

Advocacy Fieldbook



**Make Your Voice
Heard**

ADVOCACY FIELDBOOK

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Please note: As of this printing, some of the Advocacy tools are still in development. As they are completed, they will be made available to any participants in the Advocacy Training Workshops.

SKILLS

- Introduction

HOW TO USE THIS FIELDBOOK

WELCOME TO THE ADVOCACY FIELDBOOK

This Advocacy Fieldbook provides theory, guidelines, and tools to help you and your group advocate for a particular issue and get your voice heard. The Fieldbook serves as a companion to the Advocacy Workshop or can be used as a stand-alone resource.

The Fieldbook is organized in four sections: Advocacy Principles; Advocacy Step-by-Step; Advocacy Tools; and Advocacy Skills.

We suggest that you read the Advocacy Principles section at your convenience and use it as a reference source when you are starting to do advocacy. The Advocacy Step-by-Step section is intended to be your guide to helping you define the issue, get support, and plan your advocacy actions. The Advocacy tools are individual ‘how-to’ packages that include an explanation of what the tool is, how and when to use it, as well as templates and samples.

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ADVOCACY BASICS

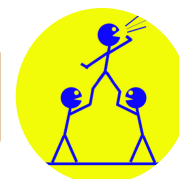
WHAT IS ADVOCACY?

Advocacy means pleading or arguing in favour of something - such as a cause, an idea, or a policy. Advocacy can focus on a personal issue, such as getting a second opinion or accessing a treatment (self-advocacy) or can be directed to complex issues that affect many, such as investigation into tainted blood, hospital-acquired infections, or funding for new medicines.

An advocate is someone that does advocacy - that is, someone that argues for a cause; is a supporter or defender of a cause; or, someone that pleads on behalf of another person or a group.

Basically, advocacy is a way of changing the status quo - that is, changing the way things are and the way they are done. Anyone can be an advocate. But, even though anyone can speak up, to be an effective change agent, it helps to have some specific knowledge and skills. Anyone can learn to be an effective change agent.

ADVOCATE "...SOMEONE THAT ARGUES FOR A CAUSE; A SUPPORTER OR DEFENDER OF A CAUSE; SOMEONE THAT PLEADS ON ANOTHER'S BEHALF..."



WHY DO ADVOCACY?

The goal in advocacy is to solve a problem. Problems can affect a small number of people, a group of people, or a whole society. Namely, problems can be at three levels:

Individual problem

For example: Appointment with a specialist; access to new drugs or treatments; waiting times for radiation therapy; funding for home care.

Problem affecting many people or a specific group.

For example: Hospital and nursing home service (clinic hours, support services); availability of specialist within a reasonable time frame; coverage for a specific test or therapy.

Issue, policy, regulation, or law affecting society.

For example: Drug policy (licensing, listing); availability of hospital beds, hospital funding; access to special programs (cancer, smoking cessation, rare diseases); adequacy or availability of disability assistance or genetic testing, workman's compensation, family benefits; equal access to care in rural areas.

WHO DOES ADVOCACY?

Individuals, groups, or organizations can all do advocacy.

- **Self-advocacy** means speaking up for oneself.
- People can do advocacy on behalf of others. For example, parents on behalf of their children; caregivers on behalf of someone who is mentally or physically unable to advocate for him/herself.

There are advocacy groups or organizations whose goal is to speak on behalf of individuals that require assistance, or to change policies or laws that affect a large number of people. An individual or organization who does advocacy is called an ‘advocate’.

Different types of advocates can talk about the problem in different ways. Often, it is important to have more than one type of advocate when you are trying to solve a problem. Different types of advocates are:

Individuals that are affected

Who? Patients and their caregivers or support persons.

How? They can talk about the impact of the problem on an individual basis.

Individuals that are prominent

Who? Healthcare professionals, politicians, and famous people (celebrities)

How? They can use their profile or prominence to draw attention to the problem.
For example, Michael J. Fox and Parkinson’s Disease.

Ad hoc groups

Who? Support groups, consumer groups, professional groups, advocacy groups, networks, or coalitions formed to address a specific problem.

How? These groups may come together to advocate for a specific issue; they may break up once the problem has been solved or the issue is no longer prominent.

Established organizations

Who? Not-for-profit organizations, institutions, committees, and think-tanks

Why? They may have a vested interest or would benefit if the problem were solved and therefore may speak up in support of the issue or a particular solution

Interested parties with indirect interest

Who? Groups such as unions, professional associations, other cause-related groups, and advocacy organizations such as Greenpeace or the Civil Liberties Union.

How? They may 'take on' an issue if it fits their broader mandate (environmental protection, human rights, etc.)

WHERE DO YOU ADVOCATE?

You can advocate privately or publicly; one-on-one or through social media and public venues.

When you advocate privately, you give others the opportunity of responding without the pressure of public scrutiny. You also run the risk of no response or inadequate response.

Privately: One-on-one or to groups
Through letters, phone calls, or face-to-face meetings

Public advocacy is a means of holding others accountable to a 'large' audience. Public advocacy demands a response but runs the risk of alienating others.

Publicly: To individuals (officials, chief executives of public institutions) but mostly to groups (organizations, government departments or committees, funding agencies),
Through social media (Twitter Facebook, blogs)
In conferences, legislative sessions, public media events, public demonstrations

HOW DO YOU ADVOCATE?

There are many approaches that can be taken when doing advocacy. Some of these are private (not public) and directed at individuals in decision-making positions. Other approaches may be public and use decision-making bodies (for example, a hospital board, policy committee, or House of Commons) to make a policy decision, introduce or change a law.

A general rule is to try the private route first. If you are planning to take an issue public, you may want to give a 'heads up' to someone on the inside. Sometimes the threat of public action will draw a response. Remember that the goal is to solve the problem, not to embarrass the decision-makers.

In many cases, it is helpful to use several different types of advocacy to try to solve a problem. For example, a private appeal to a Member of Parliament in addition to a public demonstration. Consider that you should always give the people or group to whom you are advocating a 'way out', or means of solving the problem with you.

Following are the basic types of advocacy.

Appeal for support

How? Write letters

Send emails

Make phone calls

Visit decision makers or influential people

Engage public support

How? Publicize stories through social or public media

Tell stories at meeting, conferences, gatherings Organize press conferences

Conduct polls and surveys and publicize findings

Engage support of influential people or decision makers

How? Be present at appropriate events, such as committee meetings, conferences, and legislative sessions

Connect your issue to their interests or causes (research)

Force attention to the problem or issue

How? Demonstrate at appropriate events in order to make issues public Disrupt service delivery, meetings, conferences, or legislative sessions

WHEN DO YOU ADVOCATE?

Timing is critical. It is easier to take advantage of existing opportunities than to create new opportunities.

- Find out when relevant committees or boards are meeting.
- Find out what is on the agenda.
- Find out when the committee or board is holding 'public' meetings.
- Find out when committee or board members are coming up for renewal or re-election.

Find out who might be an 'inside' advocate for you; that is, someone inside the organization or group you are trying to influence. Who is sympathetic to your situation?

Who is likely to be personally affected? Who stands to gain if your problem is solved? Talk with as many people as possible before bringing an issue to a board or committee. Get someone to 'advance' the issue for you - someone who can find out how the board or committee might react and someone who can 'introduce' the idea first.

Create opportunity when need is acute.

In some cases, this means 'using a crisis' to your advantage.

Are those affected willing to have their personal stories made 'public' and used as an example to draw attention to the problem?

Introduce when related issues are being addressed.

Track the agenda. Try to introduce the topic as part of the agenda. It is easier to get the issue addressed if it is deemed already relevant.

Will addressing your problem fix a bigger problem for them? (For example, will providing another clinic site fix the bigger problem of reducing waiting times at the main clinic?)

Capitalize on the issue when opponents are vulnerable.

Is the board undergoing a review or restructuring? Would your positive support be helpful to them? Would your negative comments be especially hurtful at this time?

Follow-up! Establish a consistent presence.

When you make an appeal, establish a specific date by which you expect some action. Promise to raise the issue again at that time if it has not been resolved. Ask for progress reports. Get specific commitments to action, and then follow-up. Do this again and again and again and again.

ADVOCACY AND POWER

By definition, advocacy implies unequal power - namely, the attempt of the party with lesser power to influence those with greater power to act in a particular way. However, it is important to remember that there are many sources of power, and some of these sources are available to you even in the most unequal circumstances.

Power is defined as the ability to make things happen. Following are common sources of power:

Legitimate power

- A person can make things happen simply because of the position which s/he occupies - for example, a judge, police officer, minister.
- Power is vested in the position, not in the person.

- All parties have agreed (through vote or decree), implicitly or explicitly, that the person may exercise the right to make certain types of decisions. The person loses power when h/she no longer occupies that position.
- Patients (in many jurisdictions) have a legal right to participate in decisions that affect them, for example, to give informed consent, to express preference for type of care received, to appeal a denied service, to be consulted on policies or laws about health services, or to provide input on funding options.

Expert power

- Power is based on a person's knowledge, skills, experience, training, wisdom, or reputation.
- A person can influence decisions by offering credible information or judgment.
- To be influential, a person must be accepted as an expert by the other parties. In many settings, patients are regarded as experts about their own health condition.
- A person can acquire expert power by 'doing his/her homework' and bringing relevant, timely information to the attention of others.

Referent power

- A person who is admired by others can influence a decision simply by offering support or endorsement.
- A person may use referent power even in areas where it's acknowledged that they have no expertise or legitimate role.
- Referents are often celebrities.
- A person may gain 'temporary' referent power through wide exposure on an issue.

Reward power

- This is a very accessible source of power for everyone since people respond to all types of rewards.
- People are likely to support a cause if they perceive financial gain, but there are many other types of rewards that can generate support and mutually beneficial decisions.
- A person can offer praise (public or private),; recognition (to superior, to peers); support on an issue that is beneficial to the other party, that is, an exchange of favours; self-esteem enhancement (feeling of having done the right thing).

Power "...the ability to make things happen..."

- Reward power is lasting, helps to build positive relationships, and increases commitment to the results and the other power.
- But note...if used very obviously as a bargaining tool, reward power may backfire and raise criticisms of manipulation or insincerity.

Punishment power

- Threatening someone with dire negative consequences (to themselves, ourselves, third parties, or the situation as a whole) if they don't support our cause.
- People in positions of legitimate power may have more control over punishment power than those who are not. But, there are many punishment tactics that can be used by those not in positions of legitimate power.

N.B.: Punishment power implies infliction of harm and is not the same as absence or withholding rewards

WHAT IS SUCCESSFUL ADVOCACY?

How do you know if your advocacy is successful?

When...

...You, as the advocate for the cause, get the problem resolved in a satisfactory manner or change the situation to better meet your needs.

AND

...The other side agrees to a resolution and is able and willing to carry out the decision in a timely fashion.

AND

...Both you and the other side feel you were treated fairly and with respect.

AND

...The relationship between both sides is not unnecessarily damaged, and in fact is good or better than before the advocacy.

PATIENT ADVOCACY MODEL

The following section introduces two different models.

- The Not-for-profit Voluntary Health Organization (NVHO) Model describes how different types of patient-based groups work and change over time.
- The Patient Advocacy Model describes the different approaches to individual and NVHO (group) advocacy.

Not-for-profit Health Organization (NVHO)

The NVHO model describes the driving forces that define each type of patient-based group, the success factors and challenges for each type, and the ways in which NVHOs can progress from one type to another.

All NVHOs work to meet two basic needs (goals): to service their clients (members) and to acquire resources (funding). Unlike a “for-profit” organization, in the NVHO, these goals operate some independently. For example, an increase in services does not necessarily lead to an increase in funding and activities that bring in money may not directly benefit the clients. Over time, most NVHOs will shift back and forth from focusing on one need to the other. The ultimate goal is to achieve a balance between service and fund-raising activities or to pursue (only) those service programs that also bring in resources.

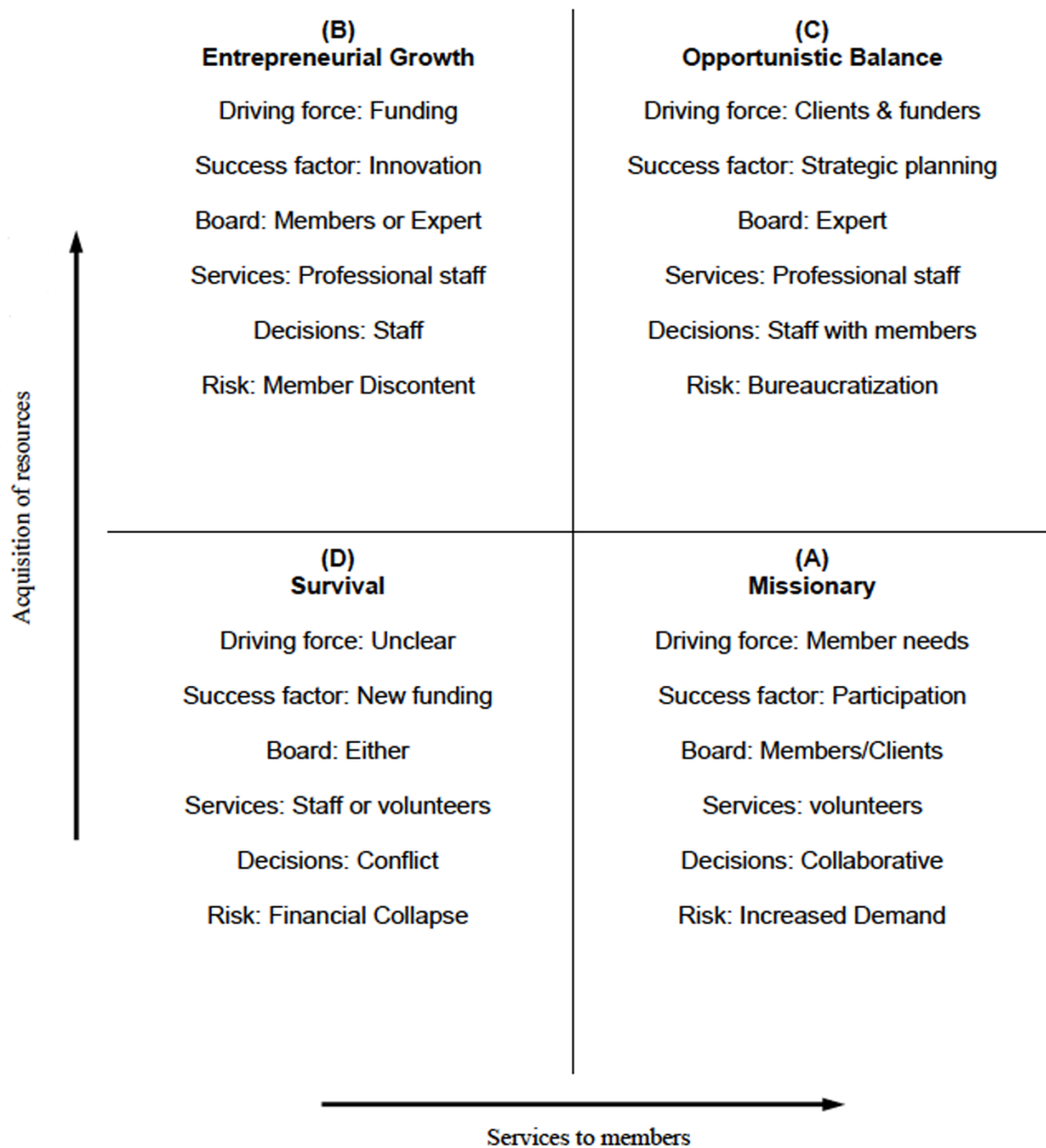
Patient Advocacy Model

Advocacy often begins with a person who has an individual issue. Depending on the issue and who it affects, the usual sequence of action is:

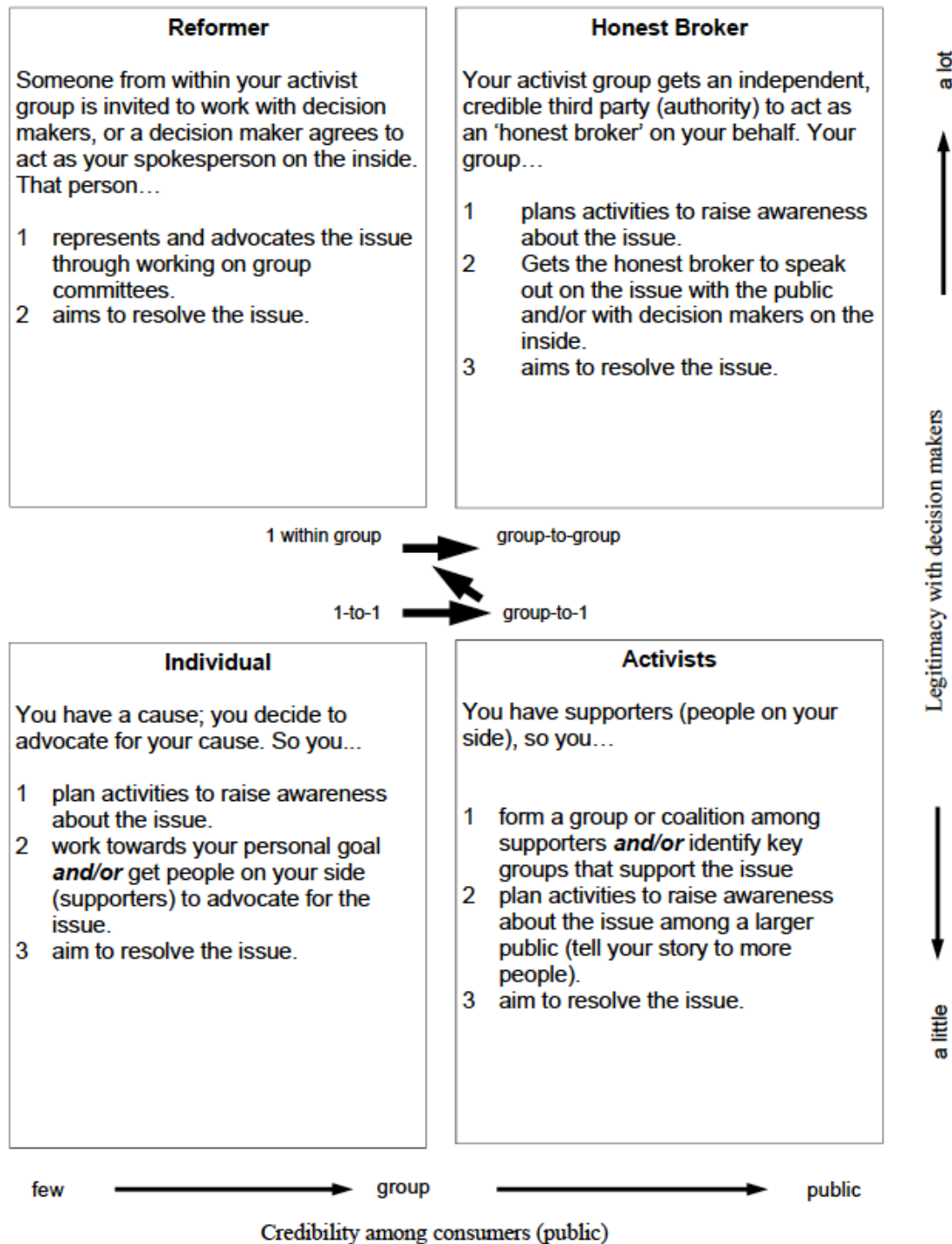
- One or a few individuals speak out to try to solve a personal issue (individual advocacy)
- If the advocates create enough awareness and increase support, a coalition of groups and individuals may engage in coordinated action (collective activism);
- If the activists convince one or more “insiders” as to the legitimacy of their issue, an insider or an outside advocate may be invited to speak on behalf of the issue (insider reform);
- If the reformer adds value to resolving the issue, the system may create opportunities for “outside advocates” to participate as partners, who may serve as brokers between the system and the patient (public) community.

Given the importance of the advocacy model within the context of this Fieldbook, we have developed and described the model in considerable detail, and have presented cases of each of the four approaches to advocacy. The model appears on page xx.

THEORETICAL MODEL OF NON-VOLUNTARY HEALTH ORGANIZATION (NVHO)



PATIENT ADVOCACY



EXAMPLE: INDIVIDUAL ADVOCACY

Albert Stone was diagnosed with leukemia 3 years ago. Six months into his treatment, he stopped responding and had dangerously low red blood cell and platelet counts. Together with his physician, Albert tried to get funding for a medication to increase his red blood cell count. The provincial government refused on the basis that the medication was only funded for people with kidney disease and people with AIDS. But Albert "...felt strongly that [he] should qualify for this drug." Albert wrote to his MLA, MP, Opposition Party representatives, and the federal Minister of Health. He then started to call people at the provincial Ministry of Health...and he called...and called...and called. Just one month later Albert received the news that he would receive funding for the medication.

"For the last year I feel as though I am on the top of the world. I cannot express in words what it feels like to be able to walk and run and play with my grandson....We have never won a lottery, but I can tell you we know how it must feel because we truly feel that we have won the big one."

Outcome: Albert gets funding for himself.

EXAMPLE: ACTIVISTS

Victor Jones has severe anemia resulting from his cancer (a rare form of lymphoma) and chemotherapy. He's 71 years old and lives in Victoria, B.C.

After having received many blood transfusions, Victor eventually received a medication that increases the production of red blood cells - for 5 months he didn't require any transfusions, however, he now requires more medication to maintain his hemoglobin levels. But no funding is available for this medication for cancer patients in B.C.. Other provinces, such as Manitoba and Quebec, provide funding for this medication.

Victor first wrote to the B.C. Minister of Health, and sent copies to the B.C. Cancer Agency, his GP, and the pharma company. He cited that, "...for medical, ethical, and compassionate reasons, I therefore request that Eprex also be approved for the treatment of the few cases of this rare form of lymphoma." Three months later, Victor wrote a second letter to the Minister of Health - this time he sent copies to the Premier, Deputy Minister of Health, Pharmacare, the Anemia Institute, 11 Members of the

Legislative Assembly, the federal Minister of Health, federal MP, BC Cancer Agency, and his GP. In addition, Victor's GP and his local MP wrote letters to the

B.C. Minister of Health asking that the drug be available for cancer patients suffering from anemia.

The Anemia Institute responded to Victor, and agreed to support Victor in his efforts to ensure access to this medical treatment for himself and to obtain funding for all cancer patients. The Anemia Institute has since written letters to rally additional support for the issue and organized Editorial Board meetings with key media to bring some public attention to the situation to stimulate Pharmacare to approve funding.

Outcome: As a result of all these efforts, Pharmacare has agreed to consider funding the medication through 'special access' program and has requested that the BC Cancer Agency develop the protocol for prescribing the drug and requesting funding.

EXAMPLE: REFORMER

Ms-Lang is an individual consumer, who because of her experience in having formed a coalition of blood user groups, persuaded the government that consumers needed to be part of the Federal, Provincial, Territorial Working Group on Blood. This Working Group was formed in 1996 amidst the tainted blood scandal and cry for an enquiry into the scandal.

As a result, they invited one consumer, Ms Lang, to serve as Special Advisor on Consumer Issues. Initially, Ms Lang was only allowed to participate in specific discussions of the Working Group meetings. However, feeling that this was unacceptable, she rallied the support of the blood user groups to lobby for her full participation in the meetings.

Ms Lang is an example of a reformer who was brought into the circle of decision makers. However, there was also someone from within the Working Group who was also a reformer. Dr Wallace was the federal government representative who became a strong consumer group spokesperson within the Working Group. In fact, Dr Wallace convinced the federal minister that consumers need official recognition on committees. Furthermore, he took messages from the consumer groups into the meetings and served as an internal advocate.

Outcome: The government formally recognized the important contribution of consumers in healthcare policy and decision making. Specifically, when the blood system was restructured and a new agency formed to oversee the blood donor process,

the government decided to appoint two official consumer representatives to the Board of the new agency.

Authors' Comment: Being an internal reformer is a very difficult position. Basically, if a reformer is brought into a working group or organization, they constantly need to find allies at the table, and constantly struggle to have their voice. Conversely, the same person as an external reformer has the potential for a much greater impact. In addition, there is a 'fine line' for reformers, between conveying the messages of outsiders and being perceived as representing outsiders' views too much. In the latter case, a reformer can lose a lot of legitimacy.

EXAMPLE: HONEST BROKER

Consumer Advisory Committee to Canadian Blood Services

As a result of the tainted blood situation in Canada, a number of consumer organizations that were concerned about blood formed a network - called the Consumer Advisory Committee (CAC). One of many driving forces, the CAC was committed to achieving more public openness in the blood system.

When Canadian Blood Services (CBS) began operation in September 1998, they brought the Consumer Advisory Committee under the leadership of CBS.

Despite this, the CAC believed that its voice was not being heard by CBS management and subsequently appealed to the CBS Board of Directors that there was not enough public accountability in the blood system. The Board agreed to assemble a task force on public participation. The Public Participation Task Force (an 'honest broker') was formed to "advise the CBS Board of Directors on how to ensure effective public participation within the existing governance model of CBS." Three members were appointed to the task force: William Leiss, President of the Royal Society of Canada; Hugh Segal, President of the Institute for Research on Public Policy (IRPP); and, Tim Plumptre, Managing Director of the Institute on Governance.

The task force has promised that their report will be made public and that their recommendations will result in a more publicly accountable system.

Outcome: Independent task force mandated to review the blood system, and in particular, the degree and mechanisms of public participation.

Reformer

Description

Someone from within your activist group is invited to work with decision makers, or a decision maker agrees to act as your spokesperson on the inside.

Success factors

- Knowledge, expertise
- Ability to debate, convince others
- Willingness to compromise

Advocacy tools

- Face-to-face meetings
- Studies; briefs; reviews; expert testimony
- Committees; hearings; reports (to public)
- Bargain, negotiate, compromise, exchange favours & support

Best outcomes

- Change position of decision makers
- Change procedure or policy; include your group's position in decisions
- Negotiate settlements (on specific cases)

Individual

Description

You have a cause; you decide to advocate for your cause.

Success factors

- Personality; ability to attract attention
- Credibility; integrity

Advocacy tools

- Testimonial (telling your story)
- Letters to the Editor
- Letters to politicians
- Letters to other decision makers

Best outcomes

- Win individual case
- Raise awareness of issue

Credibility among consumers (public)



Honest Broker

Description

Your activist group gets an independent, credible third party (authority) to act as an 'honest broker' on your behalf.

Success factors

- Credibility (inside & outside)
- Credentials (experience; diplomas)
- Ability to position & present case

Advocacy tactics

- Conduct research, polls
- Publish results

Best outcomes

- Change in policy, legislation, procedure
- Support & commitment on all sides



Legitimacy with decision makers

Activists

Description

You have gathered supporters (people on your side) to advocate for an issue.

Success factors

- Public support; critical mass
- Policy, ethical principle, or law that supports your issue
- Credible spokespersons

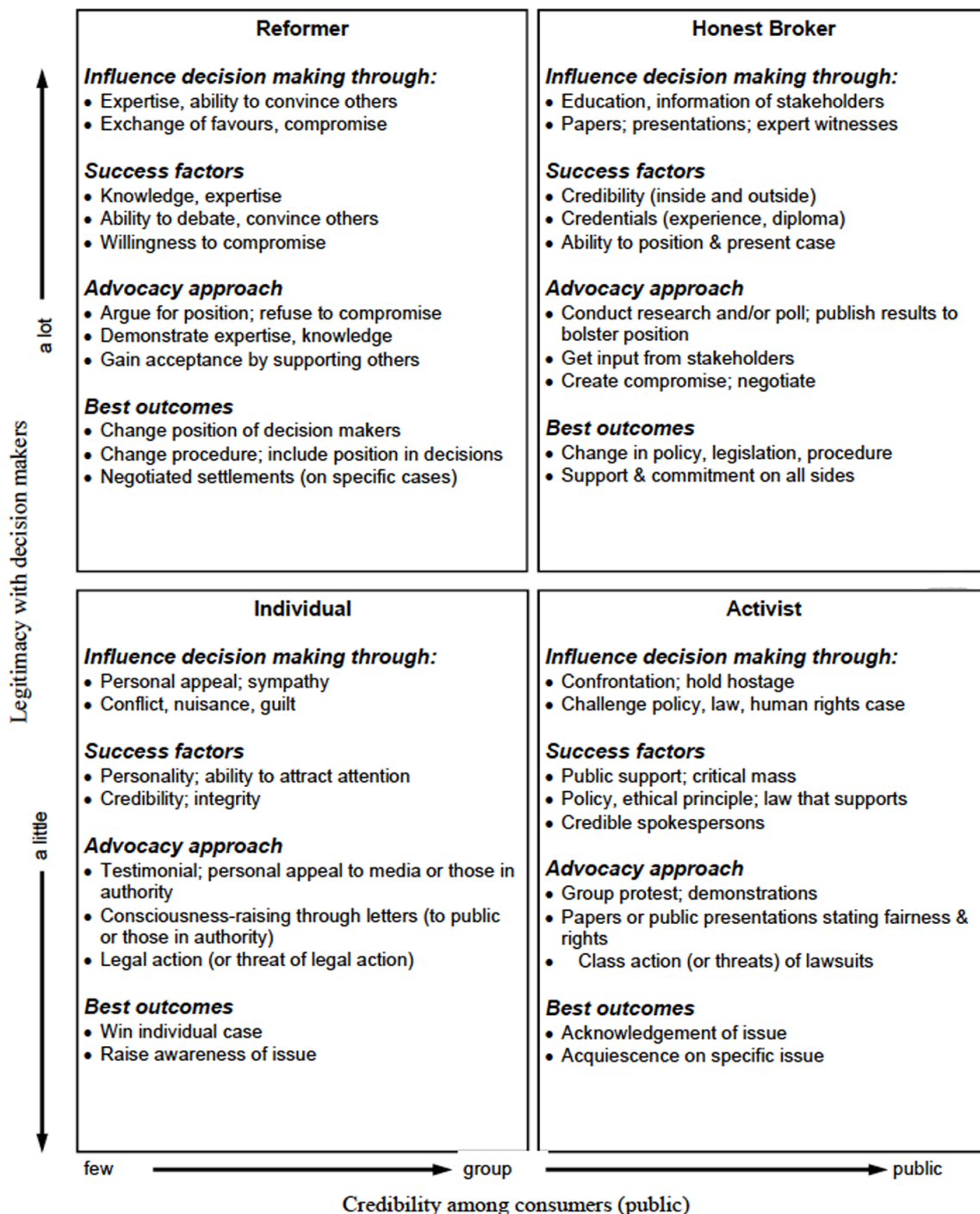
Advocacy tools

- Develop a network of supporters (build critical mass)
- Educational sessions
- Conduct surveys
- Class action (or threats) lawsuits
- Organize meetings, public presentations, etc.
- Write position papers, briefings, etc.
- Direct mail campaign
- Work with the media
- Organize petitions, group protests, & demonstrations
- Coordinate political efforts
- Monitor broader issues

Best outcomes

- Acknowledgement of issue
- Acquiescence on specific issue

PATIENT ADVOCACY MODEL



WHAT MAKES ADVOCACY EFFECTIVE?

Advocacy doesn't just happen. It requires that you carefully define your issue or problem and demonstrate your case using well-planned activities. Following are the key elements of effective advocacy.

1. Clearly articulate the problem

- Who is affected; what are the consequences if the problem is not addressed (for the individual, for the group, for society, for those responsible).

2. Clearly articulate your goals

- What is the desired outcome? Who benefits? What are the benefits to society?

3. Develop a strategic plan that provides:

- Credibility (real problem affecting real people with real consequences)
- Support (lots of people affected or support needed for change; willingness for public resources to be expended)
- Legitimacy (professionals, respected members of society agree that the problem is serious and needs to be addressed)
- Win-win solution (desirable outcomes have benefits for all, including society)

4. Determine the most effective way to draw attention to the problem, such as:

- Tell your individual story (personal impact; compassion; empathy)
- Get Endorsement and support; public survey
- Write letters; organize demonstrations; conduct media interviews (Don't ignore the media! They can be a powerful channel and voice for you!)

5. Plan your resources to implement the strategy

- Make best use of available or potential resources
- Attract more resources (spokespeople, support, and physical/financial resources)

6. Acquire skills, qualities, and resources to implement

- Identify effective spokespeople (credible, articulate, accessible)
- Build a legitimate case (well-researched and presented)
- Know the opportunities for advocacy (meetings, key people to contact)

- Be flexible in your strategy, to be able to take advantage of new opportunities and avoid barriers
- Coordinate efforts to give the perception of a critical mass (few key leaders to develop plans; willingness to work together; communications strategies to keep everyone up-to-date)
- Maintain on-going media relations
- Track issues and related issues; evaluate progress on-going and learn from successes and failures.
- Develop persistence; consistency in message; tenacity in pursuing issue (tire them out!)

Advocacy Qualities

- Persistence
- Consistency in message
- Tenacity (tire them out!)

UNDERSTANDING THE ADVOCACY ENVIRONMENT

Some of the best advocacy campaigns have been built around a 'poster child'. This approach is not meant to manipulate, use, or publicly embarrass someone. However, people are more sympathetic and willing to support a cause if they can identify with the individuals who are to be helped.

Is there someone who is willing to become personally identified with the situation? If this is a group advocacy, try to identify someone who will be appealing to the public, can arouse sympathy, and with whom the public can identify. Some 'good' choices are those who are obviously vulnerable (children or the elderly). These people do not need to be articulate and/or polished spokespersons, but they should be willing to share their personal situation.

Understand the Other Side

The better you know the 'other side', the easier it will be to select the most effective advocacy approach.

1. Identify the key target persons or groups.
2. Try to get as much information as possible about these persons or groups - this will help you best understand your advocacy target. Talk to others who have

dealt with them in similar or other circumstances. Consider the following questions:

- Why did they take this position? Try to understand the legitimate aspects of their position. Identify the illegitimate aspects of their aspects and their potential agenda.
- What external pressures might there be on these persons or groups? Who do they answer to? What is expected of them? What power do they have? Who's permission do they need to act?
- Who are the key people (decision makers or influential people)? What are their personalities? What other decisions have they supported? What appears to motivate? (Talk to other people who have dealt with these people to find out as much as possible).
- Is there any similar case or issue? (that is, any precedence for this case)?
- How have similar cases been handled? What can you use from these previous cases to help your cause?

Creating the Climate for Advocacy

Generally, the advocate (person doing advocacy) has less power than the target of advocacy. Therefore, the first goal is simply to get the target person or groups attention and then to get them to be willing to hear your story. Consider the following questions when you develop your advocacy plan.

- How can you get their attention? How can you ensure that they are aware of your story and that it is important to listen to your request?
- What is their current position and why have they taken this position? What is legitimate or reasonable about their position? What is unreasonable or illegitimate? What aspects could be changed? What aspects are not likely to be changed?
- How can you show that your case has merit? How can you best convey the facts in your case and the underlying principles? How can you best convey that your request is fair? How can you ensure that they will perceive greater benefits to hearing your case than not hearing your case?

Goals:

1. Get their attention
2. Get them to hear your story

- How can you engage them in dialogue and negotiations? How can you create a positive climate for dialogue, which will allow all sides to be heard and to hear the positions of others concerned?
- Does the case fit a current agenda? Does it reflect upon a crucial weakness that has already been identified?

REMEMBER: Whether It be a physician, hospital, or government agency, the ‘other side’ is made up of individuals who can be appealed to on the basis of reason, emotion, or self-interest.

BUILDING YOUR CASE

Developing your case

It may be helpful to sit down with a group of others experiencing a similar concern, with your support group or association, or with third-party supporters who can provide input. If possible, try to separate the facts from the emotional aspects, since you may wish to highlight different aspects with different advocacy targets.

Work through these guidelines.

- Determine the underlying principles:
 - Why is your request fair?
 - Are there legal, ethical, or practical arguments that you can bring into the case?
- Identify the benefits to the ‘other side’ of supporting your cause.
- Identify the negative consequences to the other side of opposing it.
- Develop a compelling case for support, and try it out on a non-informed, objective party.

DEVELOPING YOUR ADVOCACY PLAN

- Develop a strategy for opening up dialogue and negotiations.
 - How can you get an audience with the decision makers? Who can help?

- A personal appeal, which includes the spokespersons, advocate, and third- party supporters, is often very compelling and difficult to resist.
- Propose conditions for dialogue that are reasonable and allow all parties to be heard. In the early stages, avoid any appearance of confrontation. First appeal to compassion, moral responsibility, and fairness; use self-interest or fear only when initial attempts appear unlikely to succeed.

Refer to section, xxxxx.

REQUESTING SUPPORT

Often, an advocacy campaign uses many different approaches for requesting support.

While there is no right or wrong approach, usually one is more effective than others. This is based on the particular groups involved, the type of request, and the economic, social, and political climate.

Sometimes, several approaches may be combined or used in parallel (at the same time). Other approaches are best used on their own and may actually confuse or dilute the case if used with other approaches.

In other words, before you decide which approach to use, consider the impact on your ability to add or change to other approaches.

There are four major types of advocacy approaches:

- Compassion
- Ethical, Moral Responsibility
- Political Responsibility
- Guilt
- Fear

Compassion

A compassionate approach appeals to the compassionate side (good-natured, benevolent, magnificent) of those in positions of power or influence. It works best if they see you as in need, deserving of help, an ‘innocent victim’, likeable, attractive or appealing, and potentially similar to themselves.

In using this approach, you accept the fact that the other side is more powerful and in a position to 'bestow' assistance or a favour. The 'win-win' is that you win the benefit or aid you seek, whereas the other side wins by feeling good. Compassion often leads to a long-lasting solution, since it sets up a positive bond or relationship between helper and helped.

When should you use it?

- When the person affected is a child, senior, or visibly disabled.
- If the person affected is not responsible for the injury or illness.
- When the situation is unique or uncommon (rare).

What positive tactics can you use?

- Write letters; organize meetings.
- Use intermediate person with influence (i.e. physician, politician, businessperson).
- Personalize, bring individual into picture.
- Use examples of similar successes and positive outcomes.
- Promise positive acknowledgement, gratitude.

Compassion: "...person in need; person as a victim; other benefactor..."

What negative tactics can you use?

- Stress consequences if no support is given.
- Publicize personal situation; appeal for public sympathy.
- Use examples of similar failures and negative outcomes.

Ethical, Moral Responsibility

This approach focuses on those who have an ethical or moral responsibility to helping solve the problem because of their position or because they are perceived as having contributed to the problem. They are often persons in positions of authority with decision making power or influence.

The 'win' for the other side can be their personal sense of having done the right thing or, more often, their use of the situation to create a desirable public image.

When should you use it?

- When there is a potential issue of legal rights.
- When there is clear responsibility.

What positive tactics can you use?

- Prepare case or legal brief. Demonstrate reasons for support.
- Gather 'political' support, other interested parties, non-partisan, unbiased.
- Conduct a public opinion poll, collect signatures, push for legislative change.
- Publicize principles and gather public support.
- Provide win-win solutions.

What negative tactics can you use?

- Threaten legal action, i.e. law suit.
- Gather 'opposition' support.
- Publicize unfairness, inequity, and liability of situation through media.
- Conduct poll, collect signatures, push for legislative change.
- Push for inquiry, inquest, review, and investigation into situation.

Justice:

"...fairness, equality, legal responsibility or liability..."

Guilt

Guilt plays on the emotional side of moral responsibility. It is often used with those who are perceived as being in positions of power. In this case, there is the implication that they are obligated, by virtue of position or duty, to fix the situation. You may also be able to imply that they are directly or indirectly responsible for creating the problem situation.

The win for the other side is that they can become absolved (achieve redemption). Unlike a compassionate approach, resolution through guilt does not lead to a long-term positive relationship.

Political Responsibility

With this approach, you appeal to the other's self-interest by creating the perception that you can help the other side get something in return by supporting your cause. You can help create or point out opportunities for the other to achieve fame, fortune, or power. The reward can be directly related to the resolution of the problem, or it can be a 'trade of favours', whereby you lend support to another cause. The pay-back may be immediate, or based on the nature of the resolution (i.e. portion of settlement). The trade-off may be directly stated, or simply implied.

This looks like a 'win-win' solution, but it could also backfire if it becomes too obviously a trading of favours, resulting in perceptions of conflict of interest.

When should you use it?

- When politicians need support; for example, election, opposition member, balance off another issue.
- When support for abused or disadvantaged; person or group in need.
- If there is a political 'trade-off'; benefit to be given back.
- If common enemy (opposition) is to be evoked.

What positive tactics can you use?

- Prepare submissions; demonstrate benefits.
- Host conferences, meetings, and discussions.
- Present at relevant committees, sessions, conferences.
- Conduct polls, surveys; collect signatures to demonstrate public support.
- Get support from interested parties, and those likely to benefit or provide services.
- Promise support, endorsements.

What negative tactics can you use?

- Blame, shame, demonstrate negative consequences of failure to fulfill responsibility.
- Publicize current negative consequences.
- Mount political campaign; use public media.
- Gain support of opposition.
- Threaten removal, dismissal, and opposition.

Fear

This approach preys upon the natural fears of the 'other side'. The goal is to create the perception that they will suffer negative consequences if the request you seek is not granted or supported. The threat may be directly stated or implied. The other party must have the impression that you can influence what happens to them (loss of power, loss of prestige, loss of finances), either directly, through another party, or through public pressure. Threats work best when they do not have to be actualized.

This approach obviously does not result in a ‘win-win’ situation. Even if both sides get what they want, there is likely to be a very negative impact on the relationship.

WHAT IS AN ADVOCACY PLAN?

An Advocacy Plan is a document that describes what your goal is, how you are going to achieve your goal, and what resources (people, time, money) you need to achieve your goal. Specifically,

...an Advocacy Plan has a goal or desired outcome; that is, what are you trying to achieve?

...an Advocacy Plan clearly defines the problem (scope) and how much of the problem you want to tackle. For example, is it a specific problem for a specific individual, or a change in policy for the community or society at large?

...an Advocacy Plan has a strategic direction, that is, the Plan describes what type of approach you will use; for example, cooperative or coercive; private or public.

...an Advocacy Plan helps to identify the resources available and resources needed.

...an Advocacy Plan outlines tactics (activities) based on approach, resources, and desired outcomes.

...an Advocacy Plan outlines how you will coordinate planned activities; anticipate opportunities; and ensure you are prepared to take advantage of these.

...an Advocacy Plan incorporates changes in strategy based on successes, failures, new opportunities, unanticipated barriers, etc.

DEVELOPING YOUR ADVOCACY PLAN

1. Describe the problem or issue.

What are the facts?

- Describe the current situation (who, what, where, when, how)
- What consequences do you anticipate if the problem is not resolved?
- What is the impact on the individuals involved, others indirectly affected, and the system as a whole?

Are there any barriers (i.e. people, issues, things) that are in the way?

What actions have been taken to-date to try to resolve the situation?

- Describe what has been done through the ‘ordinary, available’ channels as well as the unusual, extraordinary, more difficult to access channels.
- Describe advocacy efforts done so far.
- Describe achievements (progress), set-backs, and key barriers to further progress.
- Describe who was involved and how.

What are your strengths and resources?

- Assess the strengths and resources within your group, as well as external to your group.
- Identify strengths and resources that need to be developed.

Who else might support you?

- Identify who else is affected by the issue, or who else might benefit if the problem was solved.
- Identify who else might be interested in the issue for other reasons.

Who do you need to influence in order to make change?

- Identify who are the decision makers, and who has direct influence on the decision makers
- Assess how important public opinion and public pressure could be to the issue.

2. What outcome do you want to achieve? (Desired or best-case outcome)

- What do you really want to have happen?
- What would happen, how would people feel, what would be different - for you individually or for the group as a whole?
- Describe the desired outcome(s) from the perspective of those people who are directly affected, those who are indirectly affected, and the system as a whole.

What is the least that you would accept? (Least acceptable outcome)

- What are you willing to settle for?
- What would be perceived as a fair resolution or contribution?

- What could those directly affected live with?
- What would be considered as a significant improvement?
- What could provide enough assistance to allow those directly affected to seek additional help elsewhere?

Best alternative to a settlement or resolution

- If it appears that you are unable to achieve a satisfactory resolution, what is your next best alternative?
- What actions would you choose to pursue instead?
- Under what circumstances will you abandon your advocacy efforts in favour of another strategy?

3. Who will take on the following roles?

- **Spokesperson(s)**

For: The person(s) affected (either the individual or group).

Role: To provide first-hand testimonial about the personal impact of this situation.

- **Advocate**

For: The case.

Role: To speak on behalf of those affected. Often, this person can present the rational arguments, point out consequences that the affected parties may not wish to raise. While it is possible for the spokesperson or advocate to be the same individual, it is often more effective to separate these roles. Often, there is a support group or association that can serve as the advocate.

- **Third-party supporters**

For: The ‘situation’.

Who: Professionals (who provide expert opinion); public or community figures (who speak on behalf of the public or community); or other unaffected individuals.

Role: To enhance the impact of the message. These are often neutral, ‘third-party’ individuals or groups who have no vested interest in the outcome, yet can attest to the negative situation and the desire (need) to resolve the situation.

Third-party support can be generated from personal contacts, through published sources (including public opinion polls), or through the media. Third-party supporters are often in the best positions to raise concerns of self-interest or fear.

4. Who should you target and with what messages?

- Determine who to target, the goal of your advocacy efforts, and the key messages to communicate to the target audience.
 - Ultimately, you will want to target the key decision makers, however, the more senior they are in the system, the more difficult it may be for you to reach them.
 - You may need to set up a multi-stage advocacy approach to help you reach the decision makers. (refer to 'Advocacy in Steps' section)

5. What activities should you do to reach your target audiences and when?

- Where can you be visible, broadcast your message, and meet the right people?
- What tactics should you use?
- What approach should you use?

6. How are you doing?

- Develop a plan to provide regular updates on the progress of your advocacy efforts; distribute these updates either within your group or to the public.
 - Which messages and approaches are working? Which are not?
 - What are the key barriers?
 - Who else can you involve to provide support?
 - Can you appeal to a higher authority?
 - Can you bring on board lower-level supporters?
- Consider whether you are willing to accept less than the most desirable outcome. Remember, as cases continue without resolution, it is often difficult to maintain a sense of urgency and to maintain public interest. In addition, persons in positions of power may change positions, which could make it necessary to 'start all over' in generating interest and support.

7. How do you negotiate an acceptable outcome?

- What is your best case scenario? Your 'worst case' scenario that you are still willing to accept (least acceptable scenario)
- What is being offered? What could be offered?
- What is the trade-off?

- What are the criteria for making a decision? Who needs to be involved?
- How will you communicate the outcome?
- How can you build on the outcome to advocate for more?

TRIED & TRUE TIPS

Continue to invent ‘win-win’ solutions

This often requires working both publicly and privately:

- Publicly, the options should be presented as reasonable, fair, and doable.
- Privately, the options need to be sold as being more advantageous than continuing delay.

Give credit where credit is due.

- Acknowledge progress on the part of the other side.
- Give credit for personal supporters who have been helpful.

Avoid making an enemy of the other side

- Target the situation, not the person.
- Identify barriers that you have experienced in as factual a way as possible (for example, the person in power refused to meet because he said his schedule was full).
- Avoid speculating about the person’s motive or character; however, emphasize the impact of the other person’s actions on you (for example, left you frustrated, etc.)
- Stress the responsibility of the person to make the right decision. Do not excuse the behaviour.

ADVOCACY WITH GOVERNMENTS

The following case studies can be used by not-for-profit healthcare groups to develop a strategy for dealing with governments at the federal, provincial, or local levels:

1. To urge governments to provide a program, service, or treatment;
2. To advocate against a policy, regulation, or legislation that would have a negative impact on the community;
3. To support a proposed action of government that is beneficial to the group.

CASE STUDY 1

Drug company has applied for a license for a 'breakthrough' drug that is available in other countries but not yet approved by Health Canada. The drug is not a cure, but slows down the progression of the disease for a portion (estimated 25%) of the affected population. There are some side effects and questions about efficacy for those in latter stages of the disease but the drug has proven beneficial if used in the early stages.

State the issue

Health Canada has requested clinical trials using Canadian patients; these have now been completed but Health Canada apparently want longer trials with larger patient populations, even though these trials have already been done in Europe and the

U.S.A. The drug company has asked for 'fast track' approval, but Health Canada is not convinced that the benefits represent a significant enough improvement over current treatment. After six months, the company still has not heard whether the fast track request has been approved and has no idea as to where it is in the approval process.

-
- Information regarding its review status.
 - Approval to 'fast track'.
 - Agreement to use international data and not require additional trials prior to approval. Immediate licensure of the drug.
-

Desired outcome

-
- Improved health outcomes for those likely to benefit from the drug.
 - Slower disease progression reduces costs of hospitalization, other medical care, and related social service costs.
 - Slower disease progression allows patients to participate longer in the workforce and family life and hence less cost to the social system.
-

**Benefit to
government**

This drug is similar to others that have been successfully ‘fast tracked’ for similar reasons. The drug relies on a new method of treatment and hence qualifies as a ‘breakthrough’ rather than an ‘incremental’ improvement. The fact that the drug does not benefit the entire population should not be a detriment to fast licensure since there are still significant numbers of the population that will be affected. The drug has the most benefit for those ‘early diagnosed’ and hence those that are still most productive, at work or home. The drug is supported by all of the key specialists.

Background

-
- Minister of Health
 - identify who, interest in the disease area, previous record of support for drug fast track, other initiatives related to this disease, treatment, population
 - Members of Parliament likely to support
 - riding, position in the House
 - Members of the Opposition likely to support
 - health critic, other Standing Committee members, sub-committee members
 - Deputy Minister (same as for Minister)
 - Assistant Deputy Minister (responsible for drugs or for disease area)
 - Standing Committee on Health; Sub-Committees (relevant); or Special Committees
 - identify chairs of committees, members likely to support
 - Health Protection Branch (Director General, Executive Director of Drugs Directorate that licenses, Head of bureaus responsible for disease area, Special Programs or Initiatives that relate to disease area)
 - Key (influential) members of community who live in Minister’s Riding, Committee members’ ridings
 - Minister’s Executive Assistant (EA) responsible for drugs and/or disease area
 - Minister’s Communications Assistant
 - Other members of Cabinet likely to support

Key players

- Members of Parliament representing riding where drug company is located
 - remind of economic value
-

- What are the benefits to all those concerned?
 - What is the value to the community (better health outcomes for those affected)?
 - What is the value to the healthcare community (impact on hospitalization, need for specialists, lower associated costs)?
 - What is the value to the government (political benefits, other programs enhanced, favourable public reaction, more efficient delivery)?
 - What is the value to the taxpayers?
 - What is the value to employers?
 - What are risks if the drug is not approved promptly? How many people would be negatively affected (I.e. number diagnosed each year, number likely to be eligible)?
-

Assess the situation

- Summarize the current situation
- Summarize the availability of the drug elsewhere
- Summarize the clinical trials and proven benefits
- Summarize support for the drug from the medical community and lay community; provide testimonials, surveys, other data that supports issue
- Include personal stories of benefit and distress
- Include support from prominent individuals, preferably those with a vested interest (I.e. also affected)
- Compare alternatives (current drug, lack of benefit)
- Present number of persons requesting through Emergency Drug Program
- Document problems of requesting drug through Emergency Drug Release, slowness and detrimental impact on patients and physicians

Prepare brief (position statement or case)

to process; document risks without licensure; document desired patients and physicians

- Present within the spectrum of overall care for community
 - Present within values of Canada Health Act
 - Compare to other communities that have benefited from other drugs; evoke fairness and compassion
 - Document responsible usage of other drugs by community
 - Summarize desired outcome
 - Promise follow-up action and potential need to make the situation more publicly known, if necessary
 - Provide list of those groups that support
-

What are the barriers to gaining support from key players? What is the vested interest of each player?

How can you:

- a) overcome the barrier by helping expose it as unnecessary, biased, ineffective, etc.
 - b) help address the vested interest in your proposal by including their interests or giving them another interest;
 - c) neutralize the person or their position (make them irrelevant) by exposing them or getting rid of them;
 - d) overpower them by bringing other influences on side, i.e. who can you trade favours with.
-

**Identify barriers
& resistance**

- Identify your contacts in the government and use them to reinforce your request. Don't rely upon them; don't use them if it could be seen negatively. Sometimes, a personal approach from someone affected is very effective.
- Start with Minister and work down.
- Start with Executive Assistants (one-to-one).
- Meet with policy advisors, for drugs and other areas, as relevant
- Meet with head of Drugs Program, Quality and Therapeutic Products

**Request
opportunity to
present**

- Meet with representatives to house (legislative assembly)
- Meet with Opposition members (often easier to see than those in power)

-
- Develop presentation that outlines key issues, desired outcomes, benefits, and risks of not providing.
 - Do not read the submission
 - Do leave the names and numbers of contact persons.
 - Be precise but do not leave out personal stories and impact.
 - Some points are best made during the question and answer session rather than as part of the presentation (I.e. politically-sensitive benefits such as economic value).

Develop presentation

-
- Arrange for submissions (independent or directly supporting) from others with related interests, including medical professional groups, other consumer groups, advocacy groups, even industry groups.
 - Arrange for personal stories to be presented, in person at committees or in the public
 - Arrange for media interviews; write letters to the Editor; write to magazines, etc.
 - Arrange for 'letter-writing' campaign to all MPs from members of the community in each riding, especially MPs of Standing Committee on Health.
 - Arrange to meet with MPs in their home ridings; present brief
 - Arrange for press conferences, news releases, etc. at relevant times, especially if there is a case that highlights the issue.
 - Arrange for stories in local media; copy and send to MPs.

Follow-up

-
- Review at each step. What was expected? What actually happened?
 - Make changes to strategy based on outcomes.
 - Reinforce & do more of those activities that had successful outcomes.
 - Continue to enroll others in support of the issue.
-

Evaluate

CASE STUDY 2

Breakthrough' drug that slows progression of disease (not cure) has been licensed by Health Canada through 'fast track' process. Drug was licensed, using supporting international data, after 11 months following intense advocacy (media, letter writing, political support from opposition). After two years, drug has not been approved for funding by provincial government. Drug is funded in one other province. Drug is available through some insurance plans but not all—other insurance companies are waiting for government funding to indicate that the drug is 'cost-effective'. Drug is not available to seniors through medicare. Drug can be funded through specialized approvals on some provincial formularies but the process is time consuming and successful less than 25% of the time. Physicians do not want to go through process, although many say they would prescribe if available.

State the issue

-
- Immediate funding of drug through provincial formularies.

Desired outcome

-
- Better health outcomes.
 - Slower disease progression reduces costs of hospitalization, other medical care, and related social service costs.
 - Slower disease progression allows for longer participation in the workforce or family life and hence less cost to the social system.

Benefit to government

-
- Province has a low rate of funding for 'breakthrough' drugs.
Province funds under pressure from physician and patient groups.

Background

-
- Minister of Health
 - identify who, interest in the disease area, previous record of support for drug fast track, other initiatives related to this disease, treatment, population

- Members of Parliament likely to support
 - riding, position in the House
- Members of the Opposition likely to support
 - health critic, other Standing Committee members, sub-committee members
- Deputy Minister (same as for Minister)
- Assistant Deputy Minister (responsible for drugs or for disease area)
- Drugs Quality and Therapeutics Committee
 - who reviews drugs for this particular category and disease; committee members with particular interest
- Drugs Programs Branch
 - who administers drugs programs; is drug likely to fall within existing category?
- Trillium Drug Program (provision of special assistance)
- Policy Advisor for Drugs (Minister's Office)

Key players

-
- What are the benefits to all those concerned?
 - What is the value to the community (better health outcomes for those affected)?
 - What is the value to the healthcare community (impact on hospitalization, need for specialists, lower associated costs)?
 - What is the value to the government (political benefits, other programs enhanced, favourable public reaction, more efficient delivery)?
 - What is the value to the taxpayers?
 - What is the value to employers?
 - What are risks if the drug is not approved promptly? How many people would be negatively affected (I.e. number diagnosed each year, number likely to be eligible)?
-

Assess the situation

- Summarize the current situation
- Summarize the availability of the drug elsewhere
- Summarize the clinical trials and proven benefits
- Summarize support for the drug from the medical community and lay community; provide testimonials, surveys, other data that supports issue
- Include personal stories of benefit and distress
- Include support from prominent individuals, preferably those with a vested interest (I.e. also affected)
- Compare alternatives (current drug, lack of benefit)
- Present number of persons requesting through Emergency Drug Program
- Document problems of requesting drug through Emergency Drug Release, slowness and detrimental impact on patients and physicians to process; document risks without licensure; document desired patients and physicians
- Present within the spectrum of overall care for community
- Present within values of Canada Health Act
- Compare to other communities that have benefited from other drugs; evoke fairness and compassion
- Document responsible usage of other drugs by community
- Summarize desired outcome
- Promise follow-up action and potential need to make the situation more publicly known, if necessary
- Provide list of those groups that support

**Prepare brief
(position
statement or case)**

What are the barriers to gaining support from key players? What is the vested interest of each player?

How can you:

- overcome the barrier by helping expose it as unnecessary, biased, ineffective, etc.
- help address the vested interest in your proposal by including their interests or giving them another interest;

**Identify barriers
& resistance**

- c) neutralize the person or their position (make them irrelevant) by exposing them or getting rid of them;
 - d) overpower them by bringing other influences on side, I.e. who can you trade favours with.
-

- Identify your contacts in the government and use them to reinforce your request. Don't rely upon them; don't use them if it could be seen negatively. Sometimes, a personal approach from someone affected is very effective.
 - Start with Minister and work down.
 - Start with Executive Assistants (one-to-one).
 - Meet with policy advisors, for drugs and other areas, as relevant
 - Meet with head of Drugs Program, Quality and Therapeutic Products
 - Meet with representatives to house (legislative assembly)
 - Meet with Opposition members (often easier to see than those in power)
-

**Request
opportunity to
present**

- Develop presentation that outlines key issues, desired outcomes, benefits, and risks of not providing.
 - Use persons affected as spokespersons
 - Leave copy of submission
 - Identify key contact persons and groups
 - Present to media
-

**Develop
presentation**

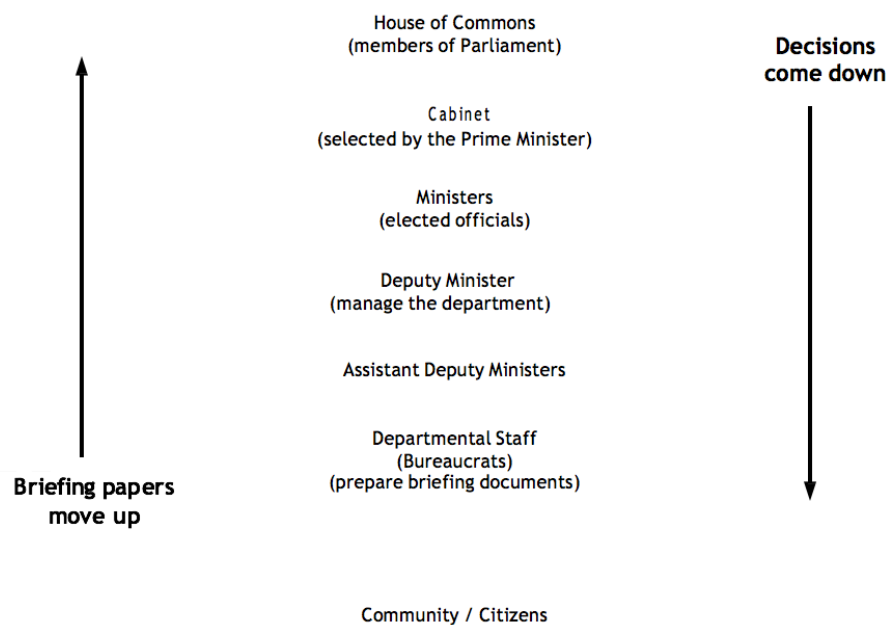
- Present to physicians, other support groups, healthcare groups, as appropriate
- Arrange for media interviews; write letters to Editor; write to magazines, etc.
- Arrange for letter-writing campaign to all MPPs
- Arrange to meet with MPs in their home ridings; present brief
- Arrange for press conference, news releases, etc. at relevant times

Follow-up

-
- Review at each step. What was expected? What actually happened?
 - Make changes to strategy based on outcomes.
 - Reinforce & do more of those activities that had successful outcomes.
 - Continue to enroll others in support of the issue.

Evaluate

STRUCTURE OF THE GOVERNMENT



What influences government decisions?

- Timing in the electoral cycle
- Availability of resources
- Public interest
- Media attention
- Government's agenda
- Stakeholder pressure
- Budgetary process
- Federal/provincial decision making
- Citizen input

What opportunities are there to Input in the public policy process?

- Focus groups
- Task forces
- Committee hearing
- Round Tables
- Royal Commission

ADVOCACY & THE MEDIA

You want me to do what?

Most people are not used to dealing with the media and are understandably cautious of speaking with reporters or other journalists. In fact, many people, groups, and institutions choose 'no publicity' instead of dealing with the media.

However, in their role as 'gatekeepers', the media offer a valuable and broad access to the public. Furthermore, the media can be extremely helpful in publicizing a situation or issue and pushing for a solution.

That said, you must carefully manage the media. For example, premature publicity, especially if it reflects negatively on those in decision-making positions, can backfire. Moreover, the media has its own agenda and sometimes can use a situation to create a certain story or a different angle on a story, which may not always coincide with your intentions.

What are proactive and reactive media relations?

Media contact is either reactive or proactive. Reactive is when you get the phone call; proactive is when you call them. The two phone calls are very different, but you can be in charge of both situations.

Clearly, proactive contact is easier to manage than reactive contact. Furthermore, if you already have good relations with a journalist through regular contact, the journalist is more likely to contact you for more information, and may even give you the opportunity to contribute to and/or review an article.

In fact, the key to proactive media relations is to have regular contact; if you have repeated contact with journalists, they will become more knowledgeable about your cause or issue and likely be more balanced in their reporting.

Reactive media relations are more difficult to manage, and can happen at any time when you pick up the phone. In these situations, it is important to be polite and consistent, while directing the call to the appropriate spokesperson within your group.

THE MEDIA

Key media outlets

Today's media outlets are very diverse. They range from sensation-seeking journals read by millions, which aim to shock or amuse people, to serious scientific journals or medical journals available only by subscription, which aim to inform.

The type of publicity that you may want might not suit all media. National daily newspapers or news programmes rarely cover news in depth—they may have only 300 words or 30 seconds to put across a complex story. Sunday newspapers have the time and space to dig deeper or explain more fully. Local media need a local angle. Medical and specialist publications are concerned with only their own particular areas.

The extent to which a publication is interested in your story depends on its 'strength' and relevance to their readers, as well as factors such as competing stories.

Types of media

Media is a global business. In fact, certain types of media have an almost instantaneous broad reach that can be multiplied many times over as a news story is picked up by the media. At the same time, national and local media are also very powerful because they are relevant to a local audience.

In Canada, there are more than 3,400 media outlets. This includes:

Print media

- 100 daily newspapers (such as *The Globe and Mail*, *The National Post*, *Vancouver Sun*, *Calgary Herald*, *Edmonton Journal*, *Winnipeg Free Press*, *Halifax Herald*, and *Le Devoir*)
- 1,300 weekly publications
- 1,709 magazines

Broadcast media

- 116 television outlets
- 553 radio stations

There are also wire services or news agencies, such as Reuters and Associated Press (AP). Wire services act as wholesalers, supplying articles to print and broadcast media.

Smaller, community media are focused on local events, good news stories, etc.

Larger, national media are focused on ‘breaking news’ and controversial news.

Journalists

Dealing with the media means dealing with journalists. Journalists are the ones who decide whether or not to cover an event, attend your press conference, use your article or throw it into the garbage.

Unlike writers who write a book and hope to get it published, sold, and read, a journalist knows before putting pen to paper who the readers are, what will interest them, and what tone would appeal to them.

A journalist’s background, level of knowledge, and editorial style will help you determine what kind of article they are looking for and what information they need.

As with any audience, it is important that you understand journalists’ needs, their working style, and their deadlines.

GOLDEN RULES ABOUT JOURNALISTS

- Journalists are human.
- Journalists have different personalities and styles. Like us, they can make mistakes, so make sure you pay attention to details.
- Journalists have different roles—they may be specialist writers or general reporters. Depending on their role, they may want different kinds of information from you—and you may need to use a different approach with them.

**Remember, the role of a journalist is not to write for you,
but about you and others.**

Following are brief profiles of ‘typical’ specialist and lay journalists.

Journalist	They typically....	When communicating...
General reporters	<ul style="list-style-type: none">• Cover every type of news, particularly broader interest stories.• Are not familiar with specialist topics (such as medical topics).	Use clear, concise language; explain ideas and concepts in plain language
Specialist reporters	<ul style="list-style-type: none">• Have good knowledge in their area and a solid understanding of the subject.	Provide detailed information
News editors	<ul style="list-style-type: none">• Assign reporters and specialists to particular news or feature stories.	Position your organization as a credible and willing source
Editors	<ul style="list-style-type: none">• Are responsible for the overall policy and ‘character’ of the publication.• Determine what stories get how much coverage.• Are responsible for the editorial ‘line’ and for the comments and views expressed.	Try to develop a professional relationship with editors

A JOURNALIST'S RIGHTS AND DUTIES

A journalist has the right to:

- Collect news
- Comment & criticize
- Investigate the story on their own
- Present personal views
- Fight for something

A journalist has the duty to:

- Inform & publish
- Monitor social & harmful functioning of society
- Present the facts properly
- Provide a balanced view

HOW THE MEDIA WORKS AND THINKS

The media work for their readers. This means that each publication decides what news to print based on what news, information, and commentary they think their readers will find interesting, important, and/or useful. Most publications are in business to be read and respected—they can only achieve this by serving their readers properly and professionally.

A story is not a big story just because you think it is. You must realize that your story or issue won't always get printed on page 1.

You can't control the media—the media write and print what they think is worthy of publishing.

The media need to trust you as a source of accurate and complete information. On the other side, you need to trust the media to make good, fair, and objective judgments about what to do with that information. You also have to trust the media's instinct about what readers want and need.

Media are in the business of news...so the newswier a story is, the better they like it. They especially like newsy, exclusive stories—but this doesn't mean that every 'exclusive' story will get major coverage. However, a publication will most likely put a story exclusive to them in a more prominent place than a story that has been handed to all media.

The media's goal is to give readers interesting, important, & useful information

The media decides if a story is 'big news'...and prints what they feel worthy of print

Working with the media means mutual trust

The media like it best when they get it first

The media does not typically take sides. There is no good reason for a good reporter to take sides. A reporter's job is to gather the information as objectively and factually as they can and present it to their readers in a readable, accurate way.

The media don't usually take sides

Reporters don't write headlines, don't decide on where a story goes, and don't have the final say in how a story reads or is written. Editors do.

Editors have the final say in what is published

DEVELOPING YOUR MEDIA PLAN

It's your turn

Media activities are aimed at building opportunities for your organization to increase awareness about a particular issue or issues. You do this by using the media as a channel to get your messages to your target audiences. If you decide to do media activities, your goal should be to achieve frequent, quality media coverage.

Use the following step-by-step process to develop your media plan.

1. Identify media and key journalists

- Prioritize target audiences.
- Build media list—a directory of relevant media according to target audiences reached.

2. Determine scope of print and broadcast media

- Create a profile of each media, based on circulation (or listeners), and nature of news coverage (i.e. international/national/local; health/general interest)

3. Create media opportunities

- Match the information that's interesting to the journalist with media opportunities for your issue or organization.

MEDIA TACTICS

- Press release; press kit
- Feature articles; regular columns; high-profile stories
- Press conference; Other events
- Personal contacts
- Interviews

MEDIA OPPORTUNITIES

News is the most perishable commodity, because news value constantly changes. What makes headlines today may not even make the paper tomorrow. On a news- filled day, a story may get only a few lines. On a quiet day, it could make front-page headlines.

What makes news can depend on the story's timing and on whether the topic has a high or low profile.

Half the battle is coming to them with something new or interesting. The other half of the battle is knowing when and what has already been published in order to carefully target media channels and find ways to offer something different.

You can also get media coverage using 'hooks', that is, a new angle or breakthrough news. For example, press releases, press briefings, etc. should be tied to important announcements or events.

Creating news hooks

- Use timely, newsworthy information. For example:
- Launching a major project, such as
- Winning awards.
- Publishing or endorsing new research findings;
- Establishing a collaboration with other organizations;
- Initiating major projects.

Sponsor 'advertorial' opportunities, such as a regular column or column on cancer. Develop feature story potential or articles. For example,

Build on high-profile stories, such as waiting lists for radiation therapy; funding for new drugs;

SKILLS, WHAT SKILLS?

Advocacy is more of an art than a science. It is essentially an interaction between two or more parties. There are many approaches to doing advocacy, and no one best approach. There are, however, certain skills that are essential to all approaches.

An effective advocate is first and foremost an effective communicator. Advocacy training should include skills development in:

- communications
- assertiveness
- negotiation
- planning
- stress management

In addition, to help you do effective group advocacy, you may need to develop skills in:

- team building
- leadership

YOUR APPROACH

Effective advocacy requires a multi-faceted approach. When you're doing advocacy, you need to be:

Intuitive <ul style="list-style-type: none">• rely on your gut feelings	&	Systematic <ul style="list-style-type: none">• weigh advantages and disadvantages of each step
Opportunistic <ul style="list-style-type: none">• be flexible to take advantage of unexpected opportunities to pursue your case	&	Planned <ul style="list-style-type: none">• develop an overall plan or strategy
Personal <ul style="list-style-type: none">• put a 'face' on the situation• have the person or close relative present his/her own case	&	Impersonal <ul style="list-style-type: none">• go beyond the individual and identify the principles of the case

Emotional

- don't hesitate to display feelings of anger, grief, frustration, fear, etc. as appropriate to the situation

&

Rational

- develop logical arguments based on law, ethics, previous practice, etc.

Public

- get the public & public figures, including politicians, to understand the situation and support it

&

Private

- make contacts with people who work behind the scenes
 - suggest informal, 'off-the-record' meetings
 - be open to confidential talks as long as you can avoid being compromising
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