Media Advocacy:
A Powerful Tool for Policy Change

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For many years it was illegal in North Carolina to "knowingly" sell tobacco products to minors. This wording made the law unenforceable. State law did not require merchants to check identification, and merchants could only be charged when they "knew" the purchaser was a minor.

This situation changed in 1997, thanks to a campaign to educate the public and decision-makers about problems with the law. Following this campaign, the North Carolina General Assembly passed legislation to stiffen fines for selling tobacco products to minors and made enforcement more likely by removing the word "knowingly" from the law.

The problems with the law and the state's high teen tobacco use rates were highlighted in a January 1997 investigative series published by *The Charlotte Observer* called "Carolinas youth: Sold on smoking."[1] This four-day series featured stories from across the state. It included eye-opening photos of teens lighting up and dipping, interviews with teens, and highlights on legislators and lobbyists on both sides of the issue. An editorial and an editorial cartoon called for the law to be changed and enforced. The series was distributed as a reprint to members of the North Carolina General Assembly.

While the media and policy advocacy efforts of many organizations and individuals contributed to the passage of the teen tobacco sales law, the series and its reprint had a significant effect, according to leaders in public health. "Thanks to media advocacy efforts, reducing youth access to tobacco was one of the first policy changes our state embraced after the formation of the state's tobacco control program," said Sally Herndon Malek, MPH, head of the Tobacco Prevention and Control Branch of the North Carolina Division of Public Health.

For as long as there have been journalists there have been advocates using its pages to promote policy change. From Benjamin Franklin's "Silence Dogood" letters[2] to current legislative fights over funding, where there is the press, there are advocates strategically using the press to make changes in their communities. In his book, *Media Advocacy and Public Health*,[3] Lawrence Wallack, then a professor in the School of Public Health at the University of California, Berkeley, described how advocates use their knowledge of the news business in combination with their passion to change their communities. A later book, *News for a Change*, is a how-to guide on planning and carrying out media advocacy interventions.[4]

Media Advocacy Defined and Described

Formally defined, media advocacy is the "strategic use of mass media for advancing a social or public policy initiative."[5] Media advocacy gets the community involved in defining its problems and identifying the policy changes that could address those problems in ways that change the context in which people make decisions regarding their health behaviors. Media advocates do some of the same things any public relations experts might do, including publicizing events, writing letters to the editor, and releasing data to the news media, but they do them in a more focused and strategic way, with a clear goal of policy change.

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In practice, media advocacy is the act of strategically mobilizing community interest in a problem and its solutions. First, an issue appears on the community's radar screen and is seen by some in leadership positions as important. Second, a language develops around the problem, including common knowledge about the cause of the problem, who the local experts are, who is responsible for solving it, and what change or policy is likely to address it.[6] Third, decision-makers are educated and people at the grassroots are urged to speak up and to ask for change from those decision-makers. Much of the

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awareness, education, defining, and pressure are done using the news media. Paid media advertising is occasionally a part of this process, but usually advocates do not have sufficient funds for a paid advertising campaign. The tools of the media advocate are often called "earned media" and include news releases, news events, editorial board meetings, op-eds, letters to the editor, and ongoing relationships with members of the news media.

Before any contacts are made with the media, policy and media advocates need a plan to identify the issue to be addressed and the policy change to be promoted by the media advocacy campaign. The plan must include "damage control" strategies; advocates need to know in advance how to respond to challenges to both their messages and their credibility. For each likely argument, the media advocate should have counter-messages developed, with a strategy for either preempting those arguments or countering them promptly when they occur. In the same vein, they look for cracks in their opponents' credibility and are ready to use those if needed.

The solutions that media advocates seek are always policy solutions. Media advocacy builds support for policy change that is known or thought likely to be effective. This is because media advocacy, like any policy advocacy strategy, is based on the fundamental belief that creating meaningful public health policy creates changes in health related norms, and is the best way to ultimately change key health related behaviors that are major risk factors for preventable morbidity and/or mortality in a population. There are many examples of this, including seatbelt laws, drinking-and-driving laws, and smoking restrictions. All of these policy changes have been shown to alter long-term behavior in ways that would be impossible to do if relying on public health programs and public service announcements alone. Policy change often increases demand for programs and services as well, at least in the short term, as the change becomes normative—such as increased demand for infant car seat classes following a law requiring their use.

Media Advocacy and Health Care Policy

Since health care is a hot topic today among state and national leaders, I see many opportunities for media advocacy as a tool for patient advocates. Media advocacy in health care systems media (e.g., health care and health insurance newsletters) and mass media can be a voice for changing policies, both private and public, that impact the lives of patients and the practice of medicine. Once an "inside strategy" —an internal request for policy to be changed in order to improve patients' health outcomes or experiences with providers — has failed, it may be time to introduce an "outside strategy" such as media advocacy through the public media. In one example from Alabama, Max Michael, a Birmingham physician, wrote an op-ed titled, "For Alabama's most vulnerable, health care is a luxury."[7] This piece was printed in at least 12 newspapers across the state and led to a larger number of television and radio news interviews concerning the need for policy change to expand access to the state's health care system. His media advocacy work helped to personalize the plight of the uninsured in Alabama.

In 1989, when North Carolina had the highest rate of infant mortality in the nation, *The Charlotte Observer* ran an in-depth series highlighting the problem titled "From cradle to grave."[8] In the series of articles and opinion pieces, the newspaper highlighted the many unaddressed gaps in access to prenatal care for poor women in North Carolina. The progressiveness of the state's economic development was in stark contrast to the level of preventive health care available to low income families—including expectant mothers. The public outpouring that followed the news coverage and opinion pieces, combined with the statewide shame of being seen as "the worst of the worst," led to an unprecedented increase in attention to and funding for prenatal care and healthy birth issues. According to the Healthy Start Foundation, a public-private partnership created during the resultant program development, the infant mortality rate in North Carolina decreased 33% between 1988 and 2007.[9]

Today, leaders in North Carolina and the nation are calling for health care reform. Health care providers and other patient advocates can use a combination of personal stories and other framing techniques to bring positive policy change to health care systems. Training health care providers and public health professionals to understand and practice media advocacy would serve the people and the public health of North Carolina well. For example, in a recent news interview Dr. William L. Roper, CEO for the UNC Health Care System and dean of the UNC Chapel Hill School of Medicine effectively used a personal anecdote to frame how electronic medical records might benefit patients by way of improved customer service.[10]

The nation's tobacco control movement has modeled the link between media and policy advocacy over the years. The US Centers for Disease Control and Prevention recommends well-funded, comprehensive tobacco control programs, which include sustained paid and earned media campaigns and development of evidence-based tobacco control policies, such as smoking restrictions and higher cigarette taxes.[11] These recommendations come from evaluations of successful states. California was the first state to implement a comprehensive, statewide tobacco control program, including strong tobacco control media and public policies, which resulted in an adult smoking rate of 14.3% compared to a 22.9% rate in North Carolina.[12] Further, California was the only state in the country in a 2008 Annual Report on Cancer to show declines in both lung cancer incidence and deaths in women.[13]

It's All About the Frame

Once the policy goal takes shape, there is strategy planning that goes back and forth between policy advocates and media advocates working to bring support to the policy solution(s), Lawrence Wallack and his coauthors define steps for successful media advocacy, including 1) framing the issue to get better

access to the media and 2) framing the issue for content.[3] This two-step process allows for a systematic way for advocates to plan media advocacy tactics. The media advocate can make decisions about how media exposure can help the cause by answering specific questions, such as: can the issue be introduced to the public as a critical and solvable problem? How can the policy change being sought be presented to the public as the best possible way for the community to address the problem? Can the people in a position to affect change be reached through the news media? Will that best happen on the editorial or opinion page, with news coverage, or in some other way?

Once these kinds of questions are answered, the advocate can begin shaping the story to be presented to the community through the news media. According to Wallack, to draw the media's attention, the story must contain one or more of the acknowledged elements of newsworthiness. For example, in tobacco control, there is often built-in irony and controversy that create a foundation for a news story—especially when combined with a policy initiative. Contacting the news media with a story already infused with newsworthy elements is "framing for access." Here, Wallack is referring to access to the headlines or airwaves—and access to the audience that consumes the news.[3] You can have the best idea ever to address a health issue, but if you don't have access to the community via the news or some other channel, your idea probably won't go anywhere.

Once a reporter is interested in doing a story, the framing effort shifts from "framing for access" to "framing for content."[3] At this point, the advocate is working closely with policy experts on the one hand and on the other closely with the reporter, helping to develop elements of the story that support the policy change being promoted. This might mean coming up with ideas for compelling visuals or finding someone with a personal story to share, making the policy change being promoted seem even more important and thus more likely to succeed.

Enticing a reporter to become interested in a story takes a combination of art, skill, and luck. *The Charlotte Observer* series on teen tobacco use is one example. A media advocate worked with a general assignment reporter on a story in preparation for an anticipated bill in the legislature addressing tobacco sales to minors. The background interview turned into a series of meetings during which facts, documents, and names of other sources were shared with a reporter who became excited about turning a one-day assignment into a series of articles. Asked months later what made her decide to pursue a series rather than a brief news article, the reporter mentioned a "man-bites-dog" moment, when the media advocate told the reporter that mountain area health educators reported smokeless tobacco use among very young boys, as young as two or three, and the use of snuff to ease the pain of teething infants. The reporter wanted to talk to these sources and share with the public these shocking practices; the result was the teen tobacco series.

There is, however, a possible danger to using unusual stories and personal experiences, such as the use of snuff on the gums of teething infants. Every media advocate must be aware of how a personal experience can become a "blame-the-victim" story in the hands of a reporter merely looking for a sensational story. When a personal experience becomes the center of a news story, the article can become framed to allow readers to believe the person "deserves" the health problem because of poor health behaviors, such as lung cancer patients who are smokers. The key is to draw back the frame: include the community's responsibility to prevent the health problem and redirect the blame where it belongs. In this case, the blame fell squarely on the community norm for the use of a product that, when used as directed, results in cancer and other deadly diseases. Through this device, the responsibility can be placed directly on the community and its need to develop norms that support healthier behaviors.

In the hands of a skilled media advocate, with a clear focus on a sound policy outcome, a seemingly random fight for column inches among health advocates can become a strategic set of activities, calculated to result in private and public policy changes to support healthier behaviors and healthy social norms for North Carolina communities. **NCMJ**

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