

# Advocacy in Action:

## A toolkit for Public Health Professionals

Third Edition

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To obtain further copies of this publication you can contact the following:

### PHAIWA

GPO Box U1987  
Perth WA 6845

**Website:** [www.phaiwa.org.au](http://www.phaiwa.org.au)

**Email:** [phaiwa@curtin.edu.au](mailto:phaiwa@curtin.edu.au)

Note the document may be accessed electronically from:  
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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 provides an introduction to public health advocacy, an outline and examples of key advocacy strategies and samples of practical advocacy 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 is the third edition of this toolkit which is designed to support public health and allied health professionals in these positions to confidently engage in effective advocacy.

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

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

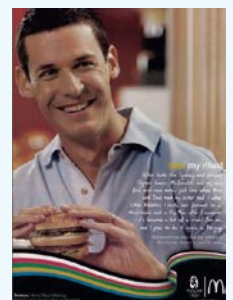
### Reactive Advocacy

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.

The PHAIWA and friends 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* featuring images of both the McDonalds and the counter advertisements.<sup>2</sup> This extended the message and the life of the counter campaign. The McDonalds campaign was discontinued. 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. Shown right are some of the images from both media campaigns.



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

In preparation for the 2013 WA State election, the Public Health Advocacy Institute of WA (PHAIWA) organised a meeting with major health organisations in WA. At this meeting a number of election priorities were identified and included obesity, alcohol, tobacco, Indigenous health, potable water in Indigenous communities, child health, the lack of public health research funding, the slow progress of the Public Health Bill and solarium bans.

An Election Forum, attended by over 200 public health professionals, was organised with speakers from all major political parties invited. A portfolio of the identified issues from the earlier meeting, together with evidence to support each of the public health calls for action was forwarded to all political parties for comment at the Election Forum. The portfolio was also circulated to the media.

The Public Health Election Forum was held in February 2013 and over 200 people attended. The Forum was moderated by former ABC Political Editor Peter Kennedy, and panel consisted of Roger Cook MLA, WA Labor Party, the Hon. Kim Hames MLA, Liberal Party WA and the Hon. Giz Watson, MLC, Greens WA. The Nationals WA were also invited to speak but were unable to send a representative.

### **Example: Election Forum 2013**

The Forum commenced with each party being allocated 10 minutes to outline their major public health policies and address the portfolio of issues forwarded to them. Then questions were fielded from the floor, with responses from each party.

This event was organised in partnership with the Australasian Faculty of Public Health Medicine (WA Branch), Australian Council on Smoking and Health, Australian Health Promotion Association, Australian Medical Association (WA Branch), Cancer Council WA, Diabetes WA, Environmental Health Australia (WA), Heart Foundation (WA), Public Health Advocacy Institute of WA, Public Health Association of Australia, Telethon Institute for Child Health Research and the WA Alcohol and Youth Action Coalition.

Having provided these two examples, it is important to discuss some of the ways advocacy can be described, as advocacy 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*”.

Simon Chapman, who has been a public health advocate for many years, describes advocacy as seeking to change upstream factors like laws, regulations, policies and institutional practices, prices, and product standards that influence the personal health choices of often millions of individuals and the environments in which these are made. He states that advocacy shares strategies with public relations, but differs in that it invariably involves contested definitions of what is at issue. Advocates therefore often find themselves engaged in public conflict with sometimes powerful interest groups or governments determined to resist change.<sup>3</sup>

When advocating for change, there are a few fundamentals that need to be considered.

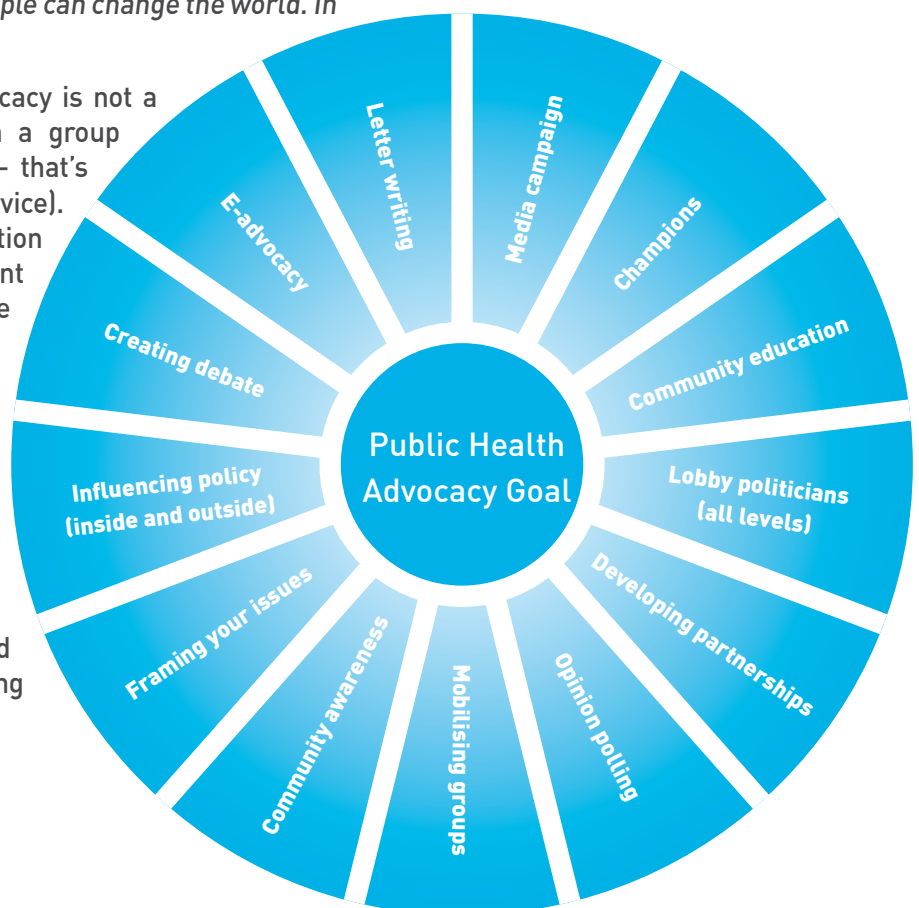
These will be addressed in further depth throughout the toolkit but for now, they include knowing about:

- The issue: is it well understood or do you need help to build people's knowledge about it?
- The answer: is there proof of what works that you can promote, and if not, how do you press for investigation of the issue?
- Your audience: do you have a good understanding of those you want to influence and how do you best communicate with them?
- Timing: are people ready to listen?
- The agenda for change: are there smaller goals that could be achieved as an interim step toward more strategic change?
- Personal cost: do you have the time and adaptability that may be required to influence or promote change?

A newspaper article published in The Australian<sup>4</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 Falkland's 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>4</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>4</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>5</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 needed to include working with service providers, the general public, professional Associations and pharmaceutical companies (e.g. 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; and
- strategies to ensure access to service providers, whether these are 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 Queensland;
- 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.

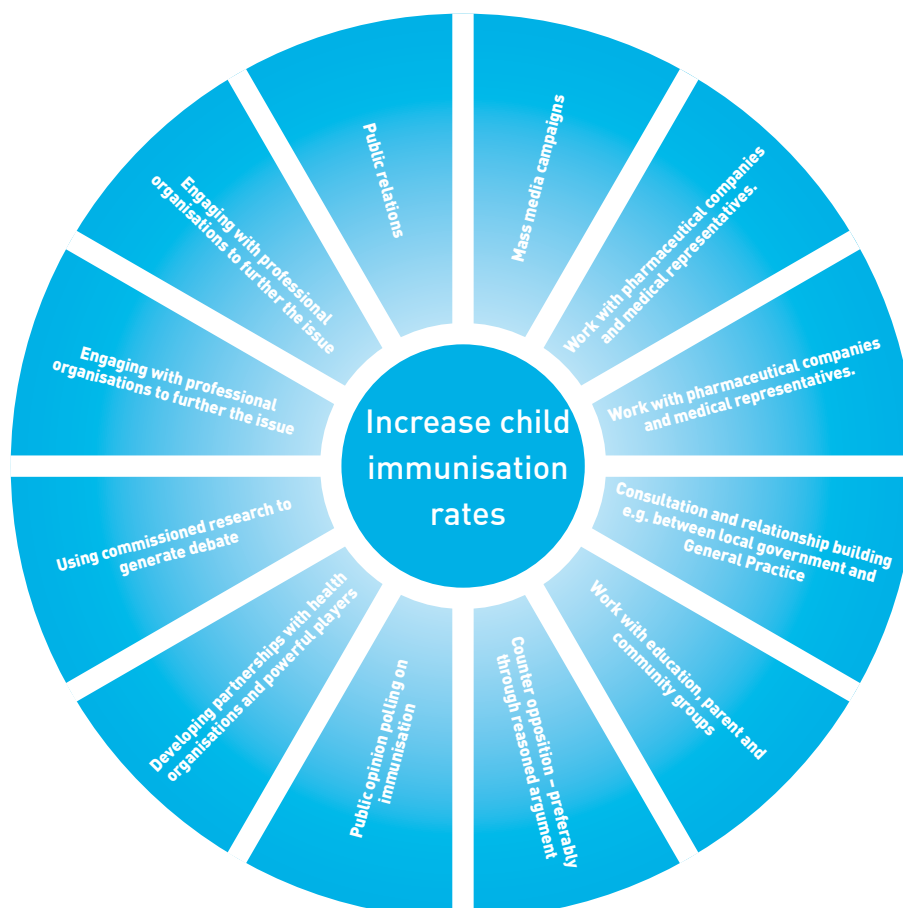


Strategies were statewide and illustrated in Figure 2. These included:

- 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 of professionals. 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. In 2006, the National Bowel Cancer Screening Program was only available to select age groups which meant that five million people were missing out on bowel cancer screening.

To address this, the Cancer Council developed an advocacy campaign called "Get Behind Bowel Screening". The campaign aimed to show the government that there was public support for full implementation of the National Bowel Cancer Screening Program – which included 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 in June 2009, just before Bowel Cancer Awareness week to maximise interest and extend media attention. The timing of the campaign illustrates two key elements of an effective advocacy campaign.

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>) provided supporters throughout Australia with multiple ways to get involved in the advocacy campaign. The website hosted 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 the Members of Parliament would take.

To make it as easy as possible for the consumer, supporters simply had to add their name and address and the email was automatically forwarded to their local Member of Parliament based on the address information provided. In addition, supporters were asked to forward the campaign website link to 11 friends, representing the number of people who die from bowel cancer each day.

Information on bowel cancer and the screening process was also available on the website. A 'share your story' section allowed people who had been directly or indirectly affected by bowel cancer to share their personal experiences and highlight the importance of a screening program. Those who shared their story also had 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 colours.

A public march through the Perth CBD was organised as part of the WA campaign. Representatives of Cancer Council WA and supporters attending the march were interviewed and featured in media coverage of the event. Following the launch, an action alert email was forwarded to Cancer Council contacts with a link to the campaign website and recipients were encouraged to contact their local Member of Parliament once again to advocate for implementation of the screening.

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

The Cancer Council has continued long-term proactive advocacy for the extension of the National Bowel Cancer Screening Program to include other age groups. In May 2013, the Government announced it would commit \$16.1 million to support bowel cancer screening to Australians turning 60 from 1 July 2013 and 70- year-olds from 2015. During the 2013 Federal election campaign, the Coalition made a commitment to fast-track the rollout of the National Bowel Cancer Screening Program.

At the 2013 Federal election, the Cancer Council once again called on all candidates to build on their commitment and support further expansion of the program to include new age groups.

This advocacy campaign is illustrated using the advocacy wheel below.



**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; and
- Challenge stereotypes and stigma.

It's a good idea to think twice before launching yourselves (or your group) as advocates, because it is a strategy that is more effective if there is not 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 but you have to carefully consider when it can achieve the best results.

## What are the benefits of public health advocacy?

You might think about using advocacy to:

- Produce positive changes to legislation, policies, practices, service delivery and developments and community behaviour and attitudes;
- Promote wellness and resilience in communities in conjunction with healthy behaviour;
- Raise awareness of the significant impact on population health and wellbeing of broader social and environmental factors (such as housing, education, employment, cultural identity, transport, etc.) enabling public health advocacy to facilitate systematic change in these areas; and
- Empower public health professionals to become more actively involved in decision-making and broader health policy and initiatives.

# Advocacy challenges

## Advocacy Challenges

We have already said that advocacy can be 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:

- Achieving great things with small budgets;
- Not leaving room for complacency;
- Staying the course – Advocates need to be vigilant and in it for the long haul;
- Waiting for an opportunity;
- Waiting for an outcome;
- Achieving consensus among stakeholders;
- Creating and maintaining a high profile;
- Avoiding exhaustion;
- Maintaining strong partnerships;
- Staying politically neutral and being truly bipartisan;
- Working with the ever changing political environment including changes of governments;
- Understanding the role of the media and your relationship with the media; and
- Knowing when to stop advocating.

### TIP

#### Be Patient

In today's society where everyone wants outcomes NOW – advocacy can be quite the challenge. An advocate needs to understand that things take time. In WA, we are using a Health Act dated 1911...yet we have been advocating for the new Public Health Bill to be legislated for the last five years! We even held a 100th birthday party where staff dressed in fashion from 1911, attended by over 100 people (including the Queen who read out the 100th birthday notice) for the Health Act as a media and political attention grabber. Yet, despite our frustration, we know we have to be patient and not burn (m)any bridges.



# Advocacy myths



## Advocacy Myths

Some of the barriers people face when engaging in advocacy may not actually be barriers at all. Below we have 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. Here is an example of how a parent with no budget was able to make a change.

#### Example: Bebi fruit juice taken off the shelf

A mother's petition prompted one of the largest supermarket chains to take a product off its shelves. The petition called for Woolworths to stop distributing Bebi juices on nutritional grounds.<sup>6</sup>

The Bebi fruit drink range claims to be the world's first infant suitable beverage. It is marketed as being suitable for infants from six months. The container of juice is sold with a teat, just like a baby's bottle.

Jessica Williams started an online petition on Change.org calling for Woolworths to stop selling the range of Bebi fruit juices for infants. Williams said, "Parents should be able to choose what to feed their babies, but calling these drinks safe is misleading, and a lot of parents will be confused into thinking they're perfectly healthy. Even if it's diluted, fruit juice contains natural sugars which can contribute to childhood obesity and serious and common dental decay.

In two days, the petition had received over 12,500 signatures and responses.

Dr James Best, GP and author of the book Kidsense stated "To market this sort of product for babies sets them up for bad dietary habits and is simply irresponsible. Drinks containing sugar, including juice, are not needed by small children."

Woolworths took these concerns seriously and consulted their in-house nutritionist. They released a statement saying "What is clear is that there is widespread debate about the suitability of a juice product made specifically for infants". "Given this, we have listened to our concerned customers and made the decision to delist the Bebi® organic White Grape fruit drink and Bebi® organic Apple and Banana fruit drink from our range and it will come off our shelves."

### 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 advocate, communications manager or public relations specialist. However, that does not preclude you from engaging in effective advocacy. The tools in this resource give you a starting point. Ongoing support is available from organisations such as the Public Health Advocacy Institute of WA which offer regular professional development opportunities, skill based workshops and an e-advocacy mentoring program.

For more information on our professional development program visit our website at [www.phaiwa.org.au](http://www.phaiwa.org.au).

The following example illustrates how anyone can be an advocate – even a nine year old child !

### **Example: Never Seconds**

In Scotland a nine-year-old school girl wanting to secure better school dinners began a campaign by photographing her meals and rating them on an internet blog as part of a school writing project.

Martha Payne gave each meal a ‘food-o-meter’ and health rating, and counted the number of mouthfuls it took her to eat the meal. She called it the NeverSeconds blog.<sup>7</sup>

The blog hit local and then national headlines, after gaining support from chef and school meals campaigner Jamie Oliver who tweeted it.

NeverSeconds went viral. However the school council banned Martha Payne from taking any more pictures of her meals and posting them on her seemingly inoffensive blog. Martha posted ‘goodbye’ on her blog but this caused millions of people on Twitter to register their anger and disbelief, while nearly three million additional people visited her blog. School lunch photos were sent to the NeverSeconds blog from all over the world in support of Martha Payne.

The decision to ban Martha from taking photos of her school lunch was withdrawn after interventions from a Member of the Scottish Parliament and celebrity chefs Nick Nairn and Jamie Oliver tweeted support and media interest from around the world.<sup>8</sup>

Another outcome was achieved after Martha’s father met with the school council. Following the meeting the school council announced that all students would be allowed unlimited servings of fruit, vegetables and bread.

The blog was used to raise money for the Mary’s Meals charity, an international movement that establishes school feeding projects in communities where poverty and hunger prevent children from gaining an education.

The blog still continues to advocate for healthy and nutritious school dinners.

Visit <http://neverseconds.blogspot.co.uk/>



## 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 is important to have a detailed understanding of the issue being addressed and make advocacy decisions based on this, as your knowledge can make a difference.<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>9</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>9</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 centers where tobacco companies were giving away free cigarettes;
- submitting complaints to the Advertising Standards Council; and
- 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, but just to think outside the square. As you can see from the image, BUGA UP! has moved into the world of alcohol advertising as well.

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



# Being prepared for advocacy

## Being Prepared for Advocacy

Here are some tips to remember when you are preparing to run an advocacy campaign or being an advocate.

### 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 and evidence 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. So to help avoid this follow the steps outlined below.

- 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 schools or sporting grounds with junior members.
- 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 will 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 have done more than just swallow a bunch of facts – you understand them.
- Have solid documentation that will protect you from counter-attacks 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 67).

#### **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>10-12</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 where people can celebrate small wins.

### Example: Immunisation goals

For a long term goal of providing all necessary immunisation to 100% of children age two and younger; developing an outreach program for high risk mothers and children aged 12 months 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 the profile of your group. Recognition is a basic human need and it makes people feel good and recognise that they are making progress towards their longer term advocacy goal.

## 3. Have an advocacy path

Confucius said “A journey of a thousand miles starts with the first step”, so having an advocacy path laid out is important.

Some points to remember include:

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

An example of this is demonstrated in the immunisation advocacy strategies and objectives advocacy wheel on page 9.

### TIP

#### Be assertive

Advocacy has a purpose. When you advocate, your job is not to merely to place your concerns on the public agenda and then retreat and wait to hear if the ensuing political debate and the decisions reached are favourable. Once committed to an issue, advocates need to seek support by strategically planning a series of advocacy strategies (which may not all be implemented by you) which will argue your case, highlight your issues, generate support and will counteract any strengths of your opponent’s arguments.

## 4. Get the timing right

Timing is everything when it comes to advocacy, particularly reactive advocacy. Making sure you are up to speed with the media surrounding your issue or the latest peer reviewed evidence is important. That is why the PHAIWA MediaWatch daily service should reach you no later than 11am each weekday morning, allowing you to be aware and react, if necessary to any press relating to your issue. Likewise, our monthly JournalWatch provides a précis of the latest research relating to a range of public health issues. These services are free and can be accessed by subscribing at <http://www.phaiwa.org.au/your-voice-mainmenu-67/media-watch> (MediaWatch) and <http://www.phaiwa.org.au/your-voice-mainmenu-67/journal-watch> (JournalWatch).

Some tips to remember about timing are:

- Engage in lobbying well before elections. Political parties must be aware of your issue and solutions early to allow them to be included or considered in policy statements;
- To impact on budget development, submissions must be made well in advance. Check with the jurisdiction to ascertain their timing – but information is often needed months 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. So be careful not to push too hard when people are already under pressure; and
- Know the important deadlines for media and journalists. This is equally important for politicians (e.g. sitting times etc. which can be accessed through the Parliamentary web site at [www.parliament.wa.gov.au](http://www.parliament.wa.gov.au)).

If you are planning to run some reactive advocacy strategies, you might want to consider planning your advocacy activities to occur just before key decisions are made or before an important event.

You will not always have the luxury of time to develop and refine an advocacy plan if you are about to embark on reactive advocacy. In some situations you may need to respond within minutes or a matter of hours. Be prepared for these situations.

## **Example one: Proactive Advocacy, 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; and
- 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 over 10,000 people in 2013;
- 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; and
- Free breakfasts for cyclists.

For more information visit [www.transport.wa.gov.au/activetransport/25122.asp](http://www.transport.wa.gov.au/activetransport/25122.asp)



## Example two: Reactive advocacy; Alcohol Advertising Review Board



**Cancer Council WA** **MCAAY**

To make a complaint about an alcohol advertisement that concerns you:

- Visit [www.alcoholadreview.com.au](http://www.alcoholadreview.com.au)
- Complete the postcard and return it to us

What was the name of the product or sales outlet being promoted? \_\_\_\_\_

Where did you see the advertisement? Date: \_\_\_\_\_  
time: \_\_\_\_\_ and location: \_\_\_\_\_

Briefly describe the advertisement: \_\_\_\_\_

Why do you object? \_\_\_\_\_

Contact details: \_\_\_\_\_

Delivery Address:  
15 Bedbrook Place  
SHENTON PARK WA 6008

No stamp required  
if posted in Australia

**Cancer Council WA**  
Reply Paid 83903  
SHENTON PARK WA 6008

Making a complaint about the content or placement of an alcohol advertisement was made easier for the community with preformatted, postage paid postcards produced by the Alcohol Advertising Review Board.

Visit [www.alcoholadreview.com.au](http://www.alcoholadreview.com.au)

### TIP

#### NEVER, EVER make up an answer

Never wing it in advocacy. “I don’t know” is a perfectly acceptable answer. “I’ll find out and get back to you” is even better. If you are asked a question and you are not sure of the answer – be honest and say so. If you find out later that you made a mistake or things have changed and something you said is not true, call and admit your mistake. Once an advocate misleads someone once, you have damaged your reputation forever. Policymakers have to rely on the information they are given. This is all about creating relationships - you want to be a trusted source.

## 5. Be open to windows of opportunity

Winning the hearts and minds of others takes time and effort. Organisations and policy makers are more likely to respond and support changes in policies, services, funding or priorities if you are aware of their organisations’ processes and structures. There will be times, when opportunity rears its head and you will be able to align your priorities with others, gaining a united commitment. For example, you will more likely be able to influence if:

- Your proposed changes will help the organisation meet their goals;
- Your proposed changes are consistent with the organisation’s values; and
- Your solutions are feasible and realistic.

In other cases,

- Advocacy will be opportunistic so you need to be prepared and confident to act on an opportunity for advocacy in a timely and appropriate manner.
- 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. Are we starting to sound like a broken record yet?
- 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 or it may involve using a visiting expert to highlight your issues.



## **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 or around February 14th.

## **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 or organisations 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 alcohol related harm. LDAGs attribute their success to their ability to empower local communities to monitor and work toward harm reduction.

Some strategies to really bring issues home to people in your area include using statistics for the issue gathered locally, using such local role models such 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 and Infrastructure to develop Fremantle beaches to an extent that would be likely to cause significant beach erosion and pollution.<sup>13</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>13</sup>

A website (<http://www.savefreobeaches.com>) was developed 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>13</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.

The SFBA lay dormant for several years but it was reactivated in March 2013 at the request of members in consideration of the proposal to build a new groyne to accommodate a boat/dingy ramp and universal ramp at the northern end of South Beach.

## 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 2008 Christmas season, HBF, a health insurance company, partnered with Perth pubs and clubs to promote non-alcoholic drink alternatives.<sup>14</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>14</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 is 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. For more on advocacy from within. For more on advocacy from within, go to <http://www.phaiwa.org.au/fact-sheets/257-internal-advocacy-factsheet>.

But you don’t always have to be ‘inside’ to be an effective advocate. Chapman highlights the important role of an ‘outside agent’ – someone not represented on government committees who can maintain momentum on policy agendas that may be off-limits to those on the government committees.<sup>15</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



## 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;
- 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 advocacy initiative. 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>16</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.

## 9. Framing your message

Framing your message is important and one of the easiest ways to do this is by creating a brand for your issue. This is a useful strategy to gain support and public recognition. Framing your message effectively reinforces consensus. If you think about framing literally, this concept becomes easier to understand. A frame focuses attention on the painting it surrounds. Different frames draw out different aspects of the work. Putting a painting in a red frame brings out the red in the work; putting the same painting in a blue frame brings out the blue. How someone frames an issue influences how others see it and focuses their attention on particular aspects of it. Framing is the essence of targeting a communication to a specific audience.

### Example: Close The Gap

Aboriginal and Torres Strait Islanders people can expect to live substantially shorter lives than other Australians – up to 20 years less in some cases. 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>17</sup> The campaign calls on Federal, State and Territory governments to commit to closing the life expectancy gap within a generation.<sup>18</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

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

- Clear and recognizable;
- 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.<sup>18</sup>

**CLOSE THE GAP**

Visit: <https://www.oxfam.org.au/explore/indigenous-australia/close-the-gap/>

### TIP

#### Understand that everyone wants what they want

PHAIWA staff members often have meetings with powerful politicians or policy makers. They are generally sympathetic to our issues and they sometimes want to give us what we asked for. But it is important to remember that the same policy makers and politicians also meet with people who may want the exact opposite to you – or who need more funding to address the issue. While your issue is the top priority for you or your organisation, you need to understand that policy makers have to balance everyone's priorities.

## 10. Be passionate and persistent

Working in public health advocacy can be a challenge, because so often the solutions need to be the responsibility of many people and outcomes are not always immediately visible. It is important to have the passion and persistence to overcome entrenched attitudes that may exist 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 level of dedication.

## Example: The Nanny State

Public Health Advocates are sometimes accused of advocating for a “Nanny State” – usually by tobacco, alcohol or junk food interests and their supporters. The term “nanny-state” was initially used by an American journalist in the early 1950s, then developed and much more widely promoted following its use by British politician and journalist Iain Macleod in 1965.

Use of the “Nanny State” phrase generally denotes a fundamental difference from public health approaches about how we should be governed.

Public health regulatory interventions seek to protect individuals and communities against the adverse consequences of the decisions of others (sometimes described as a “stewardship” approach). Opponents of such action use the “Nanny State” as indicative of a “bully state” mentality that intrudes into personal and commercial freedoms. They also forget that the state protects our health and well-being in innumerable ways that are well accepted. Simon Chapman recently listed 150 ways the “Nanny State” is good for us and could have easily identified more<sup>19</sup>.

In PHAIWA we think that it is time for Nanny to retire. Ironically, the fiercest opponents of government action to protect our health are generally companies that spend millions of dollars on sophisticated advertising, promotion, public relations and lobbying campaigns seeking to influence adults and children to use their products and governments to give them a free run. The “Nanny State” argument is often used as a term of abuse when these companies and their supporters have run out of legitimate arguments.

There are legitimate debates to be had about legislation, taxation, public education and other approaches to protecting the public health. But they should focus on the issues, not on slogans and clichés.

## 11. Be prepared to compromise

Building healthy communities and consensus opinion 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, as long as you are not too willing to compromise, which might be perceived as weakness.

## Example: Stars instead of Traffic Lights

The Food Industry has been under pressure from public health groups to introduce a traffic light system where front of package labelling would denote the healthiness of the food item to the consumer. Traffic light labelling is seen as a strategy to address the increasing obesity problem in Australia.

In Australia, the food industry was strongly opposed to the traffic light system. The Australian Food and Grocery Council said there was no evidence around the world that the traffic light system of labelling would work. After years of negotiations, the Legislative and Governance Forum on Food Regulation announced a system called a ‘Health Star Rating’.

The Federal Government is set to introduce the Health Star Rating system for food packages to help consumers make healthier food choices. Much like the energy star rating system used on white goods, the star system for food labels will see healthier choices carrying more stars than less healthy choices.

The jury is out on whether stars or traffic lights would be better and advocates for the traffic light system will have to compromise for stars until research indicates otherwise.

## 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 daunting, 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 it is important to know 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) used 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.

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

For more information 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 67).



## 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 or speaking ill of you. 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>20</sup>

## 14. Have some tricks up your sleeve

A confused or unsure opponent is a weak opponent. Always be ready to surprise or challenge with strategies that are outside your opponents’ 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>21</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.

### TIP

#### Be prepared to a political animal

As Rein stated back in 1976, successful advocates cannot avoid engaging in politics and the core problem of politics has been described as being one of the struggle for ascendancy among multiple definitions of the same events.<sup>22</sup> Simon Chapman provides a good example of this.<sup>3</sup> To the tobacco industry, a tobacco advertisement might be defended as a legitimate means of a legal industry to inform its customers about its products. To someone trying to have tobacco advertising banned, the same advertisement is merely another effort by modern day Pied Pipers to beguile adolescents with benign images of an addictive, carcinogenic product. The interest group that succeeds in having its definition of these same events or issues adopted by those able to implement legislative or policy changes will generally be the group that wins.

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/Parliamentary\\_Business/Committees/House\\_of\\_Representatives\\_Committees?url=haa/.obesity/index.htm](http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=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 are not available locally, consider bringing in external champions. For example, people based interstate or internationally. If your budget allows, you could fly them over for a specific purpose. A more cost effective 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.

You can also use champions on your websites. Posting a YouTube message, profiling your champion and their interest and skills or simply telling the story about your champion is a great way to get a message across. Check out the Close the Gap champions – they change regularly but at the time of developing this Edition of the Toolkit it was John Butler. You can visit their site at <https://www.oxfam.org.au/explore/indigenous-australia/close-the-gap/>

Be open to looking for champions outside of health also, for example in business, local clubs or volunteers.

### 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: No Baki Baby Dr Juli Coffin



After spending five years researching ways to reduce tobacco exposure to children in homes and cars, Juli Coffin started looking at the most effective way to get messages through to families.

As most people own a television, it was decided, with the assistance of Healthway, to produce infomercials. The idea was to make the infomercials in a culturally appropriate way that Aboriginal people could identify with and relate to.

12 advertisements were produced targeting Aboriginal people in the Yamaji and Pilbara regions about the health hazards of both tobacco smoking and passive smoking. The advertisements used local Aboriginal people from a range of different age groups, both smokers and non-smokers, children and adults and some of the infomercials were in language.

The ads were turned out really well. They appeared on local television and on YouTube with a tag line and a short message. The most viewed ad was the No Bakki Baby. It also had the most number of hits at: <http://www.youtube.com/user/nobakkibaby>

Juli is an Aboriginal woman from the Pilbara region of Western Australia. She has a background in education, health and preservation of Aboriginal languages and is now the Regional Tobacco Coordinator for Geraldton Regional Aboriginal Medical Service (GRAMS). She is an Associate Professor in Aboriginal health and has completed her PhD adding to an education degree and a Master's in Public Health and Tropical Medicine.

Juli worked at CUCRH in Geraldton (Yamaji country) for 12 years, running many research projects and building research capacity among her own people and others around her. Juli has previous work published in the area of sexual health, stroke and nutrition as well as cultural security and racism issues. Julie is passionate about the health and wellbeing of Aboriginal people both physically and mentally and is a great advocate for all Indigenous affairs.

### Example: GO GERO!

Healthy communities that grow together stay together...

Go GERO! encourages the Geraldton community to enjoy being active and have access to affordable nutritious food every day.

Go GERO! trains and supports community champions who promote the Go GERO! message or who offer the community services that promote healthy lifestyle choices and behaviours. At one session, 25 community champions were trained and encouraged to get their local residents and friends involved in Go GERO! activities. After attending the Community Advocacy course, a local resident, Toni Redfern went non-stop on the development of the Beachlands Community Garden and even had a go at getting a website up and running. It can be found at: <http://beachlandscommunitygarden.weebly.com> They had over 30 residents attend a get together to establish the garden and are full of enthusiasm to see the garden and the whole park come to life.



Getting Active and  
Eating Well Made Easy

This initiative was funded by the Australian Government

## Example: LiveLighter

LiveLighter aims to encourage Western Australian adults to lead healthier lifestyles – to make changes to what they eat and drink, and to be more active. We want to help people understand why they need to take action and what simple changes they can make in order to 'LiveLighter'.

More than two-thirds of Western Australians are overweight or obese and there is no magic pill. The solution to the problem is the same as it has always been – eating a healthy diet and being physically active.

The Western Australian Health Department contracted the Heart Foundation (WA Division), in partnership with the Cancer Council of WA, to run a public education campaign to improve the health of Western Australian adults.

The website features the profile of members of the community who are benefiting from the campaign's message. In sharing their story they become a community champion!

Each profiled individual outlines their goals and challenges associated with the LiveLighter campaign. Current levels of physical activity and the changes needed to improve their level of physical activity and nutritional diet are discussed. The campaign follows the community members and their progress to become more physically active and improve their eating habits.

Throughout the program, the LiveLighter team advocates for change in the WA community. Among other things, the campaign focuses on:

- Decreasing the promotion of unhealthy food;
- Increasing access to healthy food;
- Better food labeling;
- Policies that increase access to physical activity; and
- Encouraging environments which better support physical activity.

Visit: [livelighter@heartfoundation.org.au](mailto:livelighter@heartfoundation.org.au)

## 17. Enjoy yourself!

Remember to celebrate successes to maintain commitment to your cause. This is about you having a good time, too. If members of your advocacy group do not enjoy what they're doing, then there is generally 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 77).

### TIP

#### Be sympathetic

Many health issues which include advocacy debates involve consequences that are highly emotional. For example, an infant drowned or brain damaged in a backyard swimming pool that had no mandatory childproof fence is tragic, and any advocate who communicates that they have little emotional rapport with such tragedy effectively disqualifies themselves from being an effective advocate.<sup>3</sup>

# Advocacy strategies

## Advocacy Strategies

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

### Working with Government and Politicians

It is important to identify the level of government which holds responsibility for your issue and the proposed solutions. Always remember that 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 at a number of levels. It can involve creating debate with government or within the community. This can be achieved by a number of strategies including using the media and using e-advocacy strategies. 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 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.

If you want to learn more about how to best operate in front of a TV camera, register your interest with PHAIWA for the Working with TV courses by sending an email to: [phaiwa@curtin.edu.au](mailto:phaiwa@curtin.edu.au)

Working with journalists and radio announcers requires different skills. You will usually contact the media (newspapers 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 this resource (page 49). 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 this resource on page 60).

It is important to 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);
- Media alert;
- Radio grab;
- Media contact information; and
- Letter to the editor.

## e-Advocacy

Creating and maintaining websites, Facebook pages, Twitter accounts, and other social media sites, 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 being used effectively to conduct online polling of public attitudes toward your issue.

Creating a website will assist in disseminating information about your advocacy strategies or issues and should integrate some interactive features to allow people to provide comments or ideas. Examples include online polls, online petitions and Blogging.

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 advocated 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 children's 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, and 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.

See web links for other examples of e-advocacy sites (page 67).

## e-Petitions

User-friendly petitioning is commonly used by advocates. There is a wide range of software programs available on the internet (often free) which you can put up on your webpage to get the e-signatures of thousands of people. You can also put a link in your emails which will send them straight through to your petition page. This is a particularly user-friendly way of collecting signatures.

One key thing to remember is that without some way of identifying each signatory the petition may be ignored. It's best to get the person's physical address. This way you can verify every name on your list. Just putting down a country or a suburb is simply not enough as there is no way of checking with the signatory. An email address can be suitable, but a physical address seems to hold a much greater level of legitimacy.

Change.org is the world's largest petition platform, empowering people everywhere to create the change they want to see. You can start a petition using their tools and processes. If you are interested go to <http://www.change.org/en-AU>

Relevant tools:

- Action alert.
- See web links for other examples of e-advocacy sites (page 67).

## Email Alerts

Email action alerts are a very effective way to communicate with a lot of people very quickly, enabling mobilisation and education. In addition an alert will often hit a much wider cross section of the community than other more traditional methods will.

## Blog

'Blog' is short for 'Weblog' - websites that are sometimes known as Web Diaries or Online Journals. They basically consist of 'posts' (the online equivalent of a diary entry) which are listed in chronological order, often include provision for readers to comment, and have other elements of interactivity. Advocacy organisations and advocacy campaigns are increasingly turning to blogs to allow people to keep up to date with campaign developments in real time.

## Wikis

Wiki stands for "what I know is". Wiki is also the first Hawaiian word meaning "quick" or "fast". In essence, a wiki is a web page that anyone can easily edit using a web browser. The various "wiki pages" are all hyperlinked to create a web of information that can be collectively edited.

Wikis are being used more and more frequently by advocacy groups to develop any number of things from policies to training manuals. They act as a working document that is continually refined by this group editing process. Conveniently, all changes can be tracked, and people can leave notes explaining why a particular change has been made.

Popular wiki software packages include Media Wiki ([www.mediawiki.org](http://www.mediawiki.org)), which is used by Wikipedia, and Tikiwiki (<http://tikiwiki.org/>) which probably has the most comprehensive list of features but is less aesthetically pleasing.

The Outdoor Sun Protection project, where PHAIWA works in partnership with QUT has a wiki site and can be accessed at <https://wiki.qut.edu.au/display/owsp/Outdoor+Worker+Sun+Protection+Project>

### A word of caution...

The internet has brought about a level of communication and dissemination of information that we have not witnessed before. This has enabled a new area of creative activism and advocacy across the full range of the political spectrum. It is accessible to a large majority of Australians, and will undoubtedly help you in your quest to have your voice heard.

But there are limitations to internet and e-advocacy. It is important to bear this in mind and be aware of the shortfalls. There's no substitute for face-to-face coordination, and in the end you need to actually show up to the protests.

Remember, those you are campaigning against also have this technology. So if you decide to use e-advocacy, make a plan and use it wisely.



## Example of an e-advocacy campaign


Introduce Secondary Supply Laws in WA

Online e-petition using [www.Change.org](http://www.Change.org)

Change.org - Start, Join, and Win Campaigns for Change

change.org

Start a petition Browse Search Login or Sign Up



Petitioning The Hon Terry Waldron MLA ▾

## The Hon Terry Waldron MLA - stop adults giving alcohol to other people's children.

Petition by  
Samantha Menezes  
Perth, Australia

There is currently no law in WA preventing adults from supplying your child with alcohol when they are in their homes without your permission. Adults who choose to do this should be held accountable for their actions and the consequences of them. Adolescents and children as young as twelve are drinking alcohol supplied by adults without their parent's knowledge or consent at private functions in private premises. If your underage child attends a gathering in someone's home, becomes intoxicated, has a serious accident, or is sexually assaulted, there is no Secondary Supply Law applicable for the adult who supplied the alcohol.

Adolescent drinking is a source of growing concern throughout Australia and the world. Data suggests underage drinking contributes to Australia's unhealthy drinking culture. Something must be done to address this. As a community we must make a stand and demand Secondary Supply Laws to ensure adults can be held accountable for supplying alcohol to minors without parental permission.

To:  
The Hon Terry Waldron MLA, The Department  
of Racing, Gaming and Liquor.  
Hon. Colin Barnett MLA, Premier, Minister  
for State Development

Please introduce Secondary Supply  
Legislation for alcohol in Western  
Australia. I believe making parents  
accountable for allowing underage drinking  
in their homes without parental permission  
is necessary in order to make a positive  
contribution to improving Australia's  
harmful drinking culture.

Sincerely,  
[Your name]

### Sign this petition

with 5,904 supporters

16 NEEDED

First Name

Last Name

Email

Australia

Postal Code

Why is this important to you?  
(Optional)

Sign

☒ Display my signature on Change.org  
By signing, you accept Change.org's [Terms of Service](#)  
and [Privacy Policy](#)

## Facebook Page

The screenshot shows a Facebook page for the group 'Introduce Secondary Supply Laws in WA'. The page has 460 likes and 94 members. The cover photo shows a group of young people. The page description states: 'The community of Western Australia is lobbying for Secondary Supply Laws. These laws will stop other parents supplying our children with alcohol without parental consent.' Below the description are links for 'About' and 'Suggest an Edit'. The page also features a 'Post' box on the left and a 'Recent Posts by Others' section on the right. The 'Recent Posts by Others' section includes posts from Kelli Gillies, Dave Lyons, Brian Polly Parkes, and Lyenne Bett, all discussing the issue of secondary supply laws and parental consent.

Welcome to Facebook – Log In, Sign Up or Learn More

facebook Search for people, places and things Jacinta Freeman Find Friends

**Introduce Secondary Supply Laws in WA** Like Message

460 likes · 94 talking about this

Community  
The community of Western Australia is lobbying for Secondary Supply Laws. These laws will stop other parents supplying our children with alcohol without parental consent.

About · Suggest an Edit

Photos Likes

Highlights

Post  
Write something... Post

Introduce Secondary Supply Laws in WA shared a link via Drug and Alcohol Research and Training Australia (DARTA). Tuesday 4th

Raising the drinking age is now more appropriate, especially as we are realising the extent of the developing teenage brain. What does

Recent Posts by Others See All

Kelli Gillies  
The culture around drinking and our youth is eagerly assisted...  
May 8 at 9:41am

Dave Lyons  
Should we be saying Alcohol and Drugs OR Alcohol AND other...  
April 20 at 9:09pm

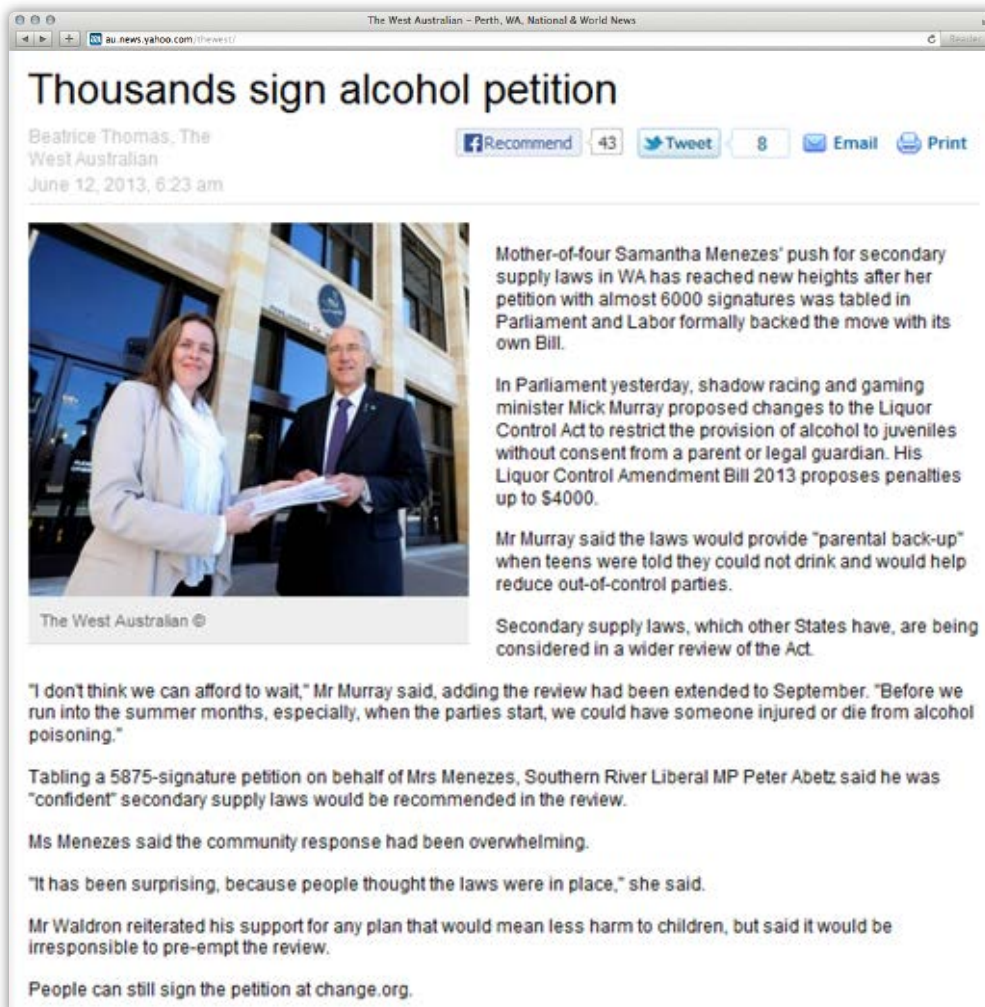
Brian Polly Parkes  
Hi Samantha - I have signed your petition and Facebook page...  
April 12 at 8:13am

Lyenne Bett  
Shouldn't be able to supply even with parents consent until th...  
April 12 at 8:13am

## Twitter Account



## Media Release



# Evaluation

## Evaluation

Advocacy can be both an exciting and exhausting journey and 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.

We are often asked how we know if our advocacy strategies have worked. This can sometimes be a difficult question to answer. Efforts to influence political decision making or changes in legislation can occur over years or even decades. When evaluating your advocacy efforts, it is important to remember that it is not only the things that can be comprehensively and unambiguously counted that matter in advocacy – many of your successes are told in qualitative ways through storytelling or case studies.

### Why evaluate?

The reasons for evaluation determine the techniques that should be used.<sup>23</sup> Three common reasons for evaluation are:

- To demonstrate the difference your advocacy strategies have made;
- To demonstrate outcomes to funding bodies and partners; and
- 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? (indications 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 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, results, 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. Table 1 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?
<p>Social Change</p> <ul style="list-style-type: none"> <li><i>knowledge, attitudes, values and behaviour that comprise the issue.</i><sup>24</sup></li> </ul>	<p>Media campaign, champions, community education, opinion polling, community awareness, influencing policy, creating debate, e-advocacy.</p>	<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>
<p>Build agency profile</p> <ul style="list-style-type: none"> <li><i>build skill sets and increase staffing, finances, and capacity for advocacy.</i><sup>24</sup></li> </ul>	<p>Champions, developing partnerships, framing your issue.</p>	<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>
<p>Build partnerships</p> <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>24</sup></li> </ul>	<p>Champions, developing partnerships.</p>	<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>increase the breadth, depth, and influence of support amongst the general public, partners, and opinion leaders.<sup>24</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> <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 policy</p> <ul style="list-style-type: none"> <li>improving policy to better support/promote health and discourage unhealthy behaviours.<sup>24</sup></li> </ul>	<p>Media campaign, lobbying politicians, developing partnerships, opinion polling, influencing policy, letter writing.</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>
<p>Changes in impact</p> <ul style="list-style-type: none"> <li>Long-term changes in social and physical lives and conditions.<sup>24</sup></li> </ul>	<p>Community education, lobbying politicians, developing partnerships, community awareness, influencing policy.</p>	

## 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 (WA) 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.

PHAIWA lists its top 10 tips for media advocacy on our website located at <http://www.phaiwa.org.au/your-voice-mainmenu-67/media-advocacy>

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 – generally not more than one page long. If the reporter needs more information they can contact you.
- Use short paragraphs.
- Make sure the first paragraph has impact.
- Put the most important information early in the release –all important points should be in the first two paragraphs.
- Stick to the facts-don't oversell your story.
- Place your story in context.
- Always cover who, what, when, where and why. These should be in the first two paragraphs.
- Use quotes that add clarity or can sum up your release in a concise, lively manner. Using quotes makes the release more human and also more relevant. Quotes help put a face to your organisation.
- Try to personalise the story if possible.
- Use clear, simple and economical language. Avoid jargon, phrases, technical words or acronyms.
- 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.
- Ensure the photo is labeled and all individuals in the picture have provided consent for its' usage.

### Editing and approvals

- Proof read your release, for spelling, grammar, paragraph order, etc. Read it aloud then have a friend or colleague do the same.
- 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 the release:

- Ensure those quoted in the release (or other spokespeople) are willing and available to be contacted. Provide contact details and 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 is not 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; and
- Regional or FM 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 C for an example based on the alcohol forum recommendations. See Appendix D 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 finding;
- Quotes from relevant spokespeople; and
- 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; and
- 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

Organisation  
logo



Catchy title  
for release

### **WA has healthiest school canteens, but parents want more green please!**

The release  
occurs not  
long after

Western Australia has the healthiest school canteens in the country, according to the results of research compiled for online advocacy group The Parents' Jury. A review of 263 school menus across Australia identified that 30% of surveyed primary schools and less than 19% of surveyed secondary schools are compliant with nutrition guidelines

Based on feedback from concerned parents, The Parents' Jury with the support of Monash University and VicHealth undertook research to investigate the nutritional composition of online government school canteen menus across Australia.

It found vast differences in compliance among different states and territories. Western Australia, where compliance is compulsory, leads the way with 62% of surveyed menus adhering to the state's Healthy Food and Drink policy. The next best performing states/territories are South Australia and the Northern Territory where, respectively, 35% and 29% of surveyed schools adhere to their school nutrition policy.

The poorest performing states/territories are the ACT with 5%, Victoria with 16% and Queensland with 18% of surveyed menus complying with their individual policies and guidelines.

In spite of the healthy eating messages consistently taught in Australian schools, the survey found that 56% of all surveyed menus feature chocolate or other forms of confectionary and over 96% surveyed schools feature pastry products as a regular part of the menu.

The study also looked at menu pricing and found that 87% of all surveyed schools serve pies regularly on their menus, whereas 69% serve salads. Western Australia reflects this trend, with 95% of the surveyed schools selling pies, while 73%, on average, sell salads. Salads in WA are generally more expensive at \$3.70 each, while pies cost \$3.15 per serve.

However, parents are now calling for the rest of Australia to be like WA, where over 90% of its school canteen menus have more healthy food choices.

The Parents' Jury Manager Corrina Langelaan believes schools should be endorsing healthy eating messages in everything they do: "We found that it would take very little effort to ensure Australian school menus offer children healthier choices.

"Of course we want kids to have the occasional treat and we're not suggesting they be removed from the menu. However, amber and red items, considered to be at best an occasional treat, shouldn't exceed green. Green food can be fun and profitable for school canteens. Increasing it helps school menus easily become compliant and give kids the opportunity to make great food choices."

## **MEDIA RELEASE**

**Embargoed until 00:05am Monday 18 March 2013**

Date for  
release

High  
impact  
first  
paragraph

Page 1 of 2

The Parents Jury is supported by:



570 Elizabeth Street, Melbourne 3000 | 03 9667 1742 | [enquiries@parentsjury.org.au](mailto:enquiries@parentsjury.org.au) | [www.parentsjury.org.au](http://www.parentsjury.org.au)

Parents also want to see canteens introduce a traffic light, front of pack food labelling system in order to make it easier for children to make healthy food choices.

Local health organisation Diabetes WA supports this campaign. Helen Mitchell, General Manager Health Services says: "It's great that a whole government compliance approach has helped our school canteens become the healthiest in the country. Enhancing this work through clear food labelling in canteens and increasing healthy fundraising will help children spread the healthy eating message beyond school and into the home and wider community."

Ms Langelaan concludes: "Parents want to work with schools to help build a culture in which students actively choose nutritious foods and a healthy lifestyle. However they can't do this alone, parents need the support of government to ensure schools and their canteens are in a strong position to deliver the healthy eating message."

Finish of  
media  
release

## Ends

### Notes to Editor

- 263 menus from across Australia were assessed (approximately 4% of state schools).
- Each menu was analysed in accordance with the relevant state/territory guidelines. However, the research was unable to ascertain exact portion size, or whether food items were home-made or manufactured.
- Compliance was determined based on the amount of green items on a menu. To be compliant, canteen menus must also have no red items on the menu (on more than two occasions per school term, as defined in individual policy/guidelines). Some states have banned food or drink items, such as soft drink, and this was also taken into account.

### WA results

- The survey looked at 42 menus, representing 5% of all government schools in the state.
- 62% were fully compliant with the Healthy Food and Drink Policy. If the red items listed as a regular part of the menu were swapped to green items, this would rise to over 80%.
- 93% of surveyed schools had more than 60% of green items on their menus, in line with state policy.
- 36% of the surveyed schools had ice cream, cakes and or biscuits on their menus, but none had chocolate or confectionary.

**Interview opportunities are available.** For further information, contact Corrina Langelaan, 0423 791 194 or 03 9667 1742 or Angela Mallon on 03 9667 1783 [enquiries@parentsjury.org.au](mailto:enquiries@parentsjury.org.au)

Contact  
details for  
follow-up

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The Parents Jury is supported by:



570 Elizabeth Street, Melbourne 3000 | 03 9667 1742 | [enquiries@parentsjury.org.au](mailto:enquiries@parentsjury.org.au) | [www.parentsjury.org.au](http://www.parentsjury.org.au)

## 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>25</sup>

### Example: Action alert

## WA considering total solarium ban

Headline: Give the alert a bold title that will get people's attention.

### Summary

In 2008 registration of all suntanning units for use UV radiation for cosmetic purposes in a commercial setting became mandatory in Western Australia under the section 36 of the Radiation Safety Act.

The public health profession now wants the State Government to ban solariums from continuing to operate as a commercial business in order to reduce the incidence of melanoma.

Summarise what has happened, is about to happen or, who is taking the lead on an issue and what you are wanting to see as an outcome.

### Objectives

The proposed amendments represent an important step forward for Western Australia to protect individuals from the harmful effects of UV radiation from solariums.

Outline what you want to see happen as a result of the advocacy campaign detailed in the action alert.

### Useful facts

WA is falling behind other Australian states in introducing the ban of solariums. Legislation to ban solariums has been passed in South Australia, New South Wales Tasmania, and Queensland.

List facts and statistics recipients can highlight in their actions.

### Analysis of problem

The World Health Organization classified sunbeds as carcinogenic as tobacco, arsenic and asbestos. The International Cancer Research Agency also states that tanning beds are as a grade one carcinogen.

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

According to Cancer Council Australia, solariums emit UV radiation that can be up to five times as strong as the harsh midday summer sun. UV exposure varies between tanning beds (even of the same type) and operators are not aware of the level of UV that their clients are exposed to.

Solaria use is associated with a range of skin cancers, including melanoma. A systematic review of research has demonstrated that the use of a solarium before the age of 35 increases the risk of developing melanoma by 87%. Melanoma is the most aggressive type of skin cancer and the most life threatening form among 15-39 year olds. In WA, melanoma was the third leading cancer among both males and females in 2007. In 2010, 123 Western Australians died from Melanoma and 1033 more were diagnosed.

Personalising the media release

While solariums are now regulated, the risk has not been removed. After the death of 26 year old Clare Oliver in 2007, who campaigned for legislation to end the use of solaria, WA was one of the first states to introduce legislation controlling solarium use. Yet under current regulation, she would not have been protected from the solarium use which caused her melanoma.

Initially there was a significant drop in solarium use following the introduction of regulation but in recent years there has been a renewed interest in tanning beds among Australians. There is a common belief among adolescents that solarium use is now safer following industry regulation. This has potential to lead to an increased uptake of solarium use.

Australia has the highest incidence of skin cancer in the world with two out of three people developing some form of skin cancer by the age of 70. As there is no risk-free level of exposure to UV radiation the ban on solariums will save lives.

## Suggested actions

Detail what you want the recipients of the action alert to do.

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.

Send a submission to Parliamentary Committee hearings in support of the amendments. Provide evidence as to why the amendments are needed.

## Sources of information

The Radiological Council of WA is an independent statutory authority appointed under the Radiation Safety Act in Western Australia to assist the Minister for Health to protect public health and to maintain safe practices in the use of radiation. [http://www.radiologicalcouncil.wa.gov.au/Pages/frame\\_main.html](http://www.radiologicalcouncil.wa.gov.au/Pages/frame_main.html)

Minister for Health [http://www.public.health.wa.gov.au/3/1203/2/ultraviolet\\_radiation\\_.pm](http://www.public.health.wa.gov.au/3/1203/2/ultraviolet_radiation_.pm)

List a few of the most relevant background readings accessible online to further inform recipients. Include the URL link to the reading.

The Australian Radiation Protection and Nuclear Safety Agency is a Federal Government agency to protect people and the environment from the harmful effects of radiation. The Parliamentary Secretary to the Minister for Health and Ageing has executive responsibility for ARPANSA. <http://www.arpansa.gov.au>

Include any reports, surveys, and results gauging national and state-by-state support for banning solariums.

### *Australian & New Zealand standards*

New standards regarding solaria were issued in 2008 entitled AS/NZS 2635:2008 'Solaria for Cosmetic Purposes'. The new requirements can be found on the Australian Radiation Protection and Nuclear Safety website [http://www.arpana.gov.au/uvrg/rinfo\\_p20.cfm](http://www.arpana.gov.au/uvrg/rinfo_p20.cfm)

Cancer Council WA <http://www.cancerwa.asn.au>

SunSmart has been appointed the Collaborating Centre for UV Radiation by the World Health Organisation. It is funded by the Victorian Health Promotion Foundation and Cancer Council Victoria. [http://www.sunsmart.com.au/tanning\\_and\\_solariums](http://www.sunsmart.com.au/tanning_and_solariums)

Queensland Institute of Medical Research Report: The health effects of using solaria and potential cost-effectiveness of enforcing solaria regulations in Australia [http://www.arpana.gov.au/pubs/rhc/QIMR\\_solaria07.pdf](http://www.arpana.gov.au/pubs/rhc/QIMR_solaria07.pdf)

## 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 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/WebCMS/WebCMS.nsf/content/members-mailing-labels---current-members-of-parliament>
- Federal Parliament House of Representatives Members’ mailing labels [http://www.aph.gov.au/Senators\\_and\\_Members/Guidelines\\_for\\_Conacting\\_Senators\\_and\\_Members](http://www.aph.gov.au/Senators_and_Members/Guidelines_for_Conacting_Senators_and_Members)
- Federal Parliament Senate Members’ mailing labels [http://www.aph.gov.au/Senators\\_and\\_Members/Guidelines\\_for\\_Contacting\\_Senators\\_and\\_Members](http://www.aph.gov.au/Senators_and_Members/Guidelines_for_Contacting_Senators_and_Members)

### Example: Letter to a politician

Mary Andrews  
112 Warton Road  
Gosnells WA 6008

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

22 June 2013

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 school children.

As I am sure you are aware, rates of overweight and obesity among Australian schoolchildren are too high. The *WA Child and Adolescent Physical Activity and Nutrition Survey 2008* found that the prevalence of overweight and obesity amongst primary school children in WA is 23% in males and 16% in females (Physical Activity Taskforce, 2010). Further, 59% of primary school boys and 73% of primary school girls are not meeting the recommended 60 minutes of daily physical activity (Physical Activity Taskforce, 2010). In addition to this, the Adult Physical Activity Survey in 2009 found that approximately 40% of adults in WA are not sufficiently active for good health.

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.transport.wa.gov.au/activetransport/24610.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 difficult to get time with a politician especially Ministers. You will need to be accommodating and flexible when scheduling the meeting making 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/PolliesGuide.htm>). State the purpose of your meeting by clearly stating 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.
- Research the politician. 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.

### TIP

#### Say thank you

Even nice people forget to say thank you. It only takes a minute. You can send a note, an email, or make a call – just do something. Don't only thank the policy maker or politician you met with, but also the staff member who set up the meeting or gave you a heads up that your issue was in trouble. Staff rarely get thanked but when they do, they really appreciate it.

## Interviews

There are three common types of interviews that advocates often encounter.<sup>25</sup>

These include:

- 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;
- A pre-recorded radio or television interview – it will be edited to fit the news format it was recorded for; and
- 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>25</sup>

In all interviews you do, you need to sound authentic and personally committed to what you are saying.<sup>25</sup>

It can be effective to frame your issue in ways that are personally relevant to everyday people, rather than focus on statistics.<sup>25</sup> For example, "The amount of people affected by this condition would fill Subiaco Oval five times".

## Radio grab

The radio can be accessed anywhere, anytime and by anybody. In 2012, almost 9.5 million people listened to commercial radio each week in the five metropolitan capital cities. On average Australians are listening to 16 hours of commercial radio a week. Breakfast is consistently the most popular timeslot, attracting many young people aged 25–39 years, and an increasing proportion of even younger people.<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 also necessary to research what time of day is best for 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>25</sup>

Some suggestions for producing an effective media grab include:

- Be brief and use short sentences;
- Start and finish with your key message;
- 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; and
- Use 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 provides opportunity to discuss issues in detail. It can also be used to generate debate on your issue and gauge public opinion. 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.

## **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: A memorable 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>

## 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; and
- 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 per cent 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 sound bite 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, so 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 fazed 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>25</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.

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>25</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>25</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>24</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) and The Sunday Times (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, importantly, regional newspapers.

## Example: Letters to the Editor

### TALKING POINT **Objection to vaccination based on selfishness**

I APPLAUD Janet Albrechtsen for bringing up an issue that is all too prevalent in modern society ("Zealots forget the epidemics", 29/5).

People who don't vaccinate are certainly endangering their own children's lives. However, the most selfish part of their actions is that their relative safety relies on almost everyone else in their community vaccinating. Unvaccinated children, while for the most part safe in Australia, would be very unwise to travel to other parts of the world where vaccinations are not routine.

They would be at risk of being infected with all sorts of horrendous diseases. Being acquainted with a few people who refuse to vaccinate their children, the thing that most strikes me about their behaviour, however, is its selfishness.

They refuse to take the vaccines that they claim are dangerous, and yet, their safety relies on the fact that most people do vaccinate, which is, according to them a most dangerous decision. Imagine what Australia

would be like if everyone filed a "conscientious objection" to vaccinations.

We should undoubtedly start to have a serious debate on this issue and the very good idea of restricting access to family tax benefits for those people who don't vaccinate their children.

**Thomas Baker**, Camberwell, Vic

WHILE reading Janet Albrechtsen's column on vaccination, I couldn't help but reflect on the parallels between the current debate over immunisation and the fact that smallpox has been totally eradicated worldwide due to an aggressive World Health Organisation immunisation campaign beginning in 1967.

There hasn't been a case of smallpox in the US since 1949 and the last known case in the world was in Africa 36 years ago in 1977.

Although it's slightly unrelated but still in the area of public health and misinformation, there are also lessons to be learnt and parallels to be drawn between the current debate over im-

munisation and the hysteria which precipitated the worldwide ban of DDT in the wake of the release of Rachel Carson's *Silent Spring*, in 1962.

All but eradicated before the ban, it is now believed that resurgent malaria results in 780,000 deaths each year. With the passage of time, Carson's thesis is now regarded by many as fatally flawed.

**Jim Ball**, Narrabeen, NSW

MY 31-year-old daughter suffered a paroxysm of coughing recently, severe enough to cause her to vomit. This happens quite often since she caught whooping cough 18 months ago.

She only received a double antigen as a baby (under medical advice). Does she plan to immunise her children? You bet.

**Valerie Park**, Glen Waverley, Vic

ARE parents who refuse to vaccinate on religious or philosophical grounds ready to take responsibility for the death of their child and for any other

children (or adults) who may die as a result of their decision? A failure to vaccinate is an abrogation of social responsibility and a completely selfish act. Of course there are risks associated with any preventative action but these are minor in comparison to the certain deaths that follow a conscious choice not to take such action.

**Phillip Freestun**, Paddington, Qld

IN March this year, a report was issued by the US National Centre for Health Statistics, that among children attending school in America today 1 in 50 had been diagnosed with Autism Spectrum Disorder (ASD). In 2004 this number was one child in 150, in 1992 it was one in 500, and in 1986 it was one child in 2000.

Medical scientists, drug and pharmaceutical companies declare studies show vaccines don't cause autism.

However, the studies are flawed in that there is no comparison with unvaccinated control groups.

**Kevin Lake**, Wyoming, NSW

# Web Links

## 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.

### Advocacy Tools' Websites

#### **Change.org (community petitions)**

<http://www.change.org/en-AU>

#### **Get Up!**

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

#### **Survey Monkey (online polling tools)**

<http://www.surveymonkey.com/mp/online-polls/>

#### **Pollsnack (online polling and surveys).**

<http://www.pollsnack.com/>

#### **Petition Online (online hosting of public petitions for responsible public advocacy)**

<http://www.petitiononline.com/>

#### **Go Petition – Australia (online campaign tool)**

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

## 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/>

This site has access to statistics on a wide range of matters at the level of the nation, state, local government area and 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 provides 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 issue

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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 it's 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 :

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

2 July 2013

### MEDIA ALERT

#### Experts meet to develop alcohol strategies

What? Alcohol Policy – Where Next? Forum

Where? The Esplanade Hotel, Fremantle

When? Thursday 3 July 2013, 9:00am to 12.45pm  
Official opening by Minister for Health, the Hon Kim Hames 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. Kim Hames 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. 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 CPE. 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 alcohol keys designed to prevent driving under the influence, be evaluated.

**State:** Repeat drink-driver legislation be implemented as a matter of urgency.

#### 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 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.

#### 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.



Picture: Getty Images



**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 E. Media release: COAG report shows that Government cooperation can help close the gap

### COAG report shows that Government cooperation can help close the gap

06/06/2013

AMA President, Dr Steve Hambleton, said today that the COAG Reform Council report, *Indigenous Reform 2011-12: Comparing performance across Australia*, shows that progress can be made on improving Aboriginal and Torres Strait Islander health with the right support and commitment.

Dr Hambleton said the report shows that, to date, most States and Territories are lagging in their efforts to meet all their Closing the Gap targets, but there are strong signs of improvement in key areas - including halving the gap in child deaths, an increase in year 12 school achievement, and increased levels of post-school qualifications.

"We need to keep this momentum going and build on it, but it can only happen with long-term funding and political commitment from all our governments," Dr Hambleton said.

"The current *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* will soon expire, and the AMA believes that a new partnership agreement must be developed and implemented for the next five years.

"All government must sign up.

"The AMA congratulates the Federal and the Victorian Governments for making a funding commitment to the next partnership agreement.

"We urge the remaining governments to make a funding commitment that is at least the same as the current partnership agreement," Dr Hambleton said.

Five years ago, all Australian governments committed \$1.6 billion to the *COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*.

6 June 2013

CONTACT: John Flannery 02 6270 5477 / 0419 494 761  
Kirsty Waterford 02 6270 5464 / 0427 209 753

Follow the AMA Media on Twitter: [http://twitter.com/ama\\_media](http://twitter.com/ama_media)

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

## Appendix F. Media release: Action on Smoking and Health

Media Release



Keywords:

Business, Health, Investment, Fed/State/Terr Politics

February 28, 2013

### **Future Fund goes tobacco-free** ***Decision applauded as consistent with health policies***

The decision by Australia's national investment agency the Future Fund to exclude investment in primary tobacco producers is responsible, consistent with health policy and will be welcomed by the Australian community and the world, says Action on Smoking and Health (ASH) Australia.

The decision, announced today by the Future Fund and Health Minister Tanya Plibersek, followed a Fund review of its investment policy, after strong advocacy by ASH and other health groups and persistent questioning of the Fund in Senate Estimates by Greens Senator Richard di Natale.

The Fund acknowledged tobacco's "damaging health effects [and] addictive properties" and considered Environment, Social and Governance (ESG) investment principles.

Says ASH Chief Executive Anne Jones:

"We're delighted with the Future Fund's decision, which restores consistency of the Fund's investments with Australian health policies aimed at reducing tobacco use and exposure, and with our foreign aid efforts to combat tobacco diseases worldwide.

"Australians will be very relieved that their money will no longer be invested in an industry that promotes and sells death and disease worldwide, especially targeting the poorer nations.

"The decision is consistent with ESG principles.

"It follows similar moves by the governments of ACT, NSW and South Australia.

"We urge all Australian governments to adopt whole-of-government tobacco divestment policies."

Health groups who have worked with ASH to encourage governments and major super funds to divest from tobacco include ACOSH, the Heart Foundation, Lung Foundation Australia, Thoracic Society of Australia and New Zealand, and Cure for Life Foundation.

Background on tobacco investment at [www.ashaust.org.au/lv4/Lv4action\\_investment.htm](http://www.ashaust.org.au/lv4/Lv4action_investment.htm)

<b>Comment:</b>	Anne Jones OAM, Chief Executive ASH	m. 0417-227-879
	Dr Matthew Peters, Chairman ASH; President TSANZ	m. 0407-499-440
<b>Media info:</b>	Stafford Sanders	ph. (02) 9334-1823; m. 0412-070-194

ASH website: [www.ashaust.org.au](http://www.ashaust.org.au)

## **PHAIWA**

GPO Box U1987

Perth WA 6845

**Website:** [www.phaiwa.org.au](http://www.phaiwa.org.au)

**Email:** [phaiwa@curtin.edu.au](mailto:phaiwa@curtin.edu.au)

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