, incorporate your framed messages into a comprehensive range of media materials, such as a news release, media pitch letter, media lead sheet,

and/or an Op-Ed. Tips for developing and distributing these and other media materials are provided in step 6. Keep in mind that if your communication effort has a significant multicultural focus, you may find it necessary to translate certain media materials into different languages to capture non-English-speaking audiences.

Step 5. Verify and Solidify the Facts

After framing your key messages and channeling them into appropriate tools for media distribution, take a few minutes to verify and solidify your facts. While computer software can help you to avoid and correct spelling and grammatical errors, it cannot replace your ability to properly attribute facts or detect an embarrassing mathematical mistake. Before releasing any materials, check all the copy a final time — this time looking for errors and confusing statements that your computer will not catch. Here are a few tips to follow in your final review:

- Check for proper attribution (a phrase that provides the source of the information in a sentence).
- Make sure all the numbers add up.

TIPS

HOW TO CREATE A NEWS RELEASE

- Type your release, double-spaced, on 8.5" x 11" letterhead, with the name and telephone number of your media liaison in the top right-hand corner of the first page.
- If the news is to be publicized right away, specify, “FOR IMMEDIATE RELEASE,” followed by the date, in the top left-hand corner.
- If you want the story to be disclosed after a particular date and time, list it as “EMBARGOED UNTIL (the date and time of release).” Realize, however, that although they usually do, the media are not legally required to honor this embargo.
- The headline should be centered two or three lines below the release instructions.
- If your copy exceeds one page, indicate that it continues on a second page by typing “more” at the bottom center of the first page.
- On the second page, type an identifying phrase with the page number, such as “Cardiovascular health, p. 2 of 2” in the upper left-hand corner. To signify the end of your release, type “###” or “-30-” centered below the closing paragraph.



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- Eliminate confusing and misleading acronyms, abbreviations, and medical jargon.
- Confirm that all the names, titles, headlines, graphs, charts, tables, and captions are correct and appropriate.
- Test all telephone numbers and Web sites that you include.

Step 6. Develop Your Media Materials

Once you have framed the messages and gathered the necessary supporting information, you are ready to create a range of media materials. The number of materials discussed here may seem daunting, but you may not need to develop all of the items every time you conduct media outreach. For example, some announcements require only a news release and fact sheet, and others require development of additional materials.

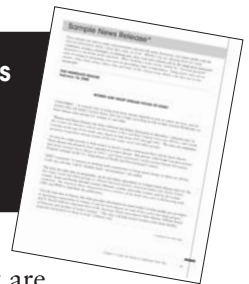
News releases are used to make announcements and provide print, broadcast, and online media with the relevant information about a story idea, issue, or event. Whether you are advising them of a news conference, issuing a statement, or releasing new data, your news release will be the single most important document in attracting media attention. Local newspapers in small towns often print news releases verbatim, but in larger communities, reporters typically use them to develop their own stories.

When drafting a news release, follow the “inverted-pyramid” style of writing by presenting your news in descending order of importance. Using active voice, try to answer the 5 Ws (“who, what, where, when, and why”) in the release’s lead, which is the first one to two paragraphs. The first paragraph should consist of one or two sentences — no longer than 30 words —



that give the reader a clear understanding of your announcement. Additional details should be presented in short, simple sentences throughout the body of the release. You may want to include a quote from a member of your workgroup or a supportive local official. Identify the people mentioned in your release by their titles and organizations. Attribute all comments that reflect opinion, and refrain from editorializing. The last paragraph should include boilerplate language that describes your workgroup and its mission in two or three sentences.

A sample news release is provided in *Chapter 7: Tools and Resources* on page 109.



Media pitch letters essentially are written sales proposals. Their purpose is to interest an editor or reporter in a potential story, interview, or event. Because the media receive literally hundreds of proposals each day, you must craft a well-written, original pitch that will stand out from the rest. Pitch letters that sell generally contain several key elements. First, they open with a “grabber” — an interesting statement that motivates the reader to read on. Next, they explain why the media representative should be interested in the invitation. Finally, they are personally written for specific people, rather than addressed simply to “Editor.” Present your pitch in the form of a standard, one-page professional letter. Double-check for clean copy; nothing frustrates a writer more than receiving a letter marred by errors in spelling, grammar, and punctuation.

A sample media pitch letter is provided in *Chapter 7: Tools and Resources* on page 111.



Fact sheets are concise reference documents containing the essential information of an industry, organization, event, outcome, or discovery. Their short outline enables the media to identify the key elements of a story at a quick glance. With respect to your communication initiative, a fact sheet focused on disease should provide answers to the basic questions about CVH. An organizational fact sheet should include brief information about your workgroup’s mission and primary activities, top administrators, size, structure, office location, and historical background. Fact sheets announcing special events, outcomes, or discoveries typically take the form of the 5 Ws. The document should include the name, address, and telephone and fax numbers of your media liaison.

Backgrounders are detailed descriptions of an industry, organization, activity, or special issue. Approximately one to two pages in length, they explain the purpose of a company, profession, event, or formal position and provide the media with historical information including dates and statistics. Subject matter generally dictates the style of the backgrounder. Some are written like a news release, in a snappy and factual manner. Others take a more descriptive and narrative form.

Biographical summaries (“bios”) recount the most pertinent facts about an individual. Most organizations keep a file of bios on their key officers and staff. Bios can list straightforward, factual information in descending order of importance, with company-oriented facts preceding more personal details, or they can be written in a breezy, informal style, bringing the individual to life through narration. Narrative bios often form the basis for introductions of guest speakers.

A sample fact sheet is provided in *Chapter 7: Tools and Resources* on page 113.



TIPS

MEDIA CONTACT TIMELINE

In general, use the following guidelines on when to release information and follow up with the media. Local media deadlines may vary.

Initial Contact

- Magazine editors, television talk-show producers6–8 weeks in advance
- Radio talk-show producers and calendar editors3–4 weeks in advance
- Newspaper editors and television/radio assignment editors . . .2 weeks in advance

Second Contact

- All types of media5 days in advance

Follow-up Telephone Calls

- All types of media1–2 days in advance

Thank-you Notes and Telephone Calls

- All types of media1 day after coverage

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Media lead sheets are designed to generate media interest in a selection of key issues, news angles, and/or feature ideas. They usually run from one to two pages in length with three to five capsulated story suggestions. In developing a media lead sheet, you must determine which news stories, issues, and/or features your workgroup wants to promote. Try to provide a wide variety of topics relating to your key audience segments. A well-crafted lead sheet that presents a range of timely CVH topics can set the foundation for special segment coverage, lasting from several days to a week.

A sample media lead sheet is provided in *Chapter 7: Tools and Resources* on page 115.



Media advisories often are developed to provide advance notice or remind reporters of an upcoming event, such as a news conference or proclamation signing; they are designed to generate on-site coverage. These advisories are concise alerts that include information about interview opportunities and are framed using the 5 Ws. They also are used to update event information and note any changes to details publicized by earlier news releases. Their format is short, generally no longer than 75–100 words, and uses bigger and bolder typefaces than the standard news release. This catches the eye of the reporter and provides a quick update at a moment's glance.

A sample media advisory is provided in *Chapter 7: Tools and Resources* on page 117.



Step 7. Get Your Message Out

Depending on the nature of your efforts for CVH policy and environmental change, the stories you decide to pitch to the media may range from urgent, breaking news, to soft features, to in-depth issue analysis. The timeliness and depth of the content will dictate how quickly or far in advance you should approach the media. The Media Contact Timeline on page 45 provides a general timeline for media contact.

As you proceed with making your pitch, record the initial response of the media you contact, as well as the information you provided and any placement or plans for follow-up. To organize this information, use a database or a media contact work sheet. (See sample provided in *Chapter 7: Tools and Resources*, page 107.) When media contact you unsolicited, you should incorporate the details of their correspondence into this record. By documenting both the process and results of your proactive and reactive media activities, you will create a useful tool for evaluating the effectiveness of your media strategy and overall success in capturing media attention.

After a media representative accepts your pitch, he or she will focus on numerous details before your story runs. These will include conducting background research, constructing an appealing format, integrating the story with related subjects, and preparing a working script. In large media markets and for very popular programs, you may find that lead time is longer than the averages provided in the Media Contact Timeline. Monthly or weekly publications, special sections, and in-depth reports are exceptions. You should obtain information on these deadlines while creating your media list and allow time for your internal clearances.

Media contact #1. Your first contact with the media should be by fax or mail, or by e-mail in response to a specific request.

A news release may provide sufficient information for your first contact, or you may want to use a media pitch letter directed to a specific media representative.

Media contact #2. The second contact with the media generally should be made by telephone. Before calling, take another look at the stories recently produced or published by the individual you are calling. Try to identify how your CVH story might relate to his or her coverage and to other recent stories from the station or publication. You may wish to keep notes in front of you and practice your pitch with a colleague to develop a smooth delivery.

When you reach a reporter on the telephone, talk in headlines and sound bites, providing the key information quickly. Be careful not to sound like you are reading from a script. Ask for his or her impression of your ideas. Quickly reiterate why you think the topic is newsworthy and how it affects the station's or publication's audience. Bear in mind that even though the contact may be willing to cover your story, his or her top priority is to serve the interests of the readers, listeners, or viewers. Explain how your idea affects people and how the story will help to educate and inform the reporter's audience. Ask if the reporter has any questions or would like additional information. If he or she is interested, do not waste time in continuing the pitch. Just close the deal. If he or she is not interested, ask for a referral to another reporter, editor, or producer who might be interested.

Do not be surprised if the media representative failed to receive your initial information. Instead, give a brief explanation of the story (5 Ws of the event), reiterate its importance to the local community, and resend the information. In addition, do not hang up if your message is answered by a recorded message. Use this opportunity to present your 30-second pitch. Reporters often use

voice mail to screen calls. Eventually they will receive your message.

Media contact #3. The third contact should be made by mail or e-mail to support your initial outreach. A media kit is an effective tool for reinforcing the messages presented in your original news release with additional background information about CVH policy and environmental change issues. Media kits generally consist of the initial news release and/or pitch letter, fact sheets, backgrounders offering historical information about your workgroup and the CVH field, and related statistics. These documents can be provided in hard copy or electronic format, depending on the reporter's preference.

In preparing a media kit, you must weigh carefully how much information is required. The media do not appreciate receiving excessive materials. Regardless of the type of story, event, or study finding you are pitching to the media, reporters will only cover topics they deem newsworthy for their target audiences. Therefore, to enhance the likelihood of receiving coverage, you should supplement your kit with a media lead sheet. The media lead sheet, as well as the other components of your kit, should be enclosed in a sturdy and attractive folder with a media pitch letter attached.

Step 8. Follow Up

Shortly after pitching your story ideas to the media, you should have a clear idea of who is interested in providing coverage. Place follow-up calls to ensure that these individuals have the information needed to craft their stories and/or attend your special event. Call each publication and/or station periodically until you reach the person(s) assigned to your story. On the day of an event, try to secure the media who have agreed to attend by calling and offering additional assistance. Ask if there are any breaking stories that may prevent them from

attending. If so, offer to assist them in developing an alternative CVH story at another time.

Assignment editors are constantly receiving new stories and throwing out the old ones. It is not unusual for an editor to assign coverage minutes before an event. Therefore, it is a good idea to follow up with all of your contacts as time permits, even those who originally seemed uninterested. Another follow-up tactic is to fax a media advisory.

Do not get discouraged if a reporter decides not to cover your story. Simply thank the person for his or her time and move on to the next call. Do not delete the contact from your media list. Just because he or she could not cover one story, do not assume that the contact will not pick up the next one.

Step 9. Monitor and Evaluate the Coverage

One of the most important and often overlooked steps in media relations is monitoring and evaluating the coverage. Monitoring your news coverage serves two useful purposes:

- It enables you to evaluate the overall effectiveness of your media advocacy efforts and to identify areas that require improvement.
- It helps you to recognize which media representatives provided the most accurate reporting and are most likely to provide future coverage.

Establish a process to obtain the news clippings, tapes, and transcripts of every story on CVH policy and environmental change story that results from your media advocacy efforts. Local media coverage can be tracked fairly easily. One person from your staff or workgroup should be assigned to read all the local newspapers and Web sites you target or to gather and review all the articles you receive from a press-clipping service.

Others should tape the local television and radio programs with which you interacted. Work with your public information/communication offices and with workgroup members to determine the most cost-efficient and effective way to track the news.

If your story attracts coverage from a national wire service, newspaper, or magazine, you may want to search the Web site or hire a clipping service to retrieve all the placements. Three press-clipping services are popular among public relations professionals:

- Bacon's Information, phone: (800) 621-0561
- Burrelle's, phone: (800) 631-1160
- Luce, phone: (800) 528-8226

You also can purchase tapes and transcripts of television news and public affairs programs from the networks, cable systems, and local stations in more than 150 cities and national and local radio segments through Video Monitoring Services of America, Inc., phone: (212) 736-2010.

Use the database or the media contact work sheet you created to document all media coverage you receive. By indicating where placements have been achieved and which targeted media outlets either lack interest in your initiative or require greater outreach, this record will enable you to assess and refine your media advocacy efforts with ease.

Step 10. Provide Media With Feedback

Ask various coalition members and outside supporters to help you respond to favorable coverage. Phone calls to newspapers and stations will let the media know that people in the community saw and appreciated their work. Positive feedback demonstrating significant local interest in efforts for CVH policy and environmental change may spark additional coverage. Your media liaison also should call the media who provided

coverage, letting them know how their stories called greater attention to the CVD problem and promoted potential solutions. Thank the media for a job well done and offer to assist them in the future.

Conducting Media Interviews

Every interview you secure with a print, television, radio, or online reporter should be treated as a precious opportunity to send key messages for CVH policy and environmental change to influential audiences. In addition to profiling the work of your workgroup, media interviews allow you to discuss the problems contributing to CVD and introduce viable solutions of policy and environmental change. However, before committing to conducting or assisting in an interview, it is important for your workgroup to perform some background investigative work, consult with appropriate spokespeople, and explore the availability of additional resources to guide the story's development. This research and deliberation will help you to determine whether the media

opportunity is viable and to ensure that the best approach is taken to promote and protect its collective interests.

Respond to Media Inquiries

When a reporter requests an interview, find out what it was that he or she found compelling. Did he or she receive a copy of your news release? Was he or she inspired to call you by a suggestion from your media lead sheet for additional information about the role of public schools in promoting CVH among children, for example? If the reporter contacts you without solicitation, find out how your workgroup became a source. Then, focus on assisting the reporter with the story. Ask the following questions:

- What is the overall focus and tone of your story? Will it be informational or entertaining?
- What questions would you like to ask? How much time will the interview require?

TIPS

CONDUCTING TELEVISION INTERVIEWS

■ **Dress appropriately.** Wear clothing that is professional but not overly formal. Solid colors are better than prints, but avoid red, white, or light pastels. Pink, green, tan, and gray appear well on television. Bright colors are a good choice as long as they do not dominate your appearance. Keep jewelry simple. Let nothing dangle that can distract you from what you are saying. If you wear a uniform to work (e.g., lab coat, scrubs, or military uniform), consider wearing that for your interview. Although most camera shots are from the chest up, women should be aware of their skirt length and men should make sure their socks cover the calves when their legs are crossed.

- **Look at the interviewer.** Unless otherwise instructed, look directly at the host and maintain good eye contact. Do not look at the camera. Relax and avoid nervous motions or mannerisms. Use but do not overuse your smile and hand gestures.
- **If seated, sit up straight.** Try not to appear stiff. Lean slightly forward in your chair. Do not lean into the microphone or tap your feet.
- **Avoid sitting in a chair that swivels.** If you must sit in a swivel chair, plant your feet on the floor in a way that will prevent you from inadvertently turning the chair.
- **If standing, stand up straight.** Do not place your feet side to side, but plant more weight on one foot than the other. This will prevent you from swaying.

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- How long have you been working on this story? Is anyone helping you with the story?
- Have you interviewed other persons or received background information from any other organizations? Who else do you plan to interview?
- How long will this article or segment be? Is it part of a special series?
- What types of visual elements will accompany the story? Are you trying to obtain any photographs, graphic data, or video footage?
- When is your deadline? Do you know when the story will run? In what section of the newspaper or part of the program will your story appear?
- Have you covered stories on this topic before?

After obtaining this background information, tell the reporter you need to check with your staff to determine who might be available for an interview. Make sure that he or she knows that you will be in touch within the next day. During this time, try to gain additional insight about the reporter by reviewing samples of his or her previous work.



TIPS

SELECTING INTERVIEWEES

Follow these guidelines in selecting a patient with CVD or a family member for a media interview:

- **Enlist a person who is highly supportive of CVH promotional efforts and can address key consumer issues.** For example, if a segment is dealing with proposed legislation to increase public funding for blood pressure and cholesterol screenings, the patient or family member should be able to explain how this policy change would enhance early detection, treatment, and prevention of CVD throughout the community.
- **Select a patient who is comfortable about being interviewed and filmed in a medical setting.** Newspaper and television camera crews often want to obtain photographs and b-roll (background action footage) while a patient is receiving medical treatment.
- **Make sure the person's schedule is flexible.** Media interviews may be cancelled or rescheduled at the last minute because of competing demands for the reporter's time.
- **For local stories, try to select a patient or family member whose home is close to the news organization's office.** National news media are more flexible. They usually can travel greater distances or arrange to have a reporter and/or camera crew from a regional office or affiliate conduct the interview.
- **Be sure the patient and/or family member understands that even though an interview may be conducted, coverage is not guaranteed.** It is not uncommon for breaking news stories to preempt scheduled programming. Newspaper editors also have been known to "pull" or postpone articles.
- **Obtain news clippings, videotapes, and/or transcripts of every story and provide a copy to each individual involved.** Express your thanks for assistance with the interview by sending a note or a gift.

Evaluate his or her style of interviewing, writing, and/or production. If a story about CVH is part of the reporter's previous work, how was it presented? If the reporter gave you names of other CVH professionals already interviewed for the story, you may decide to call them. They should be willing to share the information they provided and tell you what they anticipate from the piece.

Train the Spokespeople

When you and members of your workgroup consent to an interview, take time to identify the most appropriate spokesperson. In addition to being knowledgeable about the CVH policy and environmental change issues at hand, this person should be able to communicate with clarity, confidence, and class. Your state public information officer or American Heart Association advocacy liaison may be able to help train your spokesperson. Brief the spokesperson on the information the reporter is looking for and what the readers or viewers most likely will want to know. Be sure to include details about the reporter's style of interviewing and experience in covering CVH issues.

Next, develop a media "question-and-answer" form, providing quick and easy answers to the questions you anticipate the spokesperson will be asked. In addition, determine your key message, and establish three main points in statement form that support it. You also should devise a strategy for handling potential questions or issues your workgroup wants to avoid. Conduct a mock interview to practice the spokesperson's presentation, and identify statements that he or she needs to revise. Here are some instructions for your spokesperson to keep in mind during an interview:

- **Relax.** Keep in mind that the reporter is just a person like you who is trying to do a good job. Speak in a natural, audible tone.
- **Keep your message simple.** Answer questions briefly, directly, and to the point. Begin by saying, "Yes," "No," "I agree," or "That's a good point."
- **Use quotable language, and avoid long-winded statements.** Reporters like quotes that can explain a difficult issue or concept with an interesting metaphor or analogy. Avoid using jargon and acronyms.
- **Support general statements with reliable facts, figures, and examples.** For example, do not say, "Many people in our state have heart disease." Say, "Recent studies show that (insert percentage) of men and (insert percentage) of women in our state have high blood pressure, elevated blood cholesterol levels, heart disease, or stroke."
- **Stay focused.** Concentrate on the primary message and three supporting points that the workgroup wants you to make. If questions start to move away from your main points, politely transition back to your key message.
- **Be assertive, but never argue or fight.** Correct any misstatements made by the reporter immediately, but in a positive way, such as, "Let's make sure we understand this clearly, because it's a very important point..." Then state the information correctly.
- **Never lie.** Credibility is your best asset. Do not squander it.
- **Do not dodge questions.** It is a signal that you have something to hide.
- **If you cannot answer a question, admit it.** Offer to find the answer as soon as possible. Then follow through on your promise.
- **Do not answer hypothetical questions.** Respond by saying, "That's completely hypothetical, but what I can tell you is...", and refer to one of your three main points.

- **Do not restate a negative question.** Always try to convert a negative question into a positive answer. For example, if a reporter asks, “Isn’t it true that when people have a stroke there is not much the hospital can do for them?” an appropriate response would be, “The problem is that most hospitals are not equipped to treat patients who have had a stroke. With proper, swift treatment, death and disability from stroke can be decreased, and stroke patients can return to work and to independent living, instead of needing a nursing home.”
- **Do not ask for a statement to be off the record.** If you never want to see a comment in the morning print or hear it on the evening news, do not say it. Likewise, do not assume that an interview is over just because a recorder is turned off, a notepad is tucked away, or a cameraperson appears to be distracted.
- **If you have promised a reporter additional information, get it quickly.** Failing to fulfill a request may come back to haunt you when the story runs.

Refer Media to Outside Sources

On some occasions, a reporter may ask you for assistance in locating persons outside your workgroup who will consent to an interview. These individuals may include patients with CVD and their family members, physicians and other medical professionals, health care researchers, and policy analysts. It is helpful to have an up-to-date media resource list of people you can call on for an interview.

Work with the members of your workgroup to identify persons who fit appropriate profiles and are articulate and well-versed in delivering important messages about CVH.



TIPS

ORGANIZING A NEWS CONFERENCE

- **Schedule the conference for a day and time that is convenient and accommodating to local media deadlines.** Tuesday, Wednesday, or Thursday, between 10 am and 2 pm, generally is a safe window to work with.
- **Hold the conference at a well-known location that is easy for media to access.** Aim for a location that is central to most major local media offices. Hotel conference rooms, private clubs, and other common meeting rooms are good options if your news does not demand a special on-the-scene location, such as a statehouse or other public venue.
- **Prepare visual aids that reinforce your key messages.** Charts and graphs help reporters to better understand facts, figures, and comparisons more quickly. Television crews appreciate visuals that can enhance their film footage.
- **Anticipate on-site requests for interviews.** Be prepared to schedule media interviews with key spokespeople on the spot, and have a quiet area set aside to conduct them.
- **Make arrangements to videotape and audiotape your conference, using broadcast quality equipment.** This approach will enable you to create and distribute a video and/or audio news release of the event for reporters who are unable to attend.
- **Set up a media sign-in table.** Have a sign-in sheet ready to record the reporters’ names; stations or publications; office and e-mail addresses; telephone and fax numbers; and deadlines. This information will tell you where to look for coverage of the news conference and help you determine which reporter(s) to target for future media events.

Ask these persons if they would be willing to share their CVH perspectives with the media, should the need arise. If so, add their names to your list, along with their titles, work and home addresses, telephone and fax numbers, and a brief description of their association with efforts related to CVH policy and environmental change. Note the best times to reach them and any experience they have in working with the media. Before referring a reporter to an outside source, verify that the person is still receptive to being interviewed. Provide a list of the reporter's questions and information about his or her reporting style and history covering CVH issues. When appropriate, discuss the messages your workgroup would like the person to promote and offer to send background information that may be useful for the interview. (See *additional tips in the chart on Conducting Television Interviews*, page 49.)

Call News Conferences

Consider holding a news conference if your workgroup has a major event or announcement of widespread importance that can be enhanced through charismatic CVH spokespeople and compelling visual elements. News conferences generally are held to allow reporters an opportunity to obtain breaking news that they otherwise would not receive and to have their questions answered. Keep in mind that drawing media to a news conference is one of the greatest communication program challenges. The media are extremely busy people. They are not likely to take an interest unless your news is timely; is taking place in a newsworthy setting, such as a statehouse or community rally; and involves high-profile spokespeople, such as a governor or state legislator.

Avoid a news conference if

- **The information is of interest only to a small segment of the media.** News conferences should be reserved for events or

announcements that are likely to attract coverage from the mass media.

- **The workgroup cannot answer questions beyond the content of its prepared statement.**

Reporters become irritated when they sense they are being used to “stage an event.” Do not call a news conference unless you are willing and able to provide additional information.

- **The news is not urgent.** Ask yourself, “Would I interrupt a reporter on deadline to tell this story?” If not, a news conference is not warranted.

In determining whether a news conference is warranted, you and members of your workgroup should also ask the following questions:

- Can this information be disseminated just as effectively through a news release?

NEWS CONFERENCE KITS

A specialized media kit will help reporters to cover your news conference by providing useful background information they can refer to after the event and for associated interviews. Consider packaging and distributing the following informational resources to the media who check in at the conference site:

- A basic one- to two-page news release;
- A copy of the news conference agenda;
- A copy of each speaker's statement;
- A brief biography of each speaker;
- Background information about your workgroup and cause; and
- Relevant “issue papers,” reports, and/or statistical fact sheets.

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- Will e-mail or news-focused Web sites be equally quick and efficient in delivering this information?
- Can a teleconference or satellite videoconference save time and money and accomplish the same task?

If you answer yes to any of these questions, consider options other than a news conference. However, if you and members of your workgroup decide that a news conference is in order, begin planning immediately. Your first task will be to determine the specific goals, objectives, and message(s) of the news conference. Who will serve as the spokesperson(s)? A general rule of thumb is to arrange for three to five “issue experts” with varied backgrounds to speak for three to five minutes each. For example, if the purpose of your news conference is to release the results of a study showing a relationship between obesity and consumption of snack foods from vending machines, you may wish to feature a physician who can discuss the study’s CVH implications; the lead researcher, who can explain the study’s background and methods; a nutritionist who can present heart-healthy snack alternatives; and/or a business leader who is advocating healthier food choices in the workplace. One spokesperson should serve as the moderator of the news conference by making the opening remarks, introducing the remaining speakers, and directing questions from the media. After selecting your spokespeople, work with each person to draft a list of potential media questions with their appropriate responses. Then

conduct a rehearsal to help the spokespeople prepare. (See the chart on *Organizing a News Conference*, page 52.)

Pitching Your Opinion

Newspaper editorial pages are excellent channels for reaching members of the general public with messages supporting CVH policy and environmental change. Local elected officials and other key decision makers scour editorial pages regularly to stay in touch with the perspectives of their constituents. Editorial pages also are a great way to promote your workgroup as a credible local resource for CVH information. In addition to publishing guest editorials, most newspapers take editorial positions on important local, state, and national issues. You need to take time to identify and pursue opportunities to establish supportive relationships with the staff of the editorial section at local newspapers. Your workgroup can take various approaches to generate widespread support for its initiative.

Submit Letters to the Editor

Every newspaper has a “letters to the editor” section on the editorial page. This section allows you to express your point of view on a particular story or editorial that ran earlier. The letter you submit can either support or oppose the message in an article, or it can offer additional commentary. If you are responding to a previously published piece, you must provide the name of that article, the section in which it appeared, and the date of publication.

When seeking opportunities to promote CVH messages through letters to the editor, keep in mind that your response is not limited to articles specific to CVH. Consider reacting to coverage on related issues, such as the rising costs of medical care or the nation’s growing need for long-term care. Your workgroup’s advocacy for CVH policy and environmental change can easily be incorporated into letters addressing these



To assist your news conference planning efforts, an on-site media checklist is provided in *Chapter 7: Tools and Resources* on page 119.



issues and any number of other health- and consumer-oriented topics.

Letters to the editor should be short (100 to 350 words) and to the point. Before writing a letter, consult the target newspaper's guidelines for submission, which usually are listed on the editorial page. Editors almost always limit letters to a specified number of words and require writers to sign their letters. Letters that do not comply with the specified requirements tend to be discarded or edited. Here are general tips for writing a letter:

- **Confine the letter to a single subject.** State your principal opinion clearly at both the beginning and the end, and reference the article you are addressing. Explain how the subject relates to your state and/or community.
- **Incorporate reliable facts and figures.** Be sure to confirm the accuracy of all your data.
- **Provide solutions.** For example, explain to the reader how CVH policy and environmental change can address the issue you are presenting. Always stress the possibilities, not just the problems.
- **Make sure your letter is appropriate for the average reader.** Ask individuals outside the CVH arena to review a draft of your letter to ensure that it can be easily understood.
- **Maintain a professional tone.** Humor helps, but sarcasm hurts. Do not deal on a petty or emotional level.

Unless the target newspaper's guidelines specify a different format, type the copy of your letter single-spaced on letterhead. Include your name, title, address, and telephone number, so the editor can contact you with any questions. Most newspapers will verify your identity before printing a letter. Also, be sure to include your signature, letters requesting use of initials only are not

usually published. Submit the letter via postal mail, fax, or e-mail, depending on the newspaper's preference. If you do not receive a response from the editor within two weeks, do not hesitate to contact the newspaper and inquire.

Place Op-Eds

Op-Ed articles are brief opinion pieces, usually published opposite the editorial page in newspapers. Typically 600 to 800 words long, these columns allow the newspaper's readers to present a particular position or thought on timely or controversial topics in more depth than is possible with a letter to the editor. Studying the style of a newspaper's Op-Eds will help you get a sense of the format and approach most likely to appeal to the editor who selects them. Before developing your Op-Ed article, call the editorial page editor of the newspaper and request information about the submission requirements. Make sure your Op-Ed complies with the newspaper's editorial guidelines.

A sample Op-Ed is provided in *Chapter 7: Tools and Resources* on page 121.



When drafting the Op-Ed article, use the following guidelines:

- **Concentrate on one idea.** For example, focus on the heart-healthy value of zoning for sidewalks, green spaces, and bikeways. The first paragraph or two should capture the reader's attention by stating the central idea and establishing your credibility on CVH.
- **Support your thesis with pertinent facts and statistics.** State your opinions, avoid rhetoric, and do not quote other people. Make certain that the Op-Ed stands alone; do not assume that the reader has any knowledge about the issue.

- **Avoid the use of acronyms, abbreviations, and jargon that may confuse the reader.**
- **Make sure that a reader unfamiliar with CVH will understand your article.**
- **Reinforce your thesis at the conclusion of the Op-Ed.** Your article should be thorough and persuasive, leaving readers with a new perspective on CVH. Be firm with your opinion, but avoid coming on too strong, which may undermine your credibility.
- **Before submitting your article, ask someone who is unfamiliar with the issue to proof it.** If it makes sense to them, it will probably make sense to the average reader.

Type the copy double-spaced on standard white paper, and include a cover letter with your name, title, address, telephone number, and a few sentences detailing your expertise

on the subject at hand. In addition to submitting your Op-Ed to a newspaper's editorial page editor, it is a good idea to send a copy to the health reporter. It may prompt him or her to write a related article.

Once you submit an Op-Ed article, the editor may take two to three weeks or longer to decide whether it will be published. In many cases, the editor will call you if your editorial is accepted. Sometimes he or she will send a letter or postcard rejecting an Op-Ed because space is at a premium. If your article is rejected, try submitting it to another newspaper. If your article is printed, make copies and incorporate them into your outreach efforts targeting policy makers, general consumers, and other key audiences. Share each placement with the members of your workgroup and other colleagues, and encourage them to submit their own editorials.



TIPS

MAKING YOUR EDITORIAL BOARD BRIEFING A SUCCESS

- **Be prepared.** Your ability to clearly state the background and significance of CVH policy and environmental change is critical. You likely will have only 5 to 10 minutes to state your case as persuasively as possible, before receiving questions.
- **Be enthusiastic.** Personal demeanor and nonverbal cues can reveal a lot about your commitment and sincerity. Let your excitement for the issue you present shine through your body language and tone of voice.
- **Be honest.** Do not dodge challenging questions. If you are unsure of the answer to a question, say so, but offer to seek and provide the requested information immediately after the meeting. The editorial board will forgive you for almost anything but dishonesty.
- **Focus on your goal.** Editorial writers are paid to be skeptical and to recognize public relations gimmicks. Sometimes they are friendly. Sometimes they are not. Your goal is to convince them to publish columns and letters in support of CVH policy and environmental change. Do not get angry or defensive if the editorial staff challenges you on the issue. Stay calm and focus on your agenda. Be careful not to get sidetracked with unrelated topics.
- **Ask for support.** As with any good sales presentation, it is important to close the deal. Summarize your message, and ask for their support.
- **Say thanks.** Immediately after the meeting, send a thank-you note to the board members, even if they have not indicated immediate support for or intent to promote your issue.

Conduct Editorial Board Briefings

Another highly effective avenue for “pitching your opinion” about CVH policy and environmental change to local media is the editorial board briefing. This meeting is held with both the governing body of editorial writers and the editors who guide the editorial voice of a newspaper. The purpose may be to challenge biased editorials or to persuade the media outlet to take an editorial position on your issue and/or to publish your Op-Ed. It may be the most effective way to educate the media about CVH and other health-related issues, because it enables you to

- Sit down face-to-face with the editorial staff of a newspaper and discuss at length your perspectives on key issues;
- Establish your workgroup as a reliable and accessible source of local news and information on CVH;
- Assess their knowledge and opinions on CVH issues, and identify the topics attracting their greatest interest;
- Address their specific questions, clarify any misconceptions, and provide in-depth explanations and analyses of complex subjects; and
- Determine how to tailor your message in the future to meet their editorial needs.

To arrange an editorial board briefing, call the appropriate editorial staff liaison and briefly describe the CVH topic(s) you would like to discuss and the positions or expertise of the persons who could accompany you to the meeting. Be receptive to meeting at a time in the day that is most convenient for the media, typically during the morning when reporters are least concerned about deadlines. If you succeed in locking in a meeting,

- Do your research. Identify which members of your workgroup are most appropriate

participants, based on the commentary you plan to present and the questions the media are likely to raise. Develop three to five points outlining why the newspaper or station should support your advocacy for CVH policy and environmental change. Think through the local angle — why should the newspaper’s readers care about the issue? Research the newspaper’s editorials, and be prepared to reference those that will help your case.

- Conduct a preparatory session. Brief all of the individuals who will be with you at the session about the media who will be present, the information they will be looking for, biases they may have, and their writing and editorial styles. Develop a list of potential questions, and determine the best answers. Practice presenting your workgroup’s key messages.
- Develop supportive materials. Prepare a media kit or comprehensive handout that provides facts, statistics, and other background information about the issues you plan to present for distribution to every member of the editorial board. Be sure to include the name and telephone number of the workgroup member who will respond to follow-up questions.

Pursuing Media Partnerships

Establishing formal partnerships with the promotions and advertising divisions of your area media is another effective approach to promoting messages on CVH policy and environmental change to your target audiences. The promotions and advertising arms of media organizations often support local public health education efforts independently of news and editorial operations by publishing print public service announcements or “advertorial” supplements (*see Glossary of Key Terms in Chapter 7: Tools and Resources on page 75*); producing and airing public service announcements on television and radio; and/or sponsoring special events.

Media partnerships will reinforce your workgroup’s earned media activities and enhance the overall reach of your communication initiative in ways that are mutually beneficial to your workgroup and the local media outlets. In addition to helping your workgroup maintain the clarity, consistency, and continuity of its messages, promotional support from local media will help to ensure that the initiative resonates among its target audiences. A general rule of thumb in advertising is that, on average, media consumers need to see or hear a message at least three times to retain it. Partnering with media organizations can help you achieve this saturation through a series of promotions. In turn, media partners benefit by

- Building awareness of an important issue throughout the community;
- Showing concern for their readers, viewers, or listeners — creating goodwill and visibility as a caring corporate citizen; and
- Becoming associated with a high-profile CVH initiative of the state health department and the community.

Begin to explore media partnership opportunities by assessing your workgroup’s current media relationships and the various avenues for garnering local media support. Identify key media — newspapers, magazines, and radio and television stations — that you can potentially recruit as official partners. It is likely that one or more of your regional or local media organizations will take an interest in supporting your efforts to promote CVH, particularly if they can gain recognition as a lead partner. Look for stations or publications that have staff members with CVD and/or have supported CVD education efforts in the past.

Members of your workgroup may have paid advertising arrangements in place with local media, which can be leveraged to negotiate

free advertising. For example, if a restaurant owner in the workgroup has purchased time to air commercials through a local radio station, he or she may be able to persuade the station to exchange a certain amount of free air time to run CVH public service announcements on behalf of your workgroup.

You may want to explore the possibility of having a community newspaper publish a customized CVH supplement or insert that includes a series of feature articles promoting initiatives on CVH policy and environmental change, information about your campaign, and related content. This type of partnership activity generally is paid for by a publication’s existing base of advertisers. Likewise, a television station may be receptive to producing and airing a public service announcement promoting “strategies for heart-healthy living,” and a local radio station may agree to sponsor and help promote a local “heart-health” walk event or fair that offers free blood pressure and cholesterol screenings and referrals for the public. Media outlets often fund and advertise special events in exchange for their logo/identification on program materials, such as posters and on-site signage.

Although the promotions and advertising divisions of your local media work independently from news and editorial operations, activities within each department sometimes can be coordinated to promote an important public health education effort simultaneously. For example, a local newspaper’s advertising department may agree to publish a public service announcement that calls attention to CVD and promotes the availability of free local screenings. At the same time, the newspaper’s health reporter may write an article about the growing incidence of CVD in the local community while the editorial page editor publishes a column on policy and environmental change “solutions” for eradicating CVD. As you discuss partnership opportunities with a media organization’s promotions and advertising

staff, alert them to news and editorial outreach efforts you have planned or started so they can attempt to reinforce them.

You should take the primary steps presented here to facilitate media partnerships. Once you have identified the key media targets,

Step 1. Plan the Approach — Craft “The Ask”

Work with members of your workgroup to prioritize the media outlets you will approach and to determine how you would like each organization to support your efforts to promote CVH policy and environmental change. Develop a list of key selling points that clearly describe “what’s in it for them.” Contact each organization to obtain and/or verify contact information for the individuals overseeing advertising and promotions.

Step 2. Contact Targeted Outlets — Request Face-to-Face Meetings

Call the advertising and promotions contacts at each outlet, and explain that you would like to discuss a potential partnership opportunity that may be of interest to them. Give them a 30-second pitch, detailing the goals and messages of your initiative for CVH policy and environmental change and explain how their participation will benefit the health and well-being of their audience. Integrate CVD facts that are specific to your community into your pitch to build an even stronger case for their support. Request an opportunity to meet face-to-face to discuss the possibility further.

Step 3. Pitch the Plan

When meeting in person with potential media partners, provide them with an overview of your workgroup — how it was assembled, its objectives, and how the media organization can contribute to your State Heart Disease and Stroke Prevention Program’s success in communicating important messages about CVH policy and environmental change. Define your organizations’ mutual benefits.

Describe the ways in which you envision having the media outlet serve as a partner in your efforts to promote CVH, and assess their level of interest. Ask the advertising and promotions representatives for suggestions on how the media outlet might support your effort. By the end of the meeting, you should have a pretty clear sense of whether the outlet is interested in pursuing this partnership opportunity. If interest exists, the representatives are likely to request time to review your proposal internally and follow up with you in the near future. Supply each representative with “leave-behind” materials about the initiative, and thank them for taking the time to meet with you.

Step 4. Follow Up

Immediately after your meeting, send a thank-you letter to your media promotions and advertising contacts. Restate your interest in establishing a partnership with their station or publication, and encourage them to call you if they have any questions or would like to schedule a follow-up meeting. If you do not receive a response within the next week, place a follow-up call to your contacts to determine whether your partnership pitch is still under consideration.



chapter

6

Using Other Communication Strategies and Tactics to Implement the Plan

Media advocacy is not the only effective approach for disseminating your workgroup's key messages among policy makers, partners, and stakeholders. Each time you communicate with primary or secondary audiences is an opportunity to promote your messages and efforts. Public speeches, exhibits, legislative testimony, and various multipurpose communication vehicles, such as written informational materials and the World Wide Web, can be particularly helpful in generating widespread community awareness of and support for policy on cardiovascular health and related environmental change. If your workgroup chooses to use media advocacy as a tool for implementing its communication plan, a range of community outreach tactics can reinforce this effort.

DEVELOPING GENERAL TALKING POINTS

You may wish to develop general talking points as one of your first communication tools. Talking points are a bulleted list of key messages and supporting facts that you can reference when asked to discuss the workgroup's issue. Although you should always tailor your talking points to the specific presentation, media interview, or other planned communication activity you are involved with, it is helpful to have a standard set of talking points you can refer to when responding to unexpected calls and other requests for information from the media, potential partners, and others. Work with members of your workgroup to develop talking points on the issues your communication effort aims to address. The talking points should contain the facts to support your key messages. As you develop talking points, refer to the guidelines on pages 38–39 for developing the key messages. Distribute your talking points to every workgroup member, so they can incorporate them into their individual communication activities and help to ensure that the initiative's messages and supporting information are presented accurately and uniformly.

DELIVERING PRESENTATIONS

Public speaking is an important and highly effective tool for educating communities about important public health issues and garnering their support for related advocacy efforts. Work closely with your workgroup to identify opportunities for speaking directly to policy makers, program decision makers, sources of funding, general consumers, and other audiences you are targeting as potential supporters for CVH policy and environmental change. Reach out to every organization and individual contact that has an interest in heart health throughout your state and local communities to develop a roster of their scheduled conferences, seminars, and other meetings and special events that may afford an opportunity to present your initiative. For example, look for events sponsored by

managed care organizations and recreation and fitness groups. Also seek ways to organize “stand-alone” speaking engagements with these parties.

Create a Framework

As a starting point for developing a presentation on policy and environmental change related to CVH, you must establish an objective. Determine exactly what you want to achieve with the group you will address. It may help to ask yourself, “What are my objectives and why?” “What is the best approach for reaching them?” From your answers, you can develop the core message and supportive talking points that will form the basis of your presentation.

Practice for Perfection

Like anything else, public speaking gets easier with practice. Before delivering a speech or presentation on CVH policy and environmental change, spend time rehearsing your approach. If you do not have much speaking experience, you may want to practice your delivery with small groups of people you already know, such as colleagues at work, family members, and friends. Ask them to provide general feedback and offer tips for improving or enhancing your presentation.

Entertain Questions

Always allow the audience an opportunity to pose questions at the end of your presentation. As you formulate appropriate responses, follow the same instructions that are provided for conducting media interviews. (See *Conducting Media Interviews*, page 49.) Stay focused, keep your message simple, never argue or fight, and never lie. Back your general statements with specific facts



Sample talking points are provided in *Chapter 7: Tools and Resources* on page 123.



and figures that are reliable, and do not answer hypothetical questions. Be aware of late-breaking news or current events that may have a bearing on the issue you are presenting. Also be prepared to field questions from individuals who disagree with your position. Do not shy away from answering difficult questions. Focus on the workgroup's key message and supportive talking points. Transitional phrases that can help you respond to tough questions and direct the audience back to your intended focus of discussion include the following:

- “I am not familiar with that, but I can tell you that...”
- “I’m sure that’s true, and another thing I’m sure of is...”
- “I agree with you, and I’m sure you’ll agree that...”
- “Yes, that can wait until tomorrow, but something that cannot wait is...”
- “Your point is well taken, and one other point is...”

TIPS

SUCCESSFUL PUBLIC SPEAKING

- **Be prepared.** Learn as much as you can about your audience and what they want to hear or learn. Think through what you are trying to say, and develop the best approach for relating to them.
- **Practice delivering the core message and supportive points.** However, try to avoid sounding overly rehearsed. Commit your key talking points to memory, but do not memorize the entire speech. Your presentation should be natural and responsive to the moment.
- **Incorporate effective visual elements.** Make sure the visuals are large and clear enough to be seen and understood by everyone. Keep in mind that PowerPoint presentations should be visible to people sitting at the back of a room.
- **Grab the audience's attention.** Begin your presentation with an opening statement that will capture immediate interest. This statement should focus on a unique aspect of CVH policy and environmental change, perhaps the most interesting, unusual, or humorous

part of what you have to say. You may want to show a visual aid or share an anecdote or personal experience that directly relates to your listeners and supports your core message. This, along with a quick reference to your credentials, will help you establish credibility.

- **Tell a story.** The words you use to present your CVH issue should paint a picture the listeners will see and remember. Be clear, direct, and avoid going off on tangents. Personalize the presentation whenever possible, and show that you care about what you are saying.
- **Ask for what you want.** A message without a specific request is a wasted opportunity. Use your presentation as a platform to garner support for your workgroup's CVH initiative. Keep in mind that a request for a specific action, within a specific time frame, is more likely to get results.
- **Thank your host.** In closing, thank the audience for its time and be sure to recognize the organization(s) and/or individual(s) who arranged your presentation and provided their support.



Reinforce Presentations With Leave-Behind Materials

At the conclusion of the presentation, distribute handouts that reinforce your key messages. These materials should be tailored to the audience you addressed, providing useful background information about your workgroup, ongoing issues and activities related to CVH health and environmental change, and information about workgroup contacts. If you use PowerPoint or overhead slides for the presentation, you may want to provide each member of the audience with a copy of the presentation.

DEVELOPING EXHIBITS

A well-planned, visually appealing, and user-friendly exhibit can help you disseminate your messages and materials on CVH policy and environmental change to large audiences at conferences, health fairs, community meetings, and other public events. Consult with members of your workgroup to determine which events will offer the greatest display opportunities. Then, assess your collective time and resources for producing an exhibit. To promote your CVH initiative, you may want to “borrow” a member organization’s exhibit framework and design supportive signage and materials, or you may opt to consult with an outside public relations or design firm to customize and produce a new exhibit with existing workgroup resources. Here are general suggestions for planning and designing exhibits that can capture widespread attention, communicate important messages on CVH policy and environmental change, and dispense supportive program materials¹:

- **Determine the target audience(s).** The target audience(s) likely will vary among the venues where you exhibit. Develop the key message and three or four supportive points your exhibit will present to each target audience.
- **Select the most appropriate media for reaching your audience(s).** Exhibits can include multiple types of media, such as print, illustration, photography, film, television, computer, and interactive video.
- **Sketch ideas for making the exhibit visually interesting.** Most viewers spend only a few seconds to a few minutes viewing exhibit information. Determine the key copy and visual elements you will incorporate into the exhibit, and group them together to communicate your key points. Establish the size, shape, and layout that will attract attention to your exhibit.
- **Reinforce the theme of the exhibit with creative headlines.** Create a short, catchy title to identify the exhibit and involve the viewers. Choose a type font that is legible and a contrasting color combination.
- **Make the copy easy to read.** Use large font sizes, short sentences, and simple and direct language. Design your layout to read from left to right and top to bottom.
- **Create strong visual impact by using fewer and larger graphics.** Use words sparingly. Graphics that are too dense or too small will not be read.
- **Be cautious with use of color.** Bright colors detract from visuals and can make copy less legible, but neutral colors can blend into the background.
- **Keep the exhibit simple and uncluttered.** Allow areas of negative space to work for you. It is not necessary to fill the entire exhibit panel. Likewise, overcrowding your exhibit’s countertop with literature and other products can overwhelm hurried viewers and deter them from visiting the booth.
- **Test design ideas.** Consult with others to assess their opinions and reactions to your initial thoughts before proceeding to production of your exhibit. Which designs are most appealing and least complicated? Which designs communicate most effectively?

USING MULTIPURPOSE COMMUNICATION VEHICLES

General informational materials and the World Wide Web are extremely powerful instruments for advocating efforts for CVH policy and environmental change to your target audiences. Look for ways to build these mechanisms into your workgroup's outreach efforts.

Produce Fact Sheets, Pamphlets, and Brochures

Standard written materials, such as fact sheets, pamphlets, and brochures, can help you educate consumers and other key audiences about the need for CVH policy and environmental change, either directly or through multiple dissemination channels. These supportive materials can be promoted by the media, circulated at public speaking engagements and exhibits, and mass distributed by members of your workgroup and other partnering organizations. It is a good idea to have a supply of these materials on hand at all times, so you can provide general background information about the initiative and relevant CVH issues on request. Much of the content for developing these resources can be drawn from the materials you create for the media.

Develop "Drop-in" Articles

A "drop-in" article is a completely prewritten news or feature story that can be published verbatim in state health department publications, organizational newsletters, community magazines, shopping guides, and other local materials that regularly fall into the hands of policy makers, consumers, organizations with an interest in heart health, and other key audiences. It also can be posted to a wide range of news and organizational Web sites reaching these groups.

Develop a series of "drop-in" articles on issues related to CVH policy and environmental change that members of your workgroup and other key program partners can include

in their internal publications and at their organizational Web sites and circulate to external groups. Also approach organizations with related missions to explore their interest in publishing your article. Find out their deadlines for newsletter and Web site submissions, the appropriate person to receive items, and any length or style requirements. Community magazines and shopping guides tend to favor articles tied to current events, but they are not extremely time sensitive. Because many small publications have limited staff and resources, their publishers are eager for material to fill space during slow times. A general article about your local efforts for CVH policy and environmental change can be useful for this purpose.

A sample drop-in article is provided in *Chapter 7: Tools and Resources* on page 125.



Work With the Web

With millions of people surfing the World Wide Web each day and the numbers of online users climbing steadily, the Internet is a powerful tool for promoting messages and materials on CVH policy and environmental change. More and more people are turning to the Internet as a key source for news, shopping, entertainment, travel, and communication, particularly as these interests relate to health care. According to philanthropyfoundation.org, nearly 100 million people have access to the Internet and are using it a combined 65 million hours each day. By 2005, the number of users is expected to grow to 1 billion.

Work with your workgroup to leverage this trend by incorporating the Internet into your CVH communication efforts. Consider collaborating on the development of a common Web site that supports your initiative and/or developing promotional materials that can be posted to the Web sites

6



of partner organizations. Both Web-focused strategies can help you expand the reach of your key messages, mobilize support, and become connected with other CVH advocates. As you and your partners assess the viability of developing a Web site and/or related content, consider your goals for going online. Ask yourselves the following questions:

- What do you hope to achieve? For example, is your goal to disseminate information that simply educates people about your workgroup and an issue related to CVH policy and environmental change? Or, do you want to establish a more interactive presence, where people can engage in activities such as signing petitions, participating in chat rooms, and joining listservs?
- Which audience(s) would you like to reach (e.g., policy makers, health consumers, news media, and/or potential program partners)?
- How much will it cost?
- Who should be involved? Do you have the expertise to develop the Web site internally, or will you need to hire an outside expert?
- Who will be responsible for ongoing maintenance and upkeep? How frequently will you be able to update your site?
- How will you measure your success?

Once you and members of the workgroup have a better sense of what you hope to achieve by going online, you can discuss a variety of ways to put your Internet presence to use. General approaches you can take to advocate CVH policy and environmental change through online mechanisms include the following:

- **Spread the news.** Use your Web site to provide the public with general information about your workgroup and its mission, 24 hours a day, seven days a week. Be sure to give thorough explanations of the structure, purpose, and activities of the workgroup, and information for site

visitors on how to contact you. Update the site regularly to keep supporters abreast of the latest news and information resulting from your efforts for CVH policy and environmental change. Make the workgroup's publications, media tools, and other promotional resources available for download. In addition, create a special section for the news media to obtain media-specific information with an e-mail link to your workgroup's designated media liaison.

- **Mobilize CVH forces.** Create a listserv "sign-up" mechanism that allows site visitors to register to receive electronic copies of workgroup newsletters, action alerts, and reminders about events. This function will be especially useful if you plan to promote letter-writing campaigns and other grassroots strategies for reaching key decision makers in support of efforts for policy and environmental change. You can also create a function at your Web site that allows visitors to sign online petitions and send e-mail letters directly to a targeted legislator, regulator, or other key decision maker.
- **Network with like-minded groups and individuals.** Link your workgroup's Web site to the sites of similar initiatives for policy and environmental change and key organizational supporters. The Internet provides a wonderful opportunity for like-minded groups and individuals to learn about each other's activities, exchange useful tools and information, and reinforce efforts toward a common goal. Develop a series of bulletin boards and/or chat rooms where interested site visitors can post messages and engage in online discussion. By encouraging these groups and individuals to link to your site, you will attract greater traffic and build relationships that can yield long-term support for your initiative for CVH policy and environmental change.
- **Recruit additional partners.** Establish a means for prospective supporters to learn

about your effort on their own time and contact you if they are interested in becoming involved. Be sure to promote your Web site address at every public speaking engagement and other community event where you are likely to interact with potential program partners. Likewise, include your Web site address on all of your consumer- and media-focused materials. Interested individuals may want to speak with you directly, submit a written request for more information, or sign up for specific project tasks that suit their interests, directly at your Web site.

Create and Circulate E-Newsletters

Even if your workgroup chooses not to create a Web site, consider using e-mail newsletters to build awareness and support for your issue among target audiences and to keep partners informed of upcoming events, ongoing activities, and success stories. An e-newsletter can be as simple as a listserv you create to send monthly updates and meeting minutes to the members of your coalition. You also can work with partners to identify existing listservs, so you can access the key groups you are trying to reach. For example, you may wish to educate policy makers about issues related to heart disease and stroke by sending a daily digest of relevant online news articles to your state's legislative listserv. Other relevant listservs can be identified through local chapters of health care provider organizations and other professional groups, chambers of commerce, and neighborhood associations. To send a message to a listserv, you likely will need to request special access or work with your partners to submit messages for review by the list's manager.

PROVIDING LEGISLATIVE TESTIMONY

Legislative committees hold hearings to collect comments on bills they are considering and to learn about issues related to the legislation. As experts on the public health implications of heart disease and stroke, you and your

partners have an important role in educating policy makers about the state of health in their communities and the impact that policy interventions can have on health. One way to fulfill this role is to publicly present your position(s) before a committee of legislators.

Work closely with your workgroup to identify the best spokesperson for delivering testimony on a particular measure. If state-level protocols restrict you from providing legislative testimony, you may wish to arrange for a partner to testify. Another possible strategy is to recruit an individual who can present personal and/or family perspectives with supportive data and written materials.

Do Your Committee Homework

Before arriving to deliver your testimony on the day of the committee meeting, take the time to familiarize yourself with the committee by collecting the following information:²

- Committee name and jurisdiction;
- Names of committee members and the districts they represent;
- Rules for testifying (e.g., time limits and the need to provide copies of testimony in advance);
- Names of workgroup members and other partners who reside in districts of committee members; and
- Names of other organizations and individuals who will testify.

It also is a good idea to attend at least one hearing to observe and become familiar with the committee's process. Assess the legislators' key interests and questioning styles and how witnesses behave during their testimony.³ Always adhere as closely as possible to a committee's rules for testifying, including the duration of oral testimony and the paper size, and other format specifications for the printed copy.^{4,5}

In many states, you may be required to call the committee staff (usually the staff of the committee's chair) in advance to let them know you will be testifying. In some cases, this step will register you to be notified if the date and time of the hearing changes.

Prepare the Testimony

In preparing your testimony, strive to achieve a balance between covering all the important points, but not providing so much detail that you lose the committee's attention. A good general rule is to cover only a single topic and to present no more than three key messages during the testimony. Anything

more may detract from your key messages during the few minutes you have to speak. You may want to consider preparing two versions of your testimony: one for the official record, which will be distributed to the full committee, and the other for your oral presentation, which can be shorter and less formal.⁶

To prepare for delivering your testimony, follow the guidelines for successful public speaking (see chart on *Successful Public Speaking* on page 63). Practice your delivery with an audience of colleagues, staff, or friends. Do not read directly from your testimony. Depending on the committee's

TIPS

PRESENTING EFFECTIVE TESTIMONY^{3,4,6}

- **Tell a real-life story.** Legislators respond to human interest stories, not just statistics. Tell the story of your own experience or the experience of a workgroup member or another partner. However, make sure that the connection between your story and the legislative initiative is clear. For example, "This story demonstrates the importance of statewide 9-1-1 coverage. Without 9-1-1, my mother never would have received timely treatment for her stroke."
- **Avoid jargon.** Committee members are likely to have varying degrees of knowledge about the issues related to the legislative measure, including none at all. Avoiding medical or other jargon will help to sustain their attention. Keep it simple.
- **Be constructive and reasonable.** Build your credibility by presenting an honest and fair assessment of the impact the measure would have on personal health or community health. Never denounce an issue or other organization's testimony.
- **Stay nonpartisan and do not get ruffled.** Maintaining a calm and professional manner regardless of a legislator's behavior will build your credibility. Never show anger or argue with a committee member.
- **Mention whether you are a constituent.** If you are a constituent, your committee member is likely to have a greater interest in hearing what you have to say.
- **Be ready to make adjustments.** A bill's sponsor may offer amendments when presenting the bill to the committee that could change your position on the measure. Be sure to adjust your remarks as necessary to reflect these changes.
- **Do not be afraid to say "I don't know, but I'll get back to you."** Answer a question only if you are certain of the answer. If you try to wing it and make a mistake, your credibility will be lost. If you cannot provide an immediate answer, let the committee know you would like to get back to them. Then follow up as soon as possible.
- **Be prompt with follow-up.** Send a timely thank-you note highlighting your key points and offering any additional information requested.

rules, you may have as little as three minutes to speak, so summarize your key messages and supporting points and rely on your written testimony to provide greater explanation and backup data. Be sure to allow enough time for questions from the legislators. Collaborate with your workgroup to brainstorm questions you might be asked and develop appropriate answers. Then, rehearse your answers until they are concise and to the point. In formulating the answers, refer to the guidelines for answering questions during media interviews (see pages 49–52).

Get the “Day-of” Details

Find out when the committee will consider your measure or issue of interest and where the hearing will be held. In addition, check

the agenda when you arrive at the meeting room, because legislative schedules can change at the last minute. Procedures vary from state to state, but individuals offering testimony generally are asked to sign in when they arrive and state whether they oppose, support, or are neutral toward the measure being considered. You may be asked to provide copies of your written testimony at this time. This copy should contain a cover page on letterhead that clearly indicates your personal contact information and the contact information for the workgroup or organization you represent.^{4,6,7}

Tailor your delivery to the conventions of the committee, but keep in mind that individuals providing legislative testimony generally address the chairperson first and

STATE POLICY MAKERS’ COMMUNICATION PREFERENCES

RESULTS FROM A NATIONAL SURVEY OF STATE POLICY MAKERS⁷

Researchers from the Center for Studying Health System Change conducted telephone interviews with 292 state government policy makers and assessed trusted sources of and preferences for receiving health policy information. Key findings include the following:

- State agencies and organizations of government professionals were listed as key, trusted sources of information. Also listed were state groups, such as medical societies and hospital associations (21 percent), foundations (21 percent), think tanks (14 percent), and universities (6 percent).
- When asked what makes research relevant to them, 67 percent of policy makers identified the information’s relevance to current debates and 25 percent cited impact on “real” people.
- Legislators and staff overwhelmingly prefer to receive information in brief, one- or two-page fact sheets, rather than receiving comprehensive reports. They reported being more likely to read information that is short, broken into bullets, and accompanied by charts or graphs illustrating key points.
- Younger policy makers and legislative staff are more receptive than are older legislators to electronic sources of information, such as Web sites.
- Legislative staff expressed a greater interest than the legislators in receiving in-depth information. They want information that enables them to assess the accuracy and credibility of the information they receive, and fully explore the methodology and limitations of research. But at the same time, they want the information to be short. When you are making policy recommendations, one good approach is to provide both a summary for briefing legislators and the full report for staffers to review.

then the members of the committee, saying, “Mister Chairman (or Madam Chair), members of the committee...” You may be asked to state information for the record, such as your name, address, and the organization you represent. When you finish your presentation, thank the committee members for the opportunity to testify and offer to answer any questions. When a member asks a question, respond, “Mister Chairman (or Madam Chair), Senator/ Representative [last name]...” then proceed to answer the question.

Do not be surprised if legislators appear to be ignoring your presentation, or if they leave while you are talking. It is their decision whether or not to listen to you, and their reasons for not paying attention may have nothing to do with the legislation you are discussing. Legislators often have overlapping commitments, including presenting bills in other committees at the same time. Just remain calm and continue your delivery. In the words of one writer, “you’re playing on their turf and they set the rules.”⁸ If you are interrupted, just go with the flow and maintain a professional manner, but never interrupt a committee member.^{9,10}

COMMENTING ON LEGISLATION

As a member of a state agency, you may be asked to provide written or oral comments on a piece of legislation during the formal comment period. Providing comments on a measure is an opportunity to discuss its potential impacts and to suggest any modifications that address the concerns of the bill’s sponsor(s). States often compile comments for the official record and distribute this document to the full committee. To provide oral comments on a piece of legislation, follow the guidelines for providing legislative testimony explained in the previous section. If you will be making written comments, check with the appropriate committee to learn their rules for

commenting, including the time limit for oral testimony, standard format for printed copy, and procedures for submission. Often, you will be asked to send your comments to the committee chair.

EVALUATING YOUR COMMUNICATION EFFORTS

As previously mentioned, it is important for you and members of your workgroup to continuously assess the status and effectiveness of your execution of the communication initiative and the outcomes achieved both during and after implementation. (*See Chapter 4 for guidance on evaluating communication activities.*)



Tools and Resources

The tools and resources in this chapter suggest starting points for generating intervention ideas and developing communication strategies and materials for achieving your policy and environmental change goals. Some elements were provided by State Heart Disease and Stroke Prevention Programs and other public health education initiatives, and others were developed specifically to complement this guide. For your convenience, these tools and resources also are provided electronically on the accompanying CD-ROM.

The list of resources is provided solely as a service for users of this guide. The resources cited in this guide do not constitute an endorsement by the Centers for Disease Control and Prevention (CDC) or the federal government, and none should be inferred. CDC is not responsible for the content found in these resources. The tools in this guide are meant to guide users in developing materials for policy and environmental change. These tools are not meant to be duplicated directly.

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Glossary of Key Terms

Advertorial: An advertorial is a piece published in a newspaper or magazine and presented as an editorial but designed as a marketing piece to “advertise” a campaign, issue, product, or organization. An advertorial is sometimes printed as a supplemental section in a newspaper.

Advocacy: Advocacy is participation in the democratic process by taking action in support of a particular issue or cause. Advocacy efforts (e.g., education, awareness building, promotion, marketing, and/or social marketing) do not constitute lobbying as long as a policy maker is not urged to take a position or action on specific legislation.

Audience impressions: Audience impressions is an estimate of the number of individuals who saw or heard a particular news story, public service announcement, or other placement, based on average circulation, audience size, and rules of thumb. For print publications, multiply the circulation by 2.5. For radio and television stations, use the station’s number of average daily listeners or viewers. For online media, numbers for average daily audience impressions can be obtained for individual Internet sites through companies such as Nielsen or NetRatings, which offer online subscription services.

Backgrounders: A backgrounder is a document containing detailed descriptions of an industry, organization, activity, or special issue that is provided to media, partners, policy makers, and other target audiences to provide them with a solid understanding of the topic.

Biographical summaries: Biographical summaries (bios) are a narrative form of a résumé that recount the most pertinent facts about an individual’s background, expertise, and experience. Bios may be included in press kits.

Breaking news: Breaking news is news that has just been released to the public or has just occurred. Examples of breaking news include release of the results of a large study, a significant announcement made by a government official, or a major world event.

Cardiovascular disease (CVD): Cardiovascular disease includes diseases of the heart and blood vessels, coronary heart disease (coronary artery disease and ischemic heart disease), stroke (brain attack), high blood pressure (hypertension), rheumatic heart disease, congestive heart failure, and peripheral artery disease.

Cerebrovascular disease: Cerebrovascular disease affects the blood vessels supplying blood to the brain. Stroke occurs when a blood vessel bringing oxygen and nutrients to the brain bursts or is clogged by a blood clot. Because of this rupture or blockage, part of the brain does not receive the flow of blood it needs, and nerve cells in the affected area die. Small stroke-like events (e.g., transient ischemic attacks), which resolve in a day or less, are symptoms of cerebrovascular disease.

Coronary heart disease (CHD): Coronary heart disease is a condition in which the flow of blood to the heart muscle is reduced. Like any muscle, the heart needs a constant supply of oxygen and nutrients that are carried by the blood in the coronary arteries. When the coronary arteries become narrowed or clogged, they cannot supply enough blood to the heart. If insufficient oxygen-carrying blood reaches the heart, the heart may respond with pain called angina. The pain usually is felt in the chest or sometimes in the left arm or shoulder. When the blood supply is cut off completely, the result is a heart attack. The part of the heart muscle that does not receive oxygen begins to die, and some of the heart muscle can be permanently damaged.

Daybook: The daybook is the daily listing of events for journalists, including press conferences, rallies, and other media events in a city. Reporters often check the daybook first thing in the morning to see what news is being announced that day. The Associated Press produces one of the most popular daybooks.

Drop-in article: A drop-in article is a completely prewritten news or feature story that can be published verbatim in a state health department publication, partner organizational newsletters, community magazines, shopping guides, and other local materials that regularly fall into the hands of key audiences.

Editorial board briefing: An editorial board briefing is a meeting with both the governing body of editorial writers and the editors who guide the editorial voice of a newspaper or magazine. Purposes may include challenging biased editorials or trying to persuade the publication to take an editorial position on an issue or to publish an Op-Ed. An editorial board briefing can be a highly effective avenue for pitching your opinion on a topic.

Embargo: An embargo is a prohibition on reporters that delays publication and airing of news until the slated date and time. Embargo is a strategy for getting information into the hands of key journalists before an event, so they have time to prepare thoughtful, well-researched coverage in advance of the “big announcement,” perhaps at a press conference. “EMBARGOED UNTIL (date and time of release)” should be written across all documents given to reporters in advance. Most responsible reporters do not break embargoes.

Environmental interventions: Environmental interventions create changes to economic, social, or physical settings and enhance the ability of those settings to support healthy decisions. One example would be a statewide media campaign to inform the public that high blood pressure is a major modifiable risk factor for heart disease and stroke and that having blood pressure checked is an important first step in identifying and controlling high blood pressure and reducing the risk of heart disease and stroke.

Fact sheet: A fact sheet is a concise reference document containing the essential information of an industry, organization, event, outcome, or discovery. Typically one page, it lists pertinent information such as data, key numbers, and percentages. A fact sheet is useful for reporters who do not have time to read an entire press release or are looking for just one tidbit of information.

Feature story: A feature story is used to clarify news issues, take a human-interest angle, entertain and inform, profile an individual, or provide mood, atmosphere, and emotion to a publication.

Formative research: Formative research is conducted during the development of a program to help select and describe the target audience, understand the factors that influence its behavior, and determine the best ways to reach it. This research examines behaviors, attitudes, and practices of target groups; explores behavioral determinants; and uses primarily qualitative methods to collect and analyze data. Formative research may be used to complement existing epidemiologic and behavioral data to assist in program planning and design.

Frame: When a story is “framed,” it is presented from a particular perspective both to attract journalists’ interest in covering it and to ensure that the story is presented in a way that communicates a position effectively.

Health communication: Health communication is the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. The scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care, as well as enhancement of the quality of life and health of individuals within the community.

Health promotion: Health promotion is any planned combination of educational, political, regulatory, and organizational support for actions and conditions of living that are conducive to the health of individuals, groups, or communities. Examples include educational campaigns to increase public awareness of the signs and symptoms of heart attack and stroke and policy changes to ensure universal 9-1-1 coverage.

Heart attack (acute myocardial infarction): A heart attack occurs when a coronary artery becomes completely blocked, usually by a blood clot (thrombus), resulting in lack of blood flow to the heart muscle and therefore loss of needed oxygen. As a result, part of the heart muscle dies (infarcts). The blood clot usually forms over the site of a cholesterol-rich narrowing (or plaque) that has burst (ruptured).

Heart disease: Heart disease is the leading cause of death and a common cause of illness and disability in the United States. Coronary heart disease and ischemic heart disease are specific names for the principal form of heart disease, which is the result of atherosclerosis — the buildup of cholesterol deposits in the coronary arteries that feed the heart.

Hook: A hook is a way of making a story interesting to a reporter. Examples of hooks include timeliness, anniversaries, controversy, localizing a national story, and dramatic human interest.

Individual behavior change intervention: An individual behavior change intervention is aimed at motivating changes in the behavior of individuals by increasing knowledge, influencing attitudes, challenging beliefs, or promoting the acquisition of new skills.

Key messages: Key messages are important points to be conveyed to the target audience in each communication with them. These messages might include succinct statements of (1) the problem, (2) the impact of the problem, and (3) the solution to the problem through policy and environmental change. For example, the problem could be, “Few people know what the numbers in their blood pressure reading mean.”

Lead: The lead is the first line or paragraph of a news story, representing the initial and central point. News releases and media advisories should anticipate and provide the leads for reporters. If the lead of a news release doesn't grab a reporter's attention by the end of the first paragraph, he or she probably will not continue to read.

Letters to the editor: Every newspaper publishes a letters to the editor section on the editorial page. The purpose is to allow readers to express their point of view on a previous story or editorial. Letters can support or oppose the article or offer additional commentary.

Lobbying: Lobbying is an attempt to influence legislation through communication with legislators, staff persons, or another government official who participates in the formulation of legislation. The communication refers to a specific piece of legislation and reflects a view on that legislation.

Logic model: A logic model is a systematic and visual presentation of the perceived relationships among (1) the resources for operating a program, (2) the planned activities, and (3) the changes or results to be achieved.

Media advisory: A media advisory is a document sent to media outlets that provides basic information (who, what, when, where, and why) about an upcoming event, such as a press conference, that offers opportunities for interviews and/or photographs. Advisories are usually not more than one page long and contain information on how to contact the media liaison.

Media advocacy: Media advocacy is the strategic use of mass media to reframe issues, shape public discussion, or build support for a policy, point of view, or environmental change.

Media contact list: A media contact list is a list of the print, broadcast, and online reporters and other media outlets targeted for outreach. Lists typically include contact persons, titles, addresses, telephone numbers, fax numbers, and e-mail addresses.

Media lead sheet: A media lead sheet is designed to generate media interest in a selection of key issues, news angles, and/or feature ideas. This sheet usually includes three to five capsulated story suggestions.

Media liaison: The media liaison is the individual designated as the point of contact with the media. This person finds answers to questions posed by the media, provides information, contacts the media with news, identifies spokespeople, and helps to schedule spokesperson interviews.

Media partnership: A media partnership is a formal, established partnership with the promotion or advertising arm of a local media organization. In exchange for becoming associated with an important issue in the community, media partners may support local health education campaigns by publishing public service announcements or advertorial supplements, producing and airing television and radio public service announcements, and/or sponsoring special events.

Media pitch letter: A media pitch letter is a brief, targeted letter or e-mail message written to a journalist to convince him or her to cover a story. The letter should be written using the format of a standard, professional letter that outlines the information to be shared and why it is important.

Media relations: Media relations refers to establishing a positive working relationship between individuals in the organization and members of the news media to increase the likelihood that an issue will be covered favorably, thus helping to advance the program goals related to the issue. Media relations entails getting to know individual reporters, including the scope of their work and their interest areas; serving as a reliable, proactive provider of credible information about the issue; and being timely and responsive to media requests for interviews, additional contacts, and other resources.

News release (press release): News releases are the single most important method for communicating news to reporters. They summarize the news and provide print, broadcast, and online media with the relevant information about an upcoming activity or story idea. News releases are typically written like a news story. They contain quotes from a spokesperson(s) and background, and they use an inverted-pyramid style of writing, with the most important information in the first paragraph. If a reporter's attention is not piqued by the headline or by the end of the lead paragraph, he or she is not likely to read any further.

Op-Ed (opinion-editorial): An Op-Ed is typically written in the form of a letter, statement, article, or short essay that is submitted to a newspaper editor by a reader or a representative of an organization. The Op-Ed usually expresses a strong opinion or point of view about an issue and is backed by well-researched and documented facts. Op-Eds appear on the page opposite the editorial page or during the "point/counterpoint" portion of radio and television shows. An Op-Ed is useful to communicate about an issue in a person's own words, but it should also clearly state the key messages.

Outcome evaluation: Outcome evaluation is the systematic collection of information to assess the impact of a program and to measure the extent to which it has accomplished its stated goals and objectives. This information can be used to form conclusions about the merit or worth of a program and to make recommendations about future direction or improvement of the program.

Photo op (photo opportunity): A photo op is a staged, high-impact image that communicates a message. It is useful because a photograph or a strong television picture can move an audience much more directly than words.

Pitch: To pitch is to provide an idea for a news story to reporters, producers, or editors and get them excited about covering it.

Policy intervention: A policy intervention influences the development of formal and informal policies (laws, regulations, and rules) that affect health. An example is an intervention to persuade health care centers to enact and enforce a policy that requires physicians to attend an annual training session on guidelines for prescribing statin drugs for treatment of high blood cholesterol levels.

Policy maker: A policy maker is a person who has the authority and position to influence the development of formal and informal laws, regulations, and rules. Policy makers include legislators, hospital administration staff, health maintenance organizations, the heads of governmental agencies that set regulatory policy, and the presidents and chief executive officers of work sites.

Population-based strategy: A population-based strategy is an intervention that focuses on an identified population (e.g., women ages 35–65 years), community (e.g., residents of Madison County), or system (e.g., statewide public school systems, major funders of employee health benefit packages, or Federally Funded Health Centers), as opposed to individual behavior change. Strategies should include communication to raise awareness and generate support for policy and environmental changes that help to prevent heart disease and stroke.

Press kit (media kit, press packet, or information kit): A press kit is generally handed out in a folder that opens to reveal two pockets and contains such items as a news release, fact sheets, biographies, copies of statements delivered at a press event if the kit is being distributed at a press event, and possibly a copy of a report that is being released. A press kit developed for a specific issue can be handed out at an event or mailed to reporters who cannot attend. A generic press kit, which is not specific to an issue, can also be helpful. This kit typically contains information about the organization and can be handed out to reporters at any time to provide background information.

Press release: See news release.

Primary audience (target audience): The primary audience is the main object of a campaign. For example, if the workgroup seeks to educate legislatures about the pros and cons of incentives for hospitals to provide specialized stroke centers, the primary audience would likely be policy makers.

Primary prevention: Primary prevention targets populations that are at increased risk for a first event resulting from cardiovascular disease (e.g., heart attack, heart failure, or stroke), because they have one or more risk factors for CVD. Guidelines from the American Heart Association and other national organizations advocate for primary prevention of CVD by addressing the risk factors of high blood pressure, high cholesterol, tobacco use, poor nutrition, physical inactivity, overweight and obesity, and diabetes.

Priority populations: Priority populations are population groups that have higher documented rates of cardiovascular diseases and related risk factors; lack access to services; or represent greater socioeconomic disparities than those in the general population.

Process evaluation: Process evaluation is the systematic collection of information to document and assess how well a program is being implemented. Process evaluation includes assessments, such as whether materials are being distributed to the appropriate people and in sufficient quantities; whether and to what extent program activities are occurring; whether and how frequently the target audience is being exposed to relevant advertisements; and other measures of how well the program is being implemented. This information can help to determine whether the original program is being implemented as designed, and it can be used to improve the program's delivery and efficiency.

Public health communication: As a form of health communication, public health communication involves a translation process that begins with the basic science of what is known about a health topic. From the science, public health professionals derive messages about attitudes and behaviors that the public should adopt and policies that organizations and government should enact to support population health.

Public service announcement (PSA): A public service announcement is a form of advertising that is delivered free of charge via a media outlet (e.g., magazine, newspaper, radio station, television station, Web site, outdoor venue).

Risk factor: A risk factor increases a person's chance of developing a disease. Risk factors for heart disease and stroke include high blood pressure, high cholesterol, tobacco use, physical inactivity, and poor nutrition.

Secondary (gateway) audience: A secondary audience is a group that influences the primary audience or has a strong interest in promoting an intervention in the primary audience. For example, if the workgroup seeks to educate legislatures about the pros and cons of incentives for hospitals to provide specialized stroke centers, the primary audience likely would be policy makers whose actions may be influenced. The secondary audience would be groups of individuals who influence policy makers, including constituent groups, hospital administrators, health providers, and consumer advocacy organizations.

Secondary prevention: Secondary prevention targets populations with established CVD to prevent recurrent events (e.g., heart attack, heart failure, or stroke). Strategies include ensuring compliance with guidelines on use of aspirin, beta-blockers, ACE (Angiotensin Converting Enzyme) inhibitors, anticoagulants, and other antiplatelet agents. In addition, reducing risk factors through lifestyle changes, such as losing weight, and policy or environmental changes, such as declaring work sites and schools tobacco free, are important strategies for secondary prevention as well as primary prevention.

Settings (health care sites, work sites, schools, and the community): Settings are major social structures that provide channels and mechanisms of influence for reaching defined populations and for intervening at the policy level to facilitate healthful choices and address quality-of-life issues. Health promotion and primary and secondary prevention may occur within these individual settings or across all of them.

Spokesperson: A spokesperson is the messenger of your issue or organization. He or she embodies the professionalism of an organization and communicates the urgency of an issue. It is important to identify key spokespeople and make them available to reporters for quotes and interviews. The spokesperson can be an organizational leader or community member. The best spokespeople command media attention; present a poised, confident, and persuasive image; and stay on message.

Stakeholder: A stakeholder is an individual or group with an interest in the success of an organization in delivering intended results and maintaining the viability of the organization's products and services. Stakeholders influence programs, products, and services.

State Heart Disease and Stroke Prevention Program, Basic Implementation: Basic implementation is a funding level for the CDC's State Heart Disease and Stroke Prevention Program. A basic implementation program is expected to (1) implement, disseminate, and evaluate intervention activities throughout and within the state, state-level organizations, and settings; (2) monitor secondary prevention strategies; (3) complement professional education activities; and (4) extend resources to local health agencies, communities, and organizations.

State Heart Disease and Stroke Prevention Program, Capacity Building: Capacity building is a funding level for the CDC's State Heart Disease and Stroke Prevention Program that provides for increased capacity and planning activities that support promotion of cardiovascular health and functions of disease prevention and disease control. Program components include the following: (1) partnerships and program coordination related to primary and secondary prevention, (2) scientific capacity to define the CVD burden, (3) inventory of policy and environmental strategies, (4) a state plan for CVH promotion, (5) training and technical assistance, (6) population-based intervention strategies, and (7) culturally competent strategies for addressing priority populations.

Strategic communication: Strategic communication is the process by which information is formulated, produced, and conveyed to achieve specific objectives vital to an organization's mission.

Strategic frame analysis: Strategic frame analysis is an approach to communication research and practice that is used to help people deal with public issues. "Framing" refers to the construct of a communication — its language, visuals, and messengers — and the way it signals to the listener or observer how to interpret and classify new information. "Strategic" refers to an approach that deconstructs the dominant frames of reference that drive reasoning on public issues; it identifies the alternative frames most likely to stimulate reconsideration of an issue on the public agenda.

Stroke: A stroke is a form of cerebrovascular disease that affects the arteries of the central nervous system. It occurs when blood vessels bringing oxygen and nutrients to the brain burst or become clogged by a blood clot or some other particle, which blocks the flow of blood to part of the brain. Deprived of oxygen, nerve cells in the affected area cannot function and die within minutes. When nerve cells cannot function, the part of the body controlled by these cells cannot function either.

Wire service: A wire service is a news source that files stories to newspapers and radio and television stations across the country. Media outlets then “pull” the stories off the wire to print or air them locally. Local stories posted through a wire service can be picked up by newspapers nationwide. Examples of mainstream wire services include *Associated Press*, *Reuters*, *Copley*, *Dow Jones*, *Gannett*, *Knight-Ridder*, *New York Times News Service*, *Scripps-Howard*, *States*, and *United Press International*. *PR Newswire* and *Business Wire* are two large public relations wire services that transmit news releases and story ideas directly into newsrooms for a fee.

Workgroup: A workgroup is a coalition of people and organizations working specifically on communication interventions related to cardiovascular health. Workgroups can enhance existing state coalitions, facilitating overall program development and implementation.

Sources:

CDC CVH Branch Strategic Plan, August 2001, Healthy People 2010, and Promising Practices in Chronic Disease Prevention and Control, 2003.

CDC OSH Glossary.

Institute of Medicine, Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century, November 2002.

Karel, F. Getting the Word Out. To Improve Health and Health Care 2001: The Robert Wood Johnson Foundation Anthology. San Francisco, CA: Jossey-Bass, 2001.

NCI/NIH, Making Health Communication Programs Work, 2003.

CDCynergy 2001 — Cardiovascular Health Edition

CDCynergy 2001 Basic is an interactive Web-linked/CD-ROM tool that can be used to plan communication interventions for policy and environmental change. The tool was originally created in 1998 by the CDC Office of Communication for use by CDC staff and then updated in 2001 for internal and external use by public health professionals and their partners at national, state, and local levels. Key features are an online notebook, case examples, a glossary of health communication terminology, a media library, and resources for health communication planning and evaluation.

CDCynergy 2001 Basic has been tailored for multiple public health topics, including cardiovascular health (CVH). The *CDCynergy 2001 — Cardiovascular Health Edition* was developed by the CDC CVH Branch with input from other CDC chronic disease programs, State Heart Disease and Stroke Prevention Programs, partners, and organizations concerned with heart health. These organizations included the American Heart Association; the National Heart, Lung, and Blood Institute; and the CDC chronic disease programs for tobacco, diabetes, nutrition, and physical activity.

The *CDCynergy 2001 — Cardiovascular Health Edition* has the same features as *CDCynergy 2001 Basic*, but its case examples and many of its resources are specific to heart disease and stroke and the risk factors for these conditions. The case examples focus on a social marketing campaign on signs of heart attack, a school physical activity intervention, and a faith-based nutrition intervention. The resources include Web site links, online journals, and planning guides related to prevention of heart disease and stroke.

The primary intended users for the *CDCynergy 2001 — Cardiovascular Health Edition* are State Heart Disease and Stroke Prevention Programs and their partners who wish to systematically develop health communication plans and strategies that support their overall program goals. The tool can guide State Heart Disease and Stroke Prevention Programs and their partners through a process to

- Acquire a thorough understanding of a heart disease or stroke problem and whom it affects within their state.
- Explore a wide range of population-based strategies for the primary and secondary prevention of heart disease and stroke within their state.
- Select the most promising population-based strategies for influencing a heart disease or stroke problem within their state.
- Understand the role of communication in planning, implementing, and evaluating the selected population-based strategies.
- Develop a comprehensive communication plan that includes audience research, pretesting, production, implementation, and evaluation.

CDCynergy 2001 — Cardiovascular Health Edition does not assume that communication is the solution to a public health problem but instead guides users through a six-phase process to help them identify how communication can best support their program goals and objectives. The six logical *CDCynergy 2001* planning phases are (1) problem definition and description, (2) problem analysis, (3) audience identification and profiling, (4) development of communication strategy and tactics, (5) development of an evaluation, and (6) launch and feedback. The CDC Office of Communication describes these phases in greater detail at <http://www.cdc.gov/communication>.

Copies of the CD-ROM for the *CDCynergy 2001 — Cardiovascular Health Edition* and training materials are available at no cost from the CDC CVH Branch. One is included in this guide. The current version of the *CDCynergy 2001 — Cardiovascular Health Edition* will be updated and modified for the Web. Information about its online availability will be placed on the CDC CVH Branch Web site, <http://www.cdc.gov/cvh>, when the conversion project is completed.

For information or assistance related to the *CDCynergy 2001 — Cardiovascular Health Edition*, please contact CAPT Susan Lockhart, Senior Program Consultant, CDC CVH Branch, at sl5@cdc.gov or (770) 488-8430.

Resources

A broad range of resource materials exists on the prevention of heart disease and stroke and their related risk factors and conditions, such as diabetes, and on communication theory, research, and practice. This guide lists examples of resources that are easy to access and apply in daily practice.

RESOURCE NO. 1

Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPE) and Centers for Disease Control and Prevention (CDC). *Policy and Environmental Change: New Directions for Public Health, Final Report and Executive Summary*. Atlanta, GA: CDC; 2001.

Value

Collaborative study on the use of policy and environmental change interventions by public health agencies across the United States. Intended to facilitate an understanding of the essential role of public health professionals in reducing the burden of chronic diseases. Includes recommendations.

Source

Both documents available for purchase from ToucanEd from URL: <http://www.toucaned.com>.

RESOURCE NO. 2

American College of Cardiology (ACC) *Advocacy — Working For You*

Value

Resources include a guide to public policy with information on the legislative and regulatory process, effective government relations, the political toolkit, and media relations. Also see *Advocacy Weekly*, *Advocacy Partners*, and *The Digest of State Health Policies*.

Source

Available from URL: <http://www.acc.org>.

RESOURCE NO. 3

American Heart Association (AHA) and American Stroke Association (ASA)

Value

Details AHA and ASA advocacy activities at the national and state levels and provides facts and figures to include in communication messages. Download the annual AHA Heart and Stroke Statistical Update.

Source

Available from URL: <http://www.americanheart.org>.

RESOURCE NO. 4

Group Health Community Foundation

The quest for community health: Lessons on improving health from nine California communities. Seattle, WA: The Foundation; 2002.

Improving everyone's quality of life: A primer on population health. Seattle, WA: The Foundation; 2001.

Improving stakeholder collaboration: A special report on the evaluation of community-based health efforts. Seattle, WA: The Foundation; 2001.

Value

Three reports prepared by the Group Health Community Foundation, which served as the evaluation team for The California Wellness Foundation's Health Improvement Initiative. All are intended to help communicate the case for a population-based approach to health.

Source

Available from URL: <http://www.ghcfoundation.org>.

RESOURCE NO. 5

PolicyLink. Reducing health disparities through a focus on communities. Oakland, CA: PolicyLink; 2002.

Value

A report from PolicyLink, a national nonprofit advocacy organization that works with community-based practitioners to document successes, build networks, and increase capacity to influence policy-making. Report is prepared with The California Endowment, a California-focused health foundation. Contains other online reports on physical activity and community mapping.

Source

Available from URL: <http://www.policylink.org>.

RESOURCE NO. 6

Benton Foundation**Strategic Communications Toolkit and Sound Partners****Value**

A strategic communications toolkit, archived under Legacy Projects, includes promising practices and lessons learned for nonprofit groups.

Includes a Sound Partners project to encourage public radio and communities to work together to solve health problems. Individuals can sign up for *Sound Partners Weekly Digest* to obtain information on communication projects and resources. Review the toolkit that has information on community-based journalism, partnerships, promotion, and outreach.

Source

Available from URL: <http://www.benton.org>;
<http://www.soundpartners.org>.

RESOURCE NO. 7

The Research File. Information for professionals from the Canadian Fitness and Lifestyle Research Institute.**Value**

A series of one-page handouts on communication and policy topics. Start with these:

- Health campaigns leave lasting legacy, Reference No. 00-04
- Communicating health risks, Reference No. 99-11
- Media-based interventions, Reference No. 99-09
- Media advocacy, Reference No. 98-08
- Use of mass media, Reference No. 99-10
- Interventions for specific target groups, Reference No. 99-04
- Environmental and policy interventions, Reference No. 99-01
- Policies and community interventions, Reference No. 96-03

- Social ecological health promotion, Reference No. 98-02

- Moving communities to change, Reference No. 00-03

Source

Available from URL: <http://www.cflri.ca>.

RESOURCE NO. 8

Communication Initiative**Value**

Communication Initiative advances the extent and quality of communication and information for change mainly focused on international communication projects, and it may be useful in the planning of science and theory-based communication projects for other public health issues. Its Web site presents a family tree of communication theories, concepts, methodologies, and strategies, including information on behavior change, planning models, communication for social change, development communication, social marketing, media advocacy, and participatory communication.

Source

Available from URL: <http://www.comminit.com>.

RESOURCE NO. 9

Making Health Communications Work. National Cancer Institute, 2002.**Value**

The long-awaited update of the 1989 communication planning guide (*The Pink Book*). Presents and gives examples of key principles and steps in developing and evaluating health communication programs. Sources of additional information on each subject are included at the end of each chapter. A CD-ROM planning tool is also available.

Source

Available from URL: <http://www.nci.nih.gov>.

RESOURCE NO. 10

Bray R. *SPIN Works! A media guidebook for communicating values and shaping opinion*. San Francisco, CA: Independent Media Institute; 2002.

Value

A media guidebook produced by the SPIN (Strategic Press Information Network) Project. The SPIN Project provides media technical assistance to nonprofit public interest organizations across the nation that want to influence debate, shape public opinion, and garner positive media attention. Purchase the guide and check out other media resources and training opportunities on the Web site.

Source

Available for purchase from URL:
<http://www.spinproject.org>.

RESOURCE NO. 11

Wallack L, Woodruff K, Dorfman L, Diaz I. *News for a change: An advocate's guide to working with the media*. Thousand Oaks, CA: Sage Publications, Inc.; 1999.

Value

An often-cited resource on media advocacy strategies. Includes chapters on shaping the story, creating news, and talking to journalists.

Source

Available for purchase from URL:
<http://www.sagepublications.com>.

RESOURCE NO. 12

Frameworks Institute

Value

Information from the Frameworks Institute on how to use strategic frame analysis to promote policy change. Read issue papers, starting with

- Issue 7: Don't think about elephants
- Issue 9: A framer reads the news
- Issue 18: Strategic frame analysis [SFA] and policy-making: Where does SFA fit into our strategic plan?

Source

Available from URL:
<http://frameworksinstitute.org>.
For framing, see also Mooney C. Breaking the frame. *The American Prospect*. 2003;14(4).
Available from URL: <http://www.prospect.org>.

RESOURCE NO. 13

Andy Goodman

Value

Andy Goodman is an independent communications consultant who helps nonprofits, foundations, and progressive businesses reach more people more effectively. He publishes a monthly newsletter, *Free-Range Thinking*, which profiles best practices, success stories, and resources in the field of public interest communications. Read copies of newsletters and download a free copy of *Why Bad Ads Happen to Good Causes and How to Ensure They Won't Happen to Yours*, a guide on public interest print advertising. Look in the newsletter archive for articles on storytelling as best practice.

Source

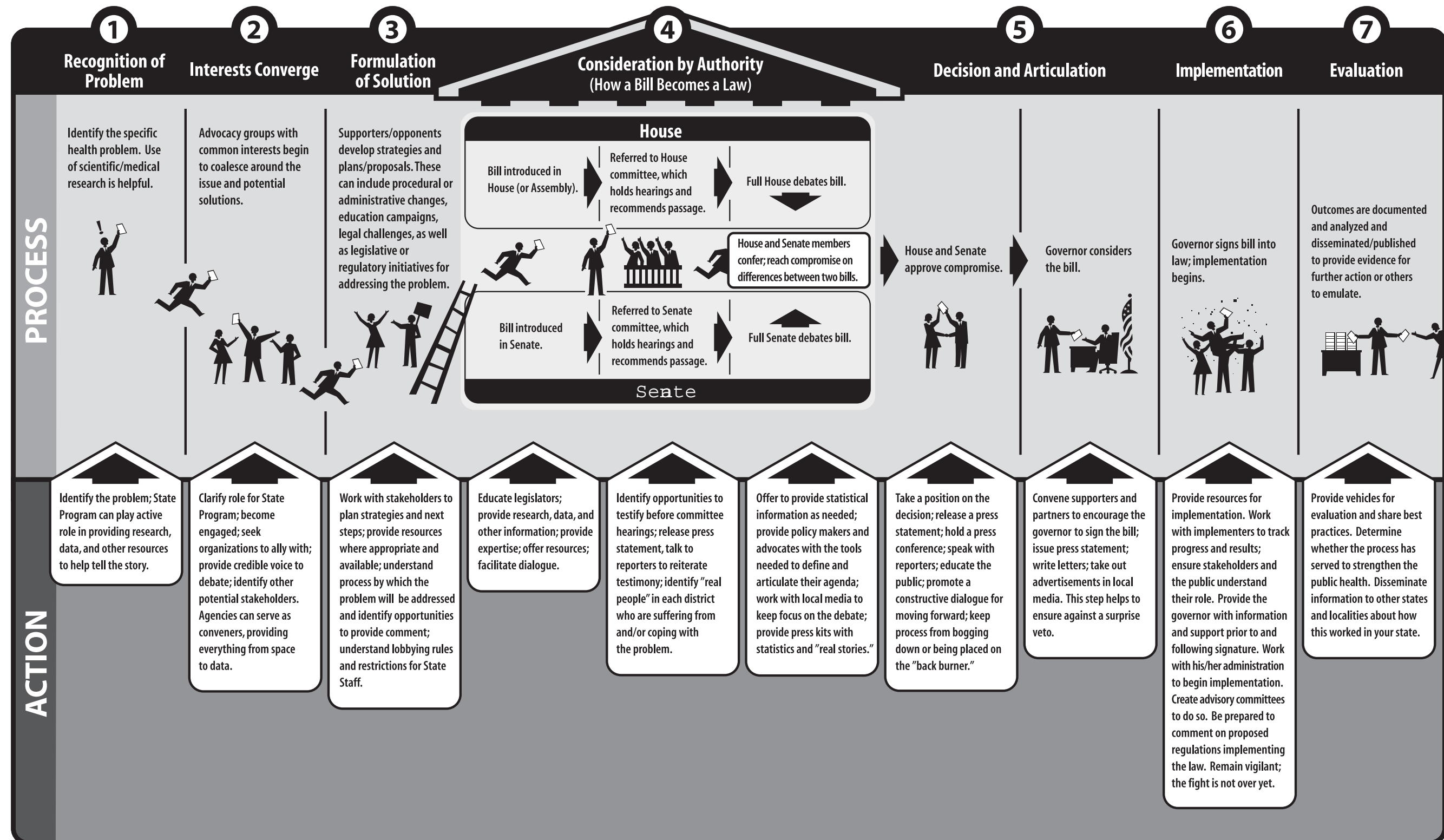
Available from URL: <http://www.agoodmanonline.com>.

More extensive resource lists are being developed to disseminate through the CDC CVH listserv and training opportunities. If you have suggestions about topics and materials to include on the lists, please send them to CAPT Susan Lockhart at sjl5@cdc.gov.

The list of resources is provided solely as a service for users of this guide. The resources cited in this guide do not constitute an endorsement by the Centers for Disease Control and Prevention or the federal government, and none should be inferred. CDC is not responsible for the content found in these resources. The tools in this guide are meant to guide users in developing materials for policy and environmental change. These tools are not meant to be duplicated directly.

Steps in the Policy Development Process and Suggested Actions to Affect the Process

This diagram outlines the state legislative process. Other possible routes to policy and environmental change include legal, school board, board of directors, and other formal/informal rule-making processes.



Source: Oleszek W.J. Congressional Procedures and the Policy Process, Congressional Quarterly (CQ) Press. 2001:14.

Working Toward Sustainable Local Policy Change: Steps and Examples Checklist*

This worksheet provides a general road map of the policy change process. The headings describe key stages, while the items below the headings provide steps and examples. The steps are not necessarily sequential, and many may be repeated several times during the process. The appropriateness of including any step in your effort will vary, depending on the specific goal and local policy-making process.

1 LAYING THE GROUNDWORK

- ___ Form or convene existing group.
- ___ Define structure and process for group (e.g., communication, decision making).
- ___ Develop written vision and mission statements.
- ___ Assess needs related to achievement of vision.
- ___ Set priority goals and objectives.
- ___ Form task force for policy initiative.

2 ASSESSING POLICY CHANGE OPTIONS

- ___ Assess policy(ies) needed to achieve vision and goals.
- ___ Gather information about effective practices (e.g., research and local successes).
- ___ Use local, regional, or state data to support the need for a policy.
- ___ Map stakeholders (e.g., affected population, supporters, opposition).
- ___ Assess community readiness (interest and capacity) for specific policy changes.
- ___ Prioritize policy work, based on impact and readiness.
- ___ Analyze local policy-making process related to priority policy(ies).

3 DEVELOPING AN ACTION PLAN

- ___ Develop policy change plan (who, what, where, when, how).
- ___ Assess group strengths and weaknesses, and design strategies to address the gaps.
- ___ Identify key decision makers and contacts needed for policy change. Find a champion!
- ___ Develop budget (and fund-raising plan if needed). Consider cost of policy enforcement as well as development.
- ___ Create timeline, working backward from change decision date (e.g., town or school board meeting).
- ___ Draft advocacy plan.

4 INCREASING AWARENESS AND SUPPORT

- ___ Determine key messages.
- ___ Develop communication strategies that incorporate key messages.
- ___ Develop media advocacy plan (if appropriate and feasible for local area).
- ___ Plan awareness events (e.g., community forum, informal neighborhood gatherings).
- ___ Plan how to respond to opposition and other concerns.
- ___ Identify key organizations to present to and recruit as supporters.
- ___ Identify other supporters and provide them with information and skills to express their support (e.g., phone scripts, talking points, sample letters, spokesperson training).

5 IMPLEMENTING PLAN FOR POLICY CHANGE

- ___ Draft a new policy or environmental change as you would like to see it.
- ___ Develop indicator(s) of success.
- ___ Carry out plans for recruiting supporters and increasing awareness and support.
- ___ Continually assess progress and keep leaders informed (and revise your plan as needed).
- ___ Draft a monitoring tool to track enforcement.
- ___ Arrange testimony at meeting(s) where policy adoption/passage is discussed and voted on.

6 MONITORING AND EVALUATION

- ___ Celebrate policy success and thank task force, key volunteers, and the like.
- ___ Publicize policy change!
- ___ Provide or arrange for technical support for implementers and enforcers.
- ___ Monitor intended and unintended outcomes of policy change.
- ___ Monitor policy enforcement.
- ___ Communicate monitoring results to key individuals.
- ___ Dissolve policy project task force or move on to next policy change project.

**Provided by the Maine Cardiovascular Health Program,
Department of Human Services*

AR-12 Lobbying Restrictions

CDC PROGRAM ANNOUNCEMENT 02045 CARDIOVASCULAR HEALTH PROGRAMS

Applicants should be aware of restrictions on the use of U.S. Department of Health and Human Services (HHS) funds for lobbying of federal or state legislative bodies. Under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors) are prohibited from using appropriated federal funds (other than profits from a federal contract) for lobbying Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, no part of CDC-appropriated funds, shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any state or local legislature, except in presentation to the Congress or any state or local legislature itself. No part of the appropriated funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any state or local legislature.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered “lobbying.” That is lobbying for or against pending legislation, as well as indirect or “grassroots” lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the federal or state levels to urge support of, or opposition to, pending legislative proposals is prohibited. As a matter of policy, CDC extends the prohibitions to lobbying with respect to local legislation and local legislative bodies.

The provisions are not intended to prohibit all interaction with the legislative branch, or to prohibit educational efforts pertaining to public health. Clearly there are circumstances when it is advisable and permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, it would not be permissible to influence, directly or indirectly, a specific piece of pending legislation.

It remains permissible to use CDC funds to engage in activity to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; provide leadership and training; and foster safe and healthful environments.

Recipients of CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and “grassroots” activities that relate to specific legislation, recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds. CDC also cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under federal law.


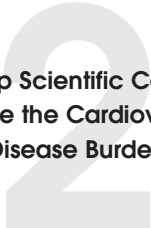
Source:

Centers for Disease Control and Prevention. AR-12 Lobbying Restrictions. CDC Program Announcement 02045. Cardiovascular Health Programs, 2002.

Suggested Communication Interventions

Below are some examples of specific communication interventions states can implement to fulfill each of the program components required of State Heart Disease and Stroke Prevention Programs. Your state does not necessarily need to implement all of the interventions described below, nor is this an exhaustive list. Use these resources to give you ideas about how to use communication strategies to fulfill your program components and achieve your goals of influencing policy and environmental change.

CAPACITY BUILDING STATES

Program Component	Examples of Communication Interventions for Each Recipient Activity
 <p data-bbox="212 684 505 747">Develop and Coordinate Partnerships</p>	<p data-bbox="594 604 1425 842">Use <i>The Blue Book</i> to develop a mini-brochure and/or a PowerPoint presentation about what policy and environmental change is and how it can be an effective approach for motivating behavior change. Consider using examples of past public health successes that employed this approach to strengthen your case. Share the brochure and/or presentation with existing partners when you meet with them to achieve buy-in.*</p> <p data-bbox="594 877 1425 1184">Based on knowledge of who your target audiences are for promoting policy and environmental change (e.g., community members in key legislators' districts, local associations of professionals impacted by proposed policy or environmental interventions), make a list of organizations and key stakeholders that would be crucial in influencing these audiences. Be sure to include those that have existing publications or other channels for communicating with these audiences. Schedule face-to-face meetings to get partnership buy-in from each organization or stakeholder not already committed.*</p>
 <p data-bbox="191 1331 526 1425">Develop Scientific Capacity to Define the Cardiovascular Disease Burden</p>	<p data-bbox="594 1266 1425 1541">Develop a fact sheet of striking, but readily understood, statistics that you and your partners can use in your communication with target audiences, such as policy makers. For example, work with epidemiologists to identify statistics or pull data from your state's Stroke Atlas and "translate" them into meaningful, concrete terms. For instance, compare a number with something visual and well known: "More African American men die of stroke each year in this state than people attend the Super Bowl."*</p> <p data-bbox="594 1577 1425 1640">Develop a fact sheet and talking points about your state's stroke burden that partners can use in their advocacy efforts.*</p> <p data-bbox="594 1675 1425 1808">When your state publishes burden documents or other reports on CVD data, send copies to legislators. Be sure to include charts, graphs, and other visual aids highlighting key points about the state's CVD burden.</p>

Develop an Inventory of Policy and Environmental Strategies

3

Gather information from local hospitals and other large health care providers about the guidelines their providers follow for treatment of high blood pressure and how they enforce or promote these guidelines. Summarize this information in a white paper or position paper that partners can use in their media advocacy activities and persuasive presentations.

Develop, Update, or Implement a Communication Plan

4

Ask partners who are active in your priority populations what newspapers, radio stations, TV stations, and other media outlets are most widely used among these populations in your state.*

Once your communication plan has been developed, work with a partner organization or your workgroup to hold a press conference announcing the new or increased focus on improving CVH in your state and on policy and environmental changes that could influence CVH. Time the press conference so you can simultaneously release new data about the CVD burden in your state.

Use the program goals and objectives specified in your communication plan to draft key messages for your initiative. Put a discussion of the draft messages on the agenda for one of your workgroup meetings.*

In your Heart Disease and Stroke Prevention State Plan, list your partners and the communication strategies each will use to achieve the plan's goals.

Provide Training and Technical Assistance

5

Start an e-newsletter for state and local health department staff on how they can get involved with policy and environmental change activities.

Develop a PowerPoint presentation based on *The Blue Book* that State Program staff and partners can use to promote policy and environmental change when giving presentations and meeting with policy makers. Successful environmental change strategies from tobacco prevention, water fluoridation, and lead poisoning, to name a few, can be used as talking points and illustrative examples.*

Hold media training for spokespersons, such as State Program staff and partnering organizations, on how to craft and use communication tools such as press releases, Op-Eds, and advertisements. Provide sample materials from this guide or past projects.*

6 Develop Population-Based Strategies

This guide is designed to help your state develop, implement, and evaluate communication interventions — which are population-based strategies — to address heart disease and stroke and related risk factors through policy and environmental change. For specific approaches and tactics related to stroke, high blood pressure, and heart disease, see pages 13–15.

7 Develop Culturally Competent Strategies for Priority Populations

Include specialty media appealing to priority audiences in your media contact lists.*





Solicit feedback on any proposed strategies from partners representing your priority populations. Ask them which strategies will be most persuasive for these populations and what resources/relationships the partners can leverage to implement them. For example, if these partners tell you that faith communities are the most effective means of reaching priority populations, find out what connections and relationships they have in state or regional faith organizations.

Develop handouts and talking points about signs and symptoms of heart attack and stroke, and ask community partner organizations active in your priority populations (e.g., churches and community service organizations) to give talks to groups in their communities.

**Chapters 5 and 6 address these interventions in greater detail.*

Suggested Communication Interventions

BASIC IMPLEMENTATION STATES

Program Component	Examples of Communication Interventions for Each Program Component
 Implement Population-Based Intervention Strategies Consistent With the State Plan	See program component 6 for Capacity Building states.
 Implement Strategies Addressing Priority Populations	See program component 7 for Capacity Building states.
 Specify and Evaluate Intervention Components	<p>Urge partners to report to states on their successes ASAP, since these can serve as model strategies for other State Heart Disease and Stroke Prevention Programs.</p> <p>Keep a file of minutes from each workgroup or partner meeting to document partnership development.*</p> <p>Modify the tracking form in the guide as necessary for monitoring news coverage on the policy and environmental issues your state is trying to influence. Assign someone from your staff or workgroup to gather and maintain files of all newspaper, TV, radio, or Web coverage on the topic.*</p>
 Implement Professional Education Activities	<p>Write an article about how stroke center certification will support neurologists, and work with professional associations to publish the article in their member newsletters.*</p> <p>Work with health care provider associations to develop a new or implement an existing continuing medical education (CME) course on guidelines for blood pressure treatment.</p> <p>Give a speech or provide an exhibit on the criteria for stroke center certification at health care provider association meetings.</p>

5

**Collaborate on Secondary
Prevention Strategies**

Assist your State Federally Qualified Health Centers to coordinate health education for diabetics and their families with the centers' care guidelines.

Work with a local hospital to write an article educating physicians about the guidelines for putting patients on cholesterol-lowering statin drugs and the importance of this treatment. Work with the hospital to include this information in the communication vehicles for reaching admitting physicians, such as physician newsletters.*

**Chapters 5 and 6 address these interventions in greater detail.*

Suggested Dissemination Strategies for Targeted Sites

These dissemination strategies will help you and your workgroup to implement policy and environmental changes in the health care, school, work, and community sites.

HEALTH CARE

- Write newsletter articles for professional associations' publications and Web sites.
- Work with professional societies and hospital organizations to contribute to CMEs.
- Provide tip sheets and talking points for hospitals to integrate CVH information into their advertising and community relations activities.
- Produce template educational materials, such as heart-health videos and point-of-purchase displays, which can be featured in waiting rooms.

WORK SITES

- Provide monthly articles on CVH-related topics for employee assistance newsletters.
- Conduct a brown-bag lunch series on cardiovascular disease prevention for corporate human resource directors, and distribute educational tools and materials they can distribute within the workplace, such as CVH “pay-check stuffer” tip sheets.
- Compose and disseminate a fact sheet on automatic external defibrillators (AEDs) to encourage businesses to buy them and train their employees on how to use them.
- Sponsor a work site wellness “rewards” program, such as a citywide contest to see which large local company can train the greatest number of employees in AED use or CPR.

SCHOOLS

- Provide school districts with educational materials that can help facilitate the development of heart healthy curriculum and/or special heart-health school observances.
- Produce and distribute a poster that discourages cigarette smoking and other heart disease risks, targeting students, parents, and the teaching community.
- Supply school cafeterias with special tray covers, providing students with “10 steps to building a healthy heart.”
- Sponsor a heart-health essay or art contest in public and private schools, and feature the winning entry as part of a local education effort.
- Submit Op-Eds and letters to the editor on CVH issues to the local college and university newspapers.

COMMUNITY

- Produce and display banners, billboards, and transit cards with CVH messages throughout your community, concentrating placement in high-traffic areas, such as major intersections, hospital entrances, and college campuses.
- Work with local public utility companies to print and insert helpful heart information in their monthly bills.
- Arrange for your local public libraries to feature CVH posters, pamphlets, and other educational materials.
- Write sermon notes and encourage local religious leaders to discuss the importance of heart health with their congregants and direct them to related educational programs.

4. What tasks or assignments have you achieved to date?

5. What resources have you invested in this workgroup thus far?

Financial: _____

Human: _____

Material: _____

Other: _____

6. Do you feel that you and the other members of the workgroup are committed to shared goals? What do you feel might help improve this aspect of the partnership?

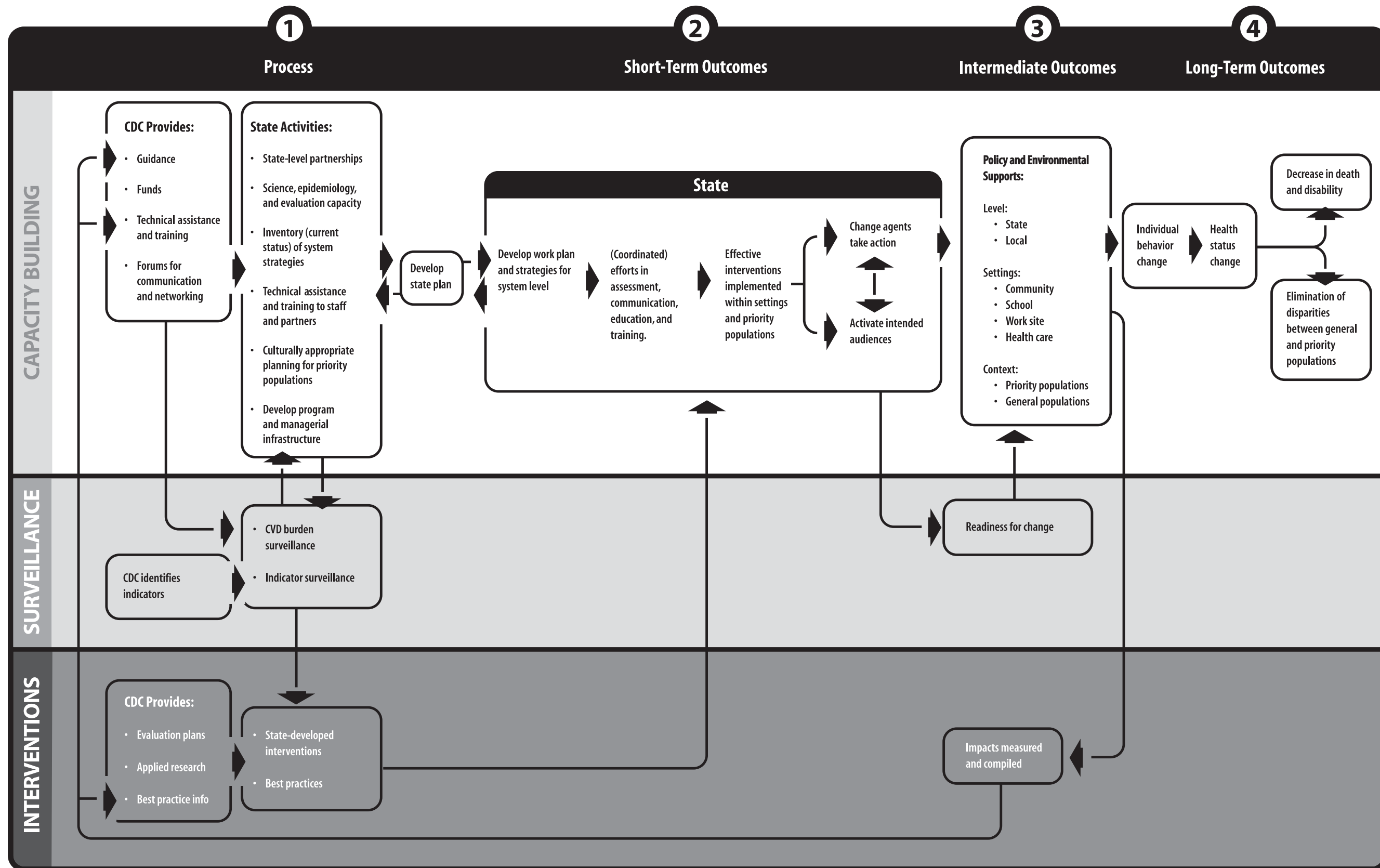
7. Do you feel that this workgroup has adequate leadership? What do you believe might help improve this aspect of the partnership?

8. What do you feel have been the greatest strengths of this workgroup, in terms of outcomes, processes, institutions, or any other perspective that you find important?

9. What do you feel are the workgroup's greatest challenges or areas in need of improvement, with respect to outcomes, processes, institutions, or any other perspective that you find important?

10. Please provide any additional comments that you feel are not covered in this questionnaire, but that will help us assess the workgroup thus far.

State Heart Disease and Stroke Prevention Program Logic Model



Source: Centers for Disease Control and Prevention

Media List and Contact Work Sheet

Use this work sheet to organize and track information about the media organizations you approach for story placement, as well as those that contact you unsolicited.

Media Type	Name of Media Outlet	Circulation	Story Subject/ Pitch	Contact Information	Date of Contact	Contact Method	Date of Follow-up	Outcome
State, City Newspapers	<i>Orange County Register</i>	400,000	Women and heart disease	D. Kristen (714) 234-5657	5/7/02	Phone	5/16/02	Article published 6/1/02
Radio								
TV								
Community Newspapers								
Neighborhood Association Newsletters								
Organization Newsletters								
Corporate Communications (employee newsletters)								
Health Clinic Publications								

Sample News Release*

News releases are used to make announcements and provide print, broadcast, and online media with the relevant information about a story idea, issue, or event. Whether you are advising them of a news conference, issuing a statement, or releasing new data, your news release will be the single most important document in attracting media attention. When drafting a news release, follow the “inverted-pyramid” style of writing by presenting your news in descending order of importance. Using active voice, try to answer “who, what, where, when, why” in the release’s lead, which is the first one to two paragraphs.

FOR IMMEDIATE RELEASE
February 16, 2003

For more information contact:
Jan Easterling - (803) 898-3884
easterjr@columb20.dhec.state.sc.us

WOMEN AND HEART DISEASE FOCUS OF STUDY

COLUMBIA, S.C. — A woman’s risk of dying from heart disease depends in part on where she lives, and for women who call South Carolina home, that risk is high, according to federal data released Wednesday on heart disease rates among U.S. women 35 and older.

Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality, released today by the Centers for Disease Control and Prevention (CDC) and West Virginia University (WVU), ranks South Carolina in the top 10 for death rates, based on data from 1991 through 1995. The atlas also highlights persistent inequalities among women of the five major racial and ethnic groups.

“It must be a high priority to help women in South Carolina understand their risk for heart disease. Heart disease has primarily been regarded as a man’s disease. But almost 5,000 South Carolina women died from coronary heart disease in 1997,” said Anne Lockwood, Cardiovascular Disease Prevention Program manager at the S.C. Department of Health and Environmental Control (DHEC).

DHEC’s program “is focused on working with communities to bring about change so where we all live, work, rest, and play will be in heart-healthy environments,” she added.

The atlas provides data on geographic, racial, and ethnic inequalities in women’s heart disease rates for the five major racial and ethnic groups — African American women, American Indian and Alaska Native women, Asian and Pacific Islander women, Hispanic women, and white women, and for all women combined. The American Heart Association was a reviewer of the draft atlas and is collaborating with CDC and WVU to distribute the publication.

“For the first time in history, this atlas provides information to assist South Carolina health care providers in identifying communities of women at risk for heart disease for each of five racial and ethnic groups,” said E. David Gibbons, chairman-elect of the American Heart Association’s Mid-Atlantic Affiliate Board of Directors and resident of South Carolina. “The atlas will help South Carolina tailor heart-healthy programs and policies to those in need,” Gibbons said.

continued on back

According to the atlas, women who live in parts of the rural South have dramatically higher rates of heart disease death than women living in most parts of the western U.S. and upper Midwest. According to the American Heart Association, African Americans in the southeastern United States have a greater prevalence of high blood pressure and higher death rates from stroke than those from other regions of the country. South Carolina, where heart disease and stroke are leading causes of death among African American females, is no exception.

“We need to develop and implement more strategies targeting African Americans, particularly women, to address this problem,” said Gardenia Ruff, director of DHEC’s Office of Minority Health. “Strategies should include the identification of affordable and accessible quality care statewide. Dialogue involving health care providers and community members is essential to develop culturally appropriate, community-based prevention strategies to reduce the risk of heart disease.”

The Office of Minority Health will be working with DHEC’s Women’s Health Program to address disparities related to women and heart disease, according to Julie Lumpkin, manager of the Women’s Health Program.

In South Carolina, where racial and ethnic minorities make up 31 percent of the state’s total population, heart disease is the chief cause of excess deaths among minorities when compared with the majority population. Black women have higher death rates, especially for stroke, than do white women. Black and other minority women are 1.6 times more likely to die from heart disease than white women and 1.9 times more likely to die from stroke.

Yet only recently have women been identified as an at-risk population for cardiovascular disease. Women are often diagnosed with cardiovascular disease in its advanced stages when treatment is less effective, according to the CDC.

Preventable risk factors for the disease include lack of physical activity, being overweight and obese, and smoking. Having diabetes also increases the risk of heart disease, particularly among African American women.

Additional information about the atlas, including a downloadable version of the report, can be found at the CDC Web site at: www.cdc.gov/nccdphp/cvd/womensatlas.

###

**Provided by the South Carolina Cardiovascular Health Comprehensive Program, Department of Health and Environmental Control.*

Sample Media Pitch Letter

Media pitch letters are written sales proposals designed to interest an editor or reporter in a potential story idea, interview, or event. They are presented in the form of a standard, one-page professional letter. A successful pitch letter typically contains an attention-getting opening statement; an explanation of why the reporter should be interested in the invitation; specific information about the event or story opportunity; and contact information for your media liaison.

[Date]

[Name of Journalist]

[Title, Name of Publication]

[Street Address]

[City, State Zip]

Dear [Mr./Ms./Mrs.] [Last name]:

When we are rushed to the emergency room with a life-threatening condition, we want and hope to receive the best medical attention there is. The sad reality for many of us, though, is that our hospitals and emergency services are not set up to provide optimal care for acute stroke. This is an alarming issue when you consider that stroke is one of the leading causes of death statewide and a leading cause of long-term disability.

[Organization or workgroup name] has conducted a community assessment, which found that [Appropriate percentage] of the state's population lack access to acute neurological services. Patients who receive treatment within the first few hours of stroke onset have a significantly lower rate of death or disability. But few benefit from potentially life-saving, time-sensitive treatments because hospitals lack the specialized equipment and stroke staff necessary to rapidly diagnose and treat stroke patients. Health care systems simply don't have adequate resources to develop stroke center networks to provide this care.

We will appreciate any coverage you can offer to alert [Name of state] residents to this important health care issue. Consider these facts about stroke and its impact on our community:

- Stroke killed more than [Insert number] people in [State] in 2003 alone.
- Nationally, stroke is the third leading cause of death.
- One in every 14.3 deaths in the U.S. is attributable to stroke.
- The chance of having a stroke more than doubles for each decade of life after age 55, raising concerns about our health care system's ability to care for the aging baby boom population.

[Organization or workgroup name] can make many people available to you for interviews, including stroke patients, physicians, health care administrators, and researchers. We would welcome the opportunity to assist you in covering this issue. I will follow up with you shortly, but in the interim, please contact me at [Work and home telephone numbers] if you have any questions.

Thank you for considering this story idea. I look forward to speaking with you soon.

Sincerely,

[Name]

[Title]

Sources:

American Stroke Association. *What Are the Risk Factors of Stroke?* (cited 2003 April 9). Available at <http://www.strokeassociation.org/presenter.jhtml?identifier=1060>.

Centers for Disease Control and Prevention. *Atlas of Stroke Mortality: Racial, Ethnic, and Geographic Disparities in the United States—2003*. (cited 2003 July 3). Available at <http://www.cdc.gov/cv/h/maps/strokeatlas/atlas.htm>.

Sample Fact Sheet

Fact sheets are concise reference documents containing the essential information about an industry, organization, event, outcome, or discovery. Their short outline style allows the media to identify the key elements of a story at a quick glance. The document should include the name, address, and work and home telephone and fax numbers of your media liaison.

Stroke

Stroke Is the No. 3 Killer in the United States and a Leading Cause of Severe, Long-Term Disability.

- Each year about 700,000 people experience a new or recurrent stroke. About 500,000 are first attacks and 200,000 are recurrent.
- In 1999, more than 1.1 million American adults reported difficulty with activities of daily living and other functional limitations resulting from stroke.
- In 2000, females accounted for 61.4 percent of stroke fatalities.
- From 1990 to 2000, the death rate from stroke declined 12.3 percent, but the actual number of stroke deaths rose 9.9 percent.
- The 2000 death rates per 100,000 population for stroke were 58.6 for white males and 87.1 for black males; and 57.8 for white females and 78.1 for black females.
- From the early 1970s to the early 1990s, the estimated number of noninstitutionalized stroke survivors increased from 1.5 to 2.4 million.
- Stroke costs the United States \$30 billion to \$40 billion per year.

Stroke Center Networks

What Is a Stroke Center Network?

Stroke center networks are made up of area hospitals and medical centers that are either primary stroke centers, comprehensive stroke centers, or are providing basic emergency services. When a stroke patient comes to an emergency room in the network, his or her case can be locally and regionally triaged. An acute stroke patient can be transferred to centers offering more

specialized levels of stroke care. Stroke center networks help ensure that patients receive time-sensitive, multidisciplinary treatment 24 hours a day, seven days a week.

Types of Stroke Centers

- **Basic Emergency Services:** Should have an organized approach for the initial evaluation, stabilization, and treatment of stroke patients, including consideration of whether to transfer patients to another center.
- **Primary Stroke Centers:** Meet the guidelines for primary stroke centers developed by the National Institutes of Neurological Disorders and Stroke, U.S. Department of Health and Human Services, and the Brain Attack Coalition.
- **Comprehensive Stroke Centers:** Guidelines are currently under development.

Primary Stroke Center Guidelines

Guidelines specify that primary stroke centers should address the following 11 aspects of acute stroke care:

Acute Stroke Teams of physicians, available around the clock, seven days a week, who can evaluate any patient who may have suffered a stroke within 15 minutes.

Written Care Protocols to streamline and speed up diagnosis and treatment of stroke patients.

Emergency Medical Services with improved hospital coordination to rapidly transport stroke patients to appropriate centers.

Emergency Department Staff with strong lines of communication with EMS and the acute stroke team as well as training in diagnosing and treating stroke.

Stroke Unit where patients can receive specialized monitoring and care beyond the initial life-threatening period.

Neurosurgical Services that can be provided to stroke patients within two hours.

Support of the Medical Center for efficiently providing high-quality acute stroke care, including support among all levels of staff and administration.

Neuroimaging that can be performed within 25 minutes of a physician order and evaluated within 20 minutes of the procedure's completion.

Laboratory Services available 24 hours a day, seven days a week.

Patient Outcomes/Quality Improvement tracked using a database or registry of patients and their treatments and outcomes.

Education Programs providing at least eight hours of continuing medical education credit per year to physicians and at least two annual programs for the public.

For more information about stroke centers in [State], please call [Media liaison name] at [Work number] or [Home number].

Sources:

Alberts MJ, Hademenos, Latchaw RE, et al. Recommendations for the Establishment of Primary Stroke Centers. Brain Attack Coalition. JAMA, 2000; 283(23):3102-9.

Centers for Disease Control and Prevention. Atlas of Stroke Mortality: Racial, Ethnic, and Geographic Disparities in the United States—2003. (cited 2003 July 3). Available at <http://www.cdc.gov/cvbm/maps/strokeatlas/atlas.htm>.

Sample Media Lead Sheet

Media lead sheets are designed to generate media interest in a selection of news angles, key issues, and/or feature ideas. Usually including three to five encapsulated news stories, lead sheets should provide a wide variety of topics related to your key audience segments.

Stroke Center Story Ideas

Aging Baby Boom Generation Heightens Need for Stroke Centers

As baby boomers age, medical advances are keeping pace, enabling the generation to live longer, healthier lives. This aging of America, however, has massive implications for the structure of our country's emergency health care services as baby boomers are at increased risk of acute stroke.

The U.S. Department of Health and Human Services' Administration on Aging (AoA) estimates that 80 million Americans, or one in four people, will be aged 65 or older by the year 2050. With rising age comes increasing risk of stroke. The chance of having a stroke more than doubles for each decade of life after age 55. While stroke is common among the elderly, many people under 65 also have strokes. According to the Centers for Disease Control and Prevention's *Atlas of Stroke Mortality*, stroke already is the third leading cause of death in the United States and a leading cause of long-term disability.

Scientists have developed new treatments for stroke that greatly reduce deaths and disabilities, but many are time-sensitive and need to be administered at the onset of stroke symptoms to be effective. An alarming percentage of Americans — nearly 20 percent — lack access to specially designated stroke centers that have the resources necessary to rapidly diagnose and treat acute stroke. This lack of access to acute neurological services over time will have a catastrophic effect on the health of our nation's burgeoning senior population, if it continues to go unaddressed.

Access to Stroke Care in Chadwick County Less Than National Average

Nearly 26 percent of Chadwick County residents lack access to hospitals providing acute neurological services, six percent higher than the national average, according to a recent community assessment conducted by the Coalition for a Stroke-Free Arizona.

Patients who receive approved treatments at stroke centers within the first three to five hours after onset of stroke symptoms have a significantly lower rate of death or disability. Few benefit from these time-sensitive treatments, however, because most hospitals lack the equipment and staff resources necessary to rapidly diagnose and treat stroke patients.

"It's been six years since national guidelines for the rapid identification and treatment of stroke were released, but a lot of people still don't have access to designated stroke centers that can provide this level of care," said Dr. Carolyn Stewart, of Herman Hospital Systems. "This is an alarming problem in a state where stroke is a leading cause of death."

Stroke Death Highest Among African Americans

Stroke Centers Offer Promise

Stroke is the third leading cause of death in the country, and African Americans' rate of death from stroke is the highest among all racial and ethnic groups, according to a report issued by the Centers for Disease Control and Prevention. Arizona's stroke mortality rate is 108 deaths per 100,000 people ages 35 years and older. But among African Americans, the rate is much higher: 127 deaths per 100,000. Arizona's racial and ethnic disparities in stroke death mirror a pattern that is reflected in states across the country — alarmingly high rates across all population groups, with African Americans experiencing the highest rate of stroke-related deaths.

"The reasons for this disparity are not well understood, but we do know that one factor influencing any stroke patient's likelihood of survival or long-term disability is prompt diagnosis and treatment at a specialized stroke center," said Barbara Godfry, Director of the Arizona Department of Health and Human Services. The state is currently conducting a community assessment of acute neurological

services to determine what level of care area hospitals currently have the resources and capacity to provide. “If the state does make resources available to develop stroke center networks, a key factor will be ensuring that resources are allocated in such a way as to address racial and ethnic disparities in stroke death in our state.”

Physician Association Supports Move to Offer Hospital Incentives for Specialized Stroke Care

The Clarke County Hospital Association of Neurologists (CCHAN) is the latest in a growing number of organizations to throw its support behind an effort to provide financial incentives to hospitals that meet national guidelines for “offering basic capacity in stroke care.” Currently, 24 percent of the state’s population lack access to stroke centers or other acute neurological services for stroke, the third leading cause of death.

“CCHAN supports the adoption of national guidelines for secondary stroke care, including the establishment of stroke center networks. In light of the financial burden to create these networks, we support incentives to hospitals that provide specialized stroke care,” said Dr. Lenore Mora, the chapter’s president, in a written statement.

The additional funds hospitals would receive are designed to offset the extensive costs of establishing a network of stroke centers. Centers would have 24-hour access to adequate laboratory facilities, diagnostic equipment, and specialized stroke staff. Patients requiring advanced services to prevent death or severe disability could be transferred to centers offering appropriate levels of care.

Sources:

Centers for Disease Control and Prevention. Atlas of Stroke Mortality: Racial, Ethnic, and Geographic Disparities in the United States—2003. (cited 2003 July 3). Available at <http://www.cdc.gov/cvbm/maps/strokeatlas/atlas.htm>.

Kinsella K, Velkoff VA. An Aging World—2001. International Population Reports. National Institute on Aging, U.S. Department of Health and Human Services, November 2001. (cited 2003 April 9). Available at <http://www.census.gov/prod/2001pubs/p95-01-1.pdf>.

Sample Media Advisory*

Media advisories generally are developed to provide advance notice or remind reporters of an upcoming event, such as a news conference or proclamation signing, and generate on-site media coverage. They are written as concise, 5 Ws (what, who, when, where, why) alerts, and have a short format, using bigger and bolder typefaces than the standard news release.

MEDIA ADVISORY
January 26, 2003

For More Information:
HELLEN FELLERS-DEKLE
Project ASSIST
(803) 898-0726

- WHAT:** David Goerlitz, former Winston cigarette model, to educate and activate almost 100 tobacco prevention advocates from the Midlands.
- WHO:** The Coalition for a Tobacco Free Midlands, a Project ASSIST (American Stop Smoking Intervention Study) funded organization.
- WHEN:** Thursday, January 28, 2003 at 1:00 pm.
- WHERE:** Coalition's Annual Meeting, SC State Museum — Auditorium, 301 Gervais Street, Columbia, SC.
- WHY:** To stand against the targeting and selling of lethal tobacco products to young people; in conjunction with the State Museum's "Altered States: Alcohol and Other Drugs in America" exhibit.

**Provided by the South Carolina Cardiovascular Health Comprehensive Program, Department of Health and Environmental Control.*

Sample On-site Media Checklist for News Conferences

An on-site media checklist will help make your media event a success. The sample below will ensure that last-minute details are complete and the event runs smoothly.

ON-SITE MEDIA CHECKLIST

- Media registration desk is set up and clearly identified at the conference site's entrance with a sign-in sheet and sufficient supply of media kits.
- Head table with a podium is present.
- Room is brightly lit.
- Tape recorder and video camera(s) are set up.
- Seating is arranged in a way that reporters can see and hear clearly.
- Sufficient space has been left between the head table and audience for photographers.
- Areas are reserved for news camera crews.
- Microphones have been tested.
- Electrical outlets have been checked.
- An individual is available to assist if a problem arises with equipment or site logistics.

Sample Op-Ed

Op-Ed articles are brief opinion pieces, usually published opposite the editorial page in newspapers. They allow the newspaper's readers to present a particular position or thought on timely or controversial topics in greater depth than is possible with a letter to the editor. The sample below can serve as a model, but be sure to tailor your Op-Ed to the format and approach most likely to appeal to the editor of the newspaper that you have targeted to submit the Op-Ed. Localizing the Op-Ed using state-specific information from the *Stroke Atlas* will strengthen your piece.

Once someone has a stroke, nothing is ever the same for them, their family members, or others close to them. An alarming number of patients die each year — 278,000 in 1999 alone — and many more survive but live with disabilities that keep them from leading independent lives.

Over the past several years, scientists have developed new treatments that can reduce the number of stroke deaths and disabilities. The reality, though, is that few benefit from these new treatments. Most have to be administered within the first few hours of stroke onset, and the majority of hospitals in our community lack the specialized staff and equipment needed to rapidly diagnose stroke and administer approved treatments 24 hours a day, seven days a week.

This used to be the story with trauma deaths as well, but since the development of trauma centers within hospitals, deaths and disabilities have dropped dramatically. The time has come for the state legislature to provide funding so we can do the same for stroke. We need to create a network of stroke centers that can triage incoming emergency room patients and rapidly provide new life-saving treatments.

The promise of stroke centers already is being played out in other communities. Cincinnati, for example, put together a “stroke team” and lowered short-term and long-term mortality rates. Its patients also are less likely to need institutional long-term care following a stroke.

Actual stroke centers would have 24-hour access to similar teams of physicians and specialists, as well as laboratory facilities and neuroimaging equipment. A protocol for transferring stroke patients to centers with appropriate levels of care would ensure each patient receives optimal care.

All of this requires money — a lot of it — and it is a burden that our health care system currently cannot shoulder. Yet, it needs to be done. Stroke is the third leading cause of death nationwide [Customize based on your state's *Stroke Atlas* data], and most projections show that rates are only going to rise as our population ages. We cannot continue to sit by and do nothing.

The state legislature must provide funding to create a network of stroke centers. Without additional resources, people in our community will continue to lack access to an optimal level of care for stroke treatment, and lives that could have been saved will be lost.

[Name]

[Title]

[Organization]

Sample Talking Points

Talking points should always be tailored to the specific presentation, media interview, or other planned communication activity you orchestrate. It also is a good idea to have general talking points prepared for responding to unexpected calls and other requests for information from the media, potential partners, and others.

TOPIC: STROKE CENTERS

Key Messages:

- The health care system in our state is not set up to rapidly diagnose and treat stroke patients.
- As a result, many patients do not receive approved treatments for acute ischemic stroke.
- Funding resources need to be allocated to create an adequate stroke center network in our state.

Stroke Center Statistics:

- There are a number of approved treatments for stroke that can dramatically reduce disability, but currently, fewer than five percent of eligible patients receive approved treatments for acute ischemic stroke.
- Patients treated quickly, either with approved emergency treatments or through a comprehensive stroke center, have better outcomes than patients who delay treatment.
- According to a survey conducted by the American Academy of Neurology, 20 percent of the U.S. population is without access to acute neurological services.

National Data — Stroke:

- Stroke is the number 3 killer in the United States and a leading cause of severe, long-term disability.
- Each year about 700,000 people experience a new or recurrent stroke. About 500,000 are first attacks, and 200,000 are recurrent.
- In 1999, more than 1.1 million American adults reported difficulty with activities of daily living and other functional limitations resulting from stroke.
- In 2000, females accounted for 61.4 percent of stroke fatalities.
- From 1990 to 2000, the death rate from stroke declined 12.3 percent, but the actual number of stroke deaths rose 9.9 percent.
- The 2000 death rates per 100,000 population for stroke were 58.6 for white males and 87.1 for black males, and 57.8 for white females and 78.1 for black females.
- From the early 1970s to early 1990s, the estimated number of noninstitutionalized stroke survivors increased from 1.5 to 2.4 million.
- Stroke costs the United States \$30 billion to \$40 billion per year.

State Data — Stroke:

- From 1991–1998, 127 out of 100,000 African Americans died of stroke.
- From 1991–1998, 108 out of 100,000 Caucasians died of stroke.
- From 1991–1998, 102 out of 100,000 Hispanics died of stroke.

Sources:

Centers for Disease Control and Prevention. Atlas of Stroke Mortality: Racial, Ethnic, and Geographic Disparities in the United States—2003. (cited 2003 July 3). Available at <http://www.cdc.gov/cvhl/maps/strokeatlas/atlas.htm>.

National Institute of Neurological Disorders and Stroke. Choosing Your Level of Care. 2002 Symposium Improving the Chain of Recovery for Acute Stroke Patients in Your Community. [Task force report].

Sample Drop-in Article*

A drop-in article is a completely prewritten news or feature story that can be published verbatim in state health department publications, organizational newsletters, community magazines, shopping guides, and other local materials that regularly fall into the hands of key audiences.

“COMMUNITIES BLAZING TRAILS FOR IMPROVED CARDIOVASCULAR HEALTH”

Four successful South Carolina efforts to create community green spaces and trails were highlighted during a workshop on March 29 at Clemson University Sandhill Research and Education Center in Columbia. The Three Rivers Alliance, the North Augusta Greenway, the Palmetto Trail, and the Town of Port Royal shared information on smart growth planning and connecting trails and communities.

The S.C. Community Trail and Greenway Planning Workshop was designed to promote trails, paths, and walkways (green spaces) as a part of healthy communities. Teams recruited by health district staff represented communities from Anderson, Spartanburg, Rock Hill, Columbia, Florence, Charleston, Conway, and Sumter. Participants took home a greater awareness of the benefits of trails and green spaces for communities.

The workshop was sponsored by the Bureau of Community Health’s Cardiovascular Health Program in collaboration with the Department of Parks, Recreation, and Tourism; the Governor’s Council on Physical Fitness; Sumter County Active Lifestyle; the University of South Carolina Prevention Research Center; and the Palmetto Conservation Foundation.

The four successful trails and green space community projects include:

Three Rivers Alliance: When completed, the Three Rivers Greenway will be a 12-mile linear park along the Broad, Saluda, and Congaree rivers near downtown Columbia. It will provide opportunities for recreation and public access to the rivers, which are now very limited.

North Augusta Greenway: This flat, 5.2-mile paved greenway trail in North Augusta meets a growing need for outdoor activities such as walking, biking, and running. It is a converted segment of abandoned railway corridor.

Palmetto Trail: When finished, the Palmetto Trail will be a recreational trail more than 425 miles long that traverses the state of South Carolina. The trail will connect the mountains to the sea, forming a spine for a network of trails.

Town of Port Royal: The Town of Port Royal in Beaufort County began planning a renovation and beautification project in the early 1990s to foster and enhance community spirit and physical activity among residents. Boardwalks and walking trails have been built to increase physical activity.

For more information on these and other projects, contact Hellen Fellers-Dekle in the Cardiovascular Health Program of the Bureau of Community Health at (803) 898-0726.

**Provided by the South Carolina Cardiovascular Health Comprehensive Program, Department of Health and Environmental Control.*