

Media Advocacy Tips

Media advocacy is an essential tool in advancing your heart disease and stroke prevention program goals. Unlike the traditional application of the media to build awareness of an issue, media advocacy identifies a problem and promotes a solution, shifting the responsibility of the message or solution from the individual to society. In this way, it encourages policymakers and decision-makers to create and implement policy and environmental changes to solve the problem. Include your partners at the American Heart Association in your media advocacy efforts when possible.

Media advocacy involves three fundamental steps:

1. Framing or reframing the topic or

problem, in this case, heart disease and stroke, for media access.

This step ensures that your story has the quality of being “newsworthy,” will capture the media’s attention, and will therefore have a greater chance of being covered. This demands putting a face—a young face—to heart disease and stroke. Advocates for prevention and treatment of breast cancer and AIDS have won tremendous media attention and vast public support because they have given the issues “faces.” We see breast cancer survivors telling their stories, creating quilts and artwork to depict their disease, and participating in “The Race for the Cure.” We read about the many people suffering with AIDS—from the very young to those past middle age. We see “Walk for AIDS” ads and coverage every spring and read heart-wrenching articles about those who have died from this disease. Heart disease and stroke need that same dramatic, visual appeal. In other words, they need a face.

Therefore, pitch stories to the media about local people living with heart disease or the consequences of stroke, and follow these guidelines:

- Choose individuals who represent many races and ages and include both genders.

- Find young faces to draw the media’s attention. Few people link heart disease or stroke with youth. In fact, the more youthful the individual, the more appealing the story.
- Identify celebrities in your community—media personalities, politicians, artists—who have heart disease or have had a stroke. They can tell their story and add to the media appeal.
- Graphically explain the impact heart disease or stroke has had on these people emotionally, physically, and financially, how it has affected the quality of their lives in every aspect, even in terms of having intimate relations.

- #### 2. Framing for content.
- This is the process of renovating an old and tired topic by presenting or framing it anew and from the perspective of the advocate. In other words, it positions the story in a new light, in a way that raises the media’s eyebrows, gets them to understand the position of the advocate, and excites them enough to cover the story.

Core Messages

By using the following *core messages*, you can reposition or reframe heart disease and stroke in a whole new way. In so doing, you will be dispelling myths and laying out the tragic facts about these diseases.

Heart disease has not been conquered.

Although we have won a few battles against heart disease, we are still losing the war. Deaths from heart disease are down, but the number of people surviving and living with heart disease is rising. Dramatic technological and medical advances are saving and extending the lives of people with heart disease but not curing them of it. As a result, more people are living with heart disease than ever before. Often, they live with pain, disability, grave limitations, and despair. Although medical intervention is important in managing heart disease, preventing heart disease and its disabling effects is critical.

Living with heart disease or stroke can be a living nightmare.

Many people believe that having heart disease is a “normal” part of life that really will not have much impact on them. “Everyone gets it eventually, right?” Other people are not aware of the consequences of living with stroke. But both diseases can be extremely disabling and can severely infringe on an individual’s quality of life. People with heart disease live with chronic anxiety and fear about “the next attack” or having a stroke. And those living with the consequences of stroke live in a state of depression and dependency. Many have lost their ability to easily and clearly express themselves, walk, or move their arms, legs, or hands. With partial or full paralysis, they are dependent on others to go to the toilet, bathe, get into and out of bed, and even feed themselves. For people with congestive heart failure, clogged arteries, or damaged hearts, it can mean not being able to walk to the bathroom without help because they cannot catch their breath, not being able to hold a

child because lifting anything over 2 pounds is terribly fatiguing and too hard on their heart, not being able to attend their child’s college graduation or wedding because their heart cannot endure the burden of travel, not being able to climb a hill to catch the sunset or see a spectacular view, and not being able to make love to their spouse. Not being able to do what you used to do can be a living nightmare.

The cost of heart disease and stroke is soaring. More people getting and living with heart disease or stroke translates to rising costs for hospital stays, physician visits, and medications. Prevention programs can stabilize and even reduce these costs.

Treating heart disease or stroke is expensive. New life-saving technologies and drugs are exciting, but costly. A person with heart disease racks up huge expenses, including diagnostic tests, surgery, hospital and doctors’ visits, physical therapy, and expensive drugs. For one person, expensive invasive procedures can cost \$20,000 to \$45,000 the first year and an average of more than \$4.8 million over a lifetime. (This figure takes into account both lost productivity and earnings.)* Multiply that figure by the growing number of people who develop heart disease annually in (*insert your State name*) and the expense is considerable. The annual combined cost of health care and lost productivity due to stroke in the United States is estimated at \$45.3 billion. The estimated lifetime cost of a mild stroke in an older individual is \$100,000, and the lifetime cost of a severe stroke in a younger individual is \$500,000.

In 10 years, one-third of the population will be age 60 or older; heart disease and stroke costs will keep rising. But heart disease and stroke

* This figure is derived from dividing the American Heart Association’s cost of cardiovascular disease (CVD) in the United States in 1999 (\$286.5 billion) by the prevalence of Americans (58.8 million) with one or more types of CVD—primarily heart disease and stroke—according to data from the NHANES III, CDC/NCHS, and AHA.

prevention programs can change all of this. They can help save lives, reduce the risks of heart disease and stroke, and eventually enable legislators to redirect funds spent on medical care for heart disease and stroke treatment to other State priorities. For example, saved funds can be used to build needed schools and bring teacher salaries up to the national average, upgrade a city's police force, or improve a State's transportation system. *(Include other State priorities.)* Keeping people out of the hospital, delaying the progress of heart disease, or staving off a stroke through prevention results in immediate cost savings. Long-term savings will be even greater; therefore, prevention is an investment in everyone's future.

(State) ranks (give ranking) among the States most afflicted by heart disease and stroke.

(State) ranks ___th *(insert ranking)* among all States for death rate due to heart disease and stroke. An estimated ___ *(insert number)* in ___ *(insert number)* State residents live with some form of heart disease or stroke. This is a tragedy not only in terms of lives lost and diminished quality of life for heart disease patients but also in economic terms. It adds to the State's economic burden and costs, and it shifts State funding from projects that are key concerns of the State to pay for heart disease treatment.

Heart disease is more than heart attacks.

Heart disease is a term that covers many afflictions of the cardiovascular system. These include coronary occlusion, arteriosclerosis, and aneurysms, which can lead to angina and heart attacks, pain in legs and arms, difficulty in walking, and/or kidney dysfunction.

Population-based prevention is the next strategy to win the war against heart disease. Prevention includes widely promoting heart-healthy lifestyle changes to the total community and creating social, environmental, and policy changes that support heart health.

People's individual lifestyle choices are mediated by their environments, including policies that help shape their environments. Access to recreational facilities and healthy, good tasting foods is critical to helping people make the decision to embrace physical activity and a heart-healthy diet. We must advocate for our citizens but not dictate their lives. We must increase opportunities for healthy behaviors by creating policies that support them, such as *(specific policy you are advocating)*.

3. Advancing the policy. Here is your opportunity to introduce the policy change you want to advocate and explain how policy changes can and do have an impact on public health.

- Visit editors at newspapers and producers at television and radio stations and explain your goals.
 - Use State-specific data and examples to show them that heart disease and stroke are public health issues.
 - Show them how previous policy and environmental changes have benefitted the public and saved lives.
 - Give them the example of the Naperville, Illinois, school district that is promoting “fitness for life” through “fitness clubs” instead of competitive, skills-oriented physical education classes. Explain that through the program, school district staff have uncovered heart disease in 5 students and elevated cholesterol levels in 50 percent of its students. Tell them about the Team Nutrition schools that serve heart-healthy lunches and the communities that are promoting the new urbanism (Port Royal, South Carolina). Inform them about the National Food Labeling and

Education Act that allows consumers to make informed food choices; the FDA regulation to fortify certain foods with folic acid to help reduce neural tube defects in newborns; the laws eliminating lead in gasoline and reducing it in lead-based paint to prevent childhood lead poisoning; the mandatory seat belts; speed limit changes and enforcement; the fluoridation of water; and mandatory immunizations.

- Explain specifically how your State could benefit from the establishment of policies and environmental changes to prevent heart disease and stroke.
- Host a seminar on heart disease and stroke with a catchy title such as “The Face of Heart Disease (or “The Face of Stroke”): It Looks a Lot Like Someone You Love.” Promise new information pertinent to your community/State and the opportunity to interview speakers who are experts in the field and who are not only articulate but interesting and in agreement with your goals. Offer the media other opportunities to interview individuals living with heart disease or the consequences of stroke.

How To Maximize Your Story’s Impact

- **Know the purpose of the story and your core messages.** Then, use real local people to bring those messages to life. For example, if a core message is that living with heart disease or a stroke can be a living nightmare (and therefore we need to prevent them), you can use the story of a person with heart disease or a person who has had a stroke to illustrate how much life changes following a heart attack or stroke. (See section on “Living with heart disease or stroke can be a living nightmare.”) *When Bob survived his heart attack, he thought “It’s over—I made it.” But it was really just the beginning. Here’s how his life is different now...*
- **Make heart disease and stroke visual.** Give them a face—many faces—the younger, the better, crossing races and generations, and including well-known individuals living with heart disease or stroke—nationally known as well as those in your community. For example, bring local stroke survivors or one or more people living with heart disease or the person you feature in your profile (article) to be interviewed by the media and have them describe the impact of their disease so that the media and, ultimately, the reader/viewer/listener can “feel” the pain and discomfort.
- **Make certain that the media understand and are able to communicate that heart disease and stroke are everyone’s problem.**
- **Arm yourself with research findings and examples** showing how policy and environmental changes in other communities have had a significant and positive impact on decreasing heart disease and stroke risk factors.

See **Attachment #1** to this document for a brief description of a successful heart disease and stroke prevention program that was implemented in Missouri.

- **Give your story a local slant.** How will policy changes affect your community, city, or State in terms of saving lives, reducing economic burdens, saving money, and redirecting it to State priorities.
- **Know what you are asking for** (funding for heart disease and stroke prevention or a community policy change), and make the case for how this action addresses the problem you described. For example, you might want your governor or State secretary of education to mandate that all schools in the State require students to engage in daily physical activity or make 1% milk available to schoolchildren or that school boards across the State recommend that individual schools become a Team Nutrition school. These measures will allow schoolchildren healthy food choices so that they can take responsibility for reducing one of the risk factors. Or you can ask the city council members or city mayors in your State to ensure that schools remain open after hours to accommodate adults who want to play basketball or otherwise be physically active. This will provide options to adults who do not have access to health clubs, safe streets, or other avenues by which to participate in physical activity to reduce the risk factor of a sedentary lifestyle.
- **Creatively use data concerning heart disease and stroke provided by your epidemiologist and position them in graphic terms that build a picture for the media.** What can your State “buy” if it implements changes that will save lives? (For example, saving one person from bypass surgery will provide the funds to eliminate classroom trailers, build new classrooms, and repair the roof of an elementary school.)
- How will policy and environmental changes positively impact the State’s budget, economy, quality of life, and likelihood of attracting new businesses and tourists to the area? How will these changes affect your State’s ranking among states with a high death rate due to heart disease and stroke? Tie aging baby boomers in with these statistics. “If your State implements prevention measures, there will be ____ (*insert number*) fewer people who will die from or live with heart disease or stroke.
- **Explain what other States such as New York and North Carolina are doing to reduce and prevent heart disease and stroke.**
- **Learn how other States gained media attention and borrow from their successes to create your own.** See the brief discussion of how North Carolina earned media coverage on heart disease and stroke in **Attachment #2** to this document.
- **List the warning signs of heart disease and stroke, and state that 50 percent of people who die from heart disease never had a warning sign.** For these people, focusing only on heart disease treatments will not help. Prevention would have been the key factor for saving these people and is the answer to saving those who would fall into this category in the future.
- **Point out that poor nutrition and limited physical activity are second only to tobacco in contributing to heart disease.**
- **Define the positive impact that the policy changes would have on the children of your State, if possible.**

Tips for Enhancing Your Relationship With the Media

- Once established, continue to cultivate a productive, trustworthy relationship with journalists. Call them with “real” and “local” stories that have new, dramatic, relevant, and/or meaningful information pertinent to your issue and policy advance goals.
- Establish and maintain your office as a resource for the media. Provide them with a contact, and phone numbers (office, home, cell phone, and e-mail address). Whenever the need for information on heart disease and stroke arises, be available to respond to queries with accuracy, keeping the issue and content framed appropriately and the policy goals in place.
- Provide the media with your Web site address (and keep your Web site updated). Give the media all pertinent information regarding the incidence and prevalence of heart disease and stroke and growing trends in your State.
- Alert them to forthcoming reports and provide these documents to them before their public release either individually or through a news conference preceded by a captivating news advisory and accompanied by an eye-opening news release.
- Subscribe to Profnet, Inc., an e-mail service used by the media to locate sources who can respond to their queries on a multitude of topics. Profnet can be reached at 1-800-profnet or by e-mail at profnet@profnet.com.
- Liaison with a medical college’s public relations department. Ask them to refer reporters or producers to you when its staff cannot respond to precise media queries regarding heart disease and stroke prevention measures and policies.
- When sending out media kits, make sure they are professional and written clearly, strategically, and succinctly.

The attached *Media Advocacy Manual* developed by the American Public Health Association is an excellent resource for information on media advocacy and public health issues. The manual provides ideas for promoting public health through the media and getting stories in the media. It offers tips on developing tools that can be used to draw media attention to public health issues such as heart disease and stroke prevention. Tools include building a media list, writing and issuing a news release, submitting an op-ed, arranging an editorial board meeting, securing radio and television talk show interviews, and holding a news conference.

Other Media Advocacy Resources

Media Advocacy and Public Health: Power for Prevention, by Larry Wallach, Lori Dorfman, David Jernigan, and Makani Themba; SAGE Publications, 1993. To order, contact SAGE Publications, Inc., 2455 Teller Road, Newbury Park, California 91320.

An Advocate’s Guide to the Media, Children’s Defense Fund, 1990. To order, contact the Children’s Defense Fund, Publications Division, 25 E Street, N.W., Washington, D.C. 20001, 202-628-8787.

Prevention Primer: Media Advocacy. To read, visit www.health.org/pubs/primer/media.htm.

Attachment #1: Success in Bootheel, Missouri

An example of a successful community prevention program is the Bootheel Heart Health Project, a community-based risk factor reduction program initiated in 1989 by the Missouri Department of Health in cooperation with the Centers for Disease Control and Prevention (CDC). The long-term goal of the project was to reduce morbidity and mortality due to heart disease among residents in a six-county area of southeastern Missouri known as the Bootheel. The more immediate objectives were to reduce the major modifiable risk factors for heart disease.

The Bootheel is an area characterized by a large Black population that is medically underserved, with high rates of poverty and low educational levels. Through the development of coalitions and subcoalitions within the six counties, community-based interventions were established. With an emphasis on increasing physical activity among residents and exposing them to heart-healthy cooking, the coalitions mounted projects that included walking clubs, aerobic exercise classes, heart-healthy cooking demonstrations, and church dinners. There were also church sermons on heart disease and poster contests sponsored by local schools as well as a weekly newspaper column on heart disease prevention. Further, there were community blood pressure and cholesterol screenings and environmental changes such as the construction of walking and fitness paths.

Most popular among these residents were the walking clubs and exercise classes, resulting in increased physical activity within the intervention region. Other findings indicated a rise in the prevalence rates of cholesterol screenings in areas with coalitions.

This project demonstrated that even with minimum resources, community-based interventions can show promising results, especially when supported by coalitions.

Attachment #2: Earning Media Coverage of Heart Disease and Stroke in North Carolina

North Carolina earned significant media exposure in 1997 when it published and released an epidemiologic document called *The Burden of Cardiovascular Disease in North Carolina*. Whereas this piece and its accompanying press release focused on the increase in stroke deaths in the State among its population 65 years of age and older, its true intent was to reveal that data regarding the extent of heart disease and stroke among North Carolina residents were sorely lacking compared with similar data on cancer.

“We used the increase in stroke deaths as the *hook* to get the media’s (and other’s) attention and then fed them the issue of the State’s paucity of data on cardiovascular disease (CVD),” says Libby Puckett, program manager for the North Carolina Division of Public Health.

For example, the document points out that the State has a cancer registry but no CVD registry and, therefore, cannot ascertain the number of people living with CVD or how many have certain risk factors such as high blood pressure or high cholesterol, says Puckett. “Even hospital discharge data does not provide concrete information because we don’t know if it is reporting one or several incidents regarding a particular person, and many people with CVD aren’t being seen at hospitals,” Puckett adds.

The Associated Press picked up the story and fed it to newspapers across North Carolina and southern Virginia, and one of North Carolina’s epidemiologists won an interview on public television.

Perhaps the greatest coup resulting from this publicity was the State’s receipt of money for a CVD data unit. Although it still does not have a CVD registry “because of the expense,” says Puckett, “we have partners who are collecting and analyzing data on CVD for their own research purposes and providing us answers to questions that will help us.”

Puckett hopes that the State’s most recent document, *The North Carolina Plan to Prevent Heart Disease and Stroke 1999–2003*, will win media attention in the new millennium. The document, which was delivered to the Governor this past November, details the evolution of the plan to prevent CVD and explains how the State went from a budget of only \$100,000 a year to over \$2 million a year. It also relays what North Carolina plans to do with this money.

The Tri-State Stroke Summit held in September 1999 and which included South Carolina and Georgia could have reaped media attention, says Puckett, but Hurricane Floyd pushed it to the back burner. Puckett says summaries of presentations and recommendations that came out of the summit will be published in the form of a proceedings in the near future, and “we will try to get media attention for that.”