

COMMUNICATING PUBLIC HEALTH INFORMATION EFFECTIVELY

DRAFT Summer 2008 Syllabus

Course #17599

PHS 650 (1 credit)

Patrick Remington, MD, MPH

This one week course is designed to help students improve their ability to communicate with different audiences. From the news media to legislators, and from written to oral communication, students will learn strategies for health communication based on scientific and practical recommendations. Students will learn how to communicate public health information to nonscientific audiences more effectively. The knowledge and skills learned in this course will assist students with planning and executing communication activities carried out in the practice of public health.

I. COURSE DESCRIPTION

The format of this course will consist of lectures, small group exercises, and discussions. The primary readings come from the APHA textbook: Nelson DE, Brownson RC, Remington PL, Parvanta CF (eds). Communicating Public Health Information Effectively: A Guide for Practitioners. American Public Health Association, Washington D.C., 2002.

Students will read chapters in the course textbook and other assigned readings or web-based materials prior to class each day. Students are expected to be prepared to participate in discussions and activities during the course. The course will take a “hands-on” approach, using problem-based learning through lectures and case studies. The course is organized into 4 parts over 5 days of learning:

- Part 1: Developing a health communication plan
- Part 2: Communicating to inform, working with the media
- Part 3: Communicating to persuade, writing a letter to the editor
- Part 4: Communicating with policy makers

Communication and Informatics Competencies

This course will address most of the following competencies for public health communication:

1. Describe how the public health information infrastructure is used to collect, process, maintain, and disseminate data.
2. Describe how societal, organizational, and individual factors influence and are influenced by public health communications.
3. Discuss the influences of social, organizational and individual factors on the use of information technology by end users.

4. Apply theory and strategy-based communication principles across different settings and audiences.
5. Apply legal and ethical principles to the use of information technology and resources in public health settings.
6. Collaborate with communication and informatics specialists in the process of design, implementation, and evaluation of public health programs.
7. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.
8. Use information technology to access, evaluate, and interpret public health data.
9. Use informatics methods and resources as strategic tools to promote public health.
10. Use informatics and communication methods to advocate for community public health programs and policies.

II. COURSE DATES / LOCATION

Mon/Wed/Fri July 9, 11, 13

Mon/Wed July 16, 18

9:00 A.M. – 12 noon

Lectures/discussion sessions: Room 511 WARF

Small group sessions: Rooms 511, 551 and 666

Final session (Wed July 18) may be held in a public hearing/other room

III. COURSE FACULTY

Patrick L Remington, MD, MPH, Professor and Director

Master of Public Health Program

Dept. of Population Health Sciences

610 N. Walnut, Room 760 (WARF Bldg)

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Office hours: Thurs 2:30 – 4 pm (by appointment with Judy Knutson (jaknutso@wisc.edu))

Dr. Remington is a Professor in the Department of Population Health Sciences and Director of the UW Population Health Institute. He completed his MD at the University of Wisconsin, MPH at the University of Minnesota, and Epidemiology Fellowship and Preventive Medicine Residency at the Centers for Disease Control (CDC) in Atlanta. He worked as a medical epidemiologist at the CDC and as a State Epidemiologist and Chief Medical Officer for Chronic Disease at the Wisconsin Division of Health prior to joining the UW faculty. His research is related to methods used to measure the health of communities and on public health surveillance, with a focus on cancer and tobacco use. He is the Director of the UW's new Master of Public Health Program and teaches courses on public health and monitoring population health.

Invited Participants

Maureen Busalacchi: Maureen serves as Executive Director for SmokeFree Wisconsin. Maureen began as Deputy Director of SFW beginning in 2001 and leads the state policy efforts to ensure tobacco prevention funding, a smoke free Wisconsin and efforts to raise the tobacco tax in Wisconsin. In the past, Maureen lobbied for the Wisconsin Medical Society and ran the Wisconsin Perinatal Care Association and Perinatal Foundation. Maureen current sits on the Healthy Wisconsin Leadership Institute and serves on several committees related to tobacco control. She and her husband Steve have two young daughters.

Steve Busalacchi: Steve is currently a health communications consultant, directing Steve Busalacchi Communications L.L.C., Madison, where he provides communications and media strategy for health care clients. He has more than 20 years of journalism and public relations experience working with Wisconsin's government and medical leaders. His experience includes feature writing, editing, communication planning, with focus on Internet, podcasting, magazines, newsletters, brochures, newspaper columns and speeches. From 1997-2006, Steve was Director of Public Relations for the Wisconsin Medical Society, where he served as spokesman, managed public relations budget, prepared officers/other physician members for interviews, edited and wrote for statewide newsletter, magazine, e-mail newsletter, Website and medical journal. Prior to joining the Medical Society, Busalacchi, 45, was a familiar name to regular listeners of Wisconsin Public Radio, where he was medical reporter for 15 years. Busalacchi will remain a voice for the state's physicians; the Medical Society has a contract with him for communications services.

Renie Schapiro: Renie's health communications background reflects her interest in both public health policy and journalism. She has an MPH from Yale University School of Epidemiology and Public Health and has worked as a reporter, editor and speechwriter. She was a reporter for the London Sunday Times and Time Magazine and has written for other publications including the Washington Post, Madison Magazine and the Milwaukee Journal Sentinel. She was also editor-in-chief of The New Physician Magazine. She currently writes a monthly column, "The Public's Health" for the Milwaukee Journal Sentinel. In addition, she was speechwriter to Dr. David Kessler when he was FDA Commissioner and assisted him in writing his book, A Question of Intent. She also served as speechwriter to Dr. Steven Schroeder when he was President of the Robert Wood Johnson Foundation.

David Wahlberg: David Wahlberg is the health and medicine reporter at the Wisconsin State Journal. He has covered medical topics for most of his 18 years as a newspaper reporter, including jobs at the Atlanta Journal-Constitution and the Ann Arbor (Mich.) News. Though he doesn't have an educational background in medicine or science, he has participated in several specialized journalism fellowships, such as one about public health at the Centers for Disease Control and Prevention and some about stem cells and brain research at Harvard University and the University of Maryland. He also taught English in China and studied journalism as a Fulbright scholar in Singapore.

Information Technology:

Jen Spencer
Master of Public Health Program
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IV. REQUIRED TEXTBOOK

Nelson DE, Brownson RC, Remington PL, Parvanta CF (eds). Communicating Public Health Information Effectively: A Guide for Practitioners. American Public Health Association, Washington D.C., 2002.

This textbook is available at the UW Bookstore (15 copies) at:
<http://www.uwbookstore.com/epages/ubs.storefront/4683eb84002826d6273f0afffe110697/UserTemplate/120>

“As the first of its kind, this book provides a comprehensive approach to help public health practitioners in both the public and private sector to improve their ability to communicate with different audiences. From the news media to legislators, and from visual communication to electronic communication, every chapter provides practical, real-world recommendations and examples on how to communicate public health information to nonscientific audiences more effectively. The knowledge and skills gleaned from this book will assist with planning and executing simple and complex communication activities commonly done by public health practitioners.”

V. COURSE FORMAT & EVALUATION

Participants enrolled for credit will be expected to attend class and participate in discussion and group projects and complete all assignments. Grades will be based on participation, papers/ projects, and an oral presentation:

Participation (20%): Participation will be evaluated in the in-class discussions, small groups, and online.

Papers/Projects (60%):

- Communication Plan (20%)
- Press Release (20%)
- Letter to the Editor (20%)

Oral Testimony (20%):

Late policy: Assignments that are turned in late will be reduced by one grade level (10 points). This can be waived in advance for certain reasons (e.g., religious holidays, illness, required commitments, etc).

The course will be graded on a 100 point scale:

- A: 93+ (outstanding)
- AB 88-92 (excellent)
- B 83-88 (very good)
- BC 78-82 (fair)
- C <78 (poor)

VI. INSTRUCTIONAL TECHNOLOGY

This course will utilize instructional technology to aid in the student learning process. Technology, such as Learn@UW and Wisemail, will be used for online learning activities, outside class communication, Web-based readings, lecture materials, and individual and team-based projects. Students are expected to partake in these online activities and participation will count toward student grades.

Learn@UW is a course management system. Wisemail is the UW-Madison email account system.

Students may use computers at the Health Sciences Learning Center or other UW computer labs to access online course activities. Students that plan to connect from home will need a dependable Internet connection, preferably broadband, and a relatively fast computer with sufficient hard disk space for file transfer. Students should plan to check their Wisemail account and log-in to Learn@UW every day.

Please take a look at the student technology resource Web guide at:

<http://www.doit.wisc.edu/students/index.asp>

and technology policies at http://www.doit.wisc.edu/security/policies/appropriate_use.asp

Getting Started:

Step 1: If you haven't done so already, activate your NetID and Wisemail account. Directions: http://www.doit.wisc.edu/students/activate.asp
Step 2: Log-in and familiarize yourself with MyUW. Check and send email. (Note: You will need the Java plug-in installed to use MyUW applications. This free download is available at http://www.java.com .)
Step 3: Log-in to Learn@UW with your NetID and password. https://uwmad.courses.wisconsin.edu . If you are not able to log-in contact the Doit help desk at 264-4357.
Step 4: Click on the plus icon in front of 2007 – Summer.
Step 5: Click on the link for this course and explore. Log-out when you are done.

Resources for accessing online course activities from home:

WiscWorld. WiscWorld is a collection of resources (information, software and documentation) to make it easier for UW-Madison students to connect their computers to online resources. It is available to download at: <http://www.doit.wisc.edu/wiscworld/>.

Antivirus Software. Antivirus software is essential because in this course we will utilize attachments and file transfers to share and submit course materials. Free Norton Antivirus for is available at the DoIT Showroom or at:

<http://www.doit.wisc.edu/software/security/download.asp>

For Windows user, it's also recommended that you install Ad-aware on your computer. Information on this free download is available at:

<http://www.doit.wisc.edu/wiscworld/download/windows.asp>

Internet Browser: Netscape, Internet Explorer, or Mozilla.. For optimal results please upgrade your browser to the latest version. Please note that browser downloads are available at the WiscWorld site.

Adobe Acrobat Reader. Acrobat Reader will allow you to read PDF files. Adobe Reader 7.0 is the most current version and is available for free download at the following Website address:

<http://www.adobe.com/products/acrobat/readstep2.html>

The reader is also available for download at the WiscWorld site.

Window Media Player. You will need Windows Media Player 10.0 or the most current for your operating system to watch archived lectures or videos. This free plug-in can be downloaded at: <http://www.microsoft.com/windows/windowsmedia/default.aspx>

VII. NON-DISCRIMINATION POLICY

The UW Madison is committed to creating a dynamic, diverse and welcoming learning environment for all students and has a non-discrimination policy that reflects this philosophy. Disrespectful behaviors or comments addressed towards any group or individual, regardless of race/ethnicity, sexuality, gender, religion, ability, or any other difference is deemed unacceptable in this class, and will be addressed publicly by the professor.

VIII. COURSE SCHEDULE

Date	Time/ Place	Topics (Faculty)	Assignments
Monday July 9	9-10 511 WARF	Introductions and course overview <u>Lecture (Remington)</u> : Framework for health communication	Nelson Chapters 1-3
	10-11 511 WARF	<u>Lecture: Developing a health communication plan (Remington and S. Busalacchi)</u>	
	11-12 Breakout	<u>Exercise #1</u> (small group): Prepare a communication plan for a public health report	
By Tues July 10 5 PM	--	<u>Assignment</u>	Communication plans posted online (group)
Wed July 11	9-10 511 WARF	<u>Discussion</u> : Small groups report on their communication plans (<u>Dr. John Frey</u> , discussant-invited).	
	10-11 511 WARF	<u>Lecture (Remington and Schapiro)</u> : Communicating to inform and working with the media	Nelson chapters 4, 6
	11-12 Breakout	<u>Exercise #2</u> (small group): Write a press release based on the report from Ex. #1	
By Thurs July 12 5 PM	--	<u>Assignment</u>	Post a copy of the press release (group)
Friday July 13	9-10:30 511 WARF or Breakout	<u>Discussion of Exercise #2</u> : Each group is interviewed by a reporter (<u>Remington, Schapiro, S. Busalacchi, Wahlberg, and others</u>)	
“	10:30-11:15 511 WARF	<u>Lecture (Remington, Ceraso, and Ahrens)</u> : Communicating to persuade and with policy makers	Nelson chapters 5, 7-9
“	11:15- 12 noon Breakout	<u>Exercise #3</u> (small group): Each group finds a current public health policy issue that is before a local or state legislative body and prepares a letter to the editor.	
By Sun	--	<u>Assignment</u>	Post a letter to the

July 10 th at 5 PM			editor (individual)
Monday July 16	9-10 511 WARF	<u>Discussion</u> : Small groups report on their letters to the editor. Ahrens/Ceraso to react to letters	
“	10-11 511 WARF	<u>Lecture</u> (Remington and M. Busalacchi): How to talk with your legislator and policy makers	Nelson chapter 10-12
“	11-12 Breakout	<u>Exercise #4</u> (Individual): Students prepare testimony for a public hearing, in support of their public health policy	
By Tues July 17 5 PM	--		Post the 500 word written testimony (individual)
Wed July 18	9-11 Capitol Hearing Rm?	<u>Discussion</u> of Exercise #4: Each student presents a 3-minute testimony relating to the proposed policy. Health policy experts (e.g., Ceraso, Ahrens, M. Busalacchi). Session may be in the Capitol.	
	11-12 As above	<u>Lecture</u> : Summary of course (Remington)	Nelson chapters 13-14

Part 1: Background and Framework for Health Communication

July 9-11

The first section of the course will provide a background and framework for public health communication and the translation of public health data.

Objectives:

- Understand and identify barriers to communication
- Describe the history of health communication
- Name the 8 steps in developing a public health communication framework
- Understand the importance of evaluating message effectiveness
- Be able to develop a single over-riding health communication objective

Required Readings:

- Nelson Chapters 1. Overview; 2. Planning framework; and 3. Communication issues
- Remington PL, Nelson D. Communicating Epidemiologic Information. In: Applied Epidemiology, 2nd Edition. Brownson and Pettiti (eds). Oxford University Press, New York, 2006.

Additional Readings:

- Remington PL, Simoes E, Brownson RC, Siegel PZ. The Role of Epidemiology in Chronic Disease Prevention and Health Promotion Programs. Journal of Public Health Management & Practice. 9(4):258-265, July 2003.
- Goodman RA, Remington PL, Howard RJ. Communicating information for action within the public health system. IN: Teutsch SM, Churchill RE (eds): The Principles and Practice of Public Health Surveillance, Second Edition. Oxford University Press, New York, 2000.
- Healthy People 2010. Health Communication. Chapter 11.
<http://www.healthypeople.gov/document/HTML/Volume1/11HealthCom.htm>
- About Abstracts. <http://www.learning.wisc.edu/ugsymposium/abstracts.html>

A previous version of this lecture is available online at

<http://uwmad.courses.wisconsin.edu/d2l/orgTools/ouHome/ouHome.asp?ou=428454>

Lecture Notes: Remington and Steve Busalacchi will describe the importance of having a communication plan, when working in public health. Steps in developing a health communication are described in Nelson, and include:

- What is the scientific evidence (i.e., describe the problem to be addressed, the strength of the scientific evidence, and the extent of the scientific consensus behind the communication activity)?
- Why is the communication necessary (what is the purpose of the communication)?
- Who is the audience (primary, secondary, and tertiary)?
- What is the message (the main idea condensed into 1 or 2 sentences)?
- How and where should the message be delivered?
- When should the message be delivered?

- Implement the communication plan.
- Did the audience receive the information and was it effective?
- Other considerations (e.g., resources, other priorities, barriers).

They will also emphasize communicating in layperson terms, using plain, easy to understand SHORT sentences.

One approach is to develop a Single Overriding Communication Objectives (SOCO) approach to communicating information. This approach involves identifying the key point of the message, the 3 facts you would like the audience to remember, who the main audience is, the single message the audience needs to take away from the communication, and a primary point of contact for further information.

Exercise #1: Writing a Health Communication Plan

Public health practitioners produce information about the health of a community—one of the core functions of public health. These assessments often examine the burden of disease in populations, trends over time, or health disparities. They represent a “call to action” for the community. But one of the major challenges is to assure that these assessments gain appropriate attention by community leaders and policy makers.

The goal of this exercise is to understand the methods that can be used to effectively communicate information from public health analyses, to those who need to know.

In-Class Exercise (Monday, July 9th, 11-12 noon)

Students will work in small groups, of 3-4 students each. Each group will be provided a public health report that has been accepted for publication or has been recently published. The papers are posted on Learn@UW.

Working in the small group, students will quickly review the papers (focusing on the abstract, major results, and conclusions that the authors have included in the paper). Consider the following questions when developing your communication plan:

1. WHAT IS THE SCIENTIFIC EVIDENCE?

Describe the problem to be addressed, the strength of the scientific evidence, and the extent of scientific consensus behind the communication activity.

2. WHY IS COMMUNICATION NECESSARY (PURPOSE)?

Describe the specific purpose of communication effort. Is it to inform or persuade?

3. WHO IS THE AUDIENCE?

Describe the primary and secondary (if any) audience(s) for the communication message.

4. WHAT IS THE MESSAGE?

The message concept is the main idea to convey to the audience should be condensed to one or two sentences. Exact wording for the final message needs to be developed and pre-tested with content experts and members of the intended audience.

What is the main message? What are the supporting messages? Describe how you could pretest the message with technical experts (specify who and when). Describe how you could pretest the message wording and delivery formats with persons from intended audience(s) (specify who and when):

5. HOW AND WHERE SHOULD THE MESSAGE BE DELIVERED?

What techniques will be used to deliver the message? Will you use written communication, visual communication, oral presentation, electronic communication, interpersonal communication (e.g., phone call, face-to-face meeting), or mass media?

6. WHEN SHOULD THE MESSAGE BE DELIVERED?

Describe the timing of the communication effort. Is there a specified deadline? Are there other efforts or resources needed to implement the plan? Are there any other competing priorities (e.g., the amount of existing attention and competition with other issues)?

7. IMPLEMENT THE COMMUNICATION PLAN

Based on your plan above, how much effort (time, personal, financial resources) do you think would be required to implement this plan?

8. DID THE AUDIENCE RECEIVE THE INFORMATION AND WAS IT EFFECTIVE?

Describe the type of evaluation that you would do. Specify what could be used to measure receipt of communication message by the audience. If you propose an outcome evaluation, specify what will be used to measure the effectiveness of the communication (and approximately how much it will cost).

After class: Work with the members of your group to develop a communication plan for the paper. Using the questions above (adapted from Appendix 1 in Nelson), develop a communication plan for your paper. It is to be turned in no later than **5 PM on Tuesday July 10th**.

In-Class Discussion (Wed, July 11th, 9-10)

Each group will present their communication plan (5 minutes to present, 5 minutes to discuss).

Part 2: Communicating to Inform, Working with the Media

July 11 & 13

The second part of this course will address communication strategies to inform, with a focus on the media.

Objectives:

- Be able to developing communication messages
- Understand the challenges and barriers to oral, visual, electronic, and risk communication

Required Readings:

- Nelson chapters 4. Communicating to Inform; 6. Communicating with the Media

Additional Readings:

- Remington PL, Houston CA, Cook LC. Media interventions to promote tobacco control policies. IN: Monograph 16: ASSIST Shaping the Future of Tobacco Prevention and Control (pp. 119-166). National Cancer Institute, 2005..
- Dunwoody, S. The challenge of trying to make a difference using media messages.
- Schwitzer et. al. What are the roles and responsibilities of the media in disseminating health information.
- Woloshin et. al. Press releases: Translating research into news.
- Yanovitzky et. al. Media attention, institutional response, and health behavior change.
- <http://www.who.int/csr/resources/publications/WHO%20MEDIA%20FIELD%20GUIDE.pdf>

Lecture Notes:

In this session, Remington and Schapiro will describe the basic structure of science stories—what reporters need to fill in those holes. A key challenge for health editors is separating wheat from chaff. In this session, they will talk about the importance of communicating both the significance and the importance of the findings.

Examples will be presented to show how the lead typically states the findings, possibly suggesting the significance. Then there may be a statement indicating its significance ("This could lead to...") and often a quote from an authority ("This is the biggest thing since sliced bread.."). By understanding what reporters need, sources can do a better job of hooking them.

They will discuss the gaps between the reporter's goal for the story and the source's goals—often in conflict in reporting health information. Other points of contention will be presented, such as sources wanting to see the story before it is published, whereas reporters are reluctant to do so.

Finally, they will describe the important role of the press release. Publicity generated by press releases is free, and often the coverage is far more extensive than anything you could have hoped to say in a brochure or ad. If a press release is picked up by a news outlet the ability to reach a vast audience is greatly increased. This can be especially beneficial for private/voluntary health organizations with limited funds to get out their message.

How to Write a Press Release

1. **Collate and Organize Your Facts.** A simple rule is to find answers to questions pertaining to the who, what, when, where, why or also known has 5 Ws of the report, don't forget 'how' either. Put a date on the release and remember, yesterday's news isn't going to go far.
2. **Identify Your Story's Angle.** A good story angle must have the following three attributes: · It must be the most important fact in your story. · It must be timely. · It must be unique, newsworthy or contrary to norms and trends. This story angle must be presented in the first paragraph as well as the headline of your press release.
3. **Create a Catchy Headline.** Keep the headline short and simple using less than ten words. It should convey the key point in a manner that catches attention! For example: State Gets Failing Grades in Health for Minorities. If the release is for immediate release, then say so and make this clear i.e. FOR IMMEDIATE RELEASE. This opening paragraph should then follow with the details of the story.
4. **Writing in Third-Person Voice.** A press release must be presented objectively from a third person point of view. Some of the guidelines are listed below: · refrain from using any sales pitch in your press release. · remove "you", "I", "we" and "us" and replace them with "he" and "they". · provide references to any statistics, facts and figures raised in the press release. · refrain from expressing personal opinions, unless they are done in quotes. · draw conclusions from facts and statistics only - not general opinion.
5. **Provide "Quotes" From the Newsmakers.** Put the most important message down into a quote. Journalists always use quotes from the newsmakers to add an authoritative voice to their reports. If the press release contains quotes that are important and relevant to the story, chances are high that they will be replicated in full in the published article.
6. **Provide Additional Background Information.** Some press releases contain an “appendix” at the end, that provides a brief background on the institution releasing the information. List the contact information (e.g., cell phone number) at the top of the press release, including a back-up phone number in case you are not available when the reporter calls.

Summary: The above writing tips are not meant to be an exhaustive guide to writing a good press release. But, it should help you get started on writing a press release yourself. Remember that practice makes perfect and the best way to learn how to write an effective press release, is to observe how health is reported in newspapers in your community.

Adapted from <http://www.pressbox.co.uk/contpr2.htm> (last accessed June 26, 2007)

Top Ten Things to Know When Working with the Press (from Renie Schapiro)

10. Time and timing: Why talking next week may not work
9. No sneak previews: A common question and perhaps the most common misunderstanding
8. Missing persons: Your unseen presence

7. The bottom line: Significance to the literature, in your words
6. Story line: We may have different goals
5. Head Aches: Don't blame the reporter
4. You said it: I wasn't thinking
3. Truth and context: Practice your sound bite
2. Real people: Show don't tell
1. Keep in touch

Exercise #2: Writing a Press Release

Students will prepare a press release based on the report that they have reviewed. They will then be interviewed by a reporter, with questions about their findings.

In-Class Exercise (Wed 11, July 11th, 11 AM).

The media can be used to communicate public health messages to a broad audience. In this exercise, students will develop a plan to use the media, to achieve their communication objective (from the last exercise).

1. What is the SOCO for this paper? This is the headline for your story.

2. What are the 3 main points that you want the reader to take from this story?

3. Prepare several quotes that could be used to support your communication objectives.

After Class: Post the press release on the discussion page no later than **5 PM Thursday, July 12th.**

In Class Discussion: Friday July 13, 2007

During the second day of this exercise, students will be interviewed. The following website provides helpful information about how to prepare for an interview:

http://www.media-awareness.ca/english/special_initiatives/toolkit/being_interviewed/

Another helpful resource is:

<http://www.concernedjournalists.org/node/67>

Planning for the Interviews on Friday morning: Each person in the group should role-play for the interview. The following are options:

1. Lead author of the paper
2. Expert in the field, but not involved in the paper
3. Advocate working on issues related to this paper
4. State or local governmental public health official
5. Man or woman on the street
6. Other role?

Be prepared to discuss your report with a health reporter. Expect questions like:

- What did you find?
- Were you surprised by this finding?
- Why was this study done?
- What do you recommend
- Are there any other things you'd like to say?

Part 3: Communicating to Persuade

July 13 & 16

The third part of this course will focus on communication intended to persuade, with a focus on written communication. During the exercise, students will write a letter to the editor on a current public health issue.

Objectives:

- Describe specific strategies for communicating with public health policy makers

Required Readings:

- Nelson chapters 5. Communicating to Persuade; 7. Communicating with Policy Makers; 8. Communicating with Voluntary Organizations; 9. Written Communication
- **Chapman S.** Advocacy for public health: a primer. *J Epidemiol Community Health* 2004;**58**:361–5.

Additional Readings:

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Lecture Notes

During this session students will hear about approaches to influence health policy, ranging from information communications to formal advocacy.

Exercise #3: Writing a Letter to the Editor

Public health practitioners improve population health by advocating for evidence-based programs and policies. The goal of this case study is to understand the methods that can be used to effectively promote public health programs and policies.

There are 101 excuses for not writing or calling the media when you see unfair, biased or inaccurate news coverage: "I don't know enough"; "I'm too busy"; "My computer crashed."

Communicating with journalists makes a difference. If you take the time to type a substantive letter, send copies of it to two or three places within the media outlet-perhaps to the reporter, his or her editor, as well as to the letters-to-the-editor department.

If media outlets get letters from a dozen people raising the same issue, they will most likely publish one or two of them. So even if your letter doesn't get into print, it may help another one with a similar point of view get published. Surveys of newspaper readers show that the letters page is among the most closely read parts of the paper. It's also the page policy-makers look to as a barometer of public opinion.

Writing a Letter to Policy Makers/Editors Guidelines

Communication is a vital part of public health. There is no better way to learn how to write a letter than to actually write one. Therefore, I would like students to review web sites with tips on how to write a letter. Many organizations provide such tips:

<http://www.concernedjournalists.org/node/68>

<http://www.mapinc.org/resource/>

http://wa.essortment.com/lettertothe_rvet.htm

http://www.media-awareness.ca/english/resources/special_initiatives/toolkit_resources/tipsheets/writing_letter_editor.cfm

<http://www.acp-cpa.ca/lettertoeditortips.htm>

<http://www.sierraclub.org/takeaction/toolkit/letters.asp>

<http://www.uua.org/uuawo/new/article.php?id=58>

Remember to keep them short (the shorter the better). The best letters connect with policy makers by showing how the policy affects you, as a regular person. This is not the time to be academic or scholarly. It's the time to show the policy maker or editor how this policy makes you feel or affects you or your family.

In-Class (Friday, July 13, 11-12 noon)

Students will work in small groups, of 3-4 students each. Each group will identify a policy issue that is being debated in Madison or in Wisconsin. Examples include:

Group A. Smokefree Public Places

Senate Bill 150 (Risser-D- Madison) would ban smoking in all indoor public places including bars and restaurants. Similar laws have been enacted in 22 states and many cities. Proponents of the measure argue that the scientific evidence concludes that there is no safe level of exposure to secondhand smoke. (See the 2006 Surgeon General's Report on Environmental Tobacco Smoke.) Opponents argue that this is an interference in private property rights and is likely to cause economic harm to vulnerable businesses-particularly taverns.

The bill is strongly supported by the Governor. It is generally supported by the majority Democrats in Senate and opposed by the Republican majority leadership in the Assembly. There are, however, strong Republican supporters in the Senate and Assembly and Democratic opponents in the Senate including the former President of the Wisconsin Tavern League. At this time no action has been taken on the bill and it is not likely to be addressed until 2008.

See:

<http://www.legis.state.wi.us>:

You can search for bills, laws and information on legislators.

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

Data on health issues related to secondhand smoke as well as legislative strategies.

http://www.tlw.org/public/smoking_ban.shtml

Tavern League site focusing on economic effects as well as health issues.

Group B. Bike helmet law

Assembly Bill 822 (Urban-R-Oconomowoc), introduced in 2000 and 2002, required people under 14 riding or being carried on a bike to wear a bike helmet. First time violators would receive a warning and a letter to the parent/guardian. Second time violators would receive a \$50 fine. Research indicates the importance of “social norming” in the use of bike helmets. For younger riders, parents establish the social norm and for pre-teens and young teens, peer groups are more important. Laws help establish and reinforce norms. As a means of reinforcing authority, the presence of a law also helps reinforce parental authority (“You must because it’s the law.”)

Approximately 250-300 children die each year from bike accidents, most of them from brain trauma. Many thousands more suffer serious injuries. Helmets have been shown to be 85-95% effective in eliminating serious brain injury.

Opponents of the measure argued that it was a case of government interference in the family. (“Leave me alone. Leave my kids alone”- Senate majority leader Welch). In the second vote in as many sessions, three senators switched their votes from “yes” to “no” and the bill failed in the senate by one vote. Assembly leader Jensen did not allow the bill to come up for a vote although it passed an Assembly committee unanimously.

See:

<http://www.helmets.org/mandator.htm>

Primary advocacy site for bike helmet safety laws.

<http://www.uwhealth.org/page.asp?contentid=11762>

UW Health’s appeal to patients’ to wear bike helmets.

Group C. Health care reform

Senate Democrats introduced a health care reform measure, **Healthy Wisconsin**, which would provide all Wisconsin residents with comprehensive coverage. Care will be provided through either a statewide fee-for-service plan or through a “Health Care Network” that contracts with a new governing body. Employees would pay 4% of their Social Security wage and employers would pay between 9-12% of employees’ Social Security wage to finance the program. Health care networks will be required to spend at least 92% of the revenue they receive on direct medical care and on measures to improve quality and contain cost. Networks could not exclude enrollment based on health status.

This bill was introduced as part of the overall budget bill. As such, there has been very limited public review of the bill. If it fails to be included in the budget bill, it may be re-introduced as separate legislation.

See:

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

The business association’s case against “the largest tax increase in history.”

<http://www.healthywisconsin.net/>

An overview of the bill from the bill’s authors.

http://www.wistax.org/whats_new/whats%20new%20focus.htm

Business-backed Taxpayers’ Alliance view of the bill.

<http://dhfs.wisconsin.gov/stats/healthinsurance.htm>

Information on health insurance in the state e.g. uninsured, cost of insurance.

Group D. Beer tax

Rep. Terese Berceau (D-Madison) has proposed raising the beer tax from the current \$2 per barrel to \$10 per barrel. This would roughly increase the tax on a six-pack from 4 cents to 18 cents. The tax was last increased in 1969. Wisconsin has the third lowest beer tax in the nation. The bill proposes that the revenues from the tax increase would be used to fund alcohol addiction and mental health treatment. Similar to proponents of an increase in the cigarette tax, advocates of the beer tax increase argue that higher prices cause lower rates of consumption among youth. The bill has not been formally introduced. It is supported by alcohol and mental health treatment groups. It is opposed by many industry groups (taverns, beer industry, etc.) as well as much of the leadership of both parties in the Senate and Assembly.

See:

<http://www.legis.state.wi.us/assembly/asm76/news/>

Berceau’s web page. Go to legislation for more information on the bill.

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

Web clearinghouse on alcohol and drug policy and proponents of increasing excise taxes on alcohol.

Group E. Granting Immunity to Restaurants from Lawsuits Pertaining to Obesity

In the last legislative session, Senator Tom Reynolds (R-West Allis) proposed legislation that would disallow lawsuits against restaurants from individuals who claimed that their obesity was in whole or part caused by the food from the restaurant. The lawsuits have been characterized as “McFat” lawsuits as a result of the initial lawsuit against a McDonalds restaurant filed by two teenagers. National legislation to immunize restaurants has been called “Cheeseburger” bills by their authors.

In the 2003-04 session the bill passed both houses and was vetoed by the Governor. The Governor said that there had been no lawsuits against restaurants in the state and that no lawsuit had been successful in the nation. Proponents of the measure argued that the bill was necessary to protect restaurants from lawsuits that would injure the state’s economy as well as individual restaurants. They also argued that individuals should take “personal responsibility” for their own health and well-being. Opponents of the bill argued that the food industry is soliciting a special protection that is not available to other businesses and that all businesses are currently protected from frivolous claims.

In 2005-06 session, the bill was reintroduced and passed by both houses. The Governor signed the measure in April 2006.

See:

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

Primary site of industry lobbying organization.

<http://www.cspinet.org/new/pdf/cbletter.pdf>

A letter to Congress in opposition to the federal legislation.

Working in the small group, students will select a program or policy to advocate for. Answer the following questions:

1. What is the evidence base, supporting this program or policy?
2. What arguments do the proponents use to promote the program or policy?
3. What arguments do the opponents use against the program or policy?

After class: Each student will write a letter to the editor, in support of, or opposing this program or policy. It is to be turned in no later than **5 PM on Sunday July 15th**.

Remember to keep them short (the shorter the better). The best letters connect with policy makers by showing how the policy affects you, as a regular person. This is not the time to be academic or scholarly. It's the time to show the policy maker or editor how this policy makes you feel or affects you or your family. Letters will be judged as how likely an editor would be to publish them or how likely a policy maker would be to be swayed by the letter. Does it make a convincing point? Is it clear, and concise? Is it well written?

In Class Discussion: Monday July 16, 2007 (9-10)

During class discussion, members of each group will critique the other students' letters.

- Is the letter clear and easy to understand?
- Does it make a convincing point?
- Would it be likely to be published?

Part 4: Communicating with Policy Makers

July 13 & 15

The fourth part of this course will focus on communicating with policy makers, in person and through oral testimony.

Objectives:

- Describe specific strategies for communicating with public health policy makers
- Understand the role of informal communication, versus formal testimony

Required Readings:

- Nelson chapters 10. Oral Communication; 11. Visual Communication; 12. Electronic Communication; 13. Risk Communication; and 14. Future directions

Lecture Notes (MONDAY, JULY 16TH, 10 AM – 11 AM):

In this lecture, Maureen Busalacchi and Remington will describe approaches to communicating with policy makers. Everyone should be able to present oral testimony at a public hearing. This will be the content of the exercise. However, the chances of being able to testify at a hearing are less than running into a legislator at an event or setting up a meeting with them.

During this session, we will role play some examples of meetings with legislators. Sometimes you have less than one minute and other times you get a half hour!

Exercise #4: Testifying at a Public Hearing

Public health practitioners improve population health, by advocating for evidence-based programs and policies.

In-Class (Monday July 16th, 11-12 noon)

Students will work in small groups. Each group will be assigned one of the current public health or health care policy issues (from the last exercise). These topics will be determined, based on which legislators/policy makers are able to attend the mock hearing.

Students will develop a 3 minute testimony (about 500 words). Each student should come at the issue from a different perspective (e.g., some in favor, some opposed).

After Class: Student will post their testimony no later than 5 PM on Tues, July 17th.

In-Class (Wed, July 18th, 9-11 AM)

One of the most fundamental approaches used to promote public health policies, is to testify at a public hearing. During the last class period, students will present their testimony to a panel of policy makers in the Capitol.

Each policy will be debated for 30 minutes. Each student will present for 3 minutes. Typically, the testimony is delivered without interruption. Then the policy maker will be able to ask follow up questions, for about 3 minutes. With 4 people testifying, this will take about 25 minutes.

The following is the tentative schedule:

9:00-9:30	Risser on the SmokeFree law
9:30-10:00	TBD
10:00-10:30	Rep Berceau on beer tax
10:30-11:00	Mike or Sen Roessler on bike helmet
11:00-11:30	TBD

*Kelly from Sen Erpenbach's office is available at either 9:30 or 11 on the healthy WI plan. Attempting to get Senator Miller and waiting for confirmation. Have not heard back from Gunderson's office yet regarding the restaurant bill from last session limiting or eliminating their liability.