

WHCA ACTION GUIDE
World Health Communication Associates



Health Literacy Action Guide - Annex

PROMOTING HEALTH

**ADVOCACY GUIDE FOR
HEALTH PROFESSIONALS**

HEALTH PROMOTION
ADVOCACY GUIDE FOR

INTERNATIONAL COUNCIL OF NURSES



and promoters - advocates **ADVOCACY GUIDE** - public health advocates -



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ADVOCACY GUIDE FOR
HEALTH PROFESSIONALS
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HEALTH PROMOTING



Health Literacy Action Guide – Annex

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ADVOCACY GUIDE FOR HEALTH
PROFESSIONALS



This Promoting Health Advocacy Guide for Health Professionals is published as an annex to the WHCA Health Literacy Action Guide edited by Carinne Allinson and Franklin Apfel.

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2010 edition

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INTRODUCTION

“Teaching ourselves and patients to use anti-retrovirals is doable as long as we have a reliable supply of quality affordable drugs” **Zambian Nurse**

“Teaching our children to cross the street safely is fine but slowing traffic by their school would really reduce the risk of accidents” **Hungarian physiotherapist**

“Moving patients out of the hospital to the community is great as long as there are facilities and services available there”
Australian doctor

All of us have ideas and concerns about how we might do things differently, and better, on our wards, and in our hospitals and communities. All of us have our “wish lists” of policies, programmes and levels of funding that could lead to better health for our patients¹ and communities. Health advocacy is an individual and collective approach that health professionals can use to turn these ideas into generalised realities and to create positive health and social change.

A DEFINITION OF ADVOCACY

Blending science, ethics and politics, advocacy is self-initiated, evidence-based, strategic action that health professionals can take to help transform systems and improve the environments and policies which shape their patients’ behaviours and choices, and ultimately their health.

The health professions see advocacy as a core competence of professional practice, alongside scientific knowledge, clinical and inter-personal skills. Although many good examples of effective health professional advocacy exist, we see health advocacy, particularly as it relates to influencing institutional, community, national and international policies, as an under-developed skill area in need of urgent strengthening.

Whether you are a nurse, pharmacist, physician, dentist, physiotherapist, manager, or any other health professional, this guide aims to provide you with a practical advocacy action framework that you can use in your daily work.

¹ The term patient is used throughout as a shorthand for service users, clients and other people receiving services from health professionals.

Section 1 provides an ethical rationale for action and identifies key global health trends driving the need and opportunities for strengthened health professional advocacy.

Section 2 identifies ten “action steps” which you can adapt to your own issues and contexts.

In Section 3, specific advocacy skills and processes are described in more detail. These approaches can and have been used by health professionals in a wide variety of settings to enhance their own personal development, stand up for and with their patients, strengthen their professions, and facilitate policy change at institutional, community, regional, national and international levels.

POLICY CHANGE—THE SYSTEM-LEVEL FOCUS

Health professional advocacy² can be applied at personal/professional,³ patient⁴ and policy change/system levels. While action in all these areas is needed, this guide specifically focuses on how to argue for/promote policy change at a ‘systems’ level. Such ‘systems’ include any institution, community, citizen group, association or agency, governmental or non-governmental, public or private, national or international, with which health professionals work, that can, through their policies and power, influence public health and health care systems. Strong health professional advocacy is critical in these policy arenas, not only to make the systems work better, particularly

² The term ‘advocacy’, particularly in the sense in which it is used throughout this document, may not translate directly into some languages and several words may be needed to capture the sense of the English word. The advocacy focused on in this guide is not legal advocacy, i.e. pleading for another person in court or upholding the legal or human rights of one or a group of clients at their request (Wheeler 2000; Mallik 1998).

³ On a personal and professional level, health professionals can advocate for their rights as workers and for appropriate recognition of their contributions within their institutional community and environments. This could include trade union considerations, opportunities for training, participation in the decision-making processes, and a host of other issues.

⁴ Working for and with their more vulnerable patients/clients/service users and their carers, particularly when people in care are incapacitated or have a mental illness that affects their judgement, health professionals can advocate for fair and appropriate care and services. This type of direct patient advocacy necessitates that the health professional be respectful and knowledgeable of relevant ethical and legal implications of such third party representation; in particular, health professionals must weigh their duty of care against the autonomy of the person in care. Moreover, concerns have been raised about the lack of training and system support offered to health professionals in relation to their roles as patient advocates. (Teasdale, in Wheeler 2000)

for vulnerable populations, but also to counteract the efforts of interest groups that stand to lose from the implementation of good public health practice.

A NOTE OF CAUTION

The recommendations in this guide focus on advocacy approaches in democratic countries. 'Advocacy' assumes that people have rights and that these rights are enforceable; for example, the right to voice opinions openly and to organise, as well as the right to adequate health care, pollution-free environments, employment and housing. Advocacy often focuses on ensuring that these rights are exercised, respected and addressed. The approaches detailed in Section 3 are potentially effective only in political environments where:

- policy-makers can be influenced by public opinion; and/or
- governments can and do take action to protect the rights of their citizens; and/or
- there is an open and free media through which people can express themselves/find a voice (Sen 1990).

Where these public freedoms do not exist, the most effective way of changing policy may not be through direct advocacy. It may require action from outside the country, from international agencies, and from actual and potential economic partners, e.g. as during apartheid in South Africa (Sida 2005). Health professionals advocating for change in undemocratic environments may be putting themselves at risk and are advised to take a strategic, long-term perspective and, where possible, strengthen links with appropriate international advocacy groups.

SECTION 1

Ethics, Advocacy and Global Trends

The ethical basis for health professional advocacy is articulated and enshrined in many international and national professional association codes.

The ICN code (2002), for example, states that “the nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations.” The General Medical Council in the UK (2002) states that physicians must work to “protect and promote the health of patients and the public.”

Other national codes specifically call for health professionals to recognise the need to address organisational, social, economic and political factors influencing health and **to advocate for appropriate health policies and decision-making procedures that are consistent with current knowledge and practice**, for fairness and inclusiveness in health resource allocation, including policies and programmes addressing determinants of health (CNA 2002).

The UN Universal Declaration of Human Rights states that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” (UN 1948)

These ethical guidelines provide strong moral and political platforms, instruments and rationales for health policy advocacy action.

GLOBAL TRENDS

The rationale for such advocacy action is further fuelled by a number of significant contextual factors that are reshaping the health care landscape, albeit unevenly, around the world. Taken as a whole, these trends serve as a powerful driving force for change and provide unprecedented opportunities for health professional advocacy.

BE AWARE

There are several points of contact where the support of healthcare providers can be discussed for control of consumption during dispensing time, when the treatment is being distributed, if the medicine positively affects their consuming behaviour.

A patient may feel uncomfortable because of being asked: discussion might be experienced as questioning of treatment. It is important to query gently to ensure safety.

1. **WHORE** patients will not buy the medicine. However can be detected in the consumption of healthy individuals from a chronic and stable disease. For example: "Did you experience the medicine from a chronic and stable disease?"

2. **WHORE** patients should have had the same drug for months. It can be suspected that patients have the following: the product and the current market when they purchase medicine.

For example: "How the packaging of the product is clear? Is it marked with clearly marked text? Is it marked with clearly marked text?"

3. **WHORE** the medicine is expected to have effects. By expecting more effects, patients may perceive that the medicine is not working. For example: "Did the medicine cause any noticeable side effects?"

4. **WHORE** the medicine is expected to have effects. By expecting more effects, patients may perceive that the medicine is not working. For example: "Did the medicine cause any noticeable side effects?"



BE AWARE

When treatments fail...
Counterfeit medicines are possible suspects



Help keep patients safe

The World Health Professions Alliance (WHPA)

The World Health Professions Alliance brings together the International Council of Nurses, the International Pharmaceutical Federation, the World Dental Federation and the World Medical Association and works on behalf of more than 20 billion health care professionals worldwide. Through training, information and advocacy, the Alliance works to ensure that health care professionals have the skills and knowledge to provide the best possible care for their patients. The Alliance also works to ensure that health care professionals are recognized and respected in their own countries and around the world.

www.whpa.org

World Health Professions Alliance (WHPA) campaigns. For example this patient safety initiative warning on the dangers of counterfeit drugs provides a strong platform for advocacy action by health professionals at global, regional, national and local levels.

GLOBAL TRENDS—SUMMARY

- Health reforms and growing inequalities in health
- Changing patterns of illness and the aging of societies
- New global health threats
- Health workforce imbalances
- Functional health illiteracy
- Better ways of measuring social determinants of health
- Telecommunication advances
- Globalization of risk promotion
- Advocacy successes
- Health sector leadership and global governance

Global trends driving the need for strengthened health professional advocacy include:

1. **Health reforms and growing inequalities in health**

The adoption of a business approach to health reform, guided by efficiency outcome measures, has often led to a re-orientation of priorities. Economic values inherent in an industrial and/or for-profit approach have in many places replaced fundamental commitment to access and care for many vulnerable persons, e.g. the poor, elderly and unemployed. Health professional advocacy is needed to ensure access, care and fairness.

2. **Changing patterns of illness and the aging of societies**

According to the World Health Organization (2005), chronic diseases currently account for more than half of the global disease burden in both developed and developing countries. This shift has spurred several international health professional associations to call for major changes in training and practice to develop the skills required to meet these new challenges.

3. **New global health threats**

Globally perceived health threats of climate change, the influenza pandemic, the emergence and re-emergence of infectious diseases and anti-microbial resistance have put public health more 'centre-stage' on world security agendas. This has led to new and significant public and private funding and investment and has opened high-level political doors to health advocates and public health values.

4. **Health workforce imbalances**

National and international agencies and associations now acknowledge that efforts aimed at addressing the Millennium Development Goals and other global health challenges will have only limited impact in the absence of adequate human resources. Addressing workforce shortages and imbalances within and between countries, whether due to economics, working conditions, security issues, training, migration or other causes, requires strengthened health professional advocacy.

5. **Functional health illiteracy**

As health systems become more complex, patients are experiencing increasing difficulties in 'navigating' through health care systems. Functional health illiteracy is associated with premature death, prolonged hospital stays, poorer

health and increased health system costs. All health systems require stronger policies which make access to information and requisite education more fairly available.

6. **Better ways of measuring social determinants of health**

Evidence has, for a long time, pointed to the important influence of social and economic determinants of health. New epidemiological methodologies can now provide quantitative feedback on the impact of system-level/policy interventions aimed at addressing key determinants of health. Hitherto these interventions have received little health system attention and funding because they were considered to be poorly measurable and outside the direct influence of health and social care.

7. **Telecommunication advances**

The internet, mobile phones and other telecommunication advances allow for instant local-global linkages, and cost-effective information transfer and intelligence gathering. These technological changes, albeit unevenly distributed, create new opportunities for local, national and international advocacy.

8. **Globalization of risk promotion**

Choices, perceptions and behaviours are shaped by the health information marketplaces within which people and policy-makers work, play and live. These marketplaces are all too often dominated by global economic and political interests, such as the tobacco, high density food and arms industries, whose advertising and marketing have a negative impact upon public health through the direct promotion of lethal or health-compromising products, the glamorising of risky behaviours, and the 'normalisation' of hazard use in every facet of modern life. The negative health messages and influence of these global forces are best challenged by knowledgeable, credible, reliable and independent health advocacy.

9. **Advocacy successes**

Advocates around the world have demonstrated their ability to catalyse change on every level. Advocacy of one form or another has been central to all public application of medical and health research over the last centuries. Successful campaigns for sanitation, fluoridation, seat belts, or no smoking in public places, have demonstrated the value of sustained advocacy and provide inspiration and guidance for those tackling new public health challenges.

10. **Health professional leadership and global governance**

Health professionals, by virtue of their scientific knowledge, practical clinical experience in a wide variety of settings, and their perceived trustworthiness, are well positioned to provide leadership in health policy debates.

Delivering Quality, Serving Communities: Nurses Leading Chronic Care



12 May 2010

International Nurses Day

Each year on 12 May, International Nurses Day, the ICN identifies a key issue and provides a global platform for its member associations and other agencies to raise awareness and advocate for policy action on designated topics. Such annual events allow for better planning, coordination and impact of communication initiatives. The theme for 2010 focuses on the role of nurses in addressing the epidemic of chronic diseases in all countries.

SECTION 2

A Framework for System-level Health Advocacy

A 10-STEP ADVOCACY FRAMEWORK

A 10-STEP ADVOCACY FRAMEWORK

Advocacy is about:

1. **Taking action**—overcoming obstacles to action;
 2. **Selecting your issue**—identifying and drawing attention to an issue;
 3. **Understanding your political context**—identifying the key people you need to influence;
 4. **Building your evidence base**—doing your homework on the issue and mapping the potential roles of relevant players;
 5. **Engaging others**—winning the support of key individuals/organisations;
 6. **Developing strategic plans**—collectively identifying goals and objectives and best ways to achieve them;
 7. **Communicating messages and implementing plans**—delivering your messages and counteracting the efforts of opposing interest groups;
 8. **Seizing opportunities**—timing interventions and actions for maximum impact;
 9. **Being accountable**—monitoring and evaluating process and impact; and
 10. **Taking a developmental approach**—building sustainable capacity throughout the process.
-

Step 1: Advocacy is about taking action

Effective advocacy requires health professionals to take the initiative. You are most often moved to act and react when you see unfair, unjust, unhealthy environments, practices and funding decisions.

Many factors influence your ‘action competence’—a term coined by the WHO in relation to the reticence of people in post-Soviet Eastern Europe to take the initiative in the expectation that they must await orders from above. (Denham 2002)

PRESCRIPTION FOR A HEALTHY PLANET



NAME: Planet earth and inhabitants

AGE: 4.5 Billion years DATE: 6th October 2009

DIAGNOSIS:

- ☐ Over-consumption of fossil fuels
- ☒ Global climate destabilisation

TREATMENT:

ELC leaders must push for a strong treaty in Copenhagen – promoting a healthy climate

- ☐ Protect public health
- ☐ Transition to clean energy
- ☐ Reduce emissions
- ☐ Finance global action

SIGNATURES OF THE PRESCRIBERS



HEALTH AND ENVIRONMENT ALLIANCE



CLIMATE AND HEALTH COUNCIL



HEALTH CARE WITHOUT HARM

This NGO-sponsored climate change initiative aims to engage health professionals as advocates, utilize their collective authority to influence policy makers and ensure that health impact is a primary consideration in climate-related policy development.

It is an attitude reflected elsewhere in the perception of a role conflict between advocacy and professional duties—for example, since advocacy often involves influencing government policy, government-funded health workers may feel it is inappropriate to engage in advocacy.

Of course, governments may seek to limit criticism through structural or contractual impediments—for example, by outlawing advocacy by agencies wishing to retain the charitable status needed to attract tax-deductible donations.

Ask any group of individuals why they are not taking action about issues that concern them and the typical answers will include the problem is “too big”, “not my responsibility”, “outside the area of my competence”, “not worth my time”, “it won’t do any good”, “too risky/dangerous”, “not professional” and “I wouldn’t know where to start”.⁵

All of these rationales for inaction have one thing in common: they stem from a negative ‘framing’ of advocacy. Framing, itself a core advocacy skill (see *Section 3*), is all about the way people choose to represent and so influence perceptions of a topic.

By ‘reframing’ advocacy as a necessary core competence and responsibility of all health professionals, this guide provides a way forward. It shifts the focus from debates about “Why advocacy?” to the question “How?”. The challenge now becomes to learn ways of overcoming perceived and real obstacles to advocacy and to implement this core responsibility.

Many possible roles

There are a wide variety of ways in which health professionals may engage in system-level advocacy work, including a representative role (speaking for people), an accompanying role (speaking with people), an empowering role (enabling people to speak for themselves), a mediating role (facilitating communication between people), a modelling role (demonstrating practice to people and policy-makers), a negotiating role (bargaining with those in power), and a networking role (building coalitions). This may be achieved by working with hospital or community-based groups, their professional associations, or with other health care related interest groups (Gordon 2002).

⁵ The answers here are from informal surveys among student professionals and churchgoers in the UK.

Step 2: Advocacy is about selecting your issue

Once you have decided to act, you will need to select an issue or problem you want to tackle. In looking at various options, you should consider applying a set of criteria to issues that concern you.

The fact that something is a big problem is not sufficient to make it a good candidate for advocacy action. A variety of contextual factors will affect topic choice; for example, knowledge of a reasonable solution for the problem. Developing a set of selection criteria is often helpful (*see Advocacy Tip 1 below*).

Health professionals new to advocacy often look for ‘low-hanging fruit’ issues that can be addressed relatively quickly and result in a success for the group to build upon. In any case, your choice should honestly reflect the reality of your policy environment, resources, time, potential allies and opponents and level of working.

ADVOCACY TIP 1—SELECTING AN ISSUE

Criteria for selecting a particular issue might include the following:

- Will a solution to this problem or issue result in a real improvement in people’s lives?
- Is this an issue or problem we think we can resolve?
- Is this an issue or problem which is fairly easily understood?
- Can we tackle this issue or problem with the resources available to us?
- Is this an issue that will attract support or divide us?

(ICASO 1999, reprinted 2002)

Step 3: Advocacy is about understanding your political context

Conventional/received wisdom among health care providers is that there are two things one shouldn’t talk about with patients: politics and religion.

Many health care professionals feel that health services are and should be apolitical. They feel that acting/talking politically is not consistent with their professional codes and may serve to compromise their provider–patient relationships. People who have suffered from repressive regimes, violent conflict and other kinds of political instability often fear politics. In more mature democracies, apathy and the

perception that politics is only for the wealthy and powerful can be equally stubborn barriers to getting involved in advocacy.

This guide sees politics a bit differently. Many of the factors which shape peoples' choices and behaviours and, ultimately, their health, are determined in political chambers, far removed from clinical settings. Influencing the debates and decisions within these 'chambers' is at the core of advocacy. Too often, political decision-making and resources are concentrated in the hands of a powerful few, while excluding many voices and interests, such as those of ethnic minorities, women, small businesses, trade unions and peasants.

Advocates can assist patients and service users, especially those from disadvantaged groups, to receive more public recognition for their problems, as well as more equitable distribution of resources and opportunities to solve these problems.

Again, the challenge becomes "How" to influence decisions in political arenas, not "Why?" Before we can formulate an advocacy plan to change a policy, we need to know how the policy process works (*see Advocacy Tip 2*). Understanding how decisions are made and enforced will often help us to identify who needs to be influenced and in which direction.

Different styles

Health professionals, in approaching advocacy work, can take one of two basic political approaches: they can take a condemnatory approach or a collaborative, encouraging approach. In practice, advocacy combines the two to a greater or lesser extent: for example, highlighting the inadequacies of specific policies or practices and also suggesting alternatives that would have more desirable effects. Content, style and method of delivery will vary between and within organisations (and advocates) according to issue and circumstances. Most importantly, each health professional will need to find a model that best suits their nature and their understanding of the challenges they face (adapted from Sida 2005, p5).

ADVOCACY TIP 2—ANALYSING YOUR POLITICAL PROCESS

Who decides: administrators, managers, managing directors, chief nursing or medical officers, legislators, heads of state, appointed officials, policy-makers, judges, ministers, boards of advisors, etc.

What is decided: work plans, laws, policies, priorities, regulations, services, programmes, institutions, budgets, statements, party platforms, appointments, etc.

How decisions are made: accessibility of citizens to information and the decision-making process, extent and mechanisms of consultation with various stakeholders, accountability and responsiveness of decision-makers to citizens and other stakeholders, etc.

How decisions are enforced, implemented, and evaluated: ensuring accountability so that decisions are put into action, laws enforced equitably, etc.

VeneKlasen & Miller 2002, p23

Step 4: Advocacy is about building your evidence base

Successful advocacy requires the gathering of ‘evidence’, which includes both scientific issue-related knowledge and data on the ‘information marketplace’ within which your activities will take place.

Issue-related evidence should include local, national and international impact data (comparatives and league tables are often very helpful), known interventions (solutions) and their evaluation, past efforts and outcomes, obstacles to action, etc.

‘Information marketplaces’ are the arenas within which advocacy communications take place. Here, evidence needs to be gathered as to how the issue is being discussed, what images, metaphors, language and frames (see *Section 3*) are being applied, by whom (spokespeople) and to whom (target audience). One useful way of learning about your information marketplace is to do a media audit (see *Advocacy Tip 3*).

ADVOCACY TIP 3— MEDIA AUDITS : A CHECKLIST

- 1 Is your issue being covered by the print and broadcast media?
- 2 If not, are other issues receiving attention that could be linked to your issue?
- 3 What are the main themes, arguments, images, metaphors presented on various sides of the issue?
- 4 Who is reporting on your issue or stories related to it?
- 5 Who are appearing as spokespeople on your issue? Who are appearing as opponents to your issue?
- 6 Who is writing op-ed pieces or letters to the editor on your issue?
- 7 Are any solutions presented to the problem?
- 8 Who is named or implied as having responsibility for solving the problem? Is your target named in the coverage?
- 9 What stories, facts, or perspectives could help improve the case for your side?
- 10 What's missing from the news coverage of your issue?

(Apfel 2003)

Know your supporters and opponents (and their arguments)

Effective planning for any advocacy activity requires knowledge and understanding of both supporters and opponents. Stakeholder analysis is one method of gleaning this information (*see Advocacy Tip 4*) (*see Glossary for definition of stakeholders*).

Knowing how to address 'the other side of the story' or counter what your opponents are saying is often critical to success. Advocates need to anticipate the reaction of adversaries and continuously improve and reformulate arguments and counterarguments about their particular issue to account for new developments (Wallack et al 1993).

ADVOCACY TIP 4—STAKEHOLDER ANALYSIS

Stakeholder analysis is the technique used to identify the key people and organisations that have an interest or activity relevant to your issue. The first step in stakeholder analysis is to identify who these stakeholders are. The next step is to work out their power, influence and interest. The final step is to develop a good understanding of the most important stakeholders so that you know how they are likely to respond, and so that you can work out how to win their support or counter their opposition. Many people develop a stakeholder map to keep track of the various players and changes over time.

(Mindtools n.d.)

Advocacy based on inaccurate information or false claims is unethical, potentially injurious to public health and a wasted effort. Even the best-intentioned and valid campaign can be undermined by opponents if it relies upon faulty data (Chapman 2007). Always double check information and source it properly. It is better not to rely upon data that is genuinely open to a variety of interpretations, but always be ready to challenge claims by opponents with the arguments that support the aims of your campaign.

Step 5: Advocacy is about engaging others

A crucial challenge for health advocates is to avoid merely aiming messages at people—telling them what to do or what not to do—and concentrate more on engaging people in being agents of their own change. In short, health advocates must seek to catalyse debate between citizens and between people and policy makers (Wallack 2001).

Good communication and interpersonal skills, time, and knowing who are the key stakeholders are the keys to successfully encouraging people to work towards a common goal. Developing networks and alliances is often helpful (*see Section 3*).

Health professionals who support the principles of participation and empowerment should seek to encourage patients to undertake advocacy themselves and become agents of change in their own areas of concern. Public perceptions of the validity and legitimacy of a campaign are enhanced if those most directly affected by the problem or issue (key stakeholders) are seen to be actively involved.

However, health constraints, risk factors, or lack of skills, knowledge and confidence may prevent the involvement of key stakeholders in the initial stages of an advocacy campaign.

ADVOCACY TIP 5—PARTICIPATION

Advantages of participation include that solutions are likely to work better, they are more likely to be accepted by the community, capacity is built, imbalances of power are addressed, communities are less dependent and assume greater accountability. Disadvantages include that it takes longer, uses more resources and the communities are more vulnerable to risks.

(Gordon 2002, p24)

Those who advocate on behalf of others need to ensure that they represent opinions and interests fairly. This requires close contact with those affected by the problem or issue, a deep understanding of the issue, and permission from those affected to represent them.

Those advocating as a representative of an organisation must ensure that their efforts are supported by the mission or aims of the organisation, and by its senior managers or executives.

ADVOCACY TIP 6—ADVOCACY LEGITIMACY

Why it is important to involve those directly affected by the advocacy issue, from early in the planning process

- They will have expert knowledge of the issue or problem.
- They can suggest workable solutions based on direct experience of the problem.
- They can view a problem from a different perspective.
- They are often highly motivated, because they are directly affected by the issue.
- Affected individuals and groups will gain more skills and confidence. It is a good opportunity to reduce stigma, e.g. against people affected by HIV/AIDS.

Problems caused by lack of legitimacy

Involving those affected by the problem or issue late, superficially ('tokenism') or not at all can result in:

- identifying irrelevant issues
- suggesting solutions which do not solve the problem, or make the problem worse
- public disagreement
- loss of credibility for the organisations and individuals involved in advocacy
- increased stigma and legitimised exclusion and non-involvement of those affected by the problem or issue
- disempowerment of those affected, so they are less in control of their own situations.

(International AIDS Alliance 2003, p62)

Step 6: Advocacy is about developing strategic plans

“Advocacy is always unashamedly purposive in its intent”

(Chapman 2007, p31).

The objective with advocacy is not merely to place concerns in the public arena and then wait for the process to unfold. Once an objective has been set, advocates must seek to maximise support with a strategic plan which incorporates ways to argue the case, engage key stakeholders and put pressure on decision makers for a favourable outcome.

System-level advocacy plans are not so different from patient care plans. Identifying goals and objectives is of the utmost importance. In advocacy the hope may be to achieve the goal over a 10 to 20 year period. Progress towards this vision of the future is a matter of small steps, some of which may not necessarily go in the right direction. The strategy for your action should contain a series of objectives that you want to change in the short term (*see Advocacy Tip 7*).

Campaign objectives should be SMART:

- Specific (specifying what they want to achieve);
- Measurable (showing if the objectives are being met);
- Achievable (attainable);
- Realistic (achievable with the resources you have);
- Timed (achieved within a set timescale/deadline).

ADVOCACY TIP 7—STRATEGIC OBJECTIVES

Advocacy objectives can include:

- New laws and regulations
- Enforcement of existing laws and regulations, including stronger penalties
- More funding for programmes
- Tax rises or reductions on products to depress or increase demand
- Changing clinical or institutional practices
- Having other sectors direct energy at health issues

Explicit objectives can also be set for the process of advocacy itself. These can include:

- Ensuring that an issue is discussed publicly and politically where it is being suboptimally discussed
- Having an issue discussed differently in ways that are more conducive to the advance of policy and funding ('reframing' issues that are being discussed, but in ways that are helpful to public health)
- Discrediting the opponents of public health objectives
- Bringing important, different voices into debates
- Introducing new key facts and perspectives calculated to change the focus of a debate

(Chapman 2007, p25)

Primary and secondary target audiences

There may be different (primary and secondary) target audiences for each campaign objective.

Primary targets are individuals and/or institutions with decision-making authority. Secondary targets are individuals and institutions that can influence decision makers. Understanding these target groups—knowing how they function, what media influence them, their weak spots, etc—will help advocates to develop their messages and select appropriate channels of communication.

Sprints and marathons

Advocacy campaigns can be either sprints or marathons. One might involve decisive action within a limited time span set by external factors (for example, intervening to modify proposed legislation); another might require years of effort employing a multifaceted range of tactics on a broad front within an evolving strategy (such as the global initiative on smoking).

Different levels

Strategically, advocacy action can be focused at a variety of different levels. Decisions made at one level affect people at another. To achieve lasting change there may need to be links between advocacy actions at different levels. For example, international debt means that national governments have little money to spend on healthcare. Therefore, local authorities and hospitals cannot fulfil their roles of delivering services to all. Advocacy at a local level can only bring limited change unless the issue of debt⁶ on a national or international level is addressed.

Step 7: Advocacy is about communicating messages and implementing plans

Advocacy communications

Communications is at the heart of advocacy implementation. Policy decisions are rarely made on the basis of facts alone. To a large degree the outcome of policy debates reflects the values that inform them and the frames that define them (see *Section 3, Framing*).

Messages

In developing messages, advocacy communication draws on advertising and social marketing principles. Key to developing successful messages is knowing your audience thoroughly and then tailoring simple, concise messages to their interests.

Information about target audience interests and needs comes from formative research (see *Section 3*).

⁶ Jubilee 2000 is an international advocacy movement, started by a small group in the UK, that has mobilised millions of people through churches, community groups, etc, and has successfully managed to influence the World Bank, IMF and national governments to “forgive” debt to the level of many billions of dollars. Debt relief has been tied to national development plans, including health care. See www.jubileedebtcampaign.org.uk/e.

ADVOCACY TIP 8—MESSAGE DEVELOPMENT

1. Keep it simple and concise—there should ideally be only one main point communicated or, if that is not possible, two or three at the most. It is better to leave people with a clear idea of one message than to confuse or overwhelm them with too many.
2. Use appropriate language—messages should always be pre-tested with representatives of the target audience to ensure that the message sent is the one received.
3. Content should be consistent with format and be delivered by a credible messenger.
4. Tone and language should be consistent with the message.
5. Give people something to do—the message should not only persuade through valid data and sound logic, but it should also describe the action the audience is being encouraged to take.

Stop TB partnership 2007, p20

Spokespersons

It is important to select the most appropriate individuals to communicate your advocacy message. These may not always be the most obvious candidates (a good Chairperson may not necessarily have the right qualities needed for a television interview) and may vary according to the phase of the campaign (a patient might be the best person to describe the impact of a medical condition; a consultant might be better able to explain the resources needed for swift recovery).

ADVOCACY TIP 9—SPOKESPERSONS

The best person to communicate your advocacy message is someone who understands the issues very well and can talk with credibility and understands the advocacy targets very well and can talk their language.

(Sida 2005, pp8-9)

Controversy/Contentiousness

By its nature, advocacy can generate controversy, because it involves arguing for change. This sets it apart from conventional public relations. Advocacy often becomes contentious when it starts to implement its strategies for achieving change, especially when they conflict with interest groups or governments for whom such changes are unwelcome.

Note of encouragement

Controversy does not need to be intimidating. It can be invigorating—the key ‘tipping point’ is when the debate becomes public, opponents reveal themselves, potential supporters are forced to make decisions about where they stand and arguments can be won!

Scientific versus advocacy communications

This guide is written in a scientific way with the aim of making the case to health professionals for advocacy. When engaged in advocacy communications, advocates need to use a different approach. Table 1 compares these two approaches to communications.



© Izhevsk Healthy City Project

Group discussion in the “We Choose a Life – Youth Against HIV / AIDS” project, City of Izhevsk, Russian Federation. Focus groups can be an important part of formative research. They allow for message testing with and feedback from ‘representatives’ of target audience groups.

TABLE 1:**10 Differences between scientific and advocacy communication**

Scientific communication	Advocacy communication
Detailed explanations are useful.	Simplification is preferable.
Extensive qualifications can be necessary for scholarly credibility.	Extensive qualifications can blur your message.
Technical language can add greater clarity and precision.	Technical jargon confuses people.
Several points can be made in a single research paper.	Restricted number of messages is essential.
Be objective and unbiased.	Present a passionate compelling argument based on fact.
Build your case gradually before presenting conclusions.	State your conclusions first, then support them.
Supporting evidence is vital.	Too many facts and figures can overwhelm the audience.
Hastily prepared research and presentations can be discredited.	Quick, but accurate, preparation and action are often necessary to take advantage of opportunities.
The fact that a famous celebrity supports your research may be irrelevant.	The fact that a famous celebrity supports your cause may be of great benefit.
Many in the field believe that scientific truth is objective.	Many in the field believe that political truth is subjective.

(WHO 1999)

Step 8: Advocacy is about seizing opportunities

Advocates use or create events to attract media attention or illustrate a problem. Sometimes this is planned, but often it is not. Advocates need to be opportunistic and take advantage of a wide range of events. They must be ready to respond to breaking news that presents an opportunity for media access, and learn to interpret that news from the perspective of their policy goals. It should be day-to-day practice of

advocates to regard almost any news event as a potential opportunity, or ‘teachable moment’, to bring attention to a health issue.

A delegate to an American Public Health Association meeting in the early 1990s was accidentally shot in the hand at a restaurant when someone at the next table dropped a purse with a gun in it. Advocates at the meeting immediately used this headline story to introduce arguments for gun control.

ADVOCACY TIP 10—OPPORTUNISM

Advocacy communications can usefully be timed to take place:

- before an election/just after an election
- when something happens to bring the issue to public attention
- before the issue goes public
- before the issue gets to Parliament
- when legislation is being changed
- on quiet news days
- when you have information/expertise relevant to the issue
- when the target audience are potentially interested in the issue

Sida 2005, p8



© F. Apfel

Young journalists from the World Health Youth Environment and Health Communication Network (WHY) ‘opportunisticly’ discuss policy issues with Ministerial Representatives gathered for a WHO Environment and Health High-Level Meeting.

Step 9: Advocacy is about being accountable

Monitoring and evaluation

Public health information campaigns require investment in scarce human and financial resources. It is important to measure the value of such investment, in terms of money, time and effort. Measures for evaluating the effectiveness of advocacy campaigns have become more and more sophisticated, but some techniques are more sensible than others.

Simply measuring the number of column centimetres devoted to your campaign in print (quantitative analysis) may provide impressive figures, but they mean very little if you do not know what type of publications were measured. What is their circulation area? What are their circulation figures? Who are their target audiences? Which ones are read by the people you want to contact?

Nowadays, when so much communication is web-based, it may be more appropriate to measure the number of 'hits' on a story, but such figures may be restricted because they may be regarded as commercially sensitive information.

To discover whether your investment has been wise and effective, the results need to be measured against clearly defined objectives determined at the outset. The best advice in evaluation exercises is: keep it simple, and keep it common sense.

Some of the issues you might consider in doing a campaign evaluation are listed in Advocacy Tip 11.

ADVOCACY TIP 11—ADVOCACY CAMPAIGN EVALUATION

How much did you spend?

Look at the budget and itemise everything, including staff hours. Keep an eye on hidden costs, such as the extra telephone time, travel or reprinting costs needed to respond when you get enquiries—these can continue for a long time after a campaign launch.

Do not look only at external factors when you evaluate.

Bring the campaign team together for a debriefing. Talk about the efforts they put in. Did people have to work late to get the materials ready? Were there extra costs which you did not expect? Did telephone inquiries increase so quickly that you did not have enough staff, or enough telephone lines? Write up a short report based

on the information you gather and use it to inform the planning stage of your next campaign.

Measure public awareness of the issues before and after a campaign.

This can be both complicated and expensive. Partnership with academic, public opinion, media or market research organisations can help. Persuade a newspaper to run a reader poll about your main message; give them some exclusive part of your campaign, and get them to run the poll again in the days after a launch. Or try to get a polling agency to add some questions to one of its regular public opinion polls—this ‘piggy-backing’ can be cost-effective if you have invested a lot in a campaign. Proxy variables such as increased requests for HIV testing, increased sales of condoms, etc., may also provide some useful data here.

Have you succeeded in shifting the focus of debate?

If you have been aiming at ‘reframing’ your issue, are policy-makers now debating on your terms, and asking relevant health and environment impact questions?

Were you able to implement your ‘follow-up’ strategy?

If someone saw an article or TV show, or heard a radio programme about the campaign, and made contact with you—were you able to answer their questions and provide them with accessible information, or refer them to appropriate authorities? Did you log these enquiries and ask these people if they would like to stay on a mailing list?

Have you found out what your target groups thought about the campaign and your information packs?

Follow up with the people who called you for information a few weeks later: ask them what made them call you and what they thought of the information you sent them. What positive action have they taken as a result? Make a note of their replies and use them in future campaigns, or to inform your planning. Get a ‘focus group’ of people to give you feedback—not only on what they thought of the look of the materials and the messages in them, but whether they found materials useful.

(Jempson 2005)

Step 10 : Advocacy is about taking a developmental approach

Whatever the focus of an advocacy action, the process of identifying the issue, analysing the political context, mapping the information marketplace, engaging others, developing, implementing and evaluating a strategic approach provides a critically important opportunity for personal and professional development.

The process of articulating priorities, interests and rights through planning advocacy can be as important as the act of claiming them through political organising. Acquiring and practising advocacy competencies, such as strategic planning, networking, communication, etc., will strengthen all participants' capacities to help their institutions, communities and systems to have a more sustainable positive impact on the health of current and, importantly, future generations.

SECTION 3

Advocacy Tools and Processes

3.1 FRAMING

Framing, is “selecting some aspects of a perceived reality and making them more salient . . . in such a way as to promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation.”
(Entman, cited in Chapman 2004, p362)

Framing strategies are at the heart of advocacy action. The language—verbal and visual—in which an issue is couched, and the terms in which it is presented, can determine the way in which it is perceived and responded to by both members of the public and policy makers. This ‘framing’ creates the context within which all policy debates take place. Simply put, if you get people asking the wrong questions, the answers do not matter. In a sense, debates over public health policy issues often represent a battle to frame the issue in the eyes of the public and policy-makers in a way most conducive to success for one protagonist or another.

Take, for example, the tobacco and health debate. For many years, the tobacco industry had been very successful in framing public opinion about their product—which kills half of its users prematurely when used as directed—around personal autonomy, choice and freedom. To achieve this framing the industry hired skilled communication experts to ‘spin’ public and policy-maker debate around the ‘right to smoke’. Within this framing tobacco ceased to be a health issue and became a matter of personal freedom. In this context, health and social protection concerns fell off the policy agenda. When public health advocates spoke up, they were painted as “zealots, health fascists, paternalists and government interventionists” (Wallack 2002).

Key to the success of the WHO’s Framework Convention on Tobacco Control (FCTC) was the ability of public health advocates to reframe the issue around public health concerns and shift the ‘bad guy manipulator role’⁷ onto the industry which had been deceiving the public for decades (as documented in their own documents). The slogan “Tobacco kills. Don’t be duped.” was used to clearly identify tobacco as a health issue and to shift anger (and youth rebellion) away from public health interventionists

⁷ The Truth campaign in the USA was particularly aggressive here, with videos of young people talking direct to camera, saying to the tobacco industry, “We know what you’re doing. We won’t let you hook us like you did our parents. We are watching you!!!!” (Hicks 2001)

and onto an industry that had for decades intentionally deceived, manipulated and lied to people, especially young people, in order to maximise profits.

Advocates blend science, ethics and politics in order to frame and re-frame, where needed, the dominant understanding and perception of problems. Often this involves shifting perceptions about the cause of ill health outcomes from personal or life-style choices (which in essence blame the victim) to focusing on the social policies which shape community behaviours more broadly. In patient safety processes, for example, there has been a framing shift from just focusing on ‘blaming and shaming’ practitioners who make errors to looking at the system issues, e.g. how medication is packaged, transported, labelled, which may have contributed to the error. As such, framing plays a central role in the process of public health policy formation because of the system-level solutions that it implies.

Framing strategies can also be used to gain access and attention for your issue in the media (*see Advocacy Tip 12*). Here, framing is utilised to structure stories so they meet the criteria of what constitutes news and make them more likely to be picked up by news outlets.

ADVOCACY TIP 12—FRAMING FOR NEWS ACCESS

Anniversary peg	Can this story be associated with a local, national, or topical historical event?
Breakthrough	What is new or different about this story?
Celebrity	Is there a celebrity already involved with or willing to lend his or her name to the issue?
Controversy	Are there adversaries or other tensions in this story?
Injustice	Are there basic inequalities or unfair circumstances?
Irony	What is ironic, unusual, or inconsistent about this story?
Local peg	Why is this story important or meaningful to local residents?
Milestone	Is this story an important historical marker?
Personal angle	Who is the face of the victim in this story? Who has the authentic voice on this issue?
Seasonal peg	Can this story be attached to a holiday or seasonal event?

Wallack et al 1993, p98

Structuring a story around these conventions of newsworthiness can enhance the prospects for obtaining media coverage. For example,⁸ when media outlets sense there is controversy, audiences and readers will want to know about it.

When the ICN and other health professional agencies announced a press briefing about HIV and AIDS in 2007, initial responses from media were lukewarm, but picked up when a celebrity speaker was identified who was prepared to criticise a major UN report. Re-framing the briefing around this potential point of controversy stimulated a lot of media interest and coverage.

Another ‘framing technique’ is to make creative use of ‘social maths’ to substantiate the importance or magnitude of a problem or issue (*see Advocacy Tip 13*).

ADVOCACY TIP 13—SOCIAL MATHS

Generally, the larger the number of people affected, the more attention a story will get. However, big numbers are only effective if they can be made meaningful to the audience.

Pertscuk and Wilbur (1991, cited in Wallack et al 1993, p108) specify three approaches to making large numbers meaningful: localisation, relativity and effects of public policy.

Localising involves taking large numbers and applying them to a particular community. For example, the number of people dying in a local area per day as opposed to national statistics.

Relativity relates to comparing with something that is easily identifiable to an audience. For example, the consumption of 430 million gallons of alcohol by college students was enough to fill 3,500 Olympic-size swimming pools; the number of beer cans used annually, if stacked on top of each other, would reach the moon and go 70,000 miles beyond, etc.

Public policy effects can be explained or examined by, for example, estimating the total revenues that may be generated by a particular tax increase, or calculating the cost per person on a major budget item.

⁸ For further examples on each of the access elements, see Wallack et al 1993, pp98-120.

3.2 FORMATIVE RESEARCH

A crucial step in creating and assessing the potential effectiveness of advocacy communications is determining what message ideas or concepts have the best chance of ‘connecting’ with the target audiences and influencing them to change perceptions, behaviours or choices. This process begins with ‘formative research’ (collecting basic data) and evaluation (testing effectiveness), a combination of techniques designed to help develop effective messages.

Applicable at any stage of intervention design and implementation, formative research provides important feedback to advocates. It allows changes to be made in interventions without great expense if testing reveals ways to improve the messages, channels of delivery or material. Formative research is also a primary tool that advocates can use to identify and address the needs of specific target audiences.

There are a variety of approaches to formative research. Small (‘focus’) groups, selected in such a way as to be representative of the target audience, can be convened to elicit feedback about programme planning, provide ideas about strategy and/or gather reactions to specific messages. Advocates can then make modifications to plans, strategies and content based on the feedback from these focus groups.

The general approach to pre-testing concepts is to share them with members of the target audience and learn from their reactions. Literature reviews, in depth and/or ‘intercept’ interviews (e.g. catching people in the hallway) and the use of internet-based panels of respondents are other examples of formative research tools that can be used to help determine if one concept is more salient to an audience segment than another, and which concepts should eventually be developed into specific messages.

Other uses of formative research include analysis of target audiences by age, gender, income, etc. (called segmentation), analysis of media habits of the target population so that messages can be placed in the appropriate media at an appropriate moment, and an assessment of pre-existing knowledge and attitudes (baseline data) so that change can be documented over the time of interventions.

Formative research, when done properly, can reduce some of the uncertainty associated with campaigns and enhance the potential validity and reliability of methodological approaches. Testing possible campaign slogans, for example, can ensure that such slogans are culturally sensitive and likely to be interpreted in the way advocates intended (Wallack et al 1993).

Such formative research (pre-testing) helps determine whether the messages and formats are appropriate, understandable, clear, attention-grabbing, credible, relevant, and have the desired effect (e.g. to raise awareness about an issue).

ADVOCACY TIP 14—FORMATIVE RESEARCH: PRE-TESTING

There are four groups to consider for pre-testing and review:

1. Target Audience

To identify current knowledge, attitudes, and behaviour related to the subject to identify whether and what kind of new information is needed

To identify myths and misconceptions about the topic

To assure appeal, appropriateness, understanding, clarity, and personal relevance of materials

To check for comprehension and cultural appropriateness

2. External Experts

To verify appropriateness of materials based on proven models and theories of communication

To verify accuracy and appropriateness of information in the materials

3. Gatekeepers (e.g. print and broadcast media, religious leaders, political and legal groups, legislators, and other key policy and decision makers)

To ensure that they will support, not block, use of materials

To increase 'ownership' of the materials

To identify problems based on gatekeepers' experiences with the target audience. If any problems are identified, they should be verified through pretesting directly with the target audience

4. Clearance Officials

To obtain approvals prior to printing

(AED, et al 1993)

3.3 WORKING WITH MEDIA⁹

© Photo by Erik Luntang/INSPIRT International Communications



Knowing production schedules and deadlines will help you time submissions and queries appropriately. The newsroom at the Belgium National TV station RTBF.

When planning a campaign, examine relevant newspapers, magazines and trade papers; listen to the radio stations and watch the local and national news output on TV. Which other programmes are likely to attract the type of audiences the campaign wants to reach? Target these publications and shows. Magazine programmes may be easier to get into than news bulletins, which tend to be much shorter. A few phone calls should give you the names of the relevant producers and journalists.

View the media as a partner, not an adversary. Develop a professional relationship with media. They need advocates to provide them with important facts, access to local programmes, people and story ideas. Advocates need the news media to tell their story and highlight their proposed solutions. Every contact with the media should be viewed as a building block for an ongoing relationship.

⁹ The material in sections 3.3 and 3.4 is adapted with permission from *Working with the Media* by Mike Jempson, 2005.

Deadlines

All media operate to deadlines. In the print and broadcast media there is a certain point beyond which it is physically impossible to change what is to be printed or broadcast if it is to reach its intended audience on schedule. Once the stories and pictures for a morning newspaper have been assembled, it has to be designed and printed overnight and distributed to sales outlets in time for readers to buy it the next morning. Magazines may have much longer preparation time, but they will often build up a stock of features well in advance of the publication date.

So when journalists talk about deadlines, they are REAL and need to be respected if use is to be made of media opportunities. Knowledge of production schedules and deadlines helps campaigners to communicate successfully with and through mass media.

Forward planning

Most broadcasting and production companies have a Forward Planning Department, which makes 'early' decisions about what upcoming stories they want to cover, and to allow time for the development of feature articles or shows. Learning about their planning cycles will help campaigners to get their events into the forward planning diaries and time interventions appropriately. If a programme is to be broadcast about an issue, that is the best time to come up with a follow-up story or event.

Making contact

The campaigner's first point of media contact is likely to be with a reporter, photographer or researcher, whose job is to assemble all the material needed for a successful production. But remember, they do not always have a controlling influence over how the story may eventually appear. Their input will be scrutinised and modified by others in the production cycle before it reaches the public.

One of the best ways for campaigners to be picked up on the media's 'radar' is to get into a journalist's Contacts Book. Journalists are always pleased to be complimented, so call up a 'by-lined' journalist and tell her or him why you liked their story. Explain who you are and your field of expertise/interest, give them your contact details and offer to provide information if ever it is needed.

Be patient—do not expect the return call to come quickly. News is no respecter of time and journalists have many hundreds of contacts.

A 'good contact' gains a journalist's confidence only by being reliable, honest and available, so don't be afraid to call again if a story breaks in your area of

competence. Some journalists are pleased to be offered a background briefing about complex issues, for instance, so they can produce more authoritative stories.

It is sensible for campaigners to be even-handed about this and not to favour one publication or broadcasting company over another.

Remember, journalists are rarely 'off duty' and expect to get stories from their contacts. They can be valuable sources of information, too. Most will happily share their knowledge of the media to help campaigners in their communication efforts, providing their independence is not compromised. It may be useful to invite an experienced journalist to join a campaign committee; if they are well-known, they may add kudos to the campaign. However, the journalist will no longer be considered impartial when reporting on the issue.

For national and international coverage, news agencies distribute information to thousands of (usually language-specific) news outlets around the world. There are many internet-based communications agencies concerned with public health and environment issues that could be valuable partners in spreading good news and good practice. Time spent cultivating such relationships is time well spent.



© Photo by Erik Luntang/INSPIRE International Communications

Don't judge the success of a press conference by the number of attendees, rather by the outlets they represent. One agency news reporter can generate thousands of articles around the world.

Gaining attention

The most conventional way of seeking media attention is by issuing press releases (see *Advocacy Tip 15 below*). However, every media outlet receives many hundreds of these each day which must also compete with at least as many email communications. Knowing someone in the newsroom is one of the few ways to guarantee that a particular release or email will receive attention. A follow-up call to check that it has been received and read is essential and provides an opportunity to expand upon its contents.

Know the target audience—as in other aspects of advocacy work, campaigners must be aware of the interests of the media professionals they contact, and the readers or viewers with whom they communicate.

Successful campaigners are those who can provide the media with what they want. Mass media want stories which illustrate human predicaments. This is the way to attract the interest of readers, listeners and viewers—or to put it another way, increase circulation or ratings and attract sales and advertising revenue.

Most journalists are looking for a bit of ‘colour’—human stories and events that will capture their audiences’ attention and put flesh on facts, figures and technical information that might otherwise seem boring or difficult to communicate.

Radio needs good (or unusual) voices that can capture the listeners’ attention with a compelling story. Local radio stations are always keen to interview local and national ‘personalities’ about local and national events and issues. They need campaigners as much as campaigners need them. A good and passionate talker—with something interesting to say and an interesting way of saying it—can hold an audience far better on radio than a ‘talking head’ on television.

TV needs strong imagery—not just ‘talking heads’ but interesting locations or activities to film.

For printed media, photographs and other illustrations will draw attention to stories on the page.

Publicity campaigns should focus on people with stories to tell, who can describe how they will benefit from the campaign’s aims; celebrities who can explain why they are supporting the campaign; or experts who have a good way with words or who can stand up to tough questioning.

Images speak louder than words: so a compelling logo, or a striking photograph, or person, on campaign publicity helps the public to associate with campaign aims and messages.

When things go wrong

For a variety of reasons media campaigns may not always produce the results intended. Sometimes this is accidental, sometimes deliberate. Sometimes it will be the media's fault, sometimes the campaigners' or their opponents'.

Don't be afraid to complain if there are strong grounds for doing so—for instance, if information provided in writing is completely misrepresented. Contact the journalist concerned to find out what went wrong. Never make accusations until the facts are clear—there is no point in causing friction and losing friends who might be needed later.

If there are important points of principle at stake, especially in terms of public health issues:

- contact the appropriate editor and seek a correction;
- put out a press statement explaining what is wrong—and provide evidence to back your claims;
- make a complaint to the media regulator, if there is one.



Effective press conferences, even large ones, leave plenty of time for questions.

ADVOCACY TIP 15—PRESS RELEASES

1. Use headed notepaper to give authority to your message and make sure it includes all your address, telephone, fax, e-mail and website details.
 2. Include the date of issue, a reference code (so you can identify it later) and the name or title of its intended recipient.
 3. Give it a short, simple headline that catches attention and try to keep the overall communication to a single page.
 4. Try to answer the essential questions 'Who? What? When? Where? Why?' in the first paragraph.
 5. In the rest of the release provide more detailed information which explains the significance of the subject matter. A footnote with 'Notes for the editor' is a good way of adding background details or references.
 6. Include a 'quotable quote' which contains your key message, with the name and status of the speaker.
 7. Always give a contact name and telephone number (available 24 hours if possible).
 8. If you can provide journalists with images to illustrate the message of the story, mention this in a short footnote and suggest a time and place for a photo-opportunity.
 9. If you want to communicate with a local audience, use the local media. A good journalist will recognise a story that might also be told or sold to a wider (regional/national) audience.
 10. Always write your press release so that your intended audience will understand it. Only send highly technical material to specialist publications that will understand its significance.
-

Press conferences

A **Press Conference** is a gathering called with the specific intention of providing the media with opportunities to question key figures about important, new information. It is a waste of everyone's time if the information could be supplied to journalists in a simpler way, such as a press release or a phone call.

To be effective, a Press Conference needs to be planned carefully and run efficiently. If it is run well the campaign gains publicity and both journalists and the public learn something new.



© Photo by Erik Luntang/INSPIRT International Communications

*Ensure that spokespeople are available for interviews after the press conference.
Conducting interviews outside meeting halls can add visual interest.*

3.4 MEDIA INTERVIEWS

When the campaign is approached by a journalist for an interview, ask questions before agreeing to participate. Find out precisely what they want, who else they are interviewing, and who they consider their audience to be. There is no obligation to take part, but by its nature a campaign seeks publicity, so campaigners should be prepared for and welcome media interest.

Television prefers stories with good visual elements.

Be prepared

Campaign spokespeople should always be ready for interview, with facts and figures at their fingertips, or easily accessible. Media agendas can change without warning, so every opportunity for publicity should be seized quickly.

When an unsolicited request for an interview comes, do not rush; allow time for preparation and discussion with colleagues, but always call the journalist back within an agreed time frame.

- Always have facts, figures and source material ready to hand—quoting reputable research adds authority to an argument.
- Try to incorporate key campaign messages in answer to questions (think about how politicians do it!).
- Recall some brief anecdotes, preferably based on personal experience, to lend authority to campaign messages. Messages stay longer in people's minds when associated with a mental image.
- Do NOT read from or learn a prepared script—it sounds insincere, and suggests weakness or lack of preparation and expertise.

General points

Good journalists do their homework and know what they want to get out of an interview. They usually prepare some initial questions, but will allow the interview to develop from the answers.

- Make the reporter/TV crew at home (offer a cup of coffee, etc.) and make sure there is a quiet place where the interview will not be interrupted. Try to make sure that appropriate visual aids (campaign posters and materials) are visible. Reporters and cameras notice everything, especially inappropriate images. Some people prefer to put family photographs away before a journalist arrives.



- Before the interview starts, try to agree on what topics are likely to be covered. Explain the campaign and ask what the first question will be.
- There is nothing wrong with recording the interview. Explain that to the reporter; it can help to ensure a fair interview.
- The reporter may wish to challenge campaign claims—regard this as an important opportunity rather than something to be avoided.

Remember

- The interviewer is not necessarily expressing a personal point of view (so don't get angry).
- Never walk out once an interview has started. Stand your ground.
- Always keep a cuttings file of print coverage—and use them in later publicity material to demonstrate the effectiveness of the campaign.

Broadcast interviews

- The campaign should record its media appearances for training and publicity purposes.
- If a broadcast programme goes well, ring up and congratulate those involved—it is a good way to be remembered and increases the chance of being asked back.
- If there are legitimate complaints to be made about how the topic or the campaign was handled, inform the broadcaster and use the formal regulatory mechanisms if a serious injustice has been done. BUT always make sure your criticisms are rational rather than emotive.

During a broadcast interview

- Be friendly, and don't lecture. A smile in the voice helps to establish a conversational relationship with the listeners.
- Keep messages simple and try not to confuse the listeners (who may know little about the topic or the campaign).
- Avoid jargon and abbreviations—the interviewer will be obliged to intervene and explain.
- Try not to talk too quickly or for too long. Casual listeners to a radio programme lose concentration if the same voice continues for more than ninety seconds (270 words).
- Don't be afraid to say "I don't know" or to apologise for mistakes—it gains more respect than pretending to know something.

Live radio

Radio presenters on live shows will have to deal with a wide range of topics and are unlikely to be as expert as their interviewee, upon whom they rely to make their programme interesting.

Listeners have a primary relationship with the presenter, but they engage with spontaneity; they want to hear arguments made and defended with spirit. Don't be afraid to take the initiative. If the interviewer gets things wrong, correct them politely and with good humour.

Phone-ins

- Radio and TV phone-in programmes are a really good way of airing issues and communicating important messages. Campaigners should listen out for programmes that might provide an opportunity to get the message across.
- Call up supporters and suggest that they try to get through to the programme and make campaign points in a variety of ways. However, if this type of ‘lobbying’ is too obvious it loses its effectiveness and callers will be cut off.
- If a campaign spokesperson is invited on as a guest, remember that the callers are the important people—be considerate to them, let them have their say; answer them politely and encourage them to join the campaign.
- Make sure the studio has a telephone number or e-mail address that people can use to get more information.

Pre-recorded interviews

- One reason for pre-recording programmes is to make sure the topic is handled in a balanced and serious way. It is in everyone’s best interest to make a good programme, so don’t be afraid to ask for a chance to repeat an answer if a mistake is made.
- Effective communication is short and to the point. Avoid long, complicated answers. They may be edited out entirely, making misrepresentation of the campaign more likely.
- Often the final edited version will not include the voice of the interviewers, so avoid one-word answers. Interviewers normally ask open-ended questions, but even if they ask a question that invites a one-word answer, include the question as part of the answer. This makes editing easier. For example: In answer to the question *“How many people do you expect to come to the rally?”* don’t say *“One thousand”*, say *“We expect about a thousand people to join the rally”*. To the question *“When are you meeting the Minister?”* do not say *“Next Tuesday”*, say instead *“We expect to meet the Minister next Tuesday”*.

Going on TV

- Smart casual is the best dress code. Too casual or flamboyant and the campaign message may not be taken seriously. Avoid wearing jewellery that might catch the lights and distract attention.

- Medical outfits, including nurses uniforms, can lend authority, but make sure they are used appropriately so as to avoid conflict with employers.
- Make up staff at the station will deal with high colour or a gleam on your skin that might detract from your image.
- Have a pencil and paper handy to jot down notes, but don't fiddle with documents while on air.
- Let the producer know about good visual aids (charts, pictures) in advance, so they can be displayed properly.
- Follow instructions about which camera to address, if necessary. Do not watch the monitors in the studio. As a general rule, engage in conversation (and eye contact) with the interviewer or other studio guests.
- Avoid anger on screen. It might make 'good TV' but it can lose audience sympathy and respect. Be assertive and express indignation but try to keep the studio



© Photo by Erik Luntang/INSPIRE International Communications

Even under pressure, try not to lose your cool – getting angry makes good TV, but detracts from your case.

audience on-side. If someone is being rude or abusive, tell them and suggest that this is no way to discuss such an important topic.

- If there is a studio audience, don't play up to them but acknowledge their support, and mention that people in the audience seem to agree with you.

3.5 NETWORKING

Networks are individuals and organisations that have come together and are willing to assist and collaborate. Networks are universal. Whether acknowledged as such or not, most people belong to formal or informal groups—or networks—organised around jobs, family, community, etc. People use these networks for both personal and professional reasons.

Networks are invaluable in policy advocacy because they create structures/platforms for different individuals and/or organisations to share ownership of common goals. Strategically, when a range of different groups agree and work together on an issue, impact can be significantly enhanced. Networks that include a spectrum of perspectives can be especially important—for example, when professional associations link with patient advocacy NGOs to work together for health literacy needs.

Networks and alliances can help promote innovation, commitment to change, international cooperation, joint development, collective learning, capacity building, alliance building, experience sharing, information exchange or any combination of the above.

Networking can help campaigners find out who the 'actors' are in the particular field covered by the campaign. It is also the way to ensure a campaign and its key actors are known to others. Networking is part of intelligence gathering about the current debate, the priorities of other organisations, and who might be potential partners or opponents of the campaign. (Sida 2005; Stop TB 2007)

More formal networks, e.g. the WHO Healthy City Network, can mean *commitment* to a common philosophy, common goals, specific deliverables, willingness to cooperate at international level, mutual support, common approach and process, shared decision-making, being monitored, co-ownership, etc. Such networks, in particular those with a 'committed' clientèle, need continuous technical and political support. Tools and guidance documents for development and implementation are essential. Strategic coordination and day-to-day management are vital and they have major resource implications.



World Confederation
for Physical Therapy

Positive practice environments for health care professionals

KEY CHARACTERISTICS:

Professional recognition

- Recognize the full range of competencies provided by health care professionals and provide the authority for these competencies to be fully utilized.
- Promote professional autonomy and control over practice and pace of work.
- Recognize and reward employee contribution/performance.
- Regularly assess employee satisfaction and act on outcomes.

Management Practices

- Commit to equal opportunity and fair treatment.
- Provide adequate and timely compensation commensurate with education, experience and professional responsibilities.
- Maintain effective performance management systems.
- Offer decent and flexible benefit packages.
- Involve employees in planning and decision making affecting their practice, work environment and patient care.
- Encourage open communication, collegiality, team work and supportive relationships.
- Foster a culture of mutual trust, fairness and respect.
- Adopt policies and procedures that positively encourage the reporting of professional misconduct or violation of laws/regulations.
- Provide clear and comprehensive job descriptions/specifications.
- Promote transparency in decision making processes (where applicable).
- Ensure effective grievance/complaints procedures are in place.
- Demonstrate effective management and leadership practices.

All health sector stakeholders, be they employer or employee, private or public, governmental or non-governmental, have their respective and specific roles and responsibilities to foster a positive practice environment.

Support structures

- Invest in health and work environments.
- Foster strong employment relationships between and among employers/employees/ co-workers/patient.
- Adhere to regulatory frameworks that ensure safe working conditions.
- Provide access to adequate equipment, supplies and support staff.
- Engage employees in continuous assessment and improvement of work design and work organization.
- Promote healthy work life balance through policies and programmes that support fair and manageable workloads and job demands/ stress, and flexible work arrangements.
- Offer employment security and work predictability.
- Ensure employees practice under an overarching code of ethics.
- Communicate clearly and update protocols of practice.
- Regularly review scope of practice and competencies.

Education

- Support opportunities for professional training, development and career advancement.
- Offer thorough orientation programmes for new hires.
- Foster effective supervisory, mentoring and peer coaching programmes.

Occupational Health and Safety

- Adhere to safe staffing levels.
- Adopt occupational health, safety and wellness policies and programmes that address workplace hazards, discrimination, physical and psychological violence and issues pertaining to personal security.

Quality Workplaces for Quality Care

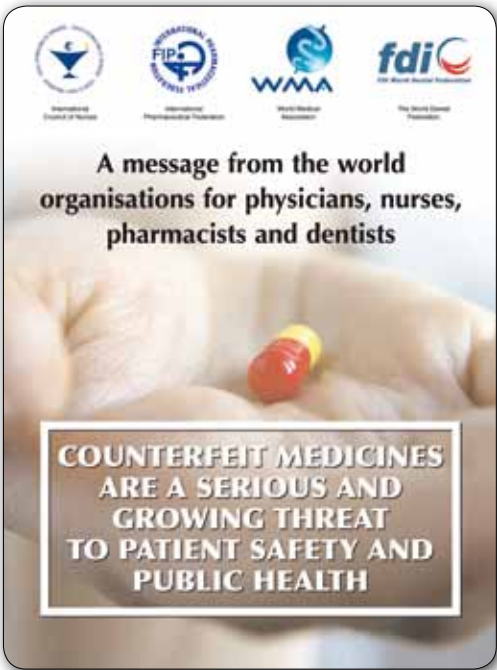


© WHPA

Information poster for a multi-stakeholder campaign to promote positive practice environments for health care professionals. Such collaborative initiatives can provide many benefits and utilize the collective authority of member agencies to create powerful advocacy platforms (see Advocacy Tip 16).

For some organisations, joining an existing network or alliance can prove to be a time-and cost-effective method of reaching their target audience. However, for those seeking to establish new alliances and networks this can be time-consuming and can take considerable human and financial resources to develop and maintain. For agencies that operate at the community or district level, links to nationally-focused organisations can enhance their influence and capacity at the national level. For national and international agencies, links with more grassroots agencies can enhance their credibility and perceived representativeness.

Networks and alliances maintain contact through a wide variety of means: exchange visits, seminars, conferences, internet groups, joint media initiatives, etc. Alliances and networks, particularly international ones, need to take potential cultural differences into account—for example, different cultural attitudes towards gender, family and religion.



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ADVOCACY TIP 16—NETWORKS AND COALITIONS

Benefits of networks

- Keep you up to date on what is going on
- Provide a ready-made audience for your ideas
- Provide support for your actions
- Provide access to varied and multiple resources/skills
- Pool limited resources for common goal
- Achieve things that single organisations or individuals cannot (power of numbers)
- Form the nucleus for action and attract other networks
- Expand the base of support

(Stop TB partnership 2007)

Principles for successful coalitions

- Choose unifying issues.
- Understand and respect institutional self-interest.
- Agree to disagree.
- Play to the centre with tactics.
- Recognize that contributions from member organizations will vary.
- Structure decision-making carefully based on level of contribution.
- Clarify decision-making procedures.
- Help organizations to achieve their self-interest.
- Achieve significant victories.
- Distribute credit fairly.

(Bobo et al 1991)

3.6 SOCIAL MARKETING

ADVOCACY TIP 17—SOCIAL MARKETING

Social marketing has successfully been used to address a host of social and health issues from fighting racism to empowering adolescents. This is not, however, to suggest that it is a silver bullet that supersedes all other efforts at behaviour change; it is not and does not—it just adds some useful ideas to the mix.

(Hastings 2007, p223)

Health-related social marketing is the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals to improve health and to reduce inequalities. It is also concerned with the analysis of the social consequence of marketing policies, decisions and activities. (NSMC 2007a; Hastings 2007¹⁰)

Social marketers generally believe they address key shortcomings of ‘traditional’ public health communication campaigns in which target audiences have little input into message development. The major contribution of social marketing approaches has been the strong focus on consumer needs. Consumer orientation means identifying and responding to the needs of the target audience. A primary tool to tailor public communication efforts to specific audiences is formative research (see previous discussion of Formative Research).

In general, social marketing provides a framework to integrate marketing principles with socio-psychological theories to develop programmes better able to accomplish behavioural change goals. It takes the planning variables from marketing (product, price, promotion and place) and reinterprets them for health issues. A key concept is that it seeks to reduce the psychological, social, economic and practical distance between consumer and the behaviour.

¹⁰ Gerard Hastings’ book *Social Marketing: Why should the Devil have all the best tunes?* provides a series of instructive case studies, to which the reader is referred.

ADVOCACY TIP 18—THE ‘FOUR PS’ OF SOCIAL MARKETING

Product refers to something the consumer must accept: an item, a behaviour, or an idea. In some cases, the product is an item like a condom, and in other cases it is a behaviour such as not drinking and driving. Price refers to psychological, social, economic, or convenience costs associated with message compliance. For example, the act of not drinking in a group can have psychological costs of anxiety and social costs of loss of status. Promotion pertains to how the behaviour is packaged to compensate for costs—what are the benefits of adopting this behaviour and what is the best way to communicate the message promoting it. This could include better health, increased status, higher self esteem or freedom from inconvenience. Finally, place refers to the availability of the product or behaviour. If the intervention is promoting condom use, it is essential that condoms be widely available. Equally important to physical availability, however, is social availability. Condoms are more likely to be used when such use is supported and reinforced by peer groups and the community at large.

(Wallack et al 1993, p22)

The NSMC¹¹ has identified the following six features and concepts as key to understanding social marketing:

- **Customer or consumer or client orientation:** A strong ‘customer’ orientation with importance attached to understanding where the customer is starting from, their knowledge, attitudes and beliefs, along with the social context in which they live and work.

¹¹ The National Social Marketing Centre (UK) has elaborated 8 benchmarks of social marketing, as follows:

1. Sets behavioural goals
2. Uses consumer research and pre-testing
3. Makes judicious use of theory
4. Is insight driven
5. Applies the principles of segmentation and targeting
6. Thinks beyond communication
7. Creates attractive motivational exchanges for the target group

8. Pays careful attention to the competition faced by the desired behaviour

- **Behaviour and behavioural goals:** Clear focus on understanding existing behaviour and key influences on it, alongside developing clear behavioural goals, which can be divided into actionable and measurable steps or stages, phased over time.
- **‘Intervention mix’ and ‘marketing mix’:** Using a range (or ‘mix’) of different interventions or methods to achieve a particular behavioural goal. When used at the strategic level this is commonly referred to as the ‘intervention mix’, and when used operationally it is described as the ‘marketing mix’ or ‘social marketing mix’.
- **Audience segmentation:** Clarity of audience focus using ‘audience segmentation’ to target effectively.
- **‘Exchange’:** Use and application of the ‘exchange’ concept—understanding what is being expected of ‘the customer’, the ‘real cost to them’.
- **‘Competition’:** Use and application of the ‘competition’ concept—understanding factors that impact on the customer and that compete for their attention and time.

Social marketing assumes that power over health status evolves from gaining greater control over individual health behaviours.¹² It provides people with accurate information so they can better participate in improving their own health. Media advocacy assumes that improved health status evolves from greater control over the social and political environment in which decisions that affect health are made. It provides people with skills and information to participate better in changing the environments that create the context for individual health decisions. Both approaches, used in balance, have an important role to play in making mass media more responsive to health issues. (Wallack et al 1993, p24)

¹² Some social marketers do include policy-level interventions by focusing their advocacy efforts on changing the behaviours of policy makers (NSMC 2007a).

3.7 MEDIA ADVOCACY

In its simplest application, media advocacy asks five key questions (*see Advocacy Tip 19*), the answers to which guide subsequent actions.

ADVOCACY TIP 19—FIVE KEY ‘MEDIA ADVOCACY’ QUESTIONS

(adapted from Wallack et al 1999)

1. What is the problem?
2. What can be done about it?
3. Who has the authority to do this?
4. Who can influence this authority?
5. What ‘mediated’ messages will make these influential people act?

The key element here is the identification of the policy-level authority. This is the ‘end target’ of the media advocacy effort. It is these people with power that advocates want to influence. Media advocates design media campaigns around delivering messages to those (secondary targets) who can influence these people with the power (primary targets). Advocates want these influencers to act and communicate their messages to the authorities. For example, campaigners concerned about traffic accidents around schools may have identified the school’s board of governors as having the power to require traffic-slowing measures to be implemented around the school. They might usefully focus on helping parents, teachers, and students ‘find their voice’ and deliver messages to those in power. Such action by parents and children may further attract local media and thus serve to influence action by local politicians to introduce traffic restrictions.

In some cases information alone will be enough to provoke change. In most instances, however, changes will be contested. Media advocates then work with the potential influencers on identifying and strengthening their capacities to deliver more effective messages than their opponents.

Delivering messages requires an understanding of how different media ‘channels’ work and how best to access them.

Media access strategies

Common media channels include newspapers, radio, television, billboards, newsletters, web pages, blogs, email list serves, etc. Each media channel/outlet contains within it several possibilities for coverage. For example, a campaign issue may be covered as a front page story, or in sports, life styles, paid advertising, arts, comics, financial, op-ed (opinion—editorial), editorial, special feature, or letter to the editor pages of a newspaper. One example from the west of England was the threatened closure of a popular, nationally-known local factory. The local newspaper decided to support the campaign against closure and distributed banners which included their masthead, and published photographs of the workers carrying them. Later these appeared on huge advertising hoardings promoting the local credentials of the newspaper—and expanding awareness of the campaign.

Being aware of all the possibilities is fundamental to taking full advantage of available resources. Media advocates are most interested in knowing what channels/outlets are most frequently used by their target group of influencers and policy-makers.

There are three basic strategies for gaining access to the media: paying for it, earning it and asking for it.

Asking for it usually relates to public service air or print space, often required of media by law as part of licensing requirements. This time and space are free but advocates have little control over when and where their stories will be aired or included. Many are played at less advantageous times (like the middle of the night) or placed in sections less likely to be read. Nonetheless, this does provide some exposure and it is free!

Paid-for placements are the surest way to see that a message reaches its chosen target. It is the only way to fully control the placement and content of a message, the audience it will reach, and the timing of its dissemination.

Canadians for Non-Smokers' Rights¹³ used a full-page print advertisement to speak directly to legislators at a critical point in the development of public policy. It included a picture of the then prime minister and his close friend, who had just been appointed President of the Canadian Tobacco Manufacturers Council, beneath a headline that asked, "How many thousands of Canadians will die from Tobacco Industry Products may be in the hands of these two men." The text of the

¹³ Wallack et al (1993, p89) gives the example of Gar Mahood, of Canadians for Nonsmokers' Rights.

advertisement explained the importance of the legislation and highlighted the relationship of the two men, ending with an appeal to the Prime Minister to act in the interest of future generations. The advertisement devastated the tobacco lobbying influence by personalising the issue and making whatever success they could have damaging to the political career of the Prime Minister. The legislation passed without a problem!

Earned, as opposed to paid-for, media coverage, however, is the bread and butter of media advocacy. Here the aim is to be proactive. When the media calls for a comment, the reporter usually already has an angle or 'frame', marginalizing health behind economic and political interests.

Proactive strategies require cultivating relationships with members of the local media. Journalists need information and ideas for stories that have importance to the local community. Advocates should think of themselves as resources who can make it easier for journalists to do a good job (*see Working with the Media, above*). Useful accurate data, examples of local activities, a summary of key issues and names of potential sources can serve this purpose.

A second way to draw news attention is to create it. Opportunities to create news happen everyday (*see Seizing Opportunities, Section 2*). The release of a new report or a community demonstration can be turned into engaging news stories.

A third way is to 'piggy back' onto the breaking news by finding links with current 'hot' news items and inserting the campaign's perspective. Tobacco activists¹⁴ in the US jumped on a story about the halting of Chilean fruit imports because of worrisome levels of cyanide to point out that the amount of cyanide in one cigarette exceeded the amount in a bushel of grapes!

Other coverage includes letters to the editor, 'op-eds' (comment columns that appear near a newspaper's editorial opinion), talk show appearances, etc. Meetings with editorial boards can be very useful. Shrewd campaigners will be also sensitive to public figures who are espousing important causes. A campaign stands a better chance of publicity if it is supported by a local celebrity (musician, actor, sportsperson); if that person is committed, they will be willing to take part in events that will attract publicity and could even be the best advocate to encourage journalists to take up the issue. Indeed, a rolling programme of publicity can be achieved by releasing details of new celebrity supporters, whose agents may even encourage them to jump on a popular bandwagon.

¹⁴ Wallack et al (1993) gives this example from USA.

ADVOCACY TIPS 20—PRODUCING EFFECTIVE ADVOCACY PUBLICATIONS

- Determine who you need to reach and why.
- Don't let several messages compete for your audience's attention, or your main message could be lost. Remember, you may only have a few seconds in which to catch their attention.
- If you are asking someone to take action (donate money, write a letter, make a phone call, etc.), make it very clear how their action will have impact.
- Highlight the human aspect of the issue you're presenting. If an audience feels connected to or affected by the issue, they will be more willing to take action.
- The design will speak louder than words. Use compelling photographs, an unusual size or format, or some other novelty.
- If you need to present technical or scientific data, present it in layman's terms. Use only the data needed to support your message and avoid jargon.
- Don't assume that a publication needs to be glossy. Simple may be more effective.
- Too much information can overload the reader. A lengthy publication is not usually as effective as a concise one.
- If your publication appears regularly, brand it with a logo, stamp or regular features.
- If you invest a great deal of resources in researching and writing a publication, invest sufficient resources to ensure it is well-designed and extensively distributed.

WHO 1999

3.8 LOBBYING

Lobbying utilises all the techniques described in this toolkit and applies them primarily to directly influencing individuals who have the power to make the policy changes for which advocates are campaigning. Advocates will need to identify what tactics or combination of tactics will have the most effect. While lobbying etiquette will vary within and between countries, there are some general considerations that can help make any lobbying activity more effective.

Who, what, where, when

Useful action steps in lobbying include:

1. Know the primary target. Find out who has responsibility for decisions about the policy issues or resources being targeted by the campaign. Gather information about and prioritise lobbying towards the most relevant decision-makers and their advisors.
2. Get the timing right. Contact influential people in good time for them to be able to respond to requests for information, opinions or meetings. Be aware of the timetable for particular decisions—for example, the dates of legislative hearings and votes, Annual General Meetings, etc. The best timing for meetings with some decision-makers may be immediately before the decision is to be taken, so that campaign arguments or proposals are fresh in their minds. However, some decision-makers prefer to examine all the arguments put to them and may prefer to be contacted well in advance.
3. Make direct contact with target decision-makers. The best way to get in touch with a decision-maker is to put it in writing. A formal letter gives a busy person time to brief themselves on the issue (and the campaigners) (*see Advocacy Tip 21*), and should be replied to. It can be helpful to indicate that the letter has been copied to an appropriate colleague or official, making it less easy for the letter to be ignored. Emails should always be sent to a named recipient, and a request for confirmation of receipt. When telephoning for appointments make the call short, polite and to the point, and do not expect to be put through to the decision-maker.
4. Be specific in requesting action. Gaining access to a decision-maker is wasted unless campaigners know precisely what they want and what that person is competent to deliver. Asking for support for specific legislation, changes in working practices or policy within their organisation, for example, should be accompanied by simple briefing notes explaining the arguments and benefits and/or countering the opposing view, etc., to assist the decision-maker in articulating the case.
5. Demonstrate how supporting this campaign is in the decision-maker's interest. Any decision-maker choosing to support a campaign, especially one that may generate controversy, will need to be convinced that support is more likely to boost their career than undermine it. For example, could it increase electoral support (from a particular segment of the community) or bring new investment

to a constituency? Will it improve or enhance reputation and (media) profile? Could it mean a hospital can better fulfill its obligation to the public, etc?

6. Know your rights. A case is strengthened if it relates to legal entitlement. Knowing and being able to quote (local, national or international) legal rights is a powerful argument in any advocate's armoury.

ADVOCACY TIP 21—LOBBYING: LETTER WRITING

- Use headed paper if you have it, and try to type the letter.
- Never send a duplicate of a letter you have received from your campaign or from a national campaign. Borrow a format, but make sure each letter is individual.
- It's always a good idea to open and sign off the letter by hand, in ink.
- Begin your letter by saying who you are and what your concerns are. Explain why you are writing, preferably giving examples and facts.
- You should connect your request to the decision-maker's interests. For example, if it is the director of a company, explain why it is in that company's interest, or the director's interest, to support your campaign.
- Try to link your letter with something which they or their organisation have said recently, and state this early in the letter.
- Keep the letter as short as possible, and tackle just one subject per letter.
- Make sure you get the basic point over in the first paragraph. Limit yourself to one or at most two sides of A4 paper.
- Send with your letter supporting information and evidence such as photos or videos (clearly labelled).
- Always ask for a response.

www.bbc.co.uk/dna/actionnetwork/A2119079#7

7. Follow meeting etiquette. A personal visit is probably the most effective way to influence a legislator, but they are busy people and may only be able to allow for a short meeting. Be flexible and willing to schedule the meeting at their convenience. However, if the issue is of concern to a politician's constituents, it is a good idea to seek a meeting in the legislator's home district to emphasize that point. Negotiate protocol for publicity about the meeting; if the media are to be informed in advance, journalists may expect to hear about the outcome.

Publicity may be inappropriate, especially if this is an exploratory meeting, but the fact the meeting took place may be significant (in different ways) for both parties.

8. Document the meeting—never attend such meetings alone. Always have at least two campaign members present, one of whom should concentrate on taking notes. Plan what each is to say. Avoid potentially divisive issues, but be ready with counter arguments should disagreements arise. Supply a short briefing note (*see 4 above*) at the beginning of the meeting. Supply contact details to, and obtain them for, everyone at the meeting and ask to be kept in touch with progress. If agreement appears to have been reached on specific issues it is worth supplying a note to this effect after the meeting.
9. Build relationships. To sustain a campaign advocates need to build long-term relationships with protagonists. Some officials may be around a lot longer than individual legislators, and attitudes may also change. Even if someone does not support one particular campaign, if a positive professional relationship is established support on other issues may be more likely.
10. After the meeting, always write and thank the key person for the meeting. Mention the action that the parties are considering or may have agreed to take. Offer to provide any further information that might be helpful. Depending upon protocol (*see 7 above*), send out a press release reporting the meeting and its outcomes.
11. Report back to supporters. Supporters are the lifeblood of any campaign and must be kept informed about progress or any decisions or changes as they occur. If significant meetings have important outcomes (for example, a legislator announcing support for a change in the law), share the news with campaign members and any organisations that may have an interest in the issue. This strengthens both the credibility of the campaign and its potential for growth and success. Update relevant websites/blogs regularly so that supporters and potential supporters know what is happening.

A NOTE OF CAUTION

In many countries charities and non-governmental organisations are expressly prohibited from intervening in a political campaign of any candidate for public office, or engaging in partisan (party political) activity of any kind. In addition, charities may not use government funds, such as grants or revenue from contracts, to lobby,

The Girl Child Education Fund: *A nursing initiative for orphaned girls*



Through the **ICN Girl Child Education Fund** the orphaned daughters of nurses in developing countries are getting back to school.

You can make a donation at:
www.fnif.org/girlfund.htm



The internet can be used as an effective fund-raising tool. Campaign posters like this one which aim to raise awareness and resources (e.g., in this case for AIDS orphans) should always point to a web page for further information and action options.

© ICN

including the use of federal funds to lobby for federal grants or contracts. Advocacy Tip 22 provides some guidelines used in the US State of Oregon, but it is important to be clear on the rules as they apply in each country, since sanctions for breaches can have far-reaching consequences.

ADVOCACY TIP 22—LOBBYING: YES OR NO?

You are lobbying when you:

- Talk or write to a legislator or to his or her staff to influence legislative action. This includes:
 - Testimony favoring or opposing a bill or budget.
 - Proposing amendments to a bill, including technical amendments.
 - A letter, memo, or e-mail favoring or opposing a bill or budget.
 - Formal or casual conversations favoring or opposing a bill or budget.
- Talk or write to a legislator or to his or her staff to promote good will toward an agency or program.
- Talk or write to others with the intent to ask them to influence legislative action. This includes:
 - Meetings where you ask people to support or oppose a bill or budget.
 - Letters, memos, e-mails, or newsletters asking people to support or oppose a bill.

You are not lobbying when you:

- Talk or write to a legislator or to his or her staff merely to provide facts. (Facts may include fact estimates and expert opinions of fact.) The facts may apply to any program, budget, bill, or issue.
- Do work within your agency to research, write, or otherwise develop a bill or budget.
- Research or write testimony supporting or opposing a bill.
- Are waiting to present testimony or meet with legislators or staff.
- Write or talk to anyone to solicit their input on an agency's legislative proposals or budget.
- Do support work for an agency's lobbying activities, but do not communicate, yourself, with legislators or their staff.

www.egov.oregon.gov/DAS/lobbyingguidelines.shtml

3.9 INTERNET-BASED ADVOCACY

The Internet—specifically the advent of online advocacy (e-advocacy)—has had a profound impact on grassroots and mainstream advocacy over the last decade and is a rapidly expanding tool. It allows advocates very powerful, unprecedented mechanisms to reach vast audiences affordably, on a 24-hour basis, provide interactive forums, mobilise supporters, lobby public officials, and reach and frame issues for designated target audiences. It allows for the rapid dissemination of breaking news and provides mechanisms for converting media buzz into opportunities for participation and increased support. It allows advocates to organise themselves and can help significantly with fund raising. Overall, it can significantly increase pressure and capacity to make change happen.

The ICN has recently run a successful internet-based lobbying campaign to promote the establishment of a UN Women's Agency. A look at the ICN website Women's Agency front page provides a good example of the kinds of tools and information one can make available to users on-line. The list includes fact sheets, frequently asked questions (FAQs), statements, model letters, etc.

- ICN statements calling for a women's agency

- Latest ICN/WAA statement

- All ICN/WAA related statements

- Gender Equity Now or Never: Position paper on a New UN Agency for Women

- Join the advocacy campaign: Some suggested activity for those wanting to join the advocacy

- ICN Call to Action: The push for a UN Women's Agency and UN General Assembly

- Discussions

- Model letter(s)

- Frequently Asked Questions

- List of UN Ambassadors with fax numbers

- Other Statements

- Madrid Declaration on Women and Development

- Related ICN Position Statements

- Coherence Panel recommendations and press release

- Secretary General's Message

- E-letter - 22 March 2007

- Statement of the UN Deputy Secretary General

From ICN webpage: www.icn.ch/waa.htm

ADVOCACY TIP 23—INTERNET-BASED ADVOCACY FEATURES

- Reduced cost and increased speed and efficiency—a well-conducted email campaign can replace need for paper, envelopes and postage, along with staff time needed to prepare and send letters.
- Easy response mechanisms and personalisation—web site response forms recognise returning advocates, pre-fill personal information and map advocacy legislative targets geographically.
- Increased message delivery rate—an organisation can send messages via email, fax, mail or web form on a legislator's web site.
- Ability to reach large audiences—websites, bulk email lists allow advocates to contact their direct contacts with targeted messages. Contacts can forward these to others and initiate 'viral' spread of information that off-line approaches cannot match.
- Interactive—24 hour information exchange.
- Activity can be monitored—number of website visits by users ("hits") can be monitored and level of response to different messages gauged.
- Breaking news can be disseminated and responsive action generated.
- Passive viewers can be turned into active participants.
- Fundraising potential is large—a grassroots advocacy programme can provide prospects for fundraising, volunteering, event participation and more.

(CTFC n.d., pp11-13)

A NOTE OF CAUTION

Although politicians and major corporations are alert to the power of the internet, they are also wise to its weaknesses. Campaigns to influence decisions-makers that are only internet-based can be dismissed as artificial, easily manipulated, unrepresentative and a manifestation of political inertia.

'Click' participation and 'voting by cellphone' are among the most extraordinary 'democratic' developments of recent years, but they are open to abuse and should not be relied upon as the sole means of promoting a campaign.

SECTION 4

Conclusion

The process of engaging in advocacy activities and acquiring advocacy skills is as important as policy change outcomes and will help strengthen health professionals, health systems and ultimately people's health.

Active engagement in advocacy strengthens the cultural authority of health professionals and the health sector and in so doing enhances its potential influence.

Cultural authority and trust is built on public perceptions of the health professions as being scientific, accountable and ethical. When health services and practice are seen as being based on reproducible scientific fact, and not random, public confidence grows. When the professions are seen as ensuring quality of practice through their standards, guidelines and licensing, public trust is reinforced. Finally, when people perceive health professionals as delivering these services in ethical, non self-serving ways, professional authority is seen as a value-based force. The combination of the three underscores the cultural authority and influence of health professionals in every community and institution within which they practise.

Many of the trends discussed in Section 2 point to system-level factors that are eroding this authority and the capacity of health systems to protect health for all. Science does not have curative answers to many of the problems of chronic disease. External forces are reshaping health systems around economic goals. Global hazard messages promote riskier choices and behaviours. Addressing these challenges requires health professionals to find new ways to influence and help shape all policies and laws that have an impact on health. This inevitably requires advocacy action beyond the traditional boundaries of the health sector. In this guide we have tried to provide a basic framework for such action. It is now up to you to go out and use it.

REQUEST FOR FEEDBACK

We see this guide as a 'living document' and would be pleased to hear from you about its usefulness and how its lessons have been applied on the ground.

Please contact icn@icn.ch

SECTION 5

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WEB RESOURCES

- ICN women's campaign: <http://www.icn.ch/waa.htm>
- Lobbying-letter writing: <http://www.bbc.co.uk/dna/actionnetwork/A2119079#7>
- Lobbying-Do's and Don'ts: <http://www.egov.oregon.gov/DAS/lobbyingguidelines.shtml>

ANNEX 1

Glossary of Health Advocacy Terms¹⁵

This glossary consists of terms that are commonly used in policy and advocacy initiatives related to health communication.

The list is presented in alphabetical order.

Whenever possible, definitions have been taken or adapted from WHO publications. When appropriate, the source of different terms has been given in the text. Some of the definitions are original to the glossary, or are composites of definitions which reflect different perspectives to the term cited. The bibliography lists all the sources referred to directly in the text.

Advocacy A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular goal or program. (*WHO, 1995*)

Appeal A message quality that can be tailored to one's target audience(s). This term refers to the motivation within the target audience that a message strives to encourage or ignite (e.g. appeal to love of family, appeal to the desire to be accepted by peer group). (*CDC, 1998*)

Attitudes An individual's predispositions toward an object, person, or group, that influence his or her response to be either positive or negative, favourable or unfavourable. (*CDC, 1998*)

Audience See Target audience, Primary audience, and Secondary audience.

Audience segmentation The process of dividing a target population group into homogeneous subsets of audience segments based on some common factors related to the problem, usually behavioural determinants or psychographic factors to better describe and understand a segment, predict behaviour, and formulate tailored messages and programs to meet specific needs. (*Adapted from CDC, 1996; CDC, 1998*)

Audience profile A formal description of the characteristics of the people who make up a target audience. Some typical characteristics useful in describing segments include media habits (magazines, TV, newspaper,

¹⁵ Material in this section is adapted from Glossary of Scott Ratzan first published in *WHO Margins to Mainstream. Putting public health in the spotlight. A resource for health communicators*, 2003.

radio, and Internet), family size, residential location, education, income, lifestyle preferences, leisure activities, religious and political beliefs, level of acculturation, ethnicity, ancestral heritage, consumer purchases, psychographics. (CDC, 1998)

Barriers Internal or external obstacles that may inhibit the target audience from making the desired change.

Behavioural characteristics Activities in which people do (or do not) engage that are relevant to the health problem or to how they might be reached and influenced. Behavioural characteristics are useful for audience segmentation. (Adapted from CDC, 1998)

Campaign Goal-oriented attempts to inform, persuade, or motivate behaviour change in a well-defined audience. Campaigns provide non-commercial benefits to the individual and/or society, typically within a given time period, by means of organized communication activities. (Centre for Health Promotion 1996)

Campaigns mostly involve communication: a conversation with society. It differs from the communication we do one-to-one with our friends or colleagues. It uses communication to persuade large numbers of people to act, as a matter of urgency, so many campaign techniques are those of influencing people without having to stop and make friends first, and in this respect it's like 'PR' or Public Relations. But unlike PR, campaigning is an expression of popular democracy; it creates new channels of influence for the public, in the public interest. (Rose, 2004)

Channel The way in which individuals receive information (CDC, 1996). Types of channel include interpersonal, mass-media, organizational, and small group—see below.

Communication The exchange and sharing of information, attitudes, ideas, or emotions. (Centre for Health Promotion, 1996) Systematic, informed creation, dissemination, and evaluation of messages to affect knowledge, skills, attitudes, beliefs, and behaviors. (CDC, 1996)

Community A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which the group has developed over a period of time. (WHO, 1998)

Cost-benefit evaluation Examines the overall cost of a program compared to the dollar value of the effects that can be attributed to the program. These two values yield a cost-benefit ratio. *(CDC, 1998)*

Credibility The believability of a message source which increases the message's ability to influence the target audience. Some components of credibility include whether the message source is considered trustworthy, believable, reputable, competent, and knowledgeable. *(Adapted from: CDC, 1998)*

Demographics Statistics relating to human populations, including size and density, race, ethnicity, growth, distribution, migration, births, deaths, and their effects on social and economic conditions. This data can be useful for defining the target audience and understanding how to communicate more effectively with the target audience. *(Adapted from: CDC, 1998; CDC, 1996)*

Determinants External and internal personal, social, economic and environmental factors which determine the health status of individuals or populations. *(WHO, 1998)*

Diffusion The process by which an innovation is communicated through certain channels over time among members of a social system. *(Rogers, 1995)*

Efficacy The power to produce a desired effect or intended result or outcome. *(Neufeldt, 1991)*

Environmental factor A component of the social, biological, or physical environment that can be causally linked to the health problem. *(Adapted from: Green & Kreuter, 1991)*

Evaluation A systematic process that records and analyzes what was done in a program or intervention, to whom, and how, and what short- and long-term behavioural effects or outcomes were experienced. Types of evaluation include exposure, formative, implementation, and outcome evaluation—see below. *(CDC, 1998; CDC, 1996)*

Exposure evaluation An evaluation of the extent to which a message was disseminated (e.g. how many members of the target audience encountered the message). However, this type of evaluation does not measure whether audience members paid attention to the message or whether they understood, believed, or were motivated by it. *(CDC, 1998)*

- Fear** A mental state that motivates problem-solving behaviour if an action (fight or flight) is immediately available; if not, it motivates other defense mechanisms such as denial or suppression. (*Green & Kreuter, 1991*)
- Fear appeal** An attempt to elicit a response from the target audience using fear as a motivator, e.g. fear of injury, illness, loss of a loved one. (*CDC, 1998*)
- Formative evaluation** An evaluation conducted during program development that measures the extent to which concepts, messages, materials, activities, and channels meet researchers' expectations with the target audience. (*CDC, 1998*)
- Gatekeeper** An influential individual who serves as an access point to the target audience. (*CDC, 1996*)
- Geodemographics** Geographic factors and trends in a specific locale (e.g., where people live, population density, healthcare, climate, eating patterns, spending patterns, leisure activities, local industry, and outdoor activities) that can help with locational decisions (e.g. selecting a clinic site) or local contact interventions. (*CDC, 1998*)
- Goal** Summarize the outcomes which, in the light of existing knowledge and resources, a country, community, organization, or individual might hope to achieve in a defined time period. (*Adapted from: WHO 1998*)
- Health** A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. (*WHO, 1948*) Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. (*WHO, 1986*)
- Health behaviour** An action performed by an individual that can negatively or positively affect his or her health (e.g. smoking, exercising). (*CDC, 1998*)
- Health communication** The art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. Its scope includes disease prevention, health promotion, health care policy, business, and the enhancement of the quality of life and health of individuals within the community (*Ratzan et al, 1994, cited in Healthy People 2010*)

The study and use of communication strategies to inform and influence individual and community decisions that enhance health. (*CDC, 1998*)

The process and effect of employing ethical persuasive means in human health care decision-making. (*Ratzan, 1993*)

A key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. The use of the mass and multi media and other technological innovations to disseminate useful health information to the public, increases awareness of specific aspects of individual and collective health as well as importance of health in development.

Health communication is directed towards improving the health status of individuals and populations. Research shows that theory-driven mediated health communication programming can put health on the public agenda, reinforce health messages, stimulate people to seek further information, and in some instances, bring about sustained healthy lifestyles.

Health communication encompasses several areas including entertainment-education, health journalism, interpersonal communication, media advocacy, organizational communication, risk communication, social communication and social marketing. It can take many forms from mass and multi media communications to traditional and culture-specific communication such as story telling, puppet shows and songs. It may take the form of discreet health messages or be incorporated into existing media for communication such as soap operas. (*Adapted from: WHO, 1996*)

Health development The process of continuous, progressive improvement of the health status of individuals and groups in a population. (*WHO, 1997b*)

Health education Consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours, and use of the health care system.

Health indicator A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population. (*WHO, 1998*)

Health literacy The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. (*WHO, 1998*)

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (*National Library of Medicine, National Institutes for Health, 2000*) (*See Health Literacy Action Guide, Part II, Section 1*)

Health policy A formal statement or procedure within institutions which defines priorities and the parameters for action in response to health needs, available resources and other political pressures. (*WHO, 1998*)

Health promotion The process of enabling people to increase control over the determinants of health and thereby improve their health. There are three basic health promotion strategies: advocacy for health to create the essential conditions for health indicated above; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. (*WHO, 1986*)

Health status A description and/or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators. (*Adapted from: WHO, 1984*)

Health target The amount of change (using a health indicator) within a given population which could be reasonably expected within a defined time period. Targets are generally based on specific and measurable changes in health outcomes. (*WHO, 1998*)

Implementation evaluation An evaluation of the functioning of components of program implementation. Includes assessments of whether materials are being distributed to the right people and in the correct quantities, the extent to which program activities are being carried out as planned and

modified if needed, and other measures of how and how well the program is working. Also called process evaluation. (*CDC, 1998*)

Interpersonal channel A channel that involves dissemination of messages through one-on-one communication (e.g. mentor to student, friend to friend, pharmacist to customer). (*CDC, 1998*)

Key informants Individuals who are knowledgeable about and influential with particular segments of the population. (*CDC, 1996*)

Mass-media channel A channel through which messages are disseminated to a large number of people simultaneously (e.g. radio, TV, newspapers, billboards). (*CDC, 1998*)

Mediation A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled. (*WHO, 1998*)

Motivators Factors that help prompt or sustain knowledge, attitudes, or behaviours for a target audience. (*CDC, 1998*)

Needs assessment The process of obtaining and analyzing information from a variety of sources to determine the needs of a particular population or community; similar to a “marketplace assessment.” (*CDC, 1996*)

Negative appeal A message that is focused on unpleasant consequences rather than rewards or benefits. (*CDC, 1998*)

Negotiation The process of conferring, bargaining, or discussing with the intent of reaching agreement. Also called shared decision making. (*Neufeldt, 1991*)

Network A grouping of individuals, organizations and agencies organized on a non hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust. (*WHO, 1998*)

Opinion leader A person within a given social system who is able to influence other individuals’ attitudes or behaviours with relative frequency. (*Rogers, 1995*)

Organizational channel A channel through which messages are disseminated at the organizational level e.g., corporate newsletters, cafeteria bulletin boards. (*CDC, 1998*)

Outcome A change in an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status. (*WHO, 1998*)

Outcome evaluation A type of evaluation that determines whether a particular intervention had a desired impact on the targeted population's behaviour, i.e. whether the intervention provided made a difference in knowledge, skills, attitudes, beliefs, behaviours, and health outcomes. Also called impact or summative evaluation. (*CDC, 1996*)

Positive appeal A message that is focused on benefits or rewards rather than negative consequences. (*CDC, 1998*)

Press pack/media kit (US) A package (usually a folder) that includes items explaining a program or health issue to the media. May include such items as pamphlets, press releases, contact information, and/or camera-ready copies of materials. (*CDC, 1998*)

Primary audience The group(s) of individuals whose behaviour, attitudes, or beliefs the communication is trying to influence.

PSA Stands for Public Service Announcement. PSAs are typically aired or published without charge by the media. Can be in print, audio, or video form. (*CDC, 1998*)

Psychographics A set of variables that describes an individual in terms of overall approach to life, including personality traits, values, beliefs, preferences, habits, and behaviours. Psychographics are not usually related to health-specific issues, but more commonly to consumer- or purchase-specific behaviours, beliefs, values, etc. (*CDC, 1998*)

Public health A social and political concept aimed at improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention. (*WHO, 1998*)

Public relations The methods and activities employed in persuading the public to understand and regard favourably a person, business, or institution. (*CDC, 1998*)

Risk communication An interactive process of exchange of information and opinion among individuals, groups and institutions, involving multiple messages about the nature of risk and other messages, not strictly about risk, that

express concerns, opinions, or reactions to risk messages or to legal and institutional arrangements for risk management. (*National Research Council, 1989*)

Risk factor Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury. (*WHO, 1998*)

Secondary audience Group(s) of individuals that can help reach or influence the intended audience segment, but is not considered part of the problem.

Self-help Actions taken by lay persons (i.e. non health professionals) to mobilize the necessary resources to promote, maintain or restore the health of individuals or communities. Although self help is usually understood to mean action taken by individuals or communities which will directly benefit those taking the action, it may also encompass mutual aid between individuals and groups. Self help may also include self care—such as self medication and first aid in the normal social context of people’s everyday lives. (*WHO, 1998*)

Situational analysis A review and analysis of the current environment with regard to the issue at hand, including support for and potential barriers to prevention efforts. This information is used in making decisions about target audiences, behavioural objectives, geographic area to cover, and players to involve. (*Adapted from: CDC, 1998*)

Small group channel A channel through which messages are disseminated at the small-group level (e.g. meetings on health topics, cooking demonstrations). (*CDC, 1998*)

Social capital The degree of social cohesion which exists in communities. It refers to the processes between people which establish networks, norms, and social trust, and facilitate co-ordination and co-operation for mutual benefit. (*WHO, 1998*)

Social marketing The application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society. Social marketing-driven programs, which incorporate more than messages, include components commonly referred to as the “4 Ps”—product, price, place, and promotion. The balance of the 4 Ps is called the marketing mix. (*CDC, 1998*)

Social networks Social relations and links between individuals which may provide access to or mobilization of social support for health. (*WHO, 1998*)

Social norms Perceived standards of behaviour or attitude accepted as usual practice by groups of people. (*CDC, 1996*)

Social support That assistance available to individuals and groups from within communities which can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing the quality of life. (*WHO, 1998*)

Stakeholders Those who have an interest in and can affect implementation of an intervention or program; key players; influentials. (*CDC, 1996*)

Surveillance An ongoing process of information collection, analysis, interpretation, and dissemination to monitor the occurrence of specific health problems in populations. (*CDC, 1996*)

Sustainable development The use of resources, direction of investments, the orientation of technological development, and institutional development in ways which ensure that the current development and use of resources do not compromise the health and well-being of future generations. (*WHO, 1997a*)

Target audience The group(s) of individuals to whom the message is intended to be conveyed.

Telemedicine The use of modern telecommunications and information technologies for the provision of clinical care to individuals at a distance and the transmission of information to provide that care. Telemedicine is not one specific technology but a means for providing health services at a distance using telecommunications and medical computer science. (*Joint Working Group on Telemedicine, 1997*)

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Choosing our future

FOR A HEALTHIER LIFE,
CONSUME CHEMICALS IN MODERATION!



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Cartoon presentations can be powerful ways of communicating key messages. Here, The Health and Environment Alliance (HEAL) and Mouvement pour le Droit et le Respect des Générations Future (MDRGF) have come together to highlight the evidence of harm to health from certain widely used chemicals – and to point out the policy opportunities that could change our future for the better.

THE “CHOOSING OUR FUTURE” WEBSITE IS AVAILABLE AT www.choosingourfuture.eu



PROMOTING HEALTH

ADVOCACY GUIDE FOR
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