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Advocating for Change

Persuading Decision Makers to Act for Better Health



Advocating for Change | Persuading Decision Makers to Act for Better Health
Written by Harry Snyder and Carl Oshiro, with assistance from Matt Iverson
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Special acknowledgment to The California Endowment's Public Policy Director, Barbara Masters, for her guidance and insight in developing the framework for *Advocating for Change*.

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Persuading Decision
Makers to Act for
Better Health



Center for Healthy Communities

Foreword

The California Endowment places a strong emphasis on policy change activities, including advocacy, with the belief that policy change is necessary to make meaningful and lasting improvement in the health of Californians. Although no single policy or system change will achieve the ultimate goal of a healthier California, The Endowment firmly believes that everyone has a role to play and that all organizations can participate in the advocacy process.

To that end, The Endowment's Public Policy Department and the Center for Healthy Communities have developed *Advocating for Change* as part of the Center's Health ExChange Academy. Designed to provide you with the fundamentals of advocacy and the tools to put that knowledge into practice, *Advocating for Change | Persuading Decision Makers to Act for Better Health* is the second in a series of trainings to help staff at nonprofit organizations become more effective leaders in improving community health.

Special thanks are due to Harry Snyder, an advocate well-known for his prior work at Consumers Union, and Carl Oshiro for writing this manual. The training program itself was developed by Harry and the team at the National Community Development Institute: Omowale Satterwhite, Shiree Teng and Diana Lee.

It is our hope that this manual and training will help you in your work in advocating for improved health outcomes in California's most underserved communities.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert K. Ross', written in a cursive style.

Robert K. Ross, M.D.
President and Chief Executive Officer
The California Endowment

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Advocacy, Persuasion and Change: an Introduction

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This manual is one in a series of publications to help grantees of The California Endowment and others understand the world of health policy advocacy. Health policy consists of the rules governing health issues. For example, these rules determine how a diverse population receives appropriate health care, what worker safety protections will be in place and how much pollution can be released into the air. Policy change is a shift in the rules that allows for new ways of doing things, such as more culturally and linguistically appropriate health services, stronger measures to prevent repetitive stress injuries or stricter standards for release of pollutants. Advocacy is a way to change both the health policy rules and resource allocation decisions of government and private institutions.

The first manual in this series, *Understanding How to Impact Health Policy*, covers the basics of how to be an advocate for better health (getting the facts, building support, making a plan, and communicating your message to inform the public and decision makers). *Understanding How to Impact Health Policy* also describes different advocacy places where decisions are made (working with health care institutions, government agencies, and private businesses; changing the law; using the ballot box; using the courts; and taking direct group action) and provides guidance on choosing among these different options.

This manual focuses on how to persuade decision makers. Whether you are trying to get the legislature to pass a new law, an agency to adopt a new rule, or a company to change the way it is doing business, you will need to persuade decision makers to take actions that will improve the health of people in your community. This manual discusses how to:

- **identify health policy decision makers**
- **find the right decision makers for your issue**
- **frame key persuasion points**
- **figure out what decision makers respond to**

“If you have an important point to make, don’t try to be subtle or clever. Use a pile driver. Hit the point once. Then come back and hit it again. Then hit it a third time—a tremendous whack.”

—Winston Churchill



Restrictions on Legislative Advocacy

There are certain restrictions on lobbying (or advocating) by 501(c)(3) organizations in the legislative branch of government. *Lobbying* refers to talking to or communicating with legislators and their aides and trying to convince them to act in support of your position on legislation. It is important to understand that these restrictions do not apply to the many other forms of health policy advocacy such as using the courts or petitioning an agency like the Department of Health.

It is also important to understand that the restrictions on lobbying are not intended to prevent legislative advocacy or lobbying. According to the Alliance for Justice's *Worry-Free Lobbying for Nonprofits*, "Congress has stated that influencing legislation is an appropriate and legitimate activity for charitable organizations. In 1976, it passed legislation giving public charities the right to lobby up to a defined percentage of their annual expenditures." The Alliance for Justice has published this and other materials that clearly describe the guidelines for 501(c)(3) organizations to follow when advocating in the California Legislature or Congress. (See References p. 30 for Alliance for Justice.)

- **determine what actions to take before, during and after meeting with decision makers**
- **avoid some traps in the advocacy process and define the best style for your campaign**

The References listed in Chapter 9 provide additional resources for in-depth guidance on specific issues.

THE GOAL OF ALL ADVOCATES IS TO PERSUADE

As you know, an advocate is one who is called upon to speak or plead on behalf of another. To be effective, a health policy advocate must persuade key decision makers to take certain actions that will improve the health of people in the community. Depending on the problem you are trying to solve, you may need to persuade:

- **legislators to pass new or different laws**
- **agency heads to adopt new or different regulations**
- **directors of health care institutions to provide new or different services, or existing services in new ways**
- **local officials to work more closely with community-based organizations in designing programs, allocating resources and delivering needed services**
- **executives to reduce toxic emissions, improve working conditions or stop a harmful business practice such as marketing unhealthy products**

2

Who Are the Health Policy Decision Makers?

A key strategic decision for your campaign is to agree on the best possible way to bring about the health policy change you seek.

A key strategic decision for your campaign is to agree on the best possible way to bring about the health policy change you seek. Will the solution to the problem you identified require a new law or regulation or does a health care institution need to change its procedures? Have you tried everything else and now find you must file a lawsuit to solve the problem? Wherever you choose to focus your campaign, success requires hard work, thoroughness, clear communication among co-workers, and attention to detail.

Keep in mind that when the policy change has been made there is still work to be done. You will need to follow up to see that the change is implemented. Where appropriate, you may need to advocate for enforcement and evaluation of the new policy. In the planning stages of the campaign, be sure to acknowledge that the job will not be done until the new health policy has been adopted and its implementation is solving the problem you originally identified.

CHANGING THE LAW

One way to bring about change is to persuade the state legislature, city council or county board of supervisors either to pass a new law or change existing laws. To be effective in the legislature, you will need to persuade one or more legislators to introduce the measure and work hard for its passage. Typically, proposed laws are assigned to committees, so you will have to persuade a majority of the committee members to vote in support of the law. As the measure progresses to the full assembly or senate, you will have to persuade more legislators to support your measure. If your measure passes the legislature, you may need to persuade the governor to sign it into law. The legislative process at the local government level follows a similar process involving city council members and county supervisors.

WORKING WITH GOVERNMENT AGENCIES

At both the state and federal levels, there are government agencies (departments, commissions, boards, etc.) that either have general responsibility for protecting the public at large or specific responsibil-

ity for overseeing parts of the health care system. They also issue regulations and implement or enforce laws. Established by Congress, the state legislature, a local city council or a county board of supervisors, administrative agencies are usually given broad powers to address problems in their designated areas.

Many agencies are headed by a single person. The head of an agency may be called an agency secretary, director or commissioner. Some agencies are headed by several people who may be called commissioners or board members, one of whom serves as chair. The executive branch (the governor or mayor) usually appoints the heads of agencies, sometimes with the approval of the legislature.

Most agency heads serve “at the pleasure” of the governor or mayor; therefore, they can be removed at any time. In these situations, agency heads are likely to consult with the governor or mayor before making a controversial decision. To promote agency independence, the heads of some agencies are appointed for a set term of years and some agency heads are elected. However, even these agencies are not totally independent. All administrative agencies are subject to legislative oversight, and every year the legislative branch appropriates the budget for each agency.

Depending on the size of the agency, there will be various subunits (divisions, sections, etc.) with more specialized responsibilities. These subunits will be headed by deputy directors, section



California Center for Public Health Advocacy and SB 19

In 1998, the California Center for Public Health Advocacy (CCPHA) began laying the groundwork for legislation to fight the obesity epidemic among children. By strategically organizing local residents in six state assembly districts that were home to the most powerful and influential policymakers, CCPHA set out to educate legislators. Using data from fifth-, seventh- and ninth-grade physical education tests, CCPHA created fact sheets that discussed the health conditions of children in each of the state’s 120 legislative districts. The fact sheets charted the percentage of overweight and unfit students by grade, gender and ethnicity.

When community teams presented this information to legislators, their jaws dropped. In California, on average, over 25 percent of children are overweight and 40 percent are unfit. Senate Health Committee Chair Martha Escutia stepped forward to author a bill based on the health information she received from CCPHA.

The CCPHA also formed the School Nutrition Consensus Panel, which included 10 nationally respected nutrition experts, who surprisingly reached total consensus on healthy food standards for children in just two months. Building on this consensus, Senator Escutia introduced SB 19 requiring nutritional standards for foods sold at elementary schools and limiting the availability of soda in middle schools.

After the introduction of SB 19, reporters asked legislators and other elected officials what they were doing to promote child nutrition in their districts. Fourteen pilot programs were started that totally banned junk food and soda in schools, the Los Angeles Unified School District banned sodas in schools and the California Legislature overwhelmingly passed SB 19.



Fresno Local Health Care Coalition and Public Health

In an effort to provide better health for the Fresno community, the Local Health Care Coalition (LHCC), an umbrella organization of the Fresno Metro Ministry, brought together more than 40 local health care providers, administrators and health care consumers to advocate for the creation of a full-time public health officer in Fresno County. The coalition met with individual members of the Fresno County Board of Supervisors to discuss community concerns and explain why this position was important for so many county residents. During these meetings the coalition members presented fact sheets and other materials they created using information on state public health rules and laws.

They then created the Public Health Officer Task Force and wrote letters and gave testimony before the Board of Supervisors. At the hearings, LHCC presented a number of charts and graphs based on their research and discussions with health care leaders to show the need for a public health officer. The coalition provided interpreters for community members who chose not to speak in English. As a result of their broad support base, LHCC was successful in creating a health officer position to monitor and advocate for public health in Fresno County.

chiefs, etc., who ultimately report to the agency head. For example, San Francisco Department of Public Health is organized into separate sections for Hospital Systems, San Francisco General Hospital, Jail Health, Community Health Programs, AIDS Services, and Community Health & Safety, each with a section head reporting to the director of health.

WORKING WITH PRIVATE COMPANIES

Private businesses have an enormous stake in improving the delivery of health care in California. Many businesses either provide or would like to provide health insurance for employees and their families. Other businesses, such as pharmaceutical companies, managed care companies, hospitals and nursing home chains, provide the products and services that make up our health care system. Other companies may not be directly related to health care but could have a negative impact on the health of Californians by producing products that are harmful to consumers or using processes that harm workers, the surrounding community or the environment.

Working with private businesses could involve changing their policies to help solve a particular problem. Or it may involve urging a business to be part of a larger alliance to reform the system through new laws and rules, structural changes, or incentives.

Working with a small, local business may simply mean convincing the owner, partners or manager. For example, families living in the Tenderloin area of downtown San Francisco wanted to end disorderly conduct on their streets. Community groups formed a coalition and convinced liquor-store owners in their neighborhood to stop selling fortified wines, which had become a community plague. The result was a cleaner and healthier place to live. On the other hand, working with a Fortune 500 company may mean getting the attention of and persuading executives who are located hundreds or possibly thousands of miles away.

WORKING WITH HEALTH CARE INSTITUTIONS

In some cases, the problem may involve a for-profit or nonprofit institution that is providing a critical service in your community (e.g., a hospital, health center or clinic) and the people you need to persuade are its management (director, chief executive officer, general manager) and governing board (board of directors). If the institution is accountable to a state or local government agency or a local city council or board of supervisors, you might seek help from those bodies as well.

USING THE COURTS

Another method of changing the status quo is to file a lawsuit. Typically, lawsuits are brought either to stop actions that violate existing law(s) or to require actions that are mandated by existing law(s). In California, cases are usually decided first by a Superior Court judge. Appeals of Superior Court decisions are decided by the three-member panels made up of justices of the Court of Appeal. The seven justices of the California Supreme Court decide appeals of Court of Appeal decisions. All judges and justices are appointed by the governor and stand periodically for election.

Judges are not legislators or policymakers; they apply existing law (constitutional law, statutes, ordinances, common law). Sometimes, they apply the law to new situations and, on occasion, appellate courts interpret the law in a new or different way. Courts are not supposed to make new policy (for example, deciding on the “best” health policy). Instead, their job is to decide if a practice is “legal” under the existing law.

After a lawsuit is filed, communications between the parties and the court are usually conducted through the attorneys and are subject to strict rules. In cases with broad public importance, courts generally allow nonparties to file *amicus curiae* (friend of the court) briefs. These briefs can be highly persuasive, especially



Oregon Health Action Campaign and Free Hospital Care

Concerned about the problems low-income people were facing when they needed hospital care but were uninsured, Oregon Health Action Campaign worked with Community Catalyst to research local hospitals and determine whether they had explicit free-care policies, who was covered by those policies, and whether they had procedures and processes in place for facilitating access to free care. Finding that there were barriers to free or reduced-cost care, Health Action Campaign worked with hospital leaders in Marion and Polk counties to develop a model free-care policy that included:

- eligibility for completely free care at 150 percent of the Federal Poverty Level and a sliding fee scale above that
- a commitment to negotiating reasonable payment arrangements, i.e., based on the individual’s ability to pay rather than a hospital-imposed formula
- a uniform application and a commitment to staff education about free-care policies and the application process
- visible postings about free care

The model policy was subsequently adopted by hospitals in the Portland metropolitan area and in Lincoln County. (For more about this and other locally based projects on free care in hospitals see *Not There When You Need It: The Search for Free Hospital Care*, October 2003, Community Catalyst, at www.communitycatalyst.org.)

when they are filed by credible organizations and present the public policy arguments for or against a particular decision in a compelling manner.

If the court schedules a hearing or oral argument, be present if you can and ask others to attend. Even though you will probably not have an opportunity to speak, a respectful presence will show the judges that this is a matter of broad public importance. You'll also be able to hear first-hand the arguments made by the attorneys (yours and the other side's) and how they respond to the questions put to them by the judges.

THE IMPORTANCE OF STAFF

In most cases, the decision maker will have one or more people on his or her staff. Their role is to assist the decision maker in carrying out his or her responsibilities. Decision makers often rely on staff members to gather and analyze the facts, assess the arguments both in favor of and against your proposals, make a recommendation on the course of action to take, and follow through with implementation. While the decision maker is in charge, a strong recommendation from a trusted staff member will influence the decision maker. Consequently, while they are not decision makers per se, it is very important to identify key staff members and include them among the people you need to persuade.

The good news about working with staff is that staff members are usually more accessible than legislators, agency heads and other decision makers. The bad news is that you must constantly gauge whether the views communicated by a staff member accurately reflect those of the decision maker. Staff can also be used to insulate the decision maker from contact with the public, and they may give you a false sense of security regarding the decision maker's sympathy to your cause. For this reason, working with members of a decision maker's staff, however closely, is no substitute for also being in contact with the decision maker.

Identifying the Key Decision Maker(s) for Your Issue

3

The person you need to convince depends on your particular issue and the specific advocacy strategy you choose. For example, if you are targeting an administrative agency, the decision maker is typically the agency head. If you are targeting a health care provider, it is typically the CEO. In the legislative process, the particular decision makers will change after a proposed law is introduced and makes its way from committee to the full legislative body and on through the process.

Be sure that the decision makers you are targeting have the power to make the decisions you need to achieve your health policy goals. As part of your planning, list all of the actions that you want the decision makers to take (e.g., introduce legislation, hold hearings, change company policy, adopt new rules, enforce existing law, etc.). And, unless it's obvious, write down the source of their authority for taking each action.

After you have identified the decision makers, conduct some research to find out:

- **their backgrounds**
- **whether they have taken a position on this issue or related issues**
- **if the decision makers are elected officials, what voters in their district think about the issue or how people in their district are affected by the issue**
- **who their key staff people are**
- **what the role of staff is likely to be**
- **what interests or motivates the decision makers**
- **whether there are people whose views or opinions they particularly value**
- **whether anyone in your coalition or among your supporters knows the decision makers or their staff**

Be sure that the decision makers you are targeting have the power to make the decisions you need to achieve your health policy goals.

Some of this information is readily available. For example, brief biographies of agency heads and legislators often appear on Web sites. Other information might be obtained by conducting a LexisNexis or other database search of news articles. Find out as much as you can by asking knowledgeable people who support what you are trying to accomplish. If the decision maker is appointed, check who made the appointment and whether it can be revoked. Consider all the information you've gathered to plan your campaign strategy and guide your efforts as you go forward.

→ You can use *Identifying the Key Decision Maker(s) for Your Issue* on p. 38 of the Worksheets to guide your work.

The Seven Key Persuasion Points

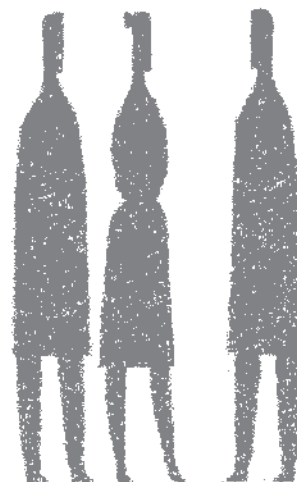
4

While the details will vary from issue to issue, health policy advocates need to convince decision makers of the following seven points.

1. **There is a serious public health problem.**
2. **The decision maker is responsible for addressing this problem.**
3. **The decision maker has the power to take the actions you are requesting.**
4. **The actions you are requesting are feasible and meaningful.**
5. **There is broad public support for the actions you are seeking.**
(Public support means reward or profit from positive public recognition and safety from attack.)
6. **The arguments (if any) against the requested actions should be rejected.**
7. **The decision maker must act and follow through on any promises made to address the problem.**

Each of these points is critical. In planning your campaign, give thought to how you can make these points (in multiple ways, if possible). For example, to convince decision makers that a serious health problem exists you might have written and video statements from doctors, researchers, and community clinic directors. To show public support for your campaign you could hold a large community meeting or deliver letters of support from local leaders.

Health policy advocates need to persuade decision makers to support the community's position.



5

What Do Decision Makers Respond To?

Every decision maker will weigh the consequences of taking the actions you are requesting against the consequences of not doing so.

Decision makers are human. They are rational and emotional. They act with courage, empathy and principle, but they also act out of fear, ego and sheer calculation. Every decision maker will weigh the consequences of taking the actions you are requesting against the consequences of not doing so. Some of the questions they will be asking themselves are:

- **Will I gain or lose politically or economically?**
- **How will this hurt or help my supporters?**
- **What will my superiors and colleagues think?**
- **How will I look to the media?**
- **Will the public support this?**
- **Do I have to do something now?**
- **What will happen if I do nothing?**
- **Is there a better option?**

While each decision maker is different, generally, all respond to the following.

FACTS, ANALYSIS AND A COMPELLING STORY

Solid facts, unassailable analysis and a compelling story are the best ways to show that there is a serious problem that the decision maker needs to address immediately. There are a number of tools available to communicate your facts, analysis and story to decision makers, including:

- **fact sheets or Q&As that document the issue**
- **research papers**
- **data on successful solutions**
- **charts, graphs, photos and other visual material**
- **personal accounts**

Many of the tools that you develop to communicate your facts, analysis and story also can be used to inform reporters about your issue. Some additional tools that you can use to get media coverage on your issue are:

- news releases
- news conferences
- on-site briefings for reporters
- editorials and opinion editorials

→ You can use *Media Attention—Reaching Your Audience* on p. 49 of the Worksheets to guide your work.

ACCURACY AND PRINCIPLES

To be credible, what you communicate orally and in writing to supporters, reporters and decision makers must be accurate.

Decision makers respond to advocates who are credible. To be credible, what you communicate orally and in writing to supporters, reporters and decision makers must be accurate. If you make a mistake, be the first to correct it. If you aren't sure about a certain fact, you might say, "Senator, I believe it's ____, but I want to make sure so I'll check it out and get back to you." Follow through. If you were wrong, get him or her the correct answer or data. If you were right, let him or her know that you did check it out and the information you gave was correct. Keep in mind that you will likely advocate for other issues and your credibility will enhance your effectiveness now and in the future.

Decision makers also respect and respond to advocates who seek solutions with integrity and principles. Basing your campaign on facts rather than feelings, putting forth a thoughtful set of solutions, being open to other solutions if they are equally or more effective, bringing together different parts of the community, following through on promises, and showing your commitment to solving the problem strengthens your ability to persuade decision makers.

6

Meeting with Decision Makers

Because face-to-face meetings are important opportunities to convince the decision maker and move your issue forward, they require careful planning, disciplined participation and follow-through.

At some point, it will be important to meet face-to-face with the decision maker. The meeting is an opportunity to

- **inform and educate the decision maker directly**
- **show public support and commitment**
- **respond to questions and concerns**
- **gauge the decision maker**
- **directly ask the decision maker for a commitment to take action**

Be aware, however, that decision makers and their staff may have different reasons for meeting with you. These reasons might be to

- **measure the strength, unity and resolve of your coalition**
- **give the appearance of action and ease public concern without meaningful change**
- **discourage you from pressing forward**
- **deflect your coalition to another issue that the decision maker is concerned about**

PRE-MEETING COMMUNICATIONS

Meetings can come about in two ways. First, you could request a meeting with the decision maker. For example, if meeting with a legislator would be useful, see if any members of your coalition know the legislator and ask them to arrange a meeting. If no member knows the legislator, choose someone who has some connection with the legislator (e.g., someone who lives, works or has a business in the legislator's district).

Before anyone picks up the phone to make the call, give some thought to and make some tentative decisions about:

- **the purpose of the meeting**
- **when you would like the meeting (Is it important to meet right away or can the meeting be held sometime in the next couple of weeks?)**
- **who should be attending on your side**
- **how much time you will need with the decision maker (in some cases, a few minutes may be enough)**
- **where you would like the meeting**

Most meetings are held in the decision maker's office. In some instances, you might want to invite the decision maker to a site within the community, such as a hospital, health center or clinic, so he or she can see the problem and/or solutions firsthand. Some decision makers have more than one office; for instance, legislators have an office in their district and another in the state Capitol. Consider the advantages and disadvantages to meeting in each place.

Unless there is an overriding reason not to, be flexible. For example, if the decision maker's schedule makes it difficult to have the first meeting in the community, arrange the meeting for the decision maker's office. Perhaps a subsequent meeting could be held in the community. If all you can get with the decision maker is a short meeting, you might want to take it. That meeting could lead to longer, more substantive meetings with the decision maker or his or her staff.

The second way is for the decision maker to initiate the meeting. For example, if you filed an administrative petition with an agency, the staff of the agency might call and invite you to discuss the petition. In that situation, you should find out:

- **the purpose(s) of the meeting as they see it**
- **the date, time, place and expected duration of the meeting**
- **the names, titles and affiliations of people who will be at the meeting (Will the decision maker be present? Will there be other staff members attending? Will representatives from the opposition be present? Has anyone else been invited?)**
- **if there is any specific information or a person who would be helpful to bring to the meeting**

- **if necessary, ask about logistics (directions, transportation, parking, check-in procedures, how much time to allow)**

Learning as much as you can about the meeting will help you prepare and, if necessary, give you a chance to change any arrangement that would place you at a serious disadvantage. For example, if this is your first and possibly only meeting with the decision maker and you learn that a number of lobbyists for the opposition will be present, you may want to request that your side be allowed to meet with the decision maker first. The decision maker can meet with the opposition afterward, if necessary. This will allow you to focus on the decision maker and make your case without hostile attacks from the opposition. If the decision maker insists on having the opposition present, you may want to request certain ground rules so you have a fair opportunity to present your issue. For example, you could ask that the decision maker limit the number of people the opposition can bring to the meeting, allow opponents to speak only after you have completed your presentation, and provide you with the chance to rebut or correct what the opposition presents.

→ You can use *Meeting with Your Decision Maker(s)* on p. 55 of the Worksheets to guide your work.

PLANNING FOR THE MEETING

Because face-to-face meetings are important opportunities to convince the decision maker and move your issue forward, they require careful planning, disciplined participation and follow-through. Every meeting is also a chance to build an ongoing relationship with decision makers and their staff. Use the following list to help you prepare.

Know What You Want

What do you want from the meeting (e.g., a commitment to introduce or support legislation, adopt or repeal regulations, change a specific business practice, provide a new service or increase funding, hold hearings, order an investigation, etc.)? Be specific. If you don't have a good idea of what you want, chances are decision makers won't either.

Structure Your Presentation

How will you tell your story given the time that you will have? What should come first, second, third ... last? Do not assume that the deci-

sion maker understands and accepts that there is a problem. This is an opportunity to educate and convince the decision maker and to find out what he or she knows about the issue. You can offer additional facts and analysis or attempt to correct any misconceptions. Anticipate and be prepared to bring up and address arguments that opponents will raise.

Assign Roles

Who are the best people to present the information and arguments to the decision maker? Depending on what has to be communicated, one person may be the best because of his or her firsthand experience, expertise, moral authority, relationship with the decision maker, or general speaking and persuasive ability. Decide who will take the lead in certain situations (for example, getting the discussion back on track). Assign one person the responsibility to ask for a commitment from the decision maker at an appropriate point in the meeting. Also, assign someone the responsibility to take notes and briefly summarize the outcome(s) and any item(s) that require follow-up at the end of the meeting. Make sure all participants know their role and what is expected of them.

Prepare Materials

Prepare a one-page summary of the problem, the actions you are seeking and a list of supporters. Make enough copies to distribute at the meeting. Are there charts, graphs, photos or other visual materials that can be used to present the information you are trying to communicate?

Decide on a Media Strategy for the Meeting

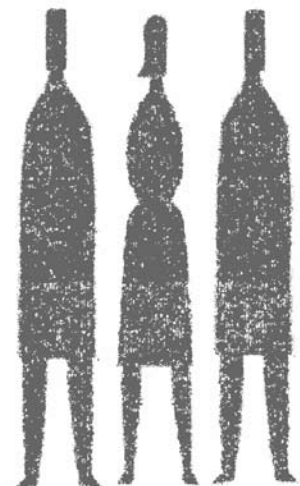
Do you want to notify the media about the upcoming meeting? Do you plan to inform the media about the outcome? If so, let the decision maker know in advance so he or she does not feel ambushed.

Know the Politics

If you are asking a decision maker to vote for or against a measure, know who supports and who opposes your position and why.

Practice

Go over the plan. Prepare, rehearse and role-play so everyone on your side understands his or her role and how it relates to what others will be doing. Make trial runs of different situations (e.g., if someone on your side is late to the meeting, if you have less time than you expected, if the decision maker or staff asks questions, is hostile or evasive, etc.).



Sometimes, meetings have to be rescheduled for legitimate reasons. Stay focused and be ready. Be prepared to wait or come back later in the day or, if necessary, another day.

ATTENDING THE MEETING

If people will be going through a lot of trouble to attend the meeting, confirm the day before that the meeting is going forward as planned. Let the people attending from your side know that the meeting is on. If possible, arrange to meet together beforehand at a nearby location and walk or drive to the meeting together. This will allow you to exchange any last minute information, minimize the possibility that people will get lost or be late, and alleviate some anxiety for people who have never been to the place where the meeting will be held.

Be on time, patient if you need to wait and gracious if you need to meet with staff. Before the meeting begins, make sure you know all of the people who are there. If it is not clear why someone is there, ask how they relate to what is going to be discussed at the meeting. Circulating a sign-in sheet with names, titles and contact information will make follow-up easier.

Sometimes, decision makers (intentionally or not) will be present for the beginning of the meeting, excuse themselves after a while and leave before the advocates have had a chance to make their critical points or ask for the decision maker's position. To avoid this kind of surprise, before the discussion gets going in earnest, ask how much time the decision maker has before his or her next appointment. ("Senator, thank you for taking the time to meet with us this morning. The meeting is scheduled to go to 10:30 a.m. Will you be able to be with us until then?") If necessary, adjust your presentation accordingly. Keep track of the time. Cover the crucial points and ask for a commitment while the decision maker is present.

During the meeting, stay focused, keep the discussion on track and implement the plan. Always present a united front. Make sure that at an appropriate point you or someone in your coalition directly asks for a commitment. ("Senator, now that you understand the seriousness of the problem, will you ____?")

If the decision maker agrees, thank him or her and close the deal by focusing on the next steps that need to be taken. (For example, "Can we inform the media? What is going to be the process for setting strategy

and planning?”) At the conclusion of the meeting, the person assigned the role of taking notes should briefly summarize the items requiring follow-up. (“My notes indicate that there are five follow-up items. Item 1 is we will get the commissioner more information about the extent of this problem in rural areas, including ... Item 2 is we will convene a meeting within the next two weeks with public health officials and health professionals to begin mobilizing those networks. Item 3 is...”) Be sure there is a specific person that is responsible for following through on every item and include a deadline that is both specific and realistic.

If the decision maker declines, says he or she will have to think about it or says he or she will keep your points in mind in deciding the matter, be gracious. Thank him or her for meeting with you, ask if there is any more information that would be helpful and leave open the possibility that he or she will support you in the future. (“Thank you for letting us know your position/thinking on this issue. We hope that you will be with us especially after learning more about how lack of adequate services is hurting families in your county.”) Unless there are strong reasons to do otherwise, don’t burn your bridges. Keep the lines of communication open. A decision maker might not support you right now on this issue, but he or she might help you later or on some other issue.

→ **You can use *Meeting with Your Decision Maker(s): Planning for the Meeting* on p. 57 of the Worksheets to guide your work.**

FOLLOW-UP AND FOLLOW-THROUGH

It’s always a good practice to follow up with a letter thanking the decision maker for the meeting. If the meeting was positive from your standpoint, the follow-up letter is an opportunity to confirm any commitments that were made; if not, it’s an opportunity to keep the door open. The follow-up letter is another chance to get information to and persuade the decision maker. For example, the letter might include a recent news story, editorial or newsletter piece on the issue.

Get back to the decision maker with any information that you said you would provide. You want the decision maker and staff to receive the additional information while the arguments and commitments made at the meeting are still fresh in their minds. Meet all deadlines that you agreed to and if you find you can’t, let the decision maker’s staff know

Unless there are strong reasons to do otherwise, don’t burn your bridges. Keep the lines of communication open. A decision maker might not support you right now on this issue, but he or she might help you later or on some other issue.

when you will be able to provide the information. Depending on the type of information, a good rule is to provide it within 24 hours of the meeting. Other information, of course, might take longer to prepare.

Follow through on any actions that you promised to take during the meeting and let the decision maker know what you have done. Following through in a complete, timely and accurate manner conveys to the decision maker that you are committed to the issue and that you will be a reliable partner if the decision maker takes the actions you are seeking.

Meeting with a decision maker can be heady stuff. After all, most people don't spend time with a governor, senator, chief executive officer and his or her staff every day. Keep in mind that the meeting, while important, is only a means to your goal. As an advocate, your goal is to persuade the decision maker to take the actions that will improve the health of people in your community. If the meeting was encouraging, make sure that the decision maker actually follows through on his or her commitments. If the decision maker is resisting taking the actions that are needed, take the information that you've learned and devise a new strategy to keep moving forward. Stay in touch with the decision maker. Regular, personal contact, especially on difficult and controversial issues, is important in making sure that he or she stays committed, is informed of the latest developments and keeps your issue at the top of his or her list. If you disappear, his or her commitment to the issue is likely to disappear as well.

As you work on issues important to the health of your community you are building relationships for future campaigns. Very often, decision makers and their staff will work on health issues throughout their careers. A collegial, respectful and well-executed campaign now builds relationships that will help you advocate successfully on the next issue.

→ You can use *After the Meeting: Follow-Up and Follow-Through* on p. 61 of the Worksheets to guide your work.

Advocacy Styles

7

There are different styles of advocacy and each has its advantages and disadvantages.

THE HARDER STYLE

The harder style is a confrontational, make-no-concessions approach to persuading decision makers. Generally, this approach:

- **views the decision maker as an adversary**
- **personalizes the problem**
- **makes nonnegotiable demands**
- **applies pressure**
- **distrusts others**

A harder style may be effective in motivating recalcitrant decision makers, but it may also make them distrustful, angry, hostile and frustrated. Any of these emotions can make it significantly more difficult for a decision maker to agree that there is a problem and work constructively with you to solve it.

THE SOFTER STYLE

A softer style is more cooperative and assumes good faith on the part of decision makers. Generally, advocates who use this approach:

- **view the decision maker as neutral or on their side**
- **are willing to make concessions**
- **assume the decision maker will do the right thing**
- **will not rely on pressure tactics**

A softer approach might work when there's reason to believe a decision maker will take the actions that advocates seek even without outside pressure. For example, a member of your coalition may have a strong,

There are different styles of advocacy and each has its advantages and disadvantages.

personal relationship with the decision maker and be able to achieve results through quiet, one-on-one communication. Keep in mind that these relationships are rare and, even when they do exist, may not be enough to overcome strong opposition.

HARD AND SOFT

While it requires skill and judgment, it is possible to adopt a style that is both hard and soft. Following are some ways to strike a balance between the two approaches:

Attack the Problem

Be accurate and uncompromising in your description of the seriousness and importance of the problem. For example, attacking the problem of lack of information about free hospital care, as described in the sidebar on p. 7, Community Catalyst reported that “Callers to the hospitals invariably were told that free care was not available. If there was a free-care policy, front-line staff were almost universally unaware of its existence, nor did they know who at the hospital the monitors could be referred to for information about free care.” Have the facts to back up your statements.

Focus on the Power/Responsibility of the Decision Maker

Without making a personal attack, show how the decision maker has the power and responsibility to address the problem. For public officials, specifically point to the law setting out their authority and the responsibilities of their office. Focus on the law and office, not the person. For business leaders, show how their businesses caused or contributed to the problem or point out how they have a moral responsibility for improving the situation.

Insist on Solutions That Will Be Effective

Put forward the solutions that you think are necessary but be open to other solutions. If possible, set out objective, principled criteria for judging any set of solutions. For example, “Any solution should reach at least __ percent of families in this district before the onset of flu season on December 1.” Stick to your principles and demand that any solution adopted by the decision maker meet the objective criteria.

Be Trustworthy But Not Naïve

Communicate clearly and carefully—especially about what you want, what you will or will not accept and what you will or will not do. Follow through on your commitments. Avoid dishonesty, deception or duplicity. Many decision makers want to do the right thing even though there are political, economic or institutional forces that oppose change. As an advocate, your task is to counter those forces and convince the decision maker (through facts, analysis, public support, media coverage and other tools described in this manual) to take the necessary actions.

Be Soft, Then Harder if Necessary

If you have reason to believe that a soft approach might be successful, try it first. This may give the decision maker the chance to take the actions and the public credit without appearing to have been pressured into it. It is usually sound strategy to start by trying to work together. But if this approach does not succeed, you can take a harder, more public approach.

Be accurate and uncompromising in your description of the seriousness and importance of the problem.

8

Tips and Traps

You should assume that anything you write down, circulate or post on the Internet can and probably will find its way to a wider audience.

ALL DOCUMENTS ARE POTENTIALLY PUBLIC

In the course of an advocacy campaign, you and your supporters will prepare a number of documents (fact sheets, briefing papers, newsletter articles or updates, news releases, e-mails, letters) to communicate with supporters, potential supporters, reporters, editorial writers, decision makers and staff. Some of the information might even be posted on Web sites so supporters can access it and keep track of upcoming events.

You should assume that anything you write down, circulate or post on the Internet can and probably will find its way to a wider audience. Fact sheets meant for supporters may make their way to reporters. Articles in newsletters may make their way to decision makers. Opponents as well as supporters will access information on the Internet. Opponents will read letters and fact sheets sent to decision makers and highlight mistakes.

Before distributing any document, ask whether there is anything in the document that could be used to discredit, undermine or embarrass your campaign. Regardless of the document and audience with whom you are communicating, make sure that your facts are accurate. While it is entirely appropriate to highlight specific aspects for a given audience, inaccurate, contradictory or inconsistent statements can ruin your credibility.

Check the tone of your document. There's a difference between being strong and being offensive, holding decision makers accountable and attacking them personally, and applying pressure and making threats. Review your documents constantly and update or remove any outdated information, especially in documents posted on the Internet, because opponents will use outdated documents to discredit a campaign. One way to prevent this is to put the date on each version of a document.

THERE IS NO SUCH THING AS “OFF THE RECORD”

Reporters, opponents and decision makers may want you to discuss an issue “off the record.” This is a trap for the unwary. Too often, “off the record” statements appear in news stories, are repeated to decision makers and are discussed in public hearings. The only way to avoid these problems is to be careful in what you say and treat all conversations as “on the public record.”

You may be asked “off the record,” “What will you settle for?” Your answer will establish your position even if you think you are answering “off the record.” A good way to handle this potential trap is to say, “We have suggested a solution that we think is needed to address the problem. But there may be other solutions. Tell us what you have in mind and we will give it serious consideration.”

THREATS ARE UNNECESSARY AND COUNTERPRODUCTIVE

Making threats usually backfires. Decision makers resent threats and remember them for a long time. If you have done the research, prepared a compelling story, marshaled public support and obtained media coverage, the consequences of not taking the actions you are requesting will be plain to the decision maker.

EVERY STAFF MEMBER IS IMPORTANT

While they are not decision makers, staff members are important. They sift and funnel information to the decision maker, schedule meetings, recommend actions, and serve as a sounding board for issues, ideas and concerns. Treat all staff members with professional respect. Whatever their specific responsibilities, staff can help or hurt your cause. At some point, the decision maker’s secretary may be the critical person who decides whether or not you get a meeting with the decision maker. The staff person who opens and prioritizes the decision maker’s mail may determine whether or not the information you sent gets to the decision maker in time.

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Blocking the Repeal of SB 2

In 2003, the California Legislature enacted SB 2, which expanded health insurance to more than 1 million Californians by requiring businesses with 200 or more employees to provide health care coverage for workers and their families beginning in 2006 or to pay into a state insurance fund. In 2007, companies with 50 to 199 employees would be required to cover their workers. After losing in the Legislature, a coalition of business groups collected more than 600,000 signatures for a ballot measure to repeal SB 2. Sponsors of SB 2 were vigilant and stayed on the job. They filed suit to challenge the repeal effort. In December 2003, the Sacramento Superior Court issued an injunction barring the referendum, finding that the description was misleading to signers.

As an advocate, you represent a community of interests on an important health issue. Through your actions, try to encourage everyone you contact to support your work and treat your issue with respect.

DIRTY TRICKS

Opponents may resort to falsehoods, deception and other dirty tricks to attack and undermine you, especially when it looks as if you have a real possibility of winning. Respond forcefully. Expose the misrepresentations, trickery and scurrilous tactics for what they are. Document the truth to decision makers, reporters and the public. Don't fall to the level of those who play dirty tricks.

WATCH OUT FOR YOUR OPPONENTS TRYING TO UNDERMINE YOUR PROGRESS

If you're winning, watch out for your opponents trying to undermine your progress. For example, if you are successfully persuading decision makers in an administrative agency, your opponents might go to the legislature or the courts to try to block the agency from acting. If you're winning in the legislature, they may try to get an administrative agency to take some sort of pre-emptive action (e.g., issue a report, start a proceeding, take some ineffective action, etc.). Often, you can head off these types of maneuvers by paying an early courtesy visit to key legislators or agency officials to inform them of the problem, why it's controversial and how it is being addressed in another forum. Under these circumstances, many decision makers will be just as happy to stay out of the fray and some may even be helpful. After the visit, stay in touch. Don't be outmaneuvered and, above all, don't be complacent.

Notes:

Lined area for taking notes, consisting of multiple horizontal dotted lines.

9

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820 First Street N.E., Suite 510, Washington, D.C., 20002

(202) 408-1080, Fax (202) 408-1056

bazie@cbpp.org, www.cbpp.org

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Community Toolbox, University of Kansas

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California Secretary of State

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Initiative & Referendum Institute

1825 I Street N.W., Suite 400, Washington, D.C., 20006

(202) 429-5539, Fax (202) 986-3001

infor@iandrinstute.org, www.iandrinstute.org

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950 18th Street N.W., Washington, D.C., 20006

(202) 638-5770, Fax (202) 638-5771

benton@benton.org, www.benton.org

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Net Action

601 Van Ness Avenue, #631, San Francisco, CA 94102

(415) 775-8674, Fax (415) 673-3813

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Notes:

A series of horizontal dotted lines for taking notes, spanning most of the page width and arranged in approximately 30 rows.

Worksheets

10

The Worksheets outline tasks that will help to organize your research, writing, decision making and actions. Your answers will provide a convenient summary of your findings and strategy, and will form the basis for your plan.

1. IDENTIFYING THE KEY DECISION MAKER(S) FOR YOUR ISSUE	38
2. WHAT DECISION MAKERS RESPOND TO	42
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6. IF YOUR SOLUTION IS ADOPTED	64
7. IF YOUR SOLUTION IS DENIED	65

1. Identifying the Key Decision Maker(s) for Your Issue

1. Who do you need to persuade to achieve your health policy goals?

Decision maker 1:

Decision maker 2:

Decision maker 3:

2. What actions do you want the decision makers to take (e.g., introduce legislation, hold hearings, change company policy, adopt new rules, enforce existing law, etc.)?

Decision maker 1:

Decision maker 2:

Decision maker 3:

3. What is the source of their authority for taking each action?

Decision maker 1:

Decision maker 2:

Decision maker 3:

4. Now that you have identified the decision makers, conduct some research to find out

a. Their background:

Decision maker 1:

1. Identifying the Key Decision Maker(s) for Your Issue

Decision maker 2:

Decision maker 3:

b. Whether they have taken a position on this issue or related issues:

Decision maker 1:

Decision maker 2:

Decision maker 3:

c. If the decision makers are elected officials, what do voters in their district think about the issue or how are people in their district affected by the issue:

Decision maker 1:

Decision maker 2:

Decision maker 3:

1. Identifying the Key Decision Maker(s) for Your Issue

d. Who their key staff people are:

Decision maker 1:

Decision maker 2:

Decision maker 3:

e. What the role of staff is likely to be:

Decision maker 1:

Decision maker 2:

Decision maker 3:

f. What interests or motivates the decision makers:

Decision maker 1:

Decision maker 2:

Decision maker 3:

1. Identifying the Key Decision Maker(s) for Your Issue

g. Whether there are people whose views or opinions they particularly value:

Decision maker 1:

Decision maker 2:

Decision maker 3:

h. Whether anyone in your coalition or among your supporters knows the decision makers or their staff:

Decision maker 1:

Decision maker 2:

Decision maker 3:

2. What Decision Makers Respond To

Facts, Analysis and a Compelling Story

1. The following people are being hurt by the current situation:

a.

Because

.....

b.

Because

.....

c.

Because

.....

2. The people listed in No. 1 are able/unable to protect themselves because:

.....

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3. This is a serious problem because:

.....

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2. What Decision Makers Respond To

4. The following people and organizations are benefiting from the current situation:

a.

Because

b.

Because

c.

Because

5. How widespread is the problem?

6. If left unattended, the problem is likely to get worse/stay the same/get better because:

7. What has been done elsewhere to solve the problem?

2. What Decision Makers Respond To

8. What could be done to solve the problem?

.....

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Your Research Findings

Note: Using credible sources (including information from community organizations as well as individuals, books, the Internet, government documents, databases and academic sources) is essential when getting the facts. Proper referencing is also important to build the case for why action should be taken.

1. Key facts about the problem:

a.

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Reference source

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b.

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2. What Decision Makers Respond To

Reference source

c.

Reference source

d.

Reference source

e.

2. What Decision Makers Respond To

.....
.....
.....
.....
Reference source
.....
.....

2. How will you present your research to the decision maker?

- Fact sheets*
- Q&As*
- Research papers*
- Charts, graphs, photos and other visual material*
- Personal accounts*
- Data on successful solutions*

Strong Public Support

1. The following people/groups are likely to be interested in supporting your advocacy efforts:

a.

.....
Because
.....
.....

b.

.....
Because
.....
.....

c.

.....
Because
.....
.....

2. What Decision Makers Respond To

d.

Because

e.

Because

2. The person(s) who will be responsible for contacting the above people/groups and asking for their support is:

Name

Date Will Contact By

a.

b.

c.

d.

e.

3. What do people/groups think about the problem as you describe it?

a.

Because

b.

Because

c.

Because

2. What Decision Makers Respond To

d.

Because

e.

Because

4. What do they think should be done?

a.

b.

c.

d.

e.

5. Will they join in your efforts? How?

a.

b.

c.

d.

e.

3. Media Attention—Reaching Your Audience

1. You need to reach the following people because they are affected by the problem and need to be aware of the issues and what can be done:

a.

b.

c.

d.

e.

f.

g.

2. You also need to reach the following people because they are likely to be influential in persuading decision makers:

a.

b.

c.

d.

e.

3. Who are the decision makers who need to take the action you want?

a.

b.

c.

d.

4. In this case, a broadly accepted value that will persuade this audience to take the action you recommend is:

3. Media Attention—Reaching Your Audience

7. The media that will reach your audience are:

a. Newspapers (daily, weekly, student, foreign language, neighborhood, etc.):

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

b. Radio stations (network, local, foreign language, university, public, etc.):

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

3. Media Attention—Reaching Your Audience

c. *Television stations (network, local, cable, foreign language, public, etc.):*

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

d. *Magazines (weekly, monthly, specialty):*

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

3. Media Attention—Reaching Your Audience

e. *Wire services:*

1.
2.
3.
4.
5.

f. *Other (community organizations and church newsletters):*

1.
2.
3.

8. Rank the previous media outlets in order of importance/effectiveness in reaching your audience.

- Newspapers*
- Radio stations*
- Television stations*
- Magazines*
- Wire services*
-
-
-
-

9. Your media contact person will be:

.....

3. Media Attention—Reaching Your Audience

10. The story/case/study/problem(s) you will emphasize when communicating with the media is (are):

a.

b.

c.

11. To explain the issue to reporters you will use (check one or more):

News release

News conference

Other

12. You will issue your news release/hold your news conference

on

at a.m./p.m.

Note: The information collected on your worksheet is the basis of your news release or press conference. Keep the worksheet before you as you plan. Periodically review the worksheet to ensure that you have not forgotten anything.

4. Meeting with Your Decision Maker(s)

The Meeting Arrangements

1. The arrangements are satisfactory/unsatisfactory because:

.....

.....

.....

.....

2. If the arrangements are unsatisfactory, the actions you should take are:

a.

.....

b.

.....

c.

.....

d.

.....

Pre-Meeting Communications

1. If you are seeking a meeting with a decision maker:

a. What is the purpose of the meeting?

.....

.....

b. When would you like the meeting (is it important to meet right away or can the meeting be held sometime in the next couple of weeks)?

.....

.....

c. Who should be attending on your side?

.....

.....

.....

4. Meeting with Your Decision Maker(s)

d. Where would you like the meeting to be? (Most meetings are held in the decision maker's office; but in some instances, it may be important to have a meeting in the community or at a specific site [hospital, health center, clinic] so the decision maker can see the problem and/or solutions firsthand.)

e. How much time will you need with the decision maker (in some cases, a few minutes may be enough)?

2. If the decision maker is seeking a meeting with you:

a. What is the purpose(s) of the meeting as he or she sees it?

b. What is the date, time, place and expected duration of the meeting?

c. What are the names, titles and affiliations of people who will be at the meeting? (For example: Will the decision maker be present? Will other staff members be attending? Will representatives from the opposition be present? Has anyone else been invited?)

d. Is there any specific information or a person that would be helpful to bring to the meeting?

4. Meeting with Your Decision Maker(s)

e. *What are the logistics (directions, transportation, parking, check-in procedures, how much time to allow)?*

Planning for the Meeting

1. What do you want from the meeting?

2. What will be the structure of your presentation? How will you tell your story and what will be the order?

3. During your meeting you will:

a. *Bolster the following points*

1.

2.

3.

4.

5.

6.

4. Meeting with Your Decision Maker(s)

b. Present the following changes in the facts, law or government policy since your last public statements:

1.
2.
3.
4.
5.
6.

c. Respond to opposing arguments as follows:

Opposing argument

.....

Your response

.....

Opposing argument

.....

Your response

.....

Opposing argument

.....

Your response

.....

4. What are the different roles for the meeting participants?

- a.
- b.
- c.
- d.
- e.

4. Meeting with Your Decision Maker(s)

5. The people who will take on the different roles are:

Name

a.

b.

c.

d.

e.

6. What material(s) will you prepare for the meeting?

a.

b.

c.

d.

7. The person(s) who will prepare the material(s) is (are):

Name

a.

b.

c.

d.

8. Your media contact person will be:

.....

9. The person responsible for taking notes, summarizing the items requiring follow-up, and obtaining copies of the meeting or hearing testimony is:

.....

4. Meeting with Your Decision Maker(s)

Marshal Support

1. You will ask the following person(s)/groups to support your effort by attending the meeting and/or by sending a letter of support:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

2. The person(s) responsible for contacting the above people/groups is (are):

.....

5. After the Meeting: Follow-Up and Follow-Through

1. The arguments raised in opposition are:

a.

b.

c.

d.

2. They are defective because:

a.

b.

c.

d.

3. Recent developments adding to your case are:

a.

b.

5. After the Meeting: Follow-Up and Follow-Through

c.

d.

4. Items you promised to supply the decision maker are:

a.

b.

c.

d.

5. Actions you promised the decision maker that you would take are:

a.

b.

c.

d.

6. The person who is responsible for keeping in touch with the decision maker is:

5. After the Meeting: Follow-Up and Follow-Through

7. You will also monitor the decision maker's action by:

a.

b.

c.

d.

8. The person who is responsible for keeping your coalition and supporters up-to-date on the progress of your action is:

9. The person who is responsible for keeping the media up-to-date is:

6. If Your Solution is Adopted

1. List the actions that must be taken before the decision becomes effective:

- a.
- b.
- c.
- d.
- e.

2. You will issue a news release/hold a news conference

- on*
- at* *a.m./p.m.*

3. This decision will solve/alleviate the original problem by:

.....

.....

.....

.....

4. To solve the entire problem, you should:

.....

.....

.....

.....

5. You will express appreciation by:

.....

.....

7. If Your Solution Is Denied

1. You should/should not try again in your chosen place where decisions are made because:

2. You should/should not go to the legislature for a bill, resolution or hearing because:

3. You should/should not try to work with or petition a government agency because:

4. You should/should not try to work with health care institutions or private companies because:

7. If Your Solution Is Denied

5. You should/should not try to get an initiative on the ballot because:

6. You should/should not pursue a court action because:

7. You should/should not try to take direct group action because:

Notes:

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