

# Advocacy in Action:

*a toolkit for Public Health Professionals*

Second Edition

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Note to toolkit users:

We’ve tried to make this toolkit practical and user-friendly for people wanting to get involved in public health advocacy, or those who want to become more effective advocates. We welcome your feedback and suggestions about how the toolkit can be improved in any way. Please email your comments, suggestions and feedback to [phaiwa@curtin.edu.au](mailto:phaiwa@curtin.edu.au)

As a thought for the environment, the Advocacy in Action toolkit has been printed on 100% recycled paper.

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# Introduction

## Introduction

Public health advocacy is exciting. It is fun. It is challenging... but it is not always easy.

*Change comes from small initiatives which work, initiatives which, initiated, become the fashion. We cannot wait for great visions from great people, for they are in short supply at the end of history. It is up to us to light our own small fires in the darkness.*

Charles Handy

This toolkit will provide an introduction to public health advocacy, an outline and examples of key advocacy strategies and samples of practical tools to get you started. It is recognised that not all organisations have staff dedicated to advocacy, and many public health professionals work in organisations with limited funding and find themselves responsible for many advocacy strategies (e.g. media, political lobbying). This toolkit is designed to support health professionals in these positions to engage in effective advocacy with confidence.

Also included in this toolkit are advocacy tools (surprisingly!).

The tools are presented as templates to enable you to vary them to suit your advocacy goal. The tools included are examples and templates for:

- Media releases.
- Action alerts.
- Letter to politicians.
- Meeting with politicians.
- Interviews: radio and television.
- Letter to the editor.

### So What is Advocacy?

The word 'advocate' actually comes from a Latin word meaning 'to be called to stand beside'. Advocacy can be thought of as "the pursuit of influencing outcomes – including public policy and resource allocation decisions within political, economic, and social systems and institutions – that directly affect people's lives."<sup>1</sup>

Advocacy can be planned in a logical manner but in many cases it is a reaction to an event or issue. Here are two examples of how advocacy can evolve.



## Example: Reacting to fast food advertising

During the 2008 Olympics, McDonalds ran a series of advertisements showcasing former Olympic athletes stating they could not wait to eat McDonalds after their events.

From an advocacy perspective, this was sending conflicting messages to the community about healthy eating. Something had to be done!

Olympic athletes Jenn Morris and Luc Longley were approached to be champions against obesity to counter McDonald's advertisements exploiting the fast food company's financial links with the Olympics and Little Athletics. Jenn and Luc provided comment in the media to complement the advertisements.<sup>2</sup>

The McDonalds counter campaign started with counter advertisements in the Australian and the West Australian. The counter campaign was made possible by bringing together interested partners to react quickly to the McDonalds Olympic advertisements. As a result of the counter advertisements the campaign received additional editorial coverage which included a page 3 article in The West

Australian which featured images of the McDonalds and the counter ads.<sup>2</sup> This extended the message and the life of the campaign. The McDonalds campaign was not continued. The existing partnerships were an important part of the success of the strategy as it provided funding support, a united front and a quick response. Images from the media campaign are presented below.



The next example shows a more planned approach to advocacy, with the luxury of longer timelines and resourcing for adequate support and skills.



## Example: Developing election priorities

In preparation for the 2008 WA State election, the Public Health Advocacy Institute of WA (PHAIWA) compiled a set of public health election priorities to address obesity, alcohol, tobacco, Indigenous health, child health, environment and health, and injury and accident prevention.

Leading WA health organisations and public health experts were surveyed regarding the policy commitments they would like to see from the major WA political parties.

The survey asked them to consider:

- Specific strategies and actions.
- Is the policy or strategy you are suggesting within the capacity of the State Government?
- Is the policy achievable and amenable to intervention?
- Is the policy likely to be adopted by political parties?

A few key priorities were selected to promote in the media. The priorities were developed over a number of months using various methods of consultation and engagement. For example, forums were held where many health professionals set priorities for obesity and alcohol. The Federal Health Minister and State Minister opened the obesity and alcohol forums which enhanced the potential for media coverage.

Once developed, the priorities were circulated to the media and sent to all political parties in the lead up to the election. They were also sent to relevant health organisations. The priorities resulted in media coverage,<sup>3-6</sup> debate and supported a common voice between agencies.

Having provided these two examples, it is important to discuss some of the ways advocacy can be described. They can be a little ambiguous!

- Advocacy involves *actions* that lead to a selected goal.
- Advocacy is one of many possible strategies, or ways to approach a problem.
- Advocacy can be used as part of a community initiative, nested in with other components.
- Advocacy is *not* a direct service.
- Advocacy does not necessarily involve confrontation or conflict.
- Advocacy has no prescribed or clearly determined method. What constitutes advocacy will differ in different circumstances and according to the skills and needs of the individual or group.
- Advocacy may involve working against established or entrenched values, structures and customs, and therefore may need to be independent of service providers and authorities.

Cohen, de la Vega and Watson note in their text on advocacy for social justice that “Advocacy has powerful results: to enable social justice advocates to gain access and voice in the decision making of relevant institutions; to change the power relationships between these institutions and people affected by their decisions, thereby changing the institutions themselves; and to result in a clear improvement in people’s lives”.<sup>1</sup>

Michael Pertschuk, founder of The Advocacy Institute, Washington DC, describes media advocacy as “the strategic use of mass media for advancing a social or public policy initiative”. Pertschuk highlights that public health advocacy needs “outside sparkplugs” whom he describes as “unabashed tellers of truth to power (who) operate outside of conventional, political (or other) establishments”. They are, Pertschuk notes, “often irritating and difficult, but they churn up our collective conscience and annoy us into action”.



A newspaper article published in *The Australian*<sup>7</sup> provides a fitting way of thinking about advocates. The article reported on the success of the Gurkha Justice Campaign which won Gurkha veterans, who fought for the British in the Falklands war, the right to settle in Britain. The founder of the Gurkha Justice Campaign (made up of a “road haulage boss...an actress [Joanna Lumley] and three bolshie Irish lawyers”<sup>7</sup>) had a favourite saying, “Some people say that a small group of committed people can change the world. In reality that’s all that ever does.”<sup>7</sup>

It is important to remember that advocacy is not a direct service. For example, you join a group that helps build houses for the poor – that’s wonderful, but it’s not advocacy (it’s a service). You organise and agitate to get a proportion of apartments in a new development designated as low to moderate income housing – that’s advocacy.

Figure 1 highlights some of the strategies that can be used in advocacy to work towards a common goal. Using a combination of these strategies creates a comprehensive approach. You may not necessarily use all of these on your own, but look around – there are likely to be many individuals and organisations out there that want to sing the same song.

**Figure 1: The advocacy wheel**



An example of how these strategies work together is demonstrated below.



## Case Study: Increase child immunisation rates

Immunisation remains the single most effective and efficient method of reducing the morbidity and mortality associated with vaccine preventable diseases.<sup>8</sup> However there still remains a proportion of the population who choose not to immunise their children. In 2001, the Australian Institute of Environmental Health (AIEH) (now known as Environmental Health Australia) began to push the immunisation agenda due to a continual downward trend in child immunisation rates. This Institute was a professional body that represented officers within one of the key service providers, local government.

It was clear the traditional approach to immunisation was not working – advocacy seemed to be an appropriate strategy. The first step was to commission research that would be used to inform a plan. The research examined:

- why people preferred each type of service provider (i.e. local government run clinics or GPs);
- why they were not vaccinating their children, and
- whether incentives would change their behaviour towards actively vaccinating.

The research found that future strategies needed to focus on immunisation being mandated by government policy (National Health and Medical Research Council [NHMRC]), that service providers needed to work collaboratively and that awareness of the advantages of immunisation needed to be heightened within the general public. Any planned strategies therefore need to include working with service providers, the general public, professional Associations and pharmaceutical companies (eg.CSL, SmithKline). Some opponents to immunisation were also identified including some parents and the anti-immunisation lobby.

Central to the AIEH's advocacy initiatives was the need to use a mix of advocacy strategies as illustrated in the diagram below. A program was planned and integrated:

- simply stated evidence that immunisation is a major and successful public health intervention;
- links to some contraindications from vaccines, but stressing the risk that contracting the disease far outweighed the risk of vaccine complications;
- a philosophy that prevention is better than cure;
- strategies to ensure access to service providers, whether these be local government clinics or GPs.

The advocacy initiatives were strengthened by engaging powerful partners who included:

- Queensland Health;
- Australian Medical Association;
- Australian Health Promotion Association;
- Local Government Association of Qld;
- Division of GP;
- Pharmaceutical companies;
- Core groups of committed practitioners who planned the advocacy strategies; and
- Individual local governments.

This approach resulted in the development of Immunisation Week, an annual awareness raising event that integrated a short term yet comprehensive approach to promoting the importance of vaccination.

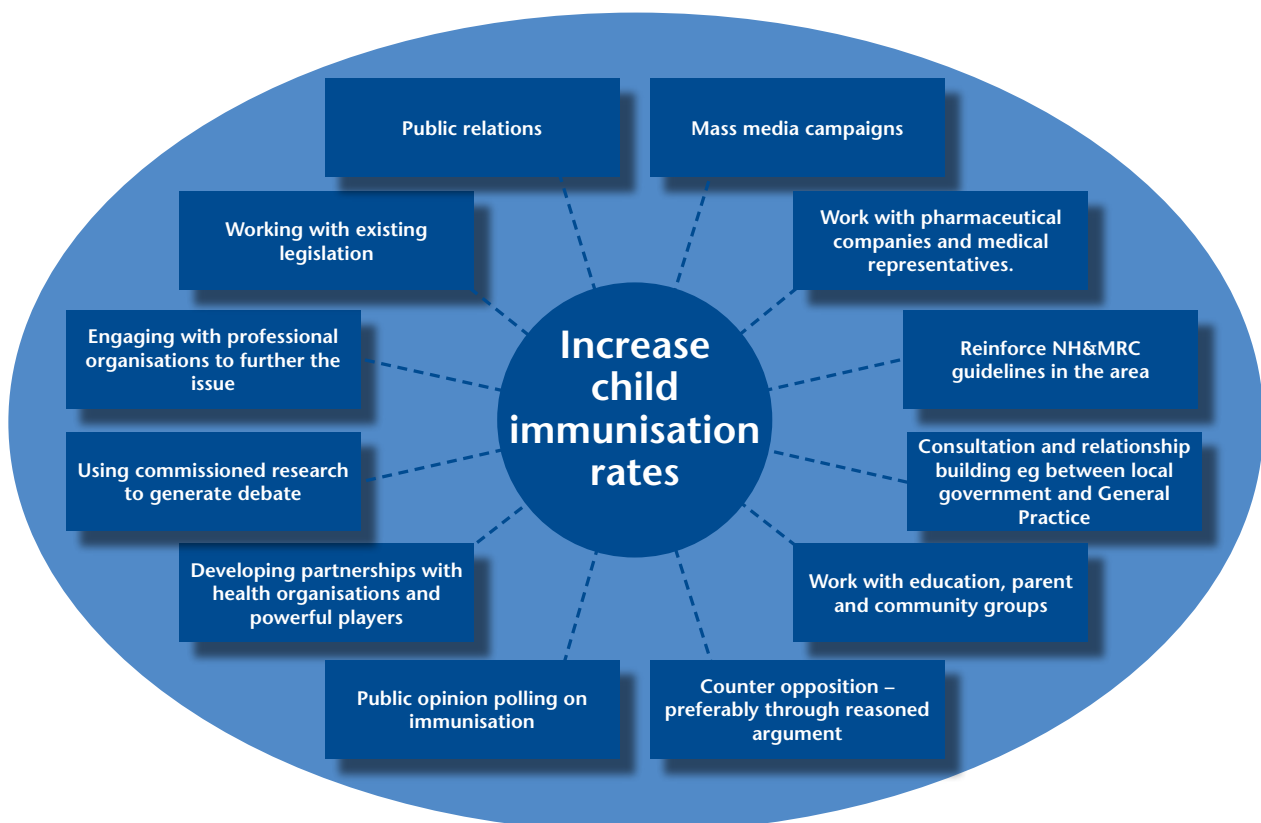
Strategies were statewide and illustrated in Figure 2. These included:

- Statewide launch with the Health Minister. This was always held on a Sunday which generally guaranteed media coverage;
- Immunisation Mascot – “Irma the Immunisation Emu” and supporting resources including badges, emu costumes, balloons, posters and an immunisation rap song;
- Planned and opportunistic free immunisation clinics (e.g. shopping centres, school based clinics, etc);
- Metropolitan and regional capacity building opportunities for service providers, where GPs and local government officers came together;
- School based activities e.g. rap dancing competitions, design competitions, etc.;
- A twice yearly statewide newsletter (pre-planning and feedback to stakeholders);
- Incorporation of Good Practice Awards;
- An Immunisation Week Resource Kit to encourage local government officers and GP clinics to plan a range of events during the week. This resource kit was developed annually and included resources, ideas for activities, proformas (e.g. letters, media releases, etc) and contacts.

The AIEH is a non-profit organisation that represents a professional body. This Institute used volunteer members to actively approach the pharmaceutical companies to fund this annual activity. Queensland Health also contributed funding. These volunteers, in partnership with the funders then went on to plan, implement and evaluate Immunisation Week for over 6 years. Annual awareness raising weeks are limited in their scope, yet given the volunteer nature of the coordinating body, this case study does demonstrate that with passion, partners and innovative thinking, you can achieve advocacy. And yes, it was fun!

Case study prepared by Melissa Stoneham (Chair of Immunisation Week Committee 1996–2001)

**Figure 2: Childhood immunisation advocacy wheel**





## Case Study: Get Behind Bowel Screening

Bowel cancer is Australia's second biggest cancer killer and is responsible for the deaths of 80 Australians every week. Yet nearly all cases can be cured if detected early. The National Bowel Cancer Screening Program is currently only available to select age groups which means that 5 million people are missing out on bowel cancer screening.

To address this, Cancer Council developed an advocacy campaign called "Get Behind Bowel Screening". The campaign aimed to show the government public support for full implementation of the National Bowel Cancer Screening Program – bi-annual screening for everyone over 50 by 2012. The ultimate objective was to obtain commitment by the government to full implementation of the National Bowel Cancer Screening Program in the 2010–11 budget.

The Cancer Council campaign drew on various advocacy strategies to achieve their aim (see Figure 3).

The campaign was launched just before Bowel Cancer Awareness week to maximise interest and extend media attention. The timing of the campaign illustrates two ways to be prepared for advocacy. One; making the most of the windows of opportunity by choosing to launch the campaign in association with the awareness week, and two; the importance of getting the timing right by developing the campaign to meet the Cancer Council's objective of influencing the 2010–11 budget.

The campaign website (<http://www.getbehindbowelscreening.com.au>) provides supporters all over Australia with multiple ways to get involved in the advocacy campaign. The website hosts a preformatted email to Members of Parliament asking for their support for full implementation of the National Bowel Cancer Screening Program and a response advising what action they will take. Supporters simply add their name and address and the email is sent to the local Member of Parliament based on the address information provided. Supporters were asked to forward the campaign website link to 11 friends, representing the number of people who die from bowel cancer each day.

The website also provides information on bowel cancer and the screening process. A 'share your story' section allows people who have been directly or indirectly affected by bowel cancer to share their personal experiences and highlight the importance of a screening program. Those who have shared their story also have the opportunity to be involved in media relating to the campaign.

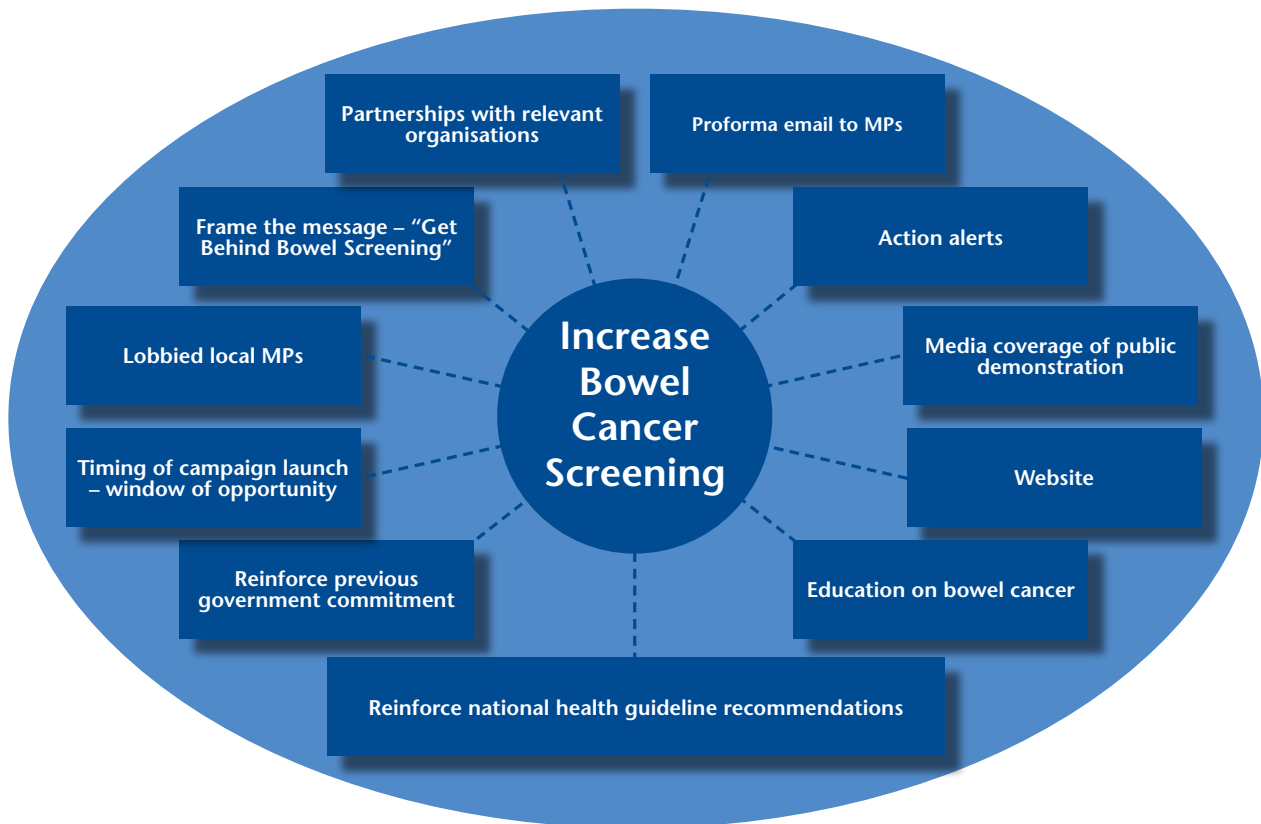
The campaign message was framed with the phrase "Make a Noise" and featured the Cancer Council's recognisable blue and yellow colouring.

A public march through the Perth CBD was organised as part of the launch of the campaign in WA. Representatives of Cancer Council WA and supporters attending the march were interviewed and featured in media coverage of the event.

Following the campaign launch, an action alert email was sent to Cancer Council contacts with a link to the campaign website and recipients were encouraged to contact their local Member of Parliament.

Evaluation of the campaign will include counting the number of visits to the website, the number of emails to Members of Parliament and the amount of media coverage generated. This information will be included in Cancer Council Australia's 2010 budget submission.

Figure 3: Bowel Cancer Screening advocacy wheel





# Why and when would you choose advocacy?

## Why and when would you choose advocacy?

Advocacy is best used when you want to:

- Promote public health objectives.
- Overcome barriers that restrict public health opportunities.
- Promote the importance and relevance of prevention including increases in funding.
- Protect human rights.
- Ensure a better quality of life.
- Be responsive to needs, but be balanced with providing innovative proactive strategies.
- Be oriented towards outcomes for public health.
- Aim for empowerment of disadvantaged individuals and groups.
- Challenge stereotypes and stigma.

It's a good idea to think twice before launching yourselves (or your group) as advocates, because it's a strategy that's more effective if there isn't too much of it around. Imagine a city where there were public demonstrations every day, where Parliament House was besieged constantly by groups with special petitions, resolutions, and assorted agitations. The community would quickly develop advocacy fatigue. So would the advocates. Advocacy is a great tool especially when carefully considered.



# Advocacy challenges

## Advocacy Challenges

We have already said that advocacy is a challenge. Some of the more common challenges lie in other people's perceptions or misperceptions about what advocacy can achieve. Advocacy challenges that await you may include:

- The common misconception that arises when expectations are that advocacy will result in immediate results.
- Achieving great things with small budgets.
- Not leaving room for complacency.
- Staying the course – Advocates need to be vigilant and in for the long haul.
- Effective advocates must generally create and maintain a high profile for themselves or whoever is most appropriate.
- Avoiding exhaustion.
- Maintaining strong partnerships.
- Staying politically neutral and being truly bipartisan.

# Advocacy myths

## Advocacy Myths

Some of the barriers people see to engaging in advocacy may not actually be barriers at all. Below we've addressed some of the common myths associated with advocacy in an attempt to break down those imagined barriers.

### *We don't have a big budget!*

**Busted!** Many advocacy strategies are effective with limited funding and are a great option for public health organisations with tight operating budgets.



#### Example: "Gallop Give Back Moora Hospital"<sup>9, 10</sup>

In October 2004, the Gallop government withdrew its election promise to build a new hospital in Moora and instead offered funding for an upgrade.

Infuriated Moora residents mounted a campaign targeting Premier Geoff Gallop. Busloads of Moora residents drove to Gallop's electorate every second weekend to conduct a door knock campaign and ask residents to sign a petition supporting the building of a new hospital.

In an innovative addition to the campaign, well-dressed Moora residents met Gallop at many of the places and events he went for months afterwards and embarrassed him by presenting him with a brick from the decaying façade of the old Moora hospital.

In late 2006, Moora residents were granted their new hospital. Wheatbelt Minister Kim Chance described the outcome as "down to the commitment of the people in Moora with the brick campaign being good humoured but very effective".

### *Advocacy is a specialised area.*

**Busted!** This toolkit is designed to provide you with the basic skills and tools to get started in advocacy. The fact is that not all health organisations have access to a dedicated communications manager or public relations specialist. However, that does not preclude you from engaging in effective advocacy. The tools that follow give you a starting point and you will learn from experience. Ongoing support is available from organisations such as the Public Health Advocacy Institute of WA.

We run regular advocacy skills based short courses so keep your eye on the Public Health Advocacy Institute of WA website – [www.phaiwa.org.au](http://www.phaiwa.org.au)

### *I am only one person, what influence do I have?*

**Busted!** Many public health issues are almost overwhelmingly complex and you may feel like you are too small to have a significant impact on them. It's important to have a detailed understanding of the issue being addressed and make advocacy decisions based on this.<sup>11</sup> The old "think global, act local" adage may be helpful in gaining perspective about how much of a big problem you can realistically tackle and where to start. Setting goals and objectives (which are preferably realistic and broadly achievable) and having at least an informal plan of how you can act to realise them can help to overcome the scale of an issue.



### Example: From little things big things grow!

The story of Eddie Mabo busts this myth completely. When Eddie Mabo was told that the Crown owned his ancestral land on Murray Island, he proved that the determination and perseverance of one man can be enough to achieve powerful things. Eddie Mabo began a decade-long legal campaign in the Australian High Court. In 1992, the High Court decided that Australian common law would recognise native title and overturned the doctrine of terra nullius. The Mabo decision led to the passing of the *Native Title Act 1993*.

### *We are small fish! How am I supposed to take on the big guys?*

**Busted!** The people and organisations that have the power to make the changes you are advocating for – governments, heads of major companies etc. – can be intimidating opponents or targets. The actual size of your organisation doesn't have to matter. Your ability to influence others and convince the public and decision-makers of the priority of your issue and the importance of acting on it is the key. History provides many examples of the little person successfully taking on the big company, grassroots organisations effecting meaningful change and the potential of individuals who are passionate, dedicated and who persevere.



### Example: BUGA UP!

In response to concern over highly visible tobacco product advertising and the serious health risks caused by smoking, a group of doctors and health professionals formed the community action group BUGA UP – Billboard Utilising Graffitists Against Unhealthy Promotions.<sup>12</sup> A principal activity of BUGA UP members was to 'reface' tobacco billboard advertisements by carefully altering the wording of ads using spray paint or adding messages targeting government, smokers or tobacco companies. Other advocacy activities staged by BUGA UP members included<sup>12</sup>:

- Staging alternative advertising 'award' events.
- Offering to double cash incentives provided by tobacco companies for retailers displaying tobacco advertising.
- Dressing up as skeletons and handing out health information at shopping centres where tobacco companies were giving away free cigarettes.
- Submitting complaints to the Advertising Standards Council.
- Shaming advertising agencies which had tobacco company clients.

All activities attracted significant media attention and are an important part of Australia's tobacco control history. Some of BUGAUP's activities were illegal and we are not encouraging you to break the law, just to think outside the square.



Example: BUGA UP! (cont.)



Visit <http://www.bugaup.org/> for more information.

# Being prepared for advocacy

## Being Prepared for Advocacy

Here are some tips for being prepared.

### 1. Check your facts – Maintain your credibility

Understand your organisation's issues and actions inside and out. This involves being able to quote a source of information or point to reliable statistics for claims you make publicly. Facts should guide your actions and public statements. If you are caught with inaccurate information or documentation, you could seriously damage your organisation's reputation and take attention away from important issues at hand.

- Document your claims. For example, if you claim that alcohol producers have targeted children for advertising campaigns, count and write down the location and content of the alcohol-related billboards and posters you find near primary schools and high schools.
- Collect data. Obtain accurate, high quality information from experts or those who most likely have current facts and figures about the issues and options you present.
- Verify your information. Use as many peer reviewed sources as possible. The more people who can say, "Yes, that's right," the more back-up you'll have if someone challenges your arguments.
- Practice using those facts and figures to explain why your organisation does what it does. Be able to point to the source of your information. Most importantly, express information clearly, showing that you've done more than just swallow a bunch of facts – you understand them.
- Having solid documentation will protect you from counterattacks from your opponents and improve your reputation in the community.
- Build credible partnerships on the issues to present a united front.

See our useful links page for good sources of information (page 65).



#### Example: Junk food sponsorship

Various junk food companies have significant sponsorship deals with Australia's most popular sports and sporting teams. Sponsorship buys them logo placement on a plethora of surfaces – team uniforms, the ground, fencing, T.V displays and even event naming rights.

Anyone watching televised broadcasts of sporting events can see that fast food logos feature prominently, but being able to state for how many broadcast minutes the junk food logos are visible would have a lot more impact.

Denise Griffiths, Jill Sherriff and Mike Daube set out to collect this data. They recorded the KFC Twenty20 cricket final between WA and Victoria held in May 2008 and used stop watches to calculate the total time that logos were visible.

They found that the KFC logo featured prominently during 61% of playing time. This statistic and other aspects of their work were picked up by the media and gave a solid foundation for calls to address sponsorship of adult and children's sport by companies which produce obesogenic foods.<sup>13-15</sup>



## 2. Plan for and promote small wins

People like to see results, no matter how small. Sometimes, significant progress on a particular issue is slow to show itself. To break up the time that passes without major breakthroughs occurring, develop a plan of action that has some shorter term or intermediate goals.



### Example: Immunisation goals

For a long term goal of providing all necessary immunisation to 100% of children age 2 and younger; developing an outreach program for high risk mothers and children 12 months from now might be a good intermediate goal.

When each of the shorter term or intermediate goals is met, celebrate! Celebrations along the way to “the big win” will build the confidence, reputation and profile of your group.

## 3. Have an advocacy path

- Be clear about your overall public health aims and objectives - what is it you want to make happen? Document these.
- Be specific with your proposed outcomes (e.g. a certain amount or increase in funding, a specific policy change).
- You may need to breakdown long term objectives into achievable and manageable short term advocacy targets.

See the immunisation advocacy strategies and objectives circle (page 9).

## 4. Get the timing right

- Political parties must be aware of your issue and solutions early for them to be included in policy statements. Engage in lobbying well before elections.
- To impact on budget development, submissions must be made well in advance.
- Politicians are not likely to be receptive to your issue during times of crisis or during election campaigns, unless your solutions can help them in the crisis or campaign.
- Know the important deadlines for media and journalists when approaching the media. This is equally important for politicians (e.g. sitting times etc. which can be accessed through the parliamentary web site – see web links on page 65).



## Example: Bikeweek

Bikeweek is WA's annual celebration of cycling and aims to encourage people to get on their bike.

Bikeweek provides a timely opportunity for advocacy around a range of issues including:

- Physical activity and active transport.
- Pedestrian and road safety.
- Infrastructure and planning.

Many bike-friendly activities are organised during the week to encourage participation and disseminate bikeweek messages. Activities include:

- Freeway Bike Hike which attracted more than 8,000 people in 2009.
- Cycle to School Day which promotes active transport to school.
- Local community rides.
- Concerts for cyclists
- Bike to Work challenges which encourage active transport to work.
- Free breakfasts for cyclists.

For more information visit [www.dpi.wa.gov.au/bikeweek](http://www.dpi.wa.gov.au/bikeweek)

## 5. Be open to windows of opportunity

- Advocacy is often opportunistic – you need to be prepared and confident to act on an opportunity for advocacy in a timely and appropriate manner.
- You will not always have the luxury of time to develop and refine an advocacy plan. In some situations such as when you have the opportunity to respond to a media article, you may have to act within hours.
- Keep up to date with the media – get up early to read the newspaper and listen to the radio so that you can identify windows of opportunity.
- Look out for opportunities to promote your goals and seize them when they come along. This may involve lying in wait for an appropriate, “natural” time when you can capitalise on some event related to your objectives.



## Example: February ‘Heart Health’

February is already strongly associated with Valentine's day and hearts in the romantic sense, so it may be useful to encourage the Heart Foundation which has long had an interest in cardiovascular and “heart health” to organise promotions during this month.

## 6. Make issues local and relevant

When you bring your issues to the local level, you increase your chances for public support. Issues become relevant to community members when they are close to home.

For example Local Drug Action Groups (LDAGs) have been very active in many communities. LDAGs use a ground-up community approach to motivate community members to reduce alcohol related harm. Most community members know someone who has been affected by this. LDAGs attribute their success to their ability to empower local communities to monitor and work toward harm reduction.

Some ways to really bring issues home to people in your area include using statistics for the issue gathered locally, using such local role models as businesses or volunteers, or presenting the issues in a certain way to help community members understand how they will be affected.



### Example: Save Freo Beach Alliance

The Save Freo Beaches Alliance (SFBA) was established in response to the proposal by the Department of Planning & Infrastructure to develop Fremantle beaches to an extent that would be likely to cause significant beach erosion and pollution.<sup>16</sup>

The SFBA encouraged local community awareness and participation by holding events in the Fremantle area including an awareness and fundraising family day and benefit concerts featuring local artists.<sup>16</sup>

A website (<http://www.savefreobeaches.com>) was set up to inform and update the community about the issue and what they could do to help. The website outlined exactly what the proposed development was, the potential consequences of the development and what the SFBA stood for.<sup>16</sup>

The SFBA helped to draw the awareness and concern of the local community as to the significant consequences the proposed development would bring to their own backyard. Locals were encouraged to take action by attending events and public meetings, writing submissions and letters to politicians and signing petitions.

This provides an example of a community-based approach to mobilising the local community to address a threat which would have a significant local impact.

## 7. Create and maintain partnerships

Sometimes advocacy can automatically put you on the “other side” from government, politicians, community leaders and private organisations. Creating robust partnerships with like minded organisations early will strengthen the base of support and help spread the load.

Find out which organisations or individuals have clout in your field, state or region. Consider developing partnerships with them on issues of shared concern.



## Example: HBF safe drinking campaign

During the Christmas season in 2008, HBF, a health insurance company, partnered with Perth pubs and clubs to promote non-alcoholic drink alternatives.<sup>17</sup> HBF used Bluetooth technology to send mocktail recipes to the mobile phones of people visiting hotels. Smart cars towing promotional billboards visited Perth pubs and distributed mocktail recipes and samples as part of the safe drinking promotional campaign.<sup>17</sup>

Even though there may be some differences between your group and key segments of the community, you may all be more or less working towards the same broad goals of helping the community become healthier.

It's important to include people from "inside the system" in your advocacy efforts. This helps you not only widen your perspective on the issues, but it helps you identify "ins" with key agencies and people who can provide valuable support to your efforts.

You don't always have to be 'inside' to be an effective advocate. Chapman highlights the important role of an 'outside agent' – someone not on government committees who can maintain momentum on policy agendas that may be off-limits to those on the government committees.<sup>18</sup> Public health advocacy needs committed people to work outside of the political tent as much as inside.

Figure 4 below illustrates PHAIWA's partnerships with a range of government and non-government health organisations and academic institutions.

**Figure 4: PHAIWA's partnership web**





## Example: Obesity Policy Coalition

The Obesity Policy Coalition (OPC) was established in 2006 through a partnership between Cancer Council Victoria, Diabetes Australia – Victoria, VicHealth and the World Health Organization Collaborating Centre for Obesity Prevention at Deakin University.

The broad objectives of the Obesity Policy Coalition are to identify, analyse and advocate for evidence-based policy and regulatory initiatives to reduce overweight and obesity, particularly in children, at a local, state and national level.

The partnership with the WHO Collaborating Centre has provided access to the Centre's coordinator, Professor Boyd Swinburn. Professor Swinburn has represented the OPC as their 'expert' in the media which has strengthened the credibility and media presence of the OPC.

The success of the OPC in its relatively short lifetime illustrates the importance of strong partnerships and the value of having an 'expert' to call on who is willing to speak publicly on an issue.

In an example of reactive advocacy and the value of partnerships, the Obesity Policy Coalition partnered with The Parents Jury and the Australian Dental Association to lodge a complaint to the Australian Competition and Consumer Commission (ACCC) following Coca-Cola's "myth-busting" advertising campaign featuring actress Kerry Armstrong. The ACCC decided that the advertisement had the potential to mislead consumers and required Coca-Cola to publish corrective advertisements in newspapers across Australia.

Examples of media releases, complaints, position papers and submissions produced by the OPC are available on their website at <http://www.opc.org.au>



## Resource: Partnerships Analysis Tool

Your organisation may benefit from doing a partnership mapping exercise.

VicHealth, the Victorian Health Promotion Foundation, have produced The Partnerships Analysis Tool, a resource which assists organisations to:

- Develop a clearer understanding of the range of purposes of collaborations;
- Reflect on the partnerships they have established; and
- Focus on ways to strengthen new and existing partnerships by engaging in discussion about issues and ways forward.

The Partnerships Analysis Tool is available to download from <http://www.vichealth.vic.gov.au/>. [Go to Resource Centre > Publications and resources > VicHealth general.](#)

## 8. Accentuate the positive!

Keep your eyes open for positive events that happen in and around your community initiative or because of your group's work. When you notice something great happening, even if it's something small, recognise it publicly.

Thank others for their efforts. Pay them public compliments. This will help motivate people to contribute in the future, knowing that you appreciate their contributions!

Being conscientious about thanking people will help set you apart from other groups that only complain.



## Example: Recognising steps forward in tobacco control

The Australian Medical Association (AMA) and the Australian Council on Smoking and Health (ACOSH) accentuate the positive in tobacco control in a number of ways.

In March 2009, Alfred Cove MLA Janet Woollard and representatives of ACOSH, the AMA and the Heart Foundation publicly recognised the independent supermarket The Good Grocer for voluntarily removing cigarettes and other tobacco products from sale. The store owner was presented with an inaugural 'Promote a Smoke-Free Community' certificate which was introduced as a way of recognising retailers, businesses and other organisations for being responsible corporate citizens in choosing to actively create a healthy, smoke-free community. Media organisations were alerted to the award presentation which resulted in local print media coverage.<sup>19</sup>

The National Tobacco Control Scoreboard organised by the AMA and ACOSH provides an annual opportunity to recognise both the best and the worst States and Territories in terms of action on tobacco. The scoreboard allocates points over a number of categories, including legislation, to track how effective governments have been at combating smoking over the previous 12 months. The Dirty Ashtray Award is presented to the State or Territory that made the least progress on combating smoking. The best performer on the Scoreboard is publicly praised for their initiatives. Publicising the results of the Scoreboard by distributing media releases is intended to encourage governments to do more to combat tobacco use.

The AMA media release archives hold the media releases announcing the Scoreboard results from 2000 to present. The results are announced around World No Tobacco Day in May each year.



## Example: Heart Foundation Local Government Awards

Since 1992, the Heart Foundation has recognised local government initiatives that have contributed to improving heart health in Australian communities. The Awards encourage Local Governments to celebrate their achievements and receive recognition for their commitment to creating healthier communities. The awards also recognise groups which work with local governments including schools, health and community organisations and private industries to build a sense of community, encourage people to be active, be smoke free and make healthy food choices.

For more information on the Heart Foundation Local Government Awards visit [http://www.heartfoundation.org.au/Get\\_Involved/Local\\_Government\\_Awards](http://www.heartfoundation.org.au/Get_Involved/Local_Government_Awards)

## 9. Framing your message

Frame your message by creating a brand for your issue. This is a useful strategy to gain support and public recognition. Framing your message effectively reinforces the singing of the same song.



## Example: Close The Gap



A 17 year life expectancy gap exists between Aboriginal and Torres Strait Islanders and other Australians. The Close The Gap campaign was born from the Social Justice Report 2005 prepared by Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma.<sup>20</sup> The campaign calls on Federal, State and Territory governments to commit to closing the life expectancy gap within a generation.<sup>21</sup> The branding of the Close The Gap campaign and the coalition of supporting organisations, which includes a strong partnership with Oxfam, has maximised community awareness of the campaign. High community awareness has contributed to pledges of support being given by 40 Indigenous and non-Indigenous organisations and many thousand Australians.<sup>21</sup>

The Close the Gap message is framed with a brand that is:

- Clear and recognisable.
- Concisely reflects the aim of the campaign.
- Uses symbolic colours appropriate to the issue.
- Can be seen in the community on bumper stickers, websites, merchandise etc.

## 10. Be passionate and persistent

Working for public health can be a challenge, because so often the solutions need to be the responsibility of everyone, not just of a few and because outcomes are not immediately visible. It's important to have the passion and persistence to overcome entrenched attitudes the public may have toward health and community problems, and possible public resistance to change.

Passion lends energy to your movement. It can help sway undecided people to your viewpoint, and it helps you focus on your goals.

Persistence keeps your issues in the public eye, helps you follow through on commitments, and keeps your opponents scrambling to keep up with your kind of dedication.

## 11. Be prepared to compromise

Building healthy communities sometimes calls for compromise with groups whose goals may not be identical to your own.

Although you want to stay true to your vision, be open to alternative plans of action or compromises that, although not ideal, may get you closer to your goals.

Your willingness to compromise fosters good will between you and your opponents by making you appear reasonable. This may encourage wider support within the community, as long as you are not too willing to compromise, which might be perceived as weakness.



## Example: Smoke-free places

Tobacco control advocates in Western Australia have known for a long time that smoke-free areas are the only way to eliminate the health risks caused by exposure to secondhand smoke. Advocates have worked towards smoke free pubs and clubs for many years. Advocates realised that an outright ban on smoking in bars was considered too extreme by the public and tobacco and hospitality industries. The reality was that success would be more likely if the change happened incrementally.

In 1999 smoking was banned in enclosed public places, with generous exemptions for hotels, taverns, licensed restaurants and the Burswood International Casino. Over the following years, insufficient regulations were introduced which included banning smoking within a specified distance of the bar. Finally, on 31 July 2006, WA pubs and nightclubs went smoke-free.

The Tobacco Products Control Amendments Bill, proposed by Dr. Janet Woollard MLA, recently passed through the WA State Parliament with support from all parties, and comes into effect in September 2010 (12 months from proclamation). This gives Western Australia the most advanced tobacco control legislation in the country, banning smoking around children in cars, as well as in al fresco eating and various other public places, and prohibiting any point-of-sale displays of tobacco products. This demonstrates that while advocates should be realistic about incremental progress, it is possible over time to achieve remarkable developments through public health advocacy, with strong evidence, good coordination and collaboration, and active support from key organizations and individuals.

## 12. Know your enemy

Advocates have successfully gone head-to-head with some pretty powerful people, including politicians, CEOs of well-known businesses, national lobbying organisations and advertisers. Facing such influential opponents can be scary, especially when they will most likely have greater name recognition and resources to oppose you.

Understanding the mechanisms that your enemies may use will enable you to counter their efforts. Also knowing who funds your enemy...

If your enemy is part of a particular industry, subscribing to industry publications can be a good way to understand their perspective, keep up-to-date with industry news and react to developments in a timely manner. Some industry publications relevant to public health include:

- B&T (advertising, marketing) <http://www.bandt.com.au/>
- Australian Retail Tobacconist (tobacco, advertising)
- Retail World (advertising, nutrition, obesity) <http://www.retailworld.com.au/>
- Convenience World (advertising, nutrition, obesity) <http://www.retailworld.com.au/>
- Canteen News (advertising, nutrition, obesity) <http://www.retailworld.com.au/>
- Australian Food News (advertising, nutrition, obesity) <http://www.ausfoodnews.com.au/>





### Example: Internal tobacco industry documents

Millions of previously confidential internal tobacco industry documents were made available to the public in 1998 as a result of litigation against nine US tobacco companies. This move gave tobacco control advocates unparalleled access to the inner workings of the tobacco industry in their own words. The WA Tobacco Document Searching Program (WATDSP) uses the internal tobacco industry document information relevant to WA to advocate for improved tobacco control policy in WA.

In February 2009, WATDSP in partnership with PHAIWA prepared a submission to the WA Education and Health Standing Committee's Inquiry into the Tobacco Products Control Amendment Bill 2008.

By searching the available industry document archives, the expected arguments that the tobacco industry and their allies would present against the amendments to the tobacco control legislation were identified. These were outlined in the submission with examples and a more realistic interpretation. By anticipating their arguments, opponents credibility and potential impact was weakened.

All submissions to the Inquiry can be accessed through the Education and Health Standing Committee section of <http://www.parliament.wa.gov.au>

The bottom line is this: if you are intimidated into inaction, your opponents will automatically win and nothing will change.

For more see Chapter 30, Section 6: *Encouraging Involvement of Potential Opponents as well as Allies in The Community Toolbox* (see Web links for URL on page 65).

## 13. Keep your eyes on the prize

Opponents may try to distract you from your advocacy activities by attacking you personally, leaving you off committees etc. By responding to their name-calling, you waste precious energy and lessen your chances for future cooperation or compromise with these people. Also, your public image may suffer if the general public sees you involved in mudslinging. Instead of giving in to the temptation to fight back, stay focused on the really important issues at hand.

Sometimes it may be necessary to respond to their attacks in order to maintain your credibility in the eyes of the public. When you do, make sure your defense or counter attack is well documented with facts and/or data to back you up.



### Example: Responding to opponents

In response to a study which suggested that levels of obesity in children have not changed since the 1990s, Mike Daube, Director of the Public Health Advocacy Institute of WA, publicly stated:

"Of course it can't keep increasing exponentially, you know there comes a stage where it has to plateau out but if it's plateauing out at the height of Everest rather than the height of Bluff Knoll then we need to do something about it".<sup>22</sup>

## 14. Have some tricks up your sleeve

A confused or unsure opponent is a weak opponent. Always be ready to surprise or challenge them with strategies that are outside their experience. Strong evidence and partnership support will assist you with this.



### Example: Tobacco company annual general meetings

Why would a passionate tobacco control advocate want shares in a tobacco company? Shareholders have access to information and opportunities others don't – such as attending annual general meetings. Many of Australia's prominent tobacco control advocates have at some time owned single shares in tobacco companies so as to have access to their AGMs. Here, they could throw uncomfortable questions at company executives, vote on company issues and remind executives and shareholders of the cost in life that came with company profits. In the United Kingdom, the late Dr Keith Ball of Action on Smoking and Health was well-known among the tobacco companies for his participation in AGMs. At one AGM he asked British American Tobacco: "As a physician, who is aware of the suffering and deaths caused by cigarette smoking in my own patients, can the Company give me an estimate of the number of deaths that their products cause each year around the world, based on the generally accepted estimate of 50,000 premature deaths caused annually by cigarette smoking in this country?"<sup>23</sup>

In an attempt to prepare for disruptions, tobacco companies spent time screening their shareholder lists for potential health advocates. A W.D & H.O Wills tobacco company AGM document showing this can be accessed at <http://legacy.library.ucsf.edu/tid/ymk33a99>

## 15. Make your opponents play by their own rules

Federal, state, and local agencies and governments all have rules and regulations for how activities are carried out. Make sure you take advantage of those guaranteed procedures when dealing with these groups.

Advocacy groups can use mandatory public hearings to show support for or opposition against proposed policy changes.

Community groups can also file appropriate complaints with government agencies or organisations responsible for enforcing certain regulations. Once you are familiar with an organisation's procedures and protocols, exploit them to the benefit of your goals.



## Example: Parliamentary inquiry into obesity

In 2008, the House of Representatives Standing Committee on Health and Ageing conducted a Parliamentary inquiry into obesity in Australia. Submissions were invited from all interested parties. In Western Australia, presentations at public hearing were given by agencies including:

- Western Australia Department of Health
- Public Health Association of Australia
- Public Health Advocacy Institute of WA
- Telethon Institute for Child Health
- Cancer Council WA
- Slow Food Perth

Western Australia had the most submissions to the inquiry across the country. Each proposal presented built on the necessity for a unified evidence based approach to obesity.

More information about the inquiry can be accessed at  
<http://www.aph.gov.au/HOUSE/committee/haa/obesity/index.htm>

## 16. Create champions

It may be useful to recognise and showcase individual ‘champions’ when dealing with a specific issue. The role of champions is to inspire and motivate others. Champions are real life examples of how public health applies to the real world. They can be celebrities or well regarded community members.

If the right champions for your issue aren’t available locally, consider bringing in external champions. For example, people based interstate or internationally. If your budget allowed, you could fly them over specifically. A cheaper option is to find out when national conferences or other events are scheduled in your local area. Identify who of those attending may be an appropriate champion. Invite them to meet with you while they are in the area and arrange a media event or forum for them to attend and publicly support your issue. Another option is to look for funding opportunities such as the Health Promotion Development Program – Visiting Fellow funding offered by Healthway.

Be open to looking for champions outside of health also, for example, in business, the Church and local clubs etc.



## Example: Te Reo Marama champion Shane Bradbrook



Te Reo Marama is the peak tobacco resistance agency for the Indigenous Maori population in Aotearoa-New Zealand. Shane Bradbrook, the director of Te Reo Marama, is a champion for his organisation and advocates against the tobacco industry's exploitation of Maori.

Philip Morris International, a leading international tobacco industry, had launched the 'Maori Mix' brand of cigarettes in Israel. Shane Bradbrook viewed this branding as an exploitation of the Maori cultural identity and was inspired to advocate against this tobacco industry to remove the association of 'Maori' with tobacco products.

Through his advocacy efforts, the industry admitted to making a 'marketing mistake' by associating Maori with their product and Shane Bradbrook received an unprecedented apology by Philip Morris International. This attracted media attention and public interest, and evoked enormous support from the Maori population.

Shane Bradbrook and Te Reo Marama have also succeeded in removing the 'New Zealand' brand of cigarettes from the shelves of duty-free stores, where they were once exclusively sold.

Champions can be used to help support your issue. Consider how you can utilise and access them to add support to your issue. PHAIWA worked with Shane Bradbrook to build capacity with regional Aboriginal health workers and agencies regarding tobacco advocacy, as a part of the Indigenous tobacco project. This project was funded by the Department of Health and Ageing. Shane Bradbrook's experiences and reputation provided strong support for the campaign.

For more information on Shane Bradbrook and the actions of Te Reo Marama, visit <http://www.tereomarama.co.nz>

For more information regarding the Indigenous tobacco project, visit <http://www.phaiwa.org.au/index.php/other-projects-mainmenu-146/indigenous-smoking-project-mainmenu-147>



## Example: Beyond the Big Smoke Tobacco Resistance Champion Philomena Lewis



The Beyond the Big Smoke project aims to improve the health of indigenous populations by implementing strategies designed to positively influence smoking-related behaviours and facilitate smoking cessation. This project is the result of a collaborative effort between the Kimberly Aboriginal Medical Services Council (KAMSC) and the Aboriginal Health Council of Western Australia (ACHWA).

As part of the Beyond the Big Smoke project, project officers were employed to promote the project message across Kimberley indigenous populations. Philomena Lewis, a Tobacco Control Officer employed by KAMSC, contributed to the success of the project with her ongoing efforts to discourage smoking.

Philomena's passion for smoking cessation comes from personal experience as an ex-smoker motivated to stop smoking by her 'grandies' (grandchildren) and by seeing the effects of smoking on her people. Philomena is a proud Nyulnyul woman and is well respected in her community for her work with her people. Philomena's standing in the community makes her a community champion on this issue and adds to her ability to create change.

Philomena Lewis has engaged in collaborative work with Kimberly Aboriginal Health Services Tobacco Resistance Champions to educate the public on how to quit smoking and assist those considering smoking cessation.

Philomena has facilitated presentations to the KAMSC to inform policy setting and expanded quit support within Kimberley Aboriginal Community Controlled Health Services (ACCHS). She has also assisted the ACCHS in allocating designated smoking areas and producing support programs for people trying to quit. Along with this, Philomena has provided information and resources in the form of posters and pamphlets to educate the Kimberley Indigenous population on the harmful effects of smoking on health.

More information on the Beyond the Big Smoke project can be found at [http://www.kamsc.org.au/big\\_smoke.html](http://www.kamsc.org.au/big_smoke.html)



## Example: Be Active WA Ambassadors

To inspire and motivate the community to be physically active, 19 high profile West Australians were recruited as 'Be Active WA Ambassadors'. Ambassadors worked alongside the Premier's Physical Activity Taskforce to champion the 'be active' message and included current and former elite sportspeople, media personalities, the WA Police Commissioner, the WA Young Person of the Year and respected health researchers.

The launch of the campaign received media attention. Promotional television commercials were produced featuring the champions. Ambassadors championed the issue at events including The Giant Walk 2008, the City to Surf, Travelsmart to School awards and Be Active WA Day. The ambassadors' participation in the events attracted media attention and public interest.

Visit [http://www.beactive.wa.gov.au/aboutus\\_Ambassadors.asp](http://www.beactive.wa.gov.au/aboutus_Ambassadors.asp) for more information.



## Example: Who's Finding Thirty today?

As part of the Find Thirty everyday campaign, the website features case studies on Who's Finding Thirty Today? The website features the profile of members of the public who have benefited from following the campaign's message and doing thirty minutes of physical activity everyday. In sharing their story they become community champions!

Each profile outlines what types of physical activity the community champions do, what they feel are the main benefits or rewards from participating in physical activity, the barriers they perceive and how they overcome them, their motivations for being physically active and tips for others who are getting started.

The case studies highlight how everyday people have found ways to incorporate physical activity into their lives and enjoyed doing so!

Visit <http://www.findthirtyeveryday.com.au/default.aspx?MenuID=36> to see who's finding thirty today.

## 17. Enjoy yourself!

Remember to celebrate successes to maintain commitment to your cause. This is about having a good time, too. If members of your advocacy group don't enjoy what they're doing, then there's something wrong.

For the times when you need a bit of light relief, keep a copy of The Advocate's Advocate nearby (see Appendix A on page 74).

# Advocacy strategies

## Advocacy Strategies

The following strategies outline examples of how advocacy works within organisations. The tools relate specifically to these examples.

### Working with Government and Politicians

Identify the level of government which holds responsibility for your issue and the proposed solutions. Each level of government has its own policy development and legislative process.

Public health issues frequently cross portfolio boundaries, so it may be relevant to raise issues with all the appropriate portfolios and describe how their activities impact on the health and wellbeing of the community.

Talk to all sides of government and minor parties. Remember that today's opposition is tomorrow's government and today's backbencher is tomorrow's Cabinet Minister.

Relevant tools:

- Media release (attracting media that will influence politicians).
- Letters to politicians.
- Meetings with politicians (or with Ministers or their staff).

### Creating and Generating Debate

Creating and generating debate can occur on a number of levels. It can be creating debate with government and within the community. This can be achieved by a number of strategies including using the media and e-advocacy. Often you will use a mixture of strategies in order to advocate on the same issue at different levels simultaneously. Relevant tools and more specific information on ways of creating and generating debate are discussed below.

### Working with the Media

In advocacy you can use many different types of the media to get your point across. You can have paid media (e.g. advertising) or unpaid (through editorial, letters to the editor, radio and T.V coverage).

Your ability to generate unpaid media will depend on how effective your relationship is with journalists and producers. The strength of your relationships will enhance your ability to get your story out there. Journalists and producers rely to an extent on being sold good stories. People are often nervous when approaching journalists, worrying that the journalist will have their own agenda. However, you are in the best position to sell your story or issue effectively and with time and practice at writing media releases and talking to media professionals your relationship will develop and you will get greater media coverage.

Working with journalists and radio programs requires different skills. You usually contact the media (papers and radio) with a media release. An example of a media release and tips for writing media releases are presented in the Advocacy Tools section of the toolkit (page 46). However promotional methods for radio differ in how they are presented. Radio grabs are often written so they can be read directly by presenters (see the information about radio grabs in the Advocacy Tools section of the toolkit on page 58).

Familiarise yourself with the way health and social issues are written up in the media by regularly reading local, State and National newspapers.



Relevant tools:

- Media release (and knowledge of media).
- Radio grab.
- Media contact information.
- Letter to the editor.

## E-Advocacy

Maintaining websites with up-to-date, credible information can be useful as a reliable source of background information to educate the public and decision-makers on your issue. Increasingly websites are also being used effectively to conduct online polling of public attitudes toward your issue. Polling allows you to gauge community support and identify which policies or interventions to address your issue sit the best with the community. This information can then become the basis of your next press release, letter to your local Member or Minister on the issue.

The Parents Jury example below depicts effective use of e-advocacy.



### Example: The Parents Jury

The Parents Jury is an online network of parents and guardians committed to improving the nutrition and physical activity environment for Australian children. The Parents Jury website hosts credible information, a forum for discussing issues, online polls and advocacy tools to engage parents to take action. Since 2004, over 3,200 Australian parents have become members. An archive of past online polls is held on the site.

In 2009, The Parents Jury launched their 'Healthy Menus, Healthy Venues' campaign in which they advocate for healthier food and drink options for children at restaurants, cinemas, sporting and entertainment venues. They conducted an opinion poll which showed that 60% of members were dissatisfied with childrens food options when eating away from home. Cinemas, swimming pools and recreation centres were ranked as the worst offenders. The Parents Jury distributed a media release with details of the campaign, opinion poll results, quotes from concerned parents and recommendations. The release was picked up by media outlets including WAtoday.com.au, ninemsn, the Canberra Times and the Courier Mail. The media coverage also prompted discussion on online blogs including the Sydney Morning Herald. Details of the campaign are available at [http://www.parentsjury.org.au/tpj\\_browse.asp?ContainerID=eatingout#poll](http://www.parentsjury.org.au/tpj_browse.asp?ContainerID=eatingout#poll)

Visit <http://www.parentsjury.org.au/> for more information.

Relevant tools:

- Action alert.
- See web links for other examples of e-advocacy sites (page 65).



# Evaluation

## Evaluation

It is important to stop and smell the roses occasionally! What we mean by this is advocacy can be both an exciting and exhausting journey. Therefore it is important to look at where you have travelled from and how far you still have to go. This is why evaluating your advocacy activities is important.

### Why evaluate?

The reasons for evaluation determine the techniques that should be used.<sup>24</sup> Three common reasons for evaluation are:

- To demonstrate the difference your advocacy strategies have made on the issue.
- To demonstrate outcomes to funding bodies and partners.
- To learn from experience.

### How to measure progress

You can evaluate your advocacy efforts by answering three key questions:

- What do I want to do? (your goals and outcomes);
- How am I going to do it? (the strategies you could use); and
- How do I measure success? (indication of your success).

To develop the best evaluation for your advocacy project it is recommended you think about these questions at the beginning of the project rather than just at the end. This will then allow you to plan your methods and capture the most relevant data and information to demonstrate the difference that the advocacy project has made.

Table 1 below is designed as a guide to assist you when you are planning your evaluation. The table outlines the three key questions listed above, how you can match what strategies you are using and outlines how to measure changes that have occurred. This list is a guide only and is by no means exhaustive. There are many ways to measure desired changes. Think laterally and be innovative in your evaluation design. Often you will use a combination of qualitative techniques (e.g. case studies, interviews, photographs, stories etc.) and quantitative methods (e.g. polls, surveys and statistical data). Combining methods of gathering data will provide you with the most robust evaluation.

Advocacy is a serious issue. Evaluating your efforts is a professional practice that can disseminate the lessons learned from your advocacy attempts to others. But it is also an ethical issue because advocacy is attempting to change serious issues such as policies, social norms and beliefs and even behaviour. So here are some tips to assist you to plan evaluation into your advocacy project from its very inception:

- Think about the evaluation early. When you identify what you want to achieve, you will then have to think about how you will measure it. Use the table to guide you.
- Ask for help from people around you (e.g., in your own agency or others).
- You don't have to be an expert at evaluation to gather some solid data. Use reference materials and examples from other projects. The table below can provide some guidance.
- Don't be afraid of the outcomes. Projects rarely have no effect and there is no shame in identifying failed strategies. Some of the most important lessons learned are from failed programs!

Table 1: A guide for evaluating advocacy

| What do I want to do?   | How am I going to do it?   | How do I measure progress?   |
|---|--|--|
| Social Change <ul style="list-style-type: none"> <li>• <i>knowledge, attitudes, values and behaviour that comprise the issue.</i><sup>25</sup></li> </ul>   | Media campaign, champions, community education, opinion polling, community awareness, influencing policy, creating debate, e-advocacy. | <ul style="list-style-type: none"> <li>• Media monitoring; a count of media coverage and ratio of positive to negative coverage.</li> <li>• Public opinions (polls/survey results).</li> <li>• Monitor public attitudes regarding the issue.</li> <li>• Keep track of website traffic.</li> <li>• Surveys, interviews, and focus groups.</li> </ul>  |
| Build agency profile <ul style="list-style-type: none"> <li>• <i>build skill sets and increase staffing, finances, and capacity for advocacy.</i><sup>25</sup></li> </ul>   | Champions, developing partnerships, framing your issue.  | <ul style="list-style-type: none"> <li>• Media monitoring.</li> <li>• Increase in partnerships.</li> <li>• Improved funding.</li> <li>• More staff involved in advocacy projects.</li> <li>• Increased public enquiries regarding the campaign/issue.</li> <li>• Increased number of requests for assistance or information on the issues. E.g. Your agency has become a first port of call on the issue.</li> </ul> |
| Build partnerships <ul style="list-style-type: none"> <li>• <i>cause structural change in community and institutional relationships; this is imperative to present a common message, achieve common goals and 'sing the same song'.</i><sup>25</sup></li> </ul> | Champions, developing partnerships.  | <ul style="list-style-type: none"> <li>• Further partnerships and contacts for external stakeholders.</li> <li>• Media monitoring.</li> <li>• Increased evidence of collaborative efforts of yours and partnering agencies.</li> <li>• Increased funding sourced from partners.</li> <li>• Evidence of the achievement of common goals shared between your agency and your partners.</li> </ul>                      |

| What do I want to do?  | How am I going to do it?   | How do I measure progress?   |
|--|--|--|
| <p>Strengthened base of support</p> <ul style="list-style-type: none"> <li>• <i>increase the breadth, depth, and influence of support amongst the general public, partners, and opinion leaders.</i><sup>25</sup></li> </ul> | <p>Media campaign, champions, community education, lobbying politicians, developing partnerships, community awareness, framing your issue, influencing policy, e-advocacy.</p> | <ul style="list-style-type: none"> <li>• Further or enhanced partnerships.</li> <li>• Greater evidence of collaborative efforts.</li> <li>• Increased funding sourced from partners.</li> <li>• Media monitoring.</li> <li>• Feedback from the community.</li> </ul>   |
| <p>Changes in policy</p> <ul style="list-style-type: none"> <li>• <i>improving policy to better support/promote health and discourage unhealthy behaviours.</i><sup>25</sup></li> </ul>                                      | <p>Media campaign, lobbying politicians, developing partnerships, opinion polling, influencing policy, letter writing.</p>   | <ul style="list-style-type: none"> <li>• Media count on policy issues.</li> <li>• Positive public opinions and feedback.</li> <li>• Improved partnerships.</li> <li>• Evidence of policy change.</li> <li>• Number of submissions to parliamentary committees, hearing or reviews.</li> <li>• Amount of correspondence and meetings with politicians.</li> </ul> |
| <p>Changes in impact</p> <ul style="list-style-type: none"> <li>• <i>Long-term changes in social and physical lives and conditions.</i><sup>25</sup></li> </ul>  | <p>Community education, lobbying politicians, developing partnerships, community awareness, influencing policy.</p>  | <ul style="list-style-type: none"> <li>• Public attitudes regarding the issue.</li> <li>• Evidence of policy change.</li> <li>• Positive public opinions and feedback.</li> <li>• Population based data on behaviour, knowledge, attitudes and beliefs.</li> </ul>   |

## Tips for evaluating advocacy

- It is important to be clear about what you want to achieve.
- Never try to achieve more than your budget will allow you to.
- Remember to continually collect evidence to track your advocacy progress.
- Continue to monitor media and public opinion throughout the project.
- Be sure to record all advocacy activities, including media and opportunistic advocacy.
- Endeavour to build on partnerships and create new ones to help your cause.
- Think laterally about evaluation methods. Evaluation can take many different forms. Think beyond traditional surveys but be sure to plan your evaluation to match your project and your skills.

# Advocacy tools

# Advocacy Tools

## Media release

Media coverage of health issues is often the best way to extend the reach of your message and gain the exposure necessary to increase public awareness of an issue and work towards getting an issue on the public agenda. Sending a media release to media organisations is an effective way of getting information in the media and provides the opportunity to build good relations with journalists.

Many health organisations, including the Cancer Council of WA, the National Heart Foundation, the Australian Medical Association (AMA) and the Department of Health post an archive of their past media releases on their website. Browse these to learn about different styles of writing media releases and ways you can tailor them to your needs.

The following tips for writing a media release were provided by leading journalists and public relations specialists from prominent WA organisations:

### Preparing

- Create a media release template with the header 'Media Release', your agency logo, date and contact details (see Appendix B for an example template).
- Identify your target media outlet, write the release accordingly and be aware of deadlines.
- Angle the story in a way that will appeal to the media.
- Make sure the journalist knows whether it's a general release or an exclusive – journalists love exclusives.

### Writing

- Give the release a catchy or high impact headline – let this come to you as you write the release.
- Be concise – keep the release to one page if possible.
- Use short paragraphs.
- Make sure the first paragraph has impact.
- Put the most important information early in the release – don't bury it in the bottom.
- Don't oversell your story.
- Place your story in context.
- Always cover the who, what, when, where and why.
- "Save the juicy bits for quotes".
- Use a quote by the third paragraph.
- If you must use technical words or expressions, provide a simple explanation in parentheses.
- Avoid describing research or statistics as 'recent' – they are often not recent in the context of the news.

### Ending the release

- Finish the media release with "– Ends –".
- Include a contact name and number at the bottom of a release and ensure they are available.

### Attachments

- Attach a page of background information on the issue if necessary.
- Attach good quality pictures to the release if appropriate.



**Editing and approvals**

- Have it proofread for spelling, grammar, paragraph order, etc..
- Get your media release approved by a senior staff member of your organisation before sending it to media organisations.
- If they are otherwise unaware, inform your colleagues or relevant stakeholders of the content of the media release prior to sending it out as a courtesy so they don't have to find out about developments regarding their organisation through the media.

**Sending**

- Send the release early in the morning by email.

**After you've sent it**

- Ensure those quoted in the release (or other spokespeople) are available to be contacted. Provide a window of time they will be available to be contacted if necessary.
- Be observant and prepared to act on follow up opportunities if your release creates interest.
- Don't take it personally if your release isn't taken up by a journalist.

**Who to send it to:**

Identify the journalists who generally cover health or social issues in the medium you plan to target. You may be able to send your release to them directly.

Some key positions in WA media include:

- The West Australian –
  - i) Medical editor
  - ii) Health & Medicine
- The Sunday Times –
  - i) Medical reporter
- Community Newspapers – send your release to the editor in the area most relevant to your story. Discuss with them whether your story is appropriate to publish in multiple areas.
- ABC TV and Radio.
- Other radio stations.

A list of media contacts for metropolitan Western Australia is available at this website

[http://www.ourcommunity.com.au/files/wa\\_mediacontacts\\_metro.xls](http://www.ourcommunity.com.au/files/wa_mediacontacts_metro.xls)

Ensure that media releases seeking broad coverage are also sent to chiefs of staff.

## Types of media releases

### 1. Media alert

Use the media alert format to announce an event. This will alert the media to the time, date and location of the event and give them the option to send a journalist to attend the event. A media alert will also provide background information on the event for journalists to draw upon when writing future media articles.

See Appendix C for an example from the alcohol forum facilitated by the Public Health Advocacy Institute of WA and the Drug and Alcohol Office.

### 2. Media release – outcome of event

A media release may be used to announce the outcome of an event. The key information to include is:

- Aims of the event.
- Details of who attended.
- Quotes from key people about the significance of the event or its outcomes, and
- Future/follow-up plans.

See Appendix D for an example based on the alcohol forum recommendations. See Appendix E for the media articles published in response to the media releases.

### 3. Media release – announcing a report

A media release may be used to announce the launch of a report or significant document. The key information to include is:

- Key findings of the report.
- Significance of the report findings.
- Quotes from relevant spokespeople.
- Future/follow-up plans and aims.

See Appendix F for an example relating to the Mortality by Electorate report published by the Public Health Advocacy Institute of WA, the University of Western Australia and the Australian Medical Association.


### 4. Media release – in response to an event or announcement

A media release may be prepared in response to an event or an announcement. The key information to include is:

- Outline the issue or event.
- Outline your organisations views (your response or reaction).
- Quotes from relevant spokespeople.
- Future/follow-up plans (what to do about it).

See Appendix G for an example of the response from the Australian Council on Smoking and Health to the announcement of the Tobacco Products Control Amendments Bill 2008.

## Example Media Release



The Cancer Council Western Australia  
45 Ventnor Avenue West Perth 6005 Western Australia  
T: +61 8 9212 4333 F: +61 8 9212 4334  
www.cancerwa.asn.au

Media Release

November 6, 2008

**GIVE KIDS GOOD HEALTH THIS CHRISTMAS**

With more than a quarter of WA kids now overweight or obese and too much time spent in front of screens, the Cancer Council Western Australia is urging parents to buy their kids Christmas presents that encourage physical activity.

"In the past decade the rate of overweight in children has doubled and the rate of obesity in children has trebled," said Steve Pratt from the Cancer Council.

"This is an epidemic and has the potential to create major health problems for this generation when they reach adulthood, including increased risk of cancer and chronic illness.

"It is vital that we improve the eating and physical activity habits of kids to ensure their future well-being."

The top ten list of the most popular Christmas presents for kids usually includes gifts that promote a sedentary lifestyle, such as computer games or robotic toys.

The Cancer Council has its own top ten of Christmas gifts for kids that will get them moving and active;

- Trampoline
- Fins and snorkel
- Scooter
- Skateboard or Ripstik
- Cricket set
- Balls – basketball, soccer, netball
- Rollerblades
- Boogie board
- Bike
- Swing set

And many, many more great ideas...

"We know that overweight children engage in moderate exercise on fewer days per week than normal weight children and children spend at least 12.5 hours per week watching TV or playing video or computer games," Mr Pratt said.

Figures from the Australian Bureau of Statistics (ABS) Household Expenditure Survey show that Australian families spend more than double on screen recreation items compared to items associated with active recreation.

Organisation details and logo

Provide the date the release was sent

Catchy title for release

High impact first paragraph

Quotes used early in release

The release exploits the Christmas season as a window of opportunity to promote physical activity

In 2003-04 households with children spent an average of \$14.59 per week on active recreation compared to \$31.69 per week on screen recreation.

"When spending money on recreation items for kids, it's about making the right choice that will lead to a healthier lifestyle," Mr Pratt said.

Parents should also take the opportunity to participate in activity with their kids.

"Parents should be role models for their children around physical activity. It's also great family entertainment during the holiday season."

Don't forget sun protection when the kids are playing outside – broad-brimmed hat, long sleeved top and sunscreen.

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**For further information or interview:**

**Steve Pratt**  
**Cancer Council WA**  
**9212 4346**

**Contact details for  
follow-up**

## Action alerts

Action alerts are emailed ‘calls to action’ inviting networks of people to participate in the advocacy process by asking them to take a specific action on an advocacy initiative. They can be a powerful way to engage a lot of people who may work in diverse areas or be geographically distant but share concern about your issue.

Potential scenarios when action alerts may be useful:

- Encourage people on your distribution list to vote in an online poll on a health issue.
- If members of parliament are scheduled to vote on a public health issue, prepare two or three versions of a pre-written online postcard (presenting different reasons as to why they should vote in support of your health issue).

Alerts generally follow the format below.<sup>11</sup>

|  |  |
|--|--|
| <p><b>Example: Action alert</b></p> <p><i><b>New wave of tobacco control laws needed for WA</b></i></p> <p><b>Summary</b></p> <p>In November 2008, a set of amendments to the Tobacco Products Control Act 2006 were tabled in WA Parliament. The amendments proposed to:</p> <ul style="list-style-type: none"> <li>• Place all point-of-sale tobacco products out of sight</li> <li>• Ban smoking in cars carrying children</li> <li>• Make alfresco eating areas, patrolled beaches, children’s playgrounds and sports grounds smoke-free.</li> </ul> <p>Parliamentary debate and voting on the proposed amendments will take place when Parliament reconvenes in March 2009.</p> <p><b>Objectives</b></p> <p>The proposed amendments represent an important step forward for Western Australia to protect its children from the dangers of smoking and second hand smoke. Our goal is to have all of the amendments passed into legislation.</p> | <p>Headline: Give the alert a bold title that will get people’s attention.</p> <p>Summarise what has happened, is about to happen or, in the case of your advocacy taking the lead on an issue, what you are wanting to see happen</p> <p>Outline what you want to see happen as a result of the advocacy campaign detailed in the action alert.</p> |
|--|--|

***Useful facts***

WA is falling behind other Australian states in introducing these laws. Legislation to ban smoking in cars with children has been passed in South Australia, Tasmania, New South Wales and Queensland. Tasmania and New South Wales have also legislated to ban point of sale tobacco product displays. Victoria has announced similar legislation.

Surveys show strong community support for these laws. In 2007, 77.8% of the WA population supported bans on point of sale advertising and the display of tobacco products.

Tobacco companies, rather than individual retailers, are responsible for covering the cost of tobacco product displays. Individual retailers will not be out of pocket for making changes to display cabinets.

***Analysis of problem***

Children with parents or guardians who smoke are vulnerable to secondhand smoke exposure in the constricted environment of a car. Children are also vulnerable to the tobacco industry's well planned promotional displays in their local store. Children's regular exposure to tobacco displays, especially next to other grocery items and confectionary, may normalise tobacco use and make it appear easily attainable. Displays may also impede smokers attempts to quit.

Alfresco eating areas are some of the most sought-after in Australian dining culture. Non-smoking diners have the right to enjoy alfresco seating without having to breathe smoke-filled air.

Hospitality staff have the right to a safe working environment. Staff working in alfresco areas where smoking is permitted are some of the few WA employees who are still exposed to secondhand smoke at work.

There is no risk-free level of exposure to secondhand smoke – smoke free places are the only option to eliminate exposure by non-smokers.

Strong objection from tobacco companies and vested interest groups, based on flawed interpretations and exaggerated claims, is expected. The amendments are required to protect the health of the WA public, especially children, and this must be remembered.

List facts and statistics recipients can highlight in their actions.

Concisely outline why the situation is a problem that needs to be addressed.

|   |   |
|---|---|
| <p><b><i>Suggested actions</i></b></p> <p>Write to your local MP showing your support for the amendments and that they are important in order to restore WA to one of the leaders in public health.</p> <p>Send a submission to Parliamentary Committee hearings in support of the amendments. Provide evidence as to why the amendments are needed.</p> <p><b><i>Sources of information</i></b></p> <p><b>Tobacco Products Control Amendment Bill 2008</b><br/> <a href="http://www.austlii.edu.au/au/legis/wa/bill/tpcab2008361/">http://www.austlii.edu.au/au/legis/wa/bill/tpcab2008361/</a></p> <p>The details of the Bill can be accessed at this webpage.</p> <p><b>Benefits of smoke-free regulations in outdoor settings: beaches, golf courses, parks, patios, and in motor vehicles. William Mitchell Law Review; 2008.</b><br/> <a href="http://tobacco.health.usyd.edu.au/site/supersite/contact/pdfs/WilliamMitchellRepace.pdf">http://tobacco.health.usyd.edu.au/site/supersite/contact/pdfs/WilliamMitchellRepace.pdf</a></p> <p>Repace discusses the symptoms and health risks caused by exposure to secondhand smoke and presents evidence to justify outdoor smoking bans.</p> <p><b>World Health Organization report on the global tobacco epidemic, 2008 – the MPOWER package.</b><br/> <a href="http://www.who.int/tobacco/mpower/en/index.html">http://www.who.int/tobacco/mpower/en/index.html</a></p> <p>This global analysis of tobacco use and control efforts outlines six key tobacco control measures which include protecting people from tobacco smoke and enforcing tobacco advertising and promotion bans.</p> <p><b>Technical report No 2. Tobacco in Australia: Making smoking history.</b><br/> <a href="http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/tech-tobacco">http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/tech-tobacco</a></p> <p>The National Preventative Health Taskforce recommended in a 2008 report that additional legislative measures must be introduced, including the proposed amendments, if Australian smoking prevalence is to continue to decline.</p> <p><b>2007 National Drug Strategy Household Survey</b><br/> <a href="http://www.aihw.gov.au/publications/index.cfm/title/10670">http://www.aihw.gov.au/publications/index.cfm/title/10670</a></p> <p>Reports survey results gauging national and state-by-state support for tobacco control measures.</p> | <p>Detail what you want the recipients of the action alert to do.</p> <p>List a few of the most relevant background readings accessible online to further inform recipients. Include the URL link to the reading.</p> |
|---|---|

## Letters to politicians

Writing informed and personal letters to Members of Parliament can make a significant impact on government policy.

### Structuring your letter

Include your return address in the letter.

The first paragraph:

- Include the topic of your letter. For example, "I am writing to express/voice (etc) my concern/disappointment (provide details)..."
- If you are writing to your own Member of Parliament, state that you reside in their electorate early in the letter.

Choose three important points to focus on:

- Flesh out the most persuasive points likely to gain support for your position.
- Address a new point in each paragraph.
- Writing three short letters to individual people is more effective than writing one long letter.
- Ensure your facts are accurate and credible.
- Acknowledge opposing arguments and evidence.

Personalise the issue:

- Explain how the issue affects you, your family or your community.
- A personalised letter may be more persuasive and have more impact.

Personalise your relationship:

- Indicate if you have ever voted for them, met them, supported their election campaign etc.
- The letter may be more effective if the politician feels closer to you.

Be cautious in relation to their views:

- If unsure of the views of the politician or political party on the issue, research it, ask them or explain why they should support your views.
- Avoid making assumptions about their views and comments which could be construed as critical towards them or their party.

Be courteous:

- Do not offend needlessly. We all respond better to courtesy, friendliness and a pleasant approach than to abuse.

Call for action:

- Ask them to act on the issue (e.g. "increase funding in the budget for..." or, "publicly commit to...").

Ask for a reply:

- End the letter with a statement encouraging a reply (e.g. "I look forward to your response on this matter").
- Write back if you do not receive a suitable response within a reasonable timeframe.



## Where to send letters

It is best to send letters to electorate offices rather than Parliament House.

Parliament websites hold lists of Members' contact details for their electorate office and Parliament House. These are available in various formats including mailing labels and can be downloaded from the URLs below.

- Parliament of Western Australia Member of the Legislative Assembly and Members of the Legislative Council electorate office mailing labels  
<http://www.parliament.wa.gov.au/web/newwebparl.nsf/iframewebpages/Members+-+Mailing+Labels>
- Federal Parliament House of Representatives Members' mailing labels  
<http://www.aph.gov.au/house/members/index.htm>
- Federal Parliament Senate Members' mailing labels  
[http://www.aph.gov.au/Senate/senators/contacts/labels\\_csv\\_files.htm](http://www.aph.gov.au/Senate/senators/contacts/labels_csv_files.htm)

## Example: Letter to a politician

Mary Andrews  
112 Warton Road  
Gosnells WA 6008

Mr P. Abetz, MLA  
PO Box 441  
Gosnells WA 6110  
22 January 2009

Dear Mr Abetz,

I am writing to you today as a constituent of the Southern River electorate to express my concern over physical activity and road safety issues relating particularly to local schoolchildren.

As I am sure you are aware, rates of overweight and obesity among Australian schoolchildren are already too high and are rising. The *WA Child and Adolescent Physical Activity and Nutrition Survey 2003* found that between 1985 and 2003, the prevalence of overweight and obesity amongst 7–15 year olds in WA increased from 9.3% to 23.1% in males and from 10.6% to 30.5% in females (Hands, Parker, Glasson, Brinkman, & Read, 2004). Furthermore, 42.9% of WA adults and 31% of WA children were not sufficiently active during 2007 (Wood et al., 2008; CSIRO Preventative Health National Research Flagship & University of South Australia., 2008).

While these issues are of concern throughout the state and nation, there are significant ways in which we can begin to address them in the Southern River electorate with your support.

The Walking School Bus™ is a group of primary school children who walk to school with one parent as a 'driver' and another parent at the rear of the 'bus'. The children are picked up at designated 'stops' along a planned route which is reversed on the way home. There are many examples of the Walking School Bus™ being successfully implemented and sustainable in WA schools. The bus provides a safe and active form of transport, teaches children road sense and reduces traffic congestion around schools. I seek your public commitment to introduce and support the Walking School Bus™ for Southern River schools. More information on the program and participating schools can be found at <http://www.dpi.wa.gov.au/travelsmart/14915.asp>

It has become clear that the limited existing cycle paths in the electorate you represent have become significantly degraded and are unsatisfactory in supporting existing local cyclists and encouraging residents and school children to cycle as a form of active transport. I have heard many deeply concerning stories of local children who have had near misses with cars on their way to school because of the lack of satisfactory cycle paths. I seek your commitment to funding an upgrade for the existing cycle paths in the Southern River electorate and engaging in a community consultation process to determine where additional cycle paths may be constructed so as to encourage your constituents to cycle and reduce reliance on motor transport.

I believe strongly in the importance of promoting physical activity and road safety in the local community and particularly with children. As the elected representative of the local community, I hope that you would also hold the health and safety of your constituents in the highest regard and would be open to ways of promoting physical activity and road safety in the local community so as to maximise the health, productivity and happiness of your constituents.

Thank you for your time. I would be happy to discuss this further with you and look forward to receiving your reply.

Yours Sincerely,

Mary Andrews.

## Meeting with a politician

### Before the meeting:

- It is often difficult to get time with a politician especially Ministers. You will need to be accommodating and flexible when scheduling the meeting to make it as easy as possible for them to meet with you.
- Get organised. Prepare a one page briefing document on your issue and organisation (An online example of a briefing paper about tobacco is available at <http://www.ashaust.org.au/lv4/PolliiesGuide.htm>). State the purpose of your meeting. Clearly state the key points of evidence about your issue and examples of the effects of the issue.  
In addition, demonstrate how you are working in partnership with other organisations concerned about the issue. Demonstrate a united front but also make it clear who is the central contact person to be available to discuss the issue anytime.
- Do some research on the politician. For example look up their website to find information on current policy statements and if your issue is on their agenda.
- Be prepared to localise the issue and explain how it affects the politician's local district.

### On the day:

- Be punctual. Allow time to find parking, navigate the grounds and sign in if necessary.
- Be patient if they are late.
- If they have said you have 10 minutes that is all you may get. Have your key points clear in your mind and be able to state them articulately.

### At the meeting:

- Briefly introduce your organisation (unless they already know you well) covering who you are, the role of your organisation and why you have met with them. Leave the briefing document with them.
- You may want to advise the politician that the outcomes from the discussion will not be made public so they feel they can speak openly.
- Be wary of criticising (or be overly critical of) the politician or government for their record on your issue.
- Be very clear about what you want – both the themes and the specifics of what you are asking for. Clearly outline the long and short term benefits for the politician and their political party – what's in it for them? If possible and appropriate, outline how they can sell your priorities to their colleagues, the opposition and others.
- If you do not have the answer to a question, offer to find out after the meeting. This gives an opportunity to follow up the meeting with a letter.
- Do not assume the politician is familiar with your issue/s. Be prepared to explain details clearly and concisely.
- It is always useful to go into a Ministerial meeting with suggestions on how your organisation can assist to progress the issue.
- Avoid using technical terms or acronyms unless you are certain the politician is familiar with them.
- When concluding, ask how you can be of assistance to him/her.
- Thank him/her for their time.

### After the meeting:

- Send a thank you note and follow up with any information promised during the meeting.
- Keep in touch on relevant issues.

## Interviews

There are three common types of interviews that advocates often encounter:<sup>11</sup>

- 1) An on-the-spot request for comment over the phone – if it's for radio, it may be taped and broadcast to many listeners within minutes.
- 2) A pre-recorded radio or television interview – it will be edited to fit the news format it was recorded for.
- 3) A live-to-air radio or television interview – the broadcast will include everything you say.

If you are phoned by a journalist asking you to make a comment and you're unprepared, buy some time (e.g. mention you're just finishing up a meeting) and ask to call back in ten minutes. Use the few minutes to plan what you want to say, how best to frame it and choose a sound bite to include.<sup>11</sup>

In all interviews you do, you need to sound authentic and personally committed to what you are saying.<sup>11</sup> It can be effective to frame your issue in ways that are personally relevant to everyday people, rather than focus on statistics.<sup>11</sup> For example, "The amount of people that are affected by this condition would fill Subiaco Oval five times".

## Radio grab

The radio can be accessed anywhere, anytime and by anybody. 2008 saw 8.79 million Australians tune into the radio each week. Breakfast is consistently the most popular timeslot, attracting many young people 25–39, and an increasing proportion of even younger people. On average, Australians listened to the radio for over 17 hours each week, or nearly 2½ hours a day in 2008.<sup>26</sup>

Radio stations target a distinct audience so it is necessary to research the audience demographics of each radio station before you approach them with your story. It is best if a spokesperson is available to provide a live or taped comment which will add interest to the news segment.

The length of time dedicated to each news story in the media is very short. In every interview, you should include a 'sound bite' which is generally a memorable and repeatable comment that can sum up the issue.<sup>11</sup>

The Advocacy Institute provide some suggestions for producing an effective media grab<sup>11</sup>:

- Be brief and use short sentences.
- Use concrete images which evoke a lively response.
- Humour can be appropriate and effective, but be careful not to downplay the seriousness of the issue.
- A witty quote may be chosen over others when space or time is limited.
- Remember that you are trying to advance towards meeting your public health objectives, not earn laughs or applause.
- Sound bites which utilise standard literary devices including analogy, puns and alliteration may resonate with the journalist and audience.

If your organisation is paying for radio advocacy there are a few more details to consider. You will need to specify your target audience and consult with radio stations to find the best buy in terms of reach of your target audience and the number of times they will hear your message.

Talkback radio is also another very effective tool that can be used to generate debate on your issue.



### Example: Radio grab

Mike Daube:

During a debate between Tony Abbott, former Minister for Health and Ageing, and Professor Mike Daube titled 'Welcome back nanny? Civil liberties vs the public good', Abbott stated that he didn't support laws banning smoking in cars carrying kids. Abbott revealed that his own parents were smokers and, displaying his trim physique, asked theatrically whether his childhood exposure had done him any harm. After the debate, Daube located a press release from Christopher Pyne, Parliamentary Secretary to the Minister for Health and Ageing on 26 November 2006 (while Abbott was Minister) which stated that Pyne supported a proposal in Tasmania to ban smoking in vehicles carrying children because "Smoking in a confined space such as a car is particularly harmful and it is important to limit the exposure of children to this danger". The day following the debate, Daube commented on Croakey (the Crikey health blog): "His health might not have been affected by passive smoking, but his memory seemed to have been..."<sup>27</sup>



### Example: Radio grab

Simon Chapman:

Regarding 'compromises' by the hotel and tobacco lobby groups to have smoking and non smoking sections in hospitality venues, Simon Chapman stated that "a non-smoking section in a restaurant is about as meaningful as a non-urinating section in a swimming pool"<sup>28</sup>.

Talkback radio requires you to take advantage of a unique window of opportunity to push your issue. Talkback radio works to your advantage if you know your issue well and can talk confidently and with accuracy on your issue. Once again the more you do it the more confident you will become.

## Television interview

Television interviews allow you to have visual impact and add a face to your issue.

Many of the considerations needed for a successful television interview are similar to those needed for an effective radio grab. These include:

- Target your messages to the audience the television program and station attract – research audience demographics.
- The time allocated for your news story may be very short.
- Get your point across clearly and succinctly – focus only on the main points.
- Use your voice (and mannerisms etc) to show your enthusiasm and passion for your issue.
- Include one or two sound bites – memorable phrases that capture the urgency or magnitude of an issue and stay with the listeners or viewers long after the interview is aired.
- Remember that you are trying to advance towards meeting your public health objectives.

## What to Wear

- For men wearing suits, dark and solid colours are strongly recommended.
- Some patterns and stripes do not translate well to the screen.
- Large, bright or flashy jewellery on women also does not televise well and is not suggested.

- Dress to suit your message. For example, if you are outside you can model sun smart messages by wearing a hat or conducting the interview in the shade.

## Be Prepared

Stay on message; know what points you are trying to convey, and stick to them.

Brainstorm likely questions as well as worst-case-scenario questions. If you spend some quality time really thinking about it, you should be able to anticipate 85 percent of the questions. It's tougher – though not impossible – to come up with the crazy questions that come out of left field, but it's worth spending time thinking about them and practicing ways to respond.

There are a few common interview scenarios where interviewees are wise to prepare responses. These include:

An interviewer asks a question that is outside of your area or experience. Your response may be, "I'm sorry, that question is outside of my expertise".

A 'last line' – have a line ready if asked "Is there anything else you would like to add?"

You have just a few seconds to sell your story. Studies have found that the average TV soundbite is around seven seconds long. Practice with a stopwatch in front of your bathroom mirror. By practicing out loud you can get rid of audible pauses such as "um, "like" and "you know".

Spend time beforehand identifying specific examples that help make your message personal. You can help journalists tell their story by using examples, anecdotes and graphics. Telling stories also helps break your conversation into soundbites.

The location where the interview is taped is often decided by the television station, you may not get a say in it. They may want to tape the interview at your workplace, your home, the television studio or a location relevant to the story. If they request to meet at your home, consider suggesting an alternative venue as you may not want to reveal your address.

If possible be aware of any messages or promotions in the background and determine if they support your message or discredit it.

Be early to allow yourself time to relax.

Talk to the reporter – they may provide the questions to be asked in advance.

## How to Act

- Stay calm, no matter how much the reporter may try to get a strong or emotional reaction from you.
- Never argue with a reporter, especially when you are on-camera.
- Make and hold eye contact. Focus on the person asking the questions and not on the camera. The more your eyes move around, the more uncomfortable your audience will become. The underlying message is that you are either trying to hide something or you are unsure of yourself. A powerful, steady gaze speaks volumes about your trustworthiness.
- When sitting during an interview, sit up and lean forward slightly when you talk to open up your diaphragm, increase your air supply, prevent you from slumping and make you look engaged in the discussion. Do not relax or let your back touch the back of your chair. You need to be "on" at all times.
- Avoid being sidetracked into a subject not directly related to the subject of the interview. You can accomplish this by returning to your key points.

Define your key messages and be ready to deliver those messages regardless of the questions you're asked. Acknowledge any questions you're asked, but always bridge back to your key messages during an interview. Also, reiterate those messages if you're asked to provide a sound check or give a closing thought. Answer succinctly. Keep your responses to three or four sentences at most. Keep in mind that most stories on local television newscasts are one and one-half minutes average length. The producer will edit your responses down to "sound bite" length, usually no more than 10 to 15 seconds. Giving long, wordy answers will give the reporter more control over what you will be saying in the story.

Turn off mobiles and Blackberries, spit out the gum, remove coins from pockets, don't hold a pen and ask the technician to turn off the TV set by the camera so you're not tempted to see how you look during the interview. Also, avoid chairs that swivel and rock. They are too tempting, especially when you get nervous.

Flexibility is a must. Recognise that anything can happen in TV news, so be prepared and try to accommodate any unexpected changes. Don't be phased if an in-studio interview changes to a satellite hookup or an interview that was supposed to be taped suddenly is carried live.

Be an active participant. Television observes everything, especially posture, energy and facial expression. Watch the delivery of TV news anchors and you'll see how much they accentuate what they say with unspoken cues. If possible, take a brisk walk before going on camera to get your blood flowing and wake yourself up.

If the interview is set up to explore a specific topic, but the reporter immediately starts in on a different one – one that you're not prepared for – make a clear, calm statement: "It was my impression that we were going to discuss Mr. Jones' complaint regarding his service interruption. The additional information you are requesting is not immediately available, but I'll try to get back to you with it later today."

### Final words

- The reporter – and most likely a producer – will control the final content of the piece. The only control you will have is over what you say, and how you say it.
- Do not feel that you should fill empty space after you've given a response. If you are not prepared to elaborate – don't.

## Letter to the Editor

Writing a 'letter to the editor' in a newspaper is another way you can exploit windows of opportunity. Letters allow you to respond to recently published articles or letters and express your and your organisations view.

The letter to the editor section of a newspaper can be one of the most read sections – competition to publish letters can also be high. This advocacy tool works towards the advocacy strategies of creating and generating debate.

Editors may select letters written by 'ordinary citizens' over ones written by lobby groups. Therefore there may be times when you write under your own name as a concerned citizen and other times when showing your credentials and the organisation you represent is necessary.

Consider targeting different audiences by choosing the most appropriate newspaper to write to. Your options are:

- A local community newspaper (e.g. Community News).
- A State newspaper (e.g. The West Australian, The Sunday Times).
- A National newspaper (e.g. The Australian).

One way to build the appearance of support for the way your organisation frames an issue is to coordinate a letter writing campaign. This involves arranging with your colleagues or allies to strategically submit letters around the same time. This is a reactive strategy that will need a very quick action as your issue could easily be out of the spot light in 24 hours.

Any letter campaign needs to be consistent in how they present their message, but original in their presentation or angle.<sup>11</sup> To be sure of this, you can always draft the letters yourself and send them to your allies to sign and add their style to and then submit to the newspaper.

The letters by Peter Howat, Brian Davis and Lynda Fielder below (published in The West Australian on 23 January 2008) are a good example of this strategy.

Here are some pointers about the format and content of letters to the editor which may help your letter make the impact you want:

- Letters are often written in response to recently published letters or articles. Identify the article you are responding to early on by its headline or author and the date published – and respond quickly.
- Be timely – exploit windows of opportunity by using a current news event or article as a hook.<sup>11</sup>
- Brief letters are more likely to be published and less likely to be altered by the letters editor. Aim for less than 250 words.
- Have a punchy opening sentence to get the readers attention.
- Familiarise yourself with the writing styles of the letters which get published in your target newspaper - do they use wit, satire, metaphors, formal or colloquial language? The editor may have a preference which you can use to guide your approach.<sup>11</sup>
- Stick to one issue and include only the two or three most important points.
- Localise the issue – taking the local angle on an issue will increase the impact.<sup>11</sup>
- Make sure your key message is clear.
- Ask yourself: would you stop to read your letter?
- The author's name and suburb (and position/role if appropriate) is generally included below the letter. You may be able to request that it be left off if necessary.



The West Australian and Community Newspaper Group have an online form on their website to use to submit your letter. You can find the form by navigating from the newspaper's homepage. Letter to The Australian newspaper ([letters@theaustralian.com.au](mailto:letters@theaustralian.com.au)) and The Sunday Times ([letters@sundaytimes.newsltd.com.au](mailto:letters@sundaytimes.newsltd.com.au)) are submitted via email.

When submitting a letter to the Community Newspaper Group, you'll need to select which newspaper you want to submit to. It is generally preferred that you submit letters to the newspaper that covers the area you live in. The editor may consider publishing your letter in more than one newspaper if they believe the subject is of general appeal.

Also look at other community newspaper groups such as the Subiaco Post, the Fremantle Herald – and, very importantly – non-metropolitan newspapers.

## Example: Letter to the editor

### Binge-drinking worry

Your Page 1 report (Alarm over young binge drinkers, 21/1) is timely.

At an election forum in November both the Labor Party and Green representatives indicated that if elected to power, they would implement policies to control the problem. At that forum I expressed a concern that binge drinking is now a major health-related risk factor of youth which has short-term consequences such as traffic injuries, violence and suicide. In addition, in the long term it increases the risks of many health problems, including some cancers.

I mentioned the influence of the aggressive advertising of alcoholic beverages, especially the mixed drinks, aimed blatantly at the youth market, and of the power of the alcohol industry. Because of the latter, governments so far have failed to implement adequate policies to contain this aggressive alcohol marketing.

In response, both political representatives also agreed there was a problem with binge drinking and with the aggressive advertising.

They said both parties were well aware of the powerful alcohol industry and that their parties were prepared to develop policies that would not be unduly influenced by the industry lobbyists.

The alcohol industry has continued to oppose effective regulation with claims that the same results can be achieved through self-regulation of the Alcohol Beverages Advertising Code. The approach has been clearly unsuccessful. Self regulation is worthless, with few people knowing they can complain and, when they do complain, the complaint is rarely upheld.

The code is so weak that a recent study showed that children receive about 350 per cent more alcohol advertising than they should. One only needs to watch cricket on TV during the morning or on the weekend to see the alcohol advertising that children are being bombarded with.

Alcohol is being promoted to all age groups as integral to the Australian social fabric. If drinking alcohol is advertised as being an expected part of our

everyday life; it is hardly surprising that young people should see it as an integral part of their lives.

We now look forward to plans by our new government to curb the growing binge drinking problem, including policies to restrict or ban alcohol advertising.

**Professor Peter Howat, president of the Public Health Association of Australia (WA branch).**

Health professionals and community organisations like the Willetton & District Local Drug Action Group have been highlighting the seriousness of binge drinking and its harmful impact on individuals and the community, for many years.

A comprehensive approach is needed to address this problem. Government agencies, community groups, schools and the community in general need to address the factors that influence this behaviour.

A harm minimisation approach needs to be implemented with harder focus on the regulation of advertising and promotion, availability and access of alcohol, education and prevention strategies for youth, parents and the community.

**Brian Davis, convener, WDLDA.**

Alarm bells in relation to young binge drinkers have been ringing for some time — for under-age youth, too. Apart from the serious short-term effects of binge drinking (road crashes, violence, brain damage, injury and death), young people are at risk to longer term effects such as chronic disease and illness, and alcohol dependence.

As pointed out by National Drug Research Institute director Steve Allsop, the safe drinking message is just not reaching many young people. Alcohol is the second biggest cause of drug-related death and hospital admissions in Australia.

Although a comprehensive public health approach is needed to address this problem, a hard focus should be placed on the marketing of alcohol products to youth. Advertising in particular is pervasive. Research has shown that advertising influences youth drinking, yet the industry remains self regulated and mostly ineffective.

**Lynda Fielder, Willetton.**

## Web links

Here you will find links to online sources of information that may help you in your advocacy work. Included are links to websites of advocacy, community and health organisations, useful reports, government links and online polling websites.

### Advocacy organisations

#### Institute for Sustainable Communities

<http://www.iscvt.org/>

The US-based Institute for Sustainable Communities merged with the Advocacy Institute (founded by Michael Pertschuk) in 2006. The Institute builds advocacy skills by empowering communities and encouraging citizen participation in improving their communities. The website illustrates international examples of successful advocacy and community development programs.

#### Public Health Advocacy Institute of WA (PHAIWA)

<http://www.phaiwa.org.au/>

Find out about the work of the PHAIWA, upcoming forums, workshops and events, contribute to online forums and download publications.

#### The Community Toolbox

<http://ctb1.ku.edu/en/Default.htm>

Browse through this comprehensive online skill development resource for building healthy communities.

### Community organisations

#### National Heart Foundation (NHF)

<http://www.heartfoundation.org.au>

Find out about NHF advocacy campaigns, get access to resources, information on cardiovascular health and an archive of NHF media releases.

#### Cancer Council WA

<http://www.cancerwa.asn.au/>

<http://www.cancer.org.au>

Find out about Cancer Council advocacy campaigns, access resources and information about cancer, prevention and support services as well as funding opportunities. Download or find out how to access Cancer Council publications including:

**The social costs of smoking in Western Australia in 2004/05 and the social benefits of public policy measures to reduce smoking prevalence.**

<http://www.cancerwa.asn.au/prevention/tobacco/tobaccoresources/>

This report published in 2008 by Collins and Lapsley provides estimates of the social costs of tobacco use in WA for the 2003/04 financial year. Estimates of the value of social benefits from a reduction in smoking prevalence are also reported.

#### Australian Medical Association (WA)

<http://www.amawa.com.au>

Access health related press clippings, an archive of AMA media releases and a list of publications relating to key public health issues.

**Healthway – Western Australian Health Promotion Foundation**

<http://www.healthway.wa.gov.au/>

Find out about the grants available from Healthway and how to apply.

**Public Health Association of Australia (PHAA)**

<http://www.phaa.net.au/>

Find out about PHAA's advocacy work including an archive of submissions, media releases and background information about public health.

**Australian Health Promotion Association (AHPA)**

<http://www.healthpromotion.org.au>

Find links to health promotion publications and keep updated about AHPA activities.

**Diabetes WA**

<http://www.diabeteswa.com.au/>

Find information about diabetes, Diabetes WA programs and a comprehensive list of links to other health-related websites.

**Telethon Institute for Child Health Research**

<http://www.ichr.uwa.edu.au/>

Find out about research being conducted at the Institute and access archived media releases.

## **Government**

**Western Australian Local Government Association**

<http://www.walga.asn.au/>

Find out about the roles and responsibilities of local government, access a directory of council websites and an archive of media releases.

**State Law Publisher**

<http://www.slp.wa.gov.au/Index.html>

Search the database for current and ceased WA Parliamentary Bills, Acts and Subsidiary legislation.

**Public Health Division, Western Australian Department of Health**

<http://www.public.health.wa.gov.au/>

Find out about public health services and their delivery in WA and access information about key public health issues. The homepage features the latest news updates relevant to public health in WA.

**Western Australian Department of Health**

<http://www.health.wa.gov.au/home/>

The site features an A–Z list of health topics and services, an archive of media releases and access to publications and reports.

## **Health Organisations and Reports**

**Australian Bureau of Statistics (ABS)**

<http://www.abs.gov.au/>

Access statistics on a wide range of matters at the level of the nation, state, local government area, or particular suburbs.

**Australian Institute of Health and Welfare (AIHW)**

<http://www.aihw.gov.au/>

The AIHW is Australia's national agency for health and welfare statistics and information. The website provides a catalogue of publications (many of which are available online), an archive of media releases and interactive data sets.

The most relevant of the reports available on the AIHW website include:

**Australia's Health 2008**

<http://www.aihw.gov.au/publications/index.cfm/title/10585>

Australia's health 2008 provides statistics and informed commentary on patterns and determinants of health and illness, health across the life stages, the supply and use of health services, expenditure and workforce and health sector performance.

**2007 National Drug Strategy Household Survey: first results.**

<http://www.aihw.gov.au/publications/index.cfm/title/10579>

This report presents summary data from the national survey of drug use and related issues. The first results report includes results on drug-related awareness, knowledge and behaviour, and population estimates of tobacco, alcohol and illicit drug use. Future publications will be available on the AIHW site which provide further analysis of the 2007 survey results.

**Public health expenditure in Australia, 2006-07.**

<http://www.aihw.gov.au/publications/index.cfm/title/10614>

This report details expenditure on public health activities by the Australian Government and state and territory health departments during 2006-07.

**National Drug Strategy**

<http://www.nationaldrugstrategy.gov.au/>

Find out information about the National Drug Strategy, access links to drug campaign sites with information on initiatives at national, state/territory or community levels, download publications and access links to other relevant sites.

**The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05.**

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/mono64>

Collins and Lapsley prepared this report in 2008 which provides estimates of the total social costs of tobacco, alcohol and illicit drug use to the Australian community in 2004/05.

### **National Preventative Health Taskforce**

<http://www.preventativehealth.org.au/>

Find updates on Taskforce activities, consultation processes and schedules, and terms of reference.

Download articles and publications including the ones listed here:

**National Preventative Health Taskforce. Australia: the healthiest country by 2020 A discussion paper.**

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/discussion-healthiest>

In this discussion paper the Taskforce identify a range of options available to individuals, families, communities, industry, states and the nation that may be effective in preventing illness. Community responses to the paper were sought by the Taskforce.

**National Preventative Health Taskforce. Technical Report No 1: Obesity in Australia: a need for urgent action.**

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/tech-obesity>

The Taskforce outline recommendations for preventing obesity which target individuals, families, communities, health services, non-government organisations, industry and government.

**National Preventative Health Taskforce. Technical report No 2. Tobacco in Australia: Making smoking history.**

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/tech-tobacco>

The Taskforce present data on smoking in Australia, recent research findings and an overview of recent activity in Australian tobacco control. The report sets out options and recommendations for next steps in tobacco control.

**National Preventative Health Taskforce. Technical Report No 3: Preventing alcohol-related harm in Australia: a window of opportunity.**

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/tech-alcohol>

The Taskforce provide up-to-date and evidence-based information on policies and programs to prevent alcohol-related harm in Australia. Priorities for preventive action on alcohol-related harm are outlined.

### **World Health Organization (WHO)**

<http://www.who.int/en/>

The WHO website features online access to a diverse range of global and international health-related publications, data and statistics and information about WHO programmes.

### **Online Polling Sites**

Online polls allow the public to get involved and be an advocate - all that is needed is an internet connection. Keep an eye out for polls relevant to public health and encourage others to vote if it's an important topic. Listed here are examples of websites which feature online polls.

#### **The Parents Jury**

<http://www.parentsjury.org.au>

The Parents Jury advocates for improved food and physical activity environments for Australian children. The website features regular online polls of members' opinions regarding children's health and physical activity and an archive of media releases providing examples of how the polling results have been used.

**The West Online**

<http://www.thewest.com.au>

The online companion to The West Australian newspaper features a poll regarding topical issues (not necessarily health related).

**Perth Now**

<http://www.news.com.au/perthnow/>

The online news site (linked to The Sunday Times) features a daily poll regarding topical issues (not necessarily health related).

**Choice**

<http://www.choice.com.au>

The website of the independent consumer organisation features online polls, campaign information and online access to publications (e.g. regarding food marketing and pack labelling).

**ABC**

<http://www.abc.net.au/>

'Unleashed' is the title of the ABC's online poll which covers a diverse range of issues.

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# Appendices

## Appendix A: The Advocate's Advocate

The Advocacy Community Speaks: Byron Kennard on "Ten Ways to Kill a Citizen Movement"

1. Forget your origins. Citizen movements for social change nearly always originate in humble or obscure circumstances. Later on, when the movement is off and running, these origins embarrass the careerists who've latched onto it in search of gold and glory.
2. Put experts in the driver's seat. Volunteers and generalists may have been good enough to organize the movement, but they aren't good enough to run it. So when money starts to come in, its time to kick them out and hire "qualified" persons, preferably someone with a Ph.D in physics, economics, or an Ivy League law degree.
3. Get serious about your work. Work too hard. Practice looking grim and depressed. Persist in calling your colleagues' attention to your martyrdom. Hint that if they were as serious about the cause as you are, they would emulate your example.
4. Adopt impossibly high standards of personal conduct, not only for yourself, but for others. Human frailty has no place in a citizen movement.
5. Motivate others by applying guilt. If a group is working to save endangered species, attack it for its insensitivity to the poor. If its working to help the poor, attack it for its insensitivity to endangered species. Whatever you do, stick them in a no-win situation.
6. Talk a lot about the need to cooperate and share, but for heaven's sake, don't actually do it. Attempt to dominate all proceedings through the force of your intellect and personality. Should you encounter others who are foolish enough really to cooperate, by all means take them for everything they're worth.
7. Get yourself into a dither and stay there. Remember, the end of the world is coming and we haven't got much time. If some people in the movement are working calmly and deliberately, make them agitated and anxious.
8. Whatever you do, never share any credit. It's perfectly clear that the whole thing was your idea in the first place, so why share the credit?
9. Avoid doing any real work for the movement while creating the widespread impression that you are giving your all. Insist on being a part of everything. If possible, try to be put in charge. Take great care not to deliver on your commitments.
10. Intensity of commitment is best measured by the amount of incivility you display. Never be on time for meetings. Be sure to get interrupted by telephone calls once every five minutes. Leave the meeting early without helping to clean up the coffee cups.

Byron Kennard is the author of *Nothing Can be Done, Everything is Possible*.

## Appendix B: Example Media Release Template

### Media Release

Organisation Logo/Name

---

Date

**Title**

---

**Media Contact:**

## Appendix C. Media alert: Alcohol forum

### Media Release



Tel: (08) 9266 9078, Fax: (08) 9266 9244 Email: [PHAIWA@curtin.edu.au](mailto:PHAIWA@curtin.edu.au) :

Curtin University of Technology  
Health Research Campus  
GPO Box U1987  
PERTH WA 6845

2 July 2008

#### MEDIA ALERT

#### Experts meet to develop alcohol strategies

What? Alcohol Policy – Where Next? Forum  
Where? The Esplanade Hotel, Fremantle  
When? Thursday 3 July 2008, 9:00am to 12.45pm  
Official opening by Minister for Health, the Hon Jim McGinty at 9.00am  
Opportunity for media to speak directly with keynote speakers at 10.15am

Keynotes include:

Professor Steve Allsop, Dr Tanya Chikritzhs, Professor Rob Donovan, Associate Professor Ted Wilkes, Mr Eric Dillon, Professor Mike Daube

The Forum, organised by the Public Health Advocacy Institute of WA and the Drug and Alcohol Office will cover and make recommendations on a range of important alcohol-related topics including:

- Alcohol and Marketing;
- Community Education;
- Alcohol and Indigenous populations;
- Alcohol taxes and access to alcohol;
- Alcohol and road safety;
- Alcohol and crime.

The Alcohol Policy Forum will be opened by the Minister for Health, the Hon. Jim McGinty MLA .

The Forum will bring together experts from the public health and related sectors to identify strategies to address harmful and hazardous drinking in WA and nationally, and to make specific recommendations ahead of the national Ministers' Alcohol Forum in mid-July.

Media contacts

Holly Wilson – (mobile/phone number)

Professor Mike Daube – (mobile/phone number)

## Appendix D. Media release: Alcohol forum recommendations.



### Media Release

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Tel: (08) 9266 9078, Fax: (08) 9266 9244 Email: [PHAIWA@curtin.edu.au](mailto:PHAIWA@curtin.edu.au) :

Curtin University of Technology  
Health Research Campus  
GPO Box U1987  
PERTH WA 6845

Ref: AF0001

#### Public Health professionals take action on alcohol

Embargoed until 3 July 2007

More than 130 health and related professionals are meeting at the Esplanade Hotel in Fremantle today for an Alcohol Forum to discuss and agree on recommendations aimed at reducing harmful and hazardous drinking.

The forum will be officially opened by Health Minister Jim McGinty, who said it is an important step towards tackling our drinking culture and reducing the high level of alcohol-related problems in the Western Australian community.

"We have been asking people to rethink the way they drink and this forum is a chance for health professionals to tackle the problem in a collaborative way," Mr McGinty said.

"I am looking forward to seeing the outcomes achieved today, which will also inform discussions at the National Ministerial Forum on Alcohol later this month."

Keynote speaker Professor Steve Allsop, Director of the National Drug Research Institute said that current levels of alcohol-related harm are intolerable.

"Alcohol problems are not restricted to a small proportion of people who are alcohol dependent. A large proportion of Western Australians are adversely affected by alcohol, and alcohol problems do not just affect the individual drinker," Professor Allsop said.

"All West Australians are paying a high cost for alcohol problems in terms of the perceived risk of alcohol related violence, the costs of drink driving, the enormous amount of police time dealing with alcohol problems and of course the pressure on our emergency departments."

Professor Allsop said that communities and all levels of government can, and should, take action to reduce the cost of alcohol.

"We should be able to continue to enjoy alcohol in a responsible manner, while at the same time significantly reducing its harms."

The Director of the Public Health Advocacy Institute of WA, Professor Mike Daube, said that the forum was an important step towards addressing alcohol issues in Western Australia and nationally.

"The time could not be better to present national and state Ministers with clear recommendations for action on issues such as alcohol marketing and promotion, price policy, crime, road safety, alcohol and Indigenous populations, and community education," Professor Daube said.

"The recommendations coming out of today's forum will be sent to all Health Ministers ahead of a national Ministerial Alcohol Forum being held on July 15th 2008."

Media contacts:

Professor Mike Daube – (mobile/phone number)

Holly Wilson – (mobile/phone number)

# Appendix E. Print media: Alcohol forum recommendations.

## What the experts recommend

24 September 2008

The West Australian

### WHAT THE EXPERTS RECOMMEND

In a bid to tackle unacceptably high levels of alcohol-related harm in the State, 140 of WA's top public health professionals met this year to develop a list of recommendations for State and national governments, including the following. The gathering was overseen by WA's Public Health Advocacy Institute and the Drug and Alcohol Office.

**ALCOHOL TAXES AND ACCESS TO ALCOHOL**  
**National:** A volumetric tax system on alcohol be introduced and supported by a minimum floor price at the State level linking to CPI. Taxation be placed on high-risk beverages.  
**State:** Support be given to local government to develop public health plans that include alcohol and planning mechanisms that prevent alcohol-related problems.

**ALCOHOL AND ROAD SAFETY**  
**National:** At least half of the new alcohol tax be used in supporting proven, or introducing and evaluating new, programs reducing alcohol-related harm, including those tackling driving under the influence. New technologies, such as special alco-keys designed to prevent driving under the influence, be evaluated.  
**State:** Repeat drink-driver legislation be implemented as a matter of urgency.



Picture: Getty Images

**ALCOHOL AND INDIGENOUS POPULATIONS**  
**National:** A tax system be implemented to allow funds to be used on Aboriginal alcohol prevention and treatment services. The Federal Government invest the required financial and human resources into adequate early intervention programs, including pregnancy and initiatives to reduce Foetal Alcohol Syndrome.  
**State:** Police better resourced to provide services to Aboriginal people in regard to alcohol-related issues.

**COMMUNITY AND PUBLIC EDUCATION ABOUT ALCOHOL**  
**National:** Introduce health warnings designed by health experts on packaged alcohol beverages, alcohol point of sale to display health messages, a \$100 million strategic alcohol education plan be developed and supported by State, regional and local action. Also introduce a national program to help GPs address patients' alcohol problems and evidence-based alcohol interventions be provided in tertiary institutions.  
**State:** A co-ordinated, planned, long-term mass media campaign be developed and adequately funded to address alcohol-related harm. Evidence-based alcohol-related education be provided in schools. This program should be compulsory and provided by trained professionals.

**ALCOHOL AND CRIME**  
**National:** Extension of the Illicit Drug Diversion Program to include alcohol diversion.  
**State:** Further focus on licensing enforcement efforts through improved data and resourcing, including a multi-agency-based approach. Ensure that adequate treatment resources are applied to alcohol-related crime, including treatment in prison and community-based corrections.

**ALCOHOL AND MARKETING**  
**National:** Prominent health warning labels on alcohol containers, no alcohol products to include references to soft drinks in their name or label and a maximum percentage of 5 per cent alcohol for single container premixed drinks and beer. Bans also to apply on caffeine additives and restricting sweeteners. Also limitations on types of retail outlets (such as petrol stations and convenience stores) selling alcohol. The self-regulation of alcohol advertising must also be replaced by governmental regulation.  
**Further controls on alcohol marketing should include a ban on alcohol cross-promotions, brand extension to merchandise, incentive programs and loyalty programs; a ban on alcohol advertising on television between 5am and 9.30pm; a ban on alcohol sponsorship of sports, arts and racing events. No alcohol advertising with a strong appeal to children and young teenagers.**



## Put cap on grog strength

Anthony Deceglie  
13 July 2008  
Sunday Times (Perth)

# Put cap on grog strength

By ANTHONY DECEGLIE  
Health Reporter

BEEF and pre-mixed spirits should have a maximum alcohol percentage of 5 per cent, a liquor policy forum will tell Australia's health ministers.

Alcohol advertising should also be banned on TV between 5am to 9.30pm, says the forum.

The recommendations are part of a report containing more than 50 measures aimed at reducing the country's binge-drinking epidemic.

The report resulted from a forum held in Fremantle by the Public Health Advocacy Institute of WA and the state's Drug and Alcohol Office.

The report will be discussed at a meeting of state health ministers in Canberra on Tuesday.

Institute director Mike Daube said it was important that the Government was ready to change policy.

"Alcohol is one of our biggest health and social problems," Prof Daube said. "A lot of people don't recognise the sheer magnitude of the problem."

"It's not just a health

problem, it's a substantial social problem that affects the entire community.

"It's the main driver of police activity."

Other strategies contained in the report include:

■ Putting half the revenue raised from any future alco-pop tax into strategies to combat drink-driving.

■ A new road toll that lists fatalities and morbidity related to alcohol.

■ A push to have new technologies like alco-keys in cars investigated.

■ Prominent health warnings on alcohol beverages and a ban on alcohol companies promoting sporting events.

■ Repeat drink-driver legislation should be introduced by the Government as soon as possible.

■ Liquor outlets should be separated from supermarkets.

Prof Daube said he was concerned by the increasing trend of binge drinking among young people.

"Whereas there has always been experimentation and drinking by young people, we are now seeing more young people drinking to get drunk," he said.

Data collected by the

National Coroners Information System reveals at least 100 young people die every year with a blood-alcohol level of at least 0.05 per cent.

NCIS director Joan Ozanne-Smith said most of the deaths involved unintentional injuries, such as road accidents, alcohol poisoning or drowning.

The figures do not include deaths where another person's high alcohol intake may have contributed to a fatality, such as assaults by a drunken reveler or motor vehicle deaths involving intoxicated drivers.

"There is no one magic bullet to solve the alcohol epidemic," Prof Daube said.

"The recommendations that came out of our forum may not be the perfect answers, but we hope they will stimulate community debate and generate a comprehensive response from the Government."

"The next meeting of health ministers is going to be especially important."

"What is being proposed is not about stopping people drinking sensibly and enjoyably. It is about reducing the damage done by alcohol."

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## Stricter controls for alcohol ads: forum

Cathy O'Leary  
4 July 2008  
The West Australian

### Stricter controls for alcohol ads: forum

**CATHY O'LEARY**

Alcohol using soft drink flavours such as cola in their brand names should be banned and alcohol advertising on television should be outlawed until 9.30pm, a Perth alcohol policy forum has recommended.

The meeting organised by WA's Public Health Advocacy Institute and the Drug and Alcohol Office called for stronger controls on alcohol marketing and legislation to replace any voluntary codes.

It also called for a ban on sponsorship by alcohol companies at any sporting events attended by families.

The recommendations, which will be sent to all Australian health ministers, also

gave strong support for increasing alcohol taxes, including a volumetric-based tax.

PHAI director Mike Daube said the forum was an important step towards addressing alcohol issues in WA and nationally and supported a comprehensive approach rather than a magic bullet.

Professor Steve Allsop, director of the National Drug Research Institute, warned that it was not just the young who drank too much, with many baby boomers needing to watch they did not take their heavy levels of alcohol consumption into old age.

He said levels of alcohol-related harm were intolerable. While under-age drinkers tended to be criticised for risky drinking, older drinkers were also at risk.

## Appendix F. Media release: Launch of Morbidity by Electorate report.



### Report urges MPs and all parties to act on preventable deaths

#### MEDIA RELEASE

August 12, 2008

On the eve of the State election, WA's 91 Members of Parliament have been challenged to make health a priority issue by acting to reduce the number of preventable deaths in their electorates.

For the first time in Australia, each State MP has received a comprehensive report detailing how many of their constituents have died from preventable causes such as smoking, poor diet, alcohol use or physical inactivity.

The report, 'Preventable Deaths by Western Australian Upper and Lower House Electorates', looks at preventable deaths from 2001 to 2005.

It was prepared by the Public Health Advocacy Institute of WA on the basis of calculations by Dr David Preen from UWA's School of Population Health.

Federal AMA President, Dr Rosanna Capolingua, who chairs the PHAIWA Board, said the report was a much needed wake up call for the Government and the Opposition.

"For too long prevention has been the Cinderella of our health system and it's up to MPs to take on the challenge and ensure we have action – not just talk," she said.

"The reality is that politicians lose hundreds of their constituents every year, but few realise just how many deaths from heart disease, stroke, various cancers, respiratory disease, alcohol and injuries could have been prevented."

Institute Director Professor Mike Daube said the report made sobering reading for many MPs who thought preventable deaths were not a major election issue in their electorate.

"While they recognise that issues such as crime or education might be their responsibility, it's now time MPs and their parties acknowledged they had a role in trying to reduce the number of people dying from preventable diseases," he said.

Professor Daube said the report calculated for 20 selected risk factors for the leading diseases causing mortality. Electorate results were assigned a ranking score, indicating the electorates with the highest numbers of preventable deaths in WA.

“This report makes it clear to politicians from all parties that preventable deaths are not just large numbers to be considered at a national or state level,” he said.

“We want MPs to make sure action is taken so that more of their constituents do not die early.”

Prof Daube said all political parties and MPs would be asked to commit to a specific prevention policy including:

1. Increasing funding for public health from about \$130 million to at least \$200 million.
2. Substantial new funding for public education programs in tobacco, alcohol and obesity and programs that will address the disadvantage faced by Indigenous people.
3. Legislation to ban smoking in cars with children and all alfresco dining areas, and make all cigarette sales “below-the-counter.”
4. A comprehensive alcohol prevention program that includes early implementation of strong repeat drink driver legislation.
5. An obesity prevention program that addresses nutrition, physical activity, environmental factors and promotion of junk food.
6. A comprehensive prevention program as part of their election manifestos covering the above issues and other major prevention issues such as child health, mental health and environmental health.

Professor D’Arcy Holman, from UWA’s School of Population Health, said the report revealed the ravages on the community caused by obesity, smoking, not eating enough fresh produce, physical inactivity, alcohol and injury risks.

“Hopefully, these appalling figures on preventable deaths make candidates and political parties realise a fresh approach to ‘prevention is better than cure’ is required in their election policies,” he said.

The report can be seen online by going to [www.phaiwa.org.au](http://www.phaiwa.org.au)

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## Appendix G. Media release: Australian Council on Smoking and Health.

MEDIA Release

25 November 2008

# ACOSH

Australian Council on Smoking and Health

### STRONG SUPPORT FOR NEW TOBACCO LEGISLATION

The Australian Council on Smoking and Health (ACOSH) has strongly supported the new Tobacco Products Control Amendment Bill 2008, which has been tabled in the WA Parliament today by the Independent Member for Alfred Cove, Dr Janet Woollard. ACOSH has urged all parties and Members of Parliament to back the Bill, which brings WA into line with Australian best practise. The Bill seeks to protect the health of the public, and especially children, by:

- Prohibiting smoking in cars carrying children
- Placing all tobacco products out of sight at point-of-sale
- Making al fresco eating areas, children's playgrounds, patrolled beaches and sports grounds smokefree.

ACOSH President Professor Mike Daube said, "This is excellent and long-overdue legislation that brings WA into line with other States around the country. Children and all non-smokers are entitled to protection from the harmful effects of passive smoking and the tobacco industry's continuing efforts to promote and glamorise cigarettes. Survey after survey has shown very strong public support for these measures".

"Smoking still kills more than 1400 Western Australians each year, and one in two regular smokers will die because of their smoking. WA used to be the lead state, but we have fallen behind. No less than four States have acted to ban smoking around children in cars, and two to prohibit cigarette displays at point of sale."

"We can expect the usual blatantly self-interested opposition from the tobacco industry and its allies, but there is no justification for any promotion of this lethal product, or for exposing children and other non-smokers to the known harms of passive smoking. The history of tobacco control tells us that when any new measure is proposed, the industry and its allies claim that that it will be the end of civilisation as we know it. The reality is that because of all the actions so fiercely opposed by the industry we are seeing encouraging declines in smoking – and significant improvements in public health."

"We congratulate Dr Woollard on her initiative. We urge all Members of Parliament to support this important public health measure, which will restore WA to its position among Australia's public health leaders."

ENDS

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