chapter 7

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 sjl5@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 (ASTDHPPHE) 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

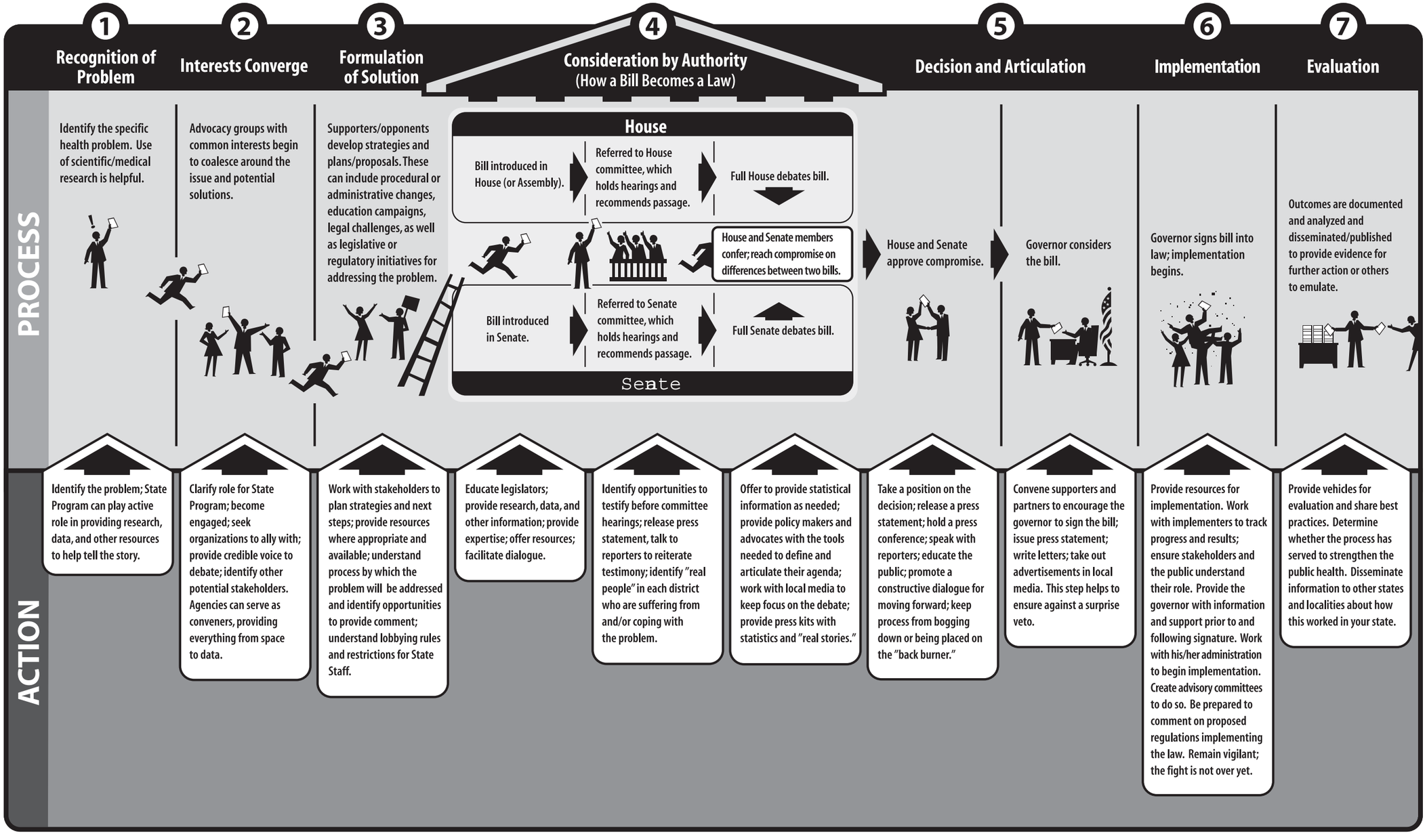
Available from URL: http://www.agoodmanonline.com.

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 subtier 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
1 **Develop and Coordinate Partnerships**	Use *The Blue Book* 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.* 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.*
2 **Develop Scientific Capacity to Define the Cardiovascular Disease Burden**	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."* Develop a fact sheet and talking points about your state's stroke burden that partners can use in their advocacy efforts.* 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.

3 Develop an Inve[illegible] of Policy and Environmental [illegible]tegies

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.

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4 Develop, Upda[illegible], a[illegible] Implement a CV[illegible]stat[illegible]an

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.

---

5 Provide Tr[illegible]d Technical Assistan[illegible]

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.*

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6 Develop[illegible]n-Based [illegible]ategi[illegible]

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.

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7 Develop Cultur[illegible] Competent Strategies for P[illegible]ty 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
1 **Implement Population-Based Intervention Strategies Consistent With the State Plan**	See program component 6 for Capacity Building states.
2 **Implement Strategies Addressing Priority Populations**	See program component 7 for Capacity Building states.
3 **Specify and Evaluate Intervention Components**	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. Keep a file of minutes from each workgroup or partner meeting to document partnership development.* 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.*
4 **Implement Professional Education Activities**	Write an article about how stroke center certification will support neurologists, and work with professional associations to publish the article in their member newsletters.* 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. Give a speech or provide an exhibit on the criteria for stroke center certification at health care provider association meetings.

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.

Status Assessment Tool — Communication Workgroup Member Feedback

Use this worksheet to assess your workgroup's progress toward its goals. Have each member answer the questions below.

1. What is your name and title, and the name of your organization?

2. In one or two paragraphs, please describe what you are trying to accomplish as part of the _____ workgroup. Please explain how the workgroup's objectives relate to your organization's mission.

3. What is your organization's role in this workgroup?

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?

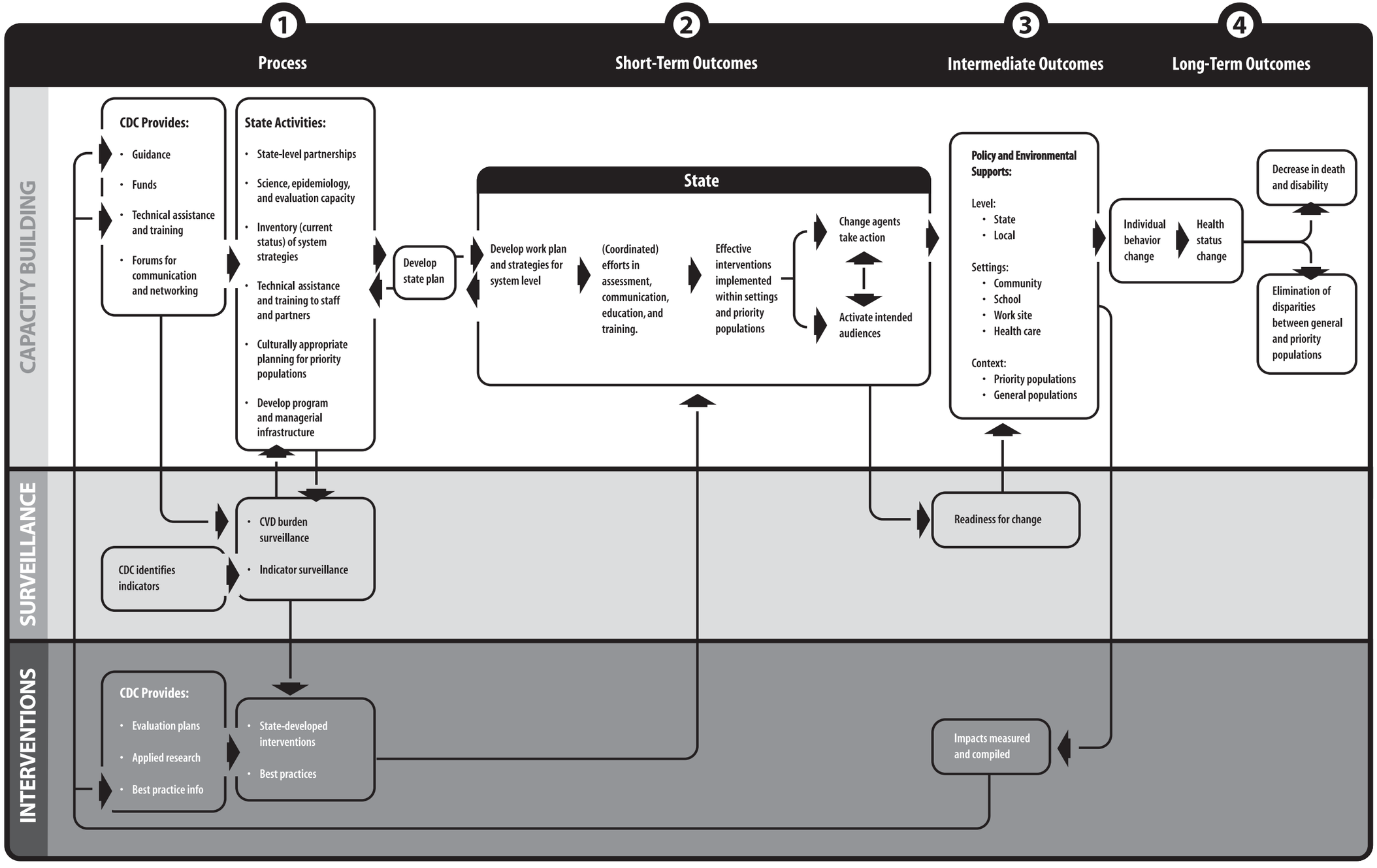
7. Do you feel that this workgroup has adequate leadership? What do you believe might help improve this aspect of the partnership?

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	*Orange County Register*	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.

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**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/cvh/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/cvh/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/cvh/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/cvh/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.*