

# ***MOBILIZING HEALTHCARE PROFESSIONALS AS COMMUNITY LEADERS IN THE FIGHT AGAINST CHILDHOOD OBESITY***

Advocacy Resource Guide  
***PILOT***, February 2010



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Nearly one-third of children and adolescents are overweight or obese. This epidemic is taking its greatest toll on children living in underserved communities. Many of these children are developing diseases that until now were only seen in adults, including type 2 diabetes and hypertension. Their weight is putting them at a disproportionate risk for heart disease, stroke, and cancers. Each time you see the toll this epidemic is taking, it probably feels overwhelming. It is frustrating to spend time educating your families about the importance of physical activity only to hear local schools have slashed time outside the classroom. You discuss the need to eat a healthy diet only to hear that your patients and clients don't have a grocery store in their neighborhood. You emphasize exercise only to discover that the streets are too dangerous to bike in and too dark to walk in. *The solutions to these problems are outside your office.*

The Robert Wood Johnson Foundation is challenging Healthcare Professionals with a call to action to reverse the childhood obesity epidemic by 2015. All of you are busy each day, working to encourage children and families to adopt healthier behaviors. This is very important work, and we must do more. You can get involved to improve the health of your communities in as little as one hour a month. The more time you can give, of course, the greater the impact this movement will have. But with just one or two hours each month, you can make a difference.

The National Initiative for Children's Healthcare Quality (NICHQ), in partnership with the American Academy of Pediatrics (AAP), and the California Medical Association Foundation (CMAF), are working to train and equip healthcare professionals to become policy advocates to improve the health of their communities. This Guide has resources to support you when you step outside your office, including:

- A snapshot of the obesity epidemic and how it is impacting children
- A "how-to" for advocacy at levels ranging from your community, to your state and nation
- Strategies for working with decision makers and the media to communicate your message
- Areas and opportunities for policy engagement
- Tools and resources in the Advocacy Toolbox to help you plan and support your work

Small steps can make a huge difference, especially when we take those steps together. Please join with NICHQ, the AAP, and CMAF and become a voice to improve the health of our children, our families and our communities.

Sincerely,

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President and CEO  
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Judith Palfrey, MD, FAAP  
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*Be Our Voice* is a program of the National Initiative for Children's Healthcare Quality (NICHQ), in cooperation with:

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



CMA  
FOUNDATION

Robert Wood Johnson Foundation  
Center to Prevent Childhood Obesity

Sponsored by the Robert Wood Johnson Foundation.

**About the Project:** The National Initiative for Children’s Healthcare Quality (NICHQ) has been awarded a grant from the Robert Wood Johnson Foundation (RWJF) to reverse the childhood obesity epidemic trend across the nation by training, supporting and providing technical assistance to Healthcare Professionals in becoming advocates for change within their communities. As part of the grant, NICHQ is partnering with the American Academy of Pediatrics (AAP), the California Medical Association (CMA) Foundation and the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity (the Center) to facilitate Healthcare Professionals becoming community advocates for local change, and to build an online network serving as the “go to resource” for healthcare providers looking for solutions to the childhood obesity epidemic.

**About the Partners: About NICHQ:** Founded in 1999, the National Initiative for Children’s Healthcare Quality (NICHQ) is an action-oriented organization dedicated to achieving a world in which all children receive the healthcare they *need*. Led by experienced pediatric Healthcare Professional, NICHQ’s mission is to improve children’s health by improving the systems responsible for the delivery of children’s healthcare. For more information, visit [www.nichq.org](http://www.nichq.org).

**About the American Academy of Pediatrics:** The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults. *The AAP achieves its mission through advocacy, education, policy development, research and service. As such, the AAP and its 59 US chapters and members regularly advocate on behalf of children and pediatricians at the federal, state and local level.* For more information, visit [www.aap.org](http://www.aap.org).

**About the CMA Foundation:** The CMA Foundation is a nonprofit organization that serves as a link between physicians and their communities. The CMA Foundation has developed a cutting edge Physician Champion program that can serve as a template for national programs. This innovative approach to obesity prevention has been cited as a “best practice” in the 2006 Institute of Medicine Preventing Childhood Obesity report. For more information about the CMA Foundation, visit [www.thecmafoundation.org](http://www.thecmafoundation.org).

**The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity:** The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity is a leading voice in the national movement to reverse the epidemic by 2015. Through policy analysis, leadership development, and communications with a broad network of advocates, the center is working to enable children of all races, ethnicities and geographic locations to eat healthy, be physically active and avoid obesity. For more information, visit <http://www.reversechildhoodobesity.org>.

**About the Robert Wood Johnson Foundation:** The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more information, visit [www.rwjf.org](http://www.rwjf.org).

**Who will take part in the project:** NICHQ and AAP have awarded eight sites \$15,000 each to recruit and train Healthcare Professionals in their local area to become community advocates for change around childhood obesity. The eight awardees include: Alabama Chapter of the American Academy of Pediatrics, Arkansas Chapter of the American Academy of Pediatrics, Cabarrus Health Alliance in North Carolina, Envision New Mexico, Kentucky Chapter of the American Academy of Pediatrics, Mississippi Chapter of the American Academy of Pediatrics, Texas Pediatric Society (The Texas Chapter of the American Academy of Pediatrics) and WakeMed Health & Hospitals, Advocates for Health in Action in North Carolina.

**About the Resource Guide, Curriculum & Resource Development Expert Panel:** This Resource Guide was adapted from the American Academy of Pediatrics (AAP) Advocacy Guide and the California Medical Association (CMA) Foundation Media and Advocacy Toolkit.

As part of the Mobilizing Healthcare Professionals project we have put together a panel of Healthcare Professionals with expertise in training and advocacy to help guide the development of the curriculum which will be used to train Healthcare Professionals in the eight funded sites. The expert panel will provide guidance on the development of

- In-person training curricula for Healthcare Professionals at all stages of advocacy involvement (aka Core Curricula, Abbreviated Curricula and Web-Enabled Curricula)
- An Advocacy Toolbox for Healthcare Professionals at all stages of advocacy involvement
- Adapted advocacy toolkit and training curricula for each funded site listed above. (aka Site Specific Curricula)
- *Existing* Faculty Training Curricula & Plan
- In-person “train-the-trainer” curricula. (aka *New* Faculty Training Curricula and Plan)

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# Section I: The Community Advocacy Call to Action

***At the conclusion of this section you will be able to:***

1. *Describe the Obesity Prevention Call to Action.*
2. *Describe how the Resource Guide can be used to support advocacy work.*
3. *Identify at least two qualities physicians and other healthcare professionals bring to strengthening advocacy campaigns and the advocacy partnership.*

- The Call to Action
- What it Means to Advocate for Children
- Healthcare Professionals are Natural Advocates
- Begin or Reenergize your Community Advocacy



# Healthcare Professionals – The Call to Action!

*“Physician action begins in the examination room. Measuring patient BMI at every well-child visit is essential, along with evidence-based prevention assessment, and treatment strategies...however, physician action must extend beyond the examination room.” -- Robert Wood Johnson Foundation Chief Executive, Risa Lavizzo-Moure, MD<sup>1</sup>*

Have you or someone you know ever:

- Attempted to bike to work, only to feel it was unsafe?
- Attempted a walk where there were no sidewalks?
- Sought out fresh produce or unprocessed foods only to find fried and processed foods were the only affordable or available choices?

If so, then pick up the mantle of community advocacy and begin your work today. Experts across the healthcare community from the Institute of Medicine to the Robert Wood Johnson Foundation have advocated that Healthcare Professionals step outside the confines of the workplace and begin work within their communities.<sup>1</sup>

This Resource Guide is designed to assist Healthcare Professionals to take a stand in their communities and workplaces to advocate for healthy eating and active living for children and their families. Whatever your level of time commitment, know that every effort you make is improving the health and wellbeing of children and families in your local area.

Use this Guide to get started with your advocacy and later to update your advocacy plan, identify new policy opportunities or strengthen your media communications. There are many ways for you as a Healthcare Professional to use your expertise and experience to make a difference in the community advocacy arena. This Resource Guide will provide you with the knowledge and resources to make this happen.

You have the credibility and knowledge necessary to be a uniquely qualified messenger.

## What It Means to Advocate for Children<sup>2</sup>

Advocacy starts when you identify a problem affecting the children you work and interact with on a daily basis. An advocate for children strives to create community norms and public policies that proactively address childhood obesity. Advocates can bring awareness of the issue to decision makers and others who can help to generate a solution. Advocates promote awareness through a range of activities from writing letters to local papers to meeting with a community leader or decision maker. Advocates ask others to get involved. As a healthcare professional, you can reach out to your colleagues, patients/clients, the parents of the children to whom you provide care, or other people in the community who care about children.

While you certainly need to be informed about the decision-making process, you by no means require an intensive background in the minutiae of the legislative process to begin advocating for your community. Instead, you need the passion and a willingness to speak out on behalf of the children in your community—a passion and willingness you already possess. Healthcare Professionals who get involved in advocacy efforts often find that advocacy is a natural extension of what they are already doing. Many find advocacy to be a rejuvenating activity that further connects them to their profession and their passion for improving lives.

# Healthcare Professionals Are Natural Advocates<sup>3</sup>

As a Healthcare Professional, you are a natural and powerful advocate on behalf of children's health. You have a voice that resonates with others on a profound level and speaks to your first-hand experiences with children. Consider the following reasons why you are uniquely suited for advocacy:

**YOU PUT A HUMAN FACE TO THE STATISTICS:** You care for children every day who are affected by the environments in which they live and work. When you tell your story, you make the issue of children's health tangible to people in a way that fact sheets or statistics alone cannot.

**YOU HAVE CREDIBILITY:** By the nature of your profession, education, and training, people in your community respect and trust you. When you speak out on an issue, you bring credibility and relevance to that issue.

**YOU HAVE INFLUENCE:** Because you instill trust in others and add credibility to your cause, your investment in the community can inspire others to do likewise. Moreover, your voice is listened to when other voices are not—a survey of parents revealed that they are more likely to have communicated with a Healthcare Professional about childhood obesity prevention than school officials, grocery store or restaurant owners, or other government officials.

**YOUR PATIENTS ARE DEPENDING ON YOU:** Children cannot vote. They need your help to tell their story. You have the power to not only advocate for children, but to consolidate the message of their families into a cohesive advocacy voice. Through advocacy, you can help ensure that decision makers are not simply recognizing children's health and wellbeing as an important issue, but that they are actively working to improve their health and their lives.

**YOU HAVE PASSION:** Advocacy allows you to dig deeper into your interests and touches on why you originally became a Healthcare Professional. Through advocacy, you can channel your passion for health and wellbeing into meaningful and lasting change. Advocacy allows you to help improve the lives of children while simultaneously strengthening the role of your profession within the community.

**YOU HAVE WELL-SUITED SKILLS:** Healthcare Professionals already have the skill set of an advocate. The same skills you use every day to establish trust, develop relationships, and provide solutions to your patients and clients can be applied in your community advocacy work.

**RESEARCH IS ON YOUR SIDE:** The issues you care about are backed by research. Through advocacy, you can convey both the personal and factual importance of the **environmental factors** that influence childhood obesity.

**YOU ARE NOT ALONE:** Through advocacy, you can join other Healthcare Professionals, school personnel, youth organizers, agricultural groups and others, who, through their efforts, and community partnerships, are making children's health a priority and working to eradicate childhood obesity. There is strength in numbers!

## ***Environmental Factors:***

Environmental factors are the surrounding elements of a child's life that directly or indirectly affect his or her health and wellbeing. Environmental factors include streets and neighborhood infrastructure, safety, schooling, transportation availability, and any number of other elements.

## HOW HEALTHCARE PROFESSIONALS CAN BE SUPPORTED IN ADVOCACY<sup>4</sup>

Despite the potential influence you may have as an advocate, you may lack the time, skills and support from your workplace to actually conduct advocacy work. Although there are currently several healthcare institutions that are attempting to address barriers to obesity prevention in the healthcare setting, more needs to be done.

As you begin, you will need training on how to conduct advocacy and policy work. You will also need time and support to be an advocate and a better understanding of how your advocacy work can positively affect the communities in which you live or work. Healthcare Professionals need to be connected to policy and advocacy opportunities. Even when trained to be advocates and champions for obesity prevention, Healthcare Professionals need to be connected to existing local or state policy and advocacy opportunities to write letters, meet with policy makers, or provide testimony. Healthcare Professionals can make these connections via collaboration with groups working to make changes to school, neighborhood, or healthcare environments to support obesity prevention or through local or state professional organizations.

## Begin or Reenergize Your Community Advocacy

Start now by reviewing this Resource Guide.

- Identify your passion and priorities for action.
- Consider policy targets of opportunity.
- Develop and expand your partners.
- Build your advocacy plan.

**Then, take action - THE TIME IS NOW.**

# Section II: Obesity in Children

***At the conclusion of this section you will be able to:***

1. *Describe why children need advocates for obesity prevention.*
2. *Articulate at least two policy strategies to support obesity prevention.*
3. *Describe the magnitude and trends associated with the nation's obesity epidemic.*
4. *Identify those children at greatest risk for obesity.*
5. *Rank states with the highest rates of obesity for children.*

- Framing the Discussion
- Trends in Overweight & Obesity in Children
- Opportunities for Advocacy



## Framing the Discussion<sup>5</sup>

As you may have witnessed in your place of work, the medical complications of overweight and obesity in children are devastating. Unfortunately, even when children and families want to make healthy choices, those choices are not always available to them based on the resources in their community. As a result, the rates of overweight and obesity for those living in these ***communities at risk*** continue to rise far above those who have access to healthy foods and places where they can engage in physical activity.

***Communities at Risk:*** Communities at risk are neighborhoods and regions where children are more likely to be overexposed to unhealthy factors and underexposed to healthy ones. In these communities, resources are minimal, infrastructure is not conducive to physical activity, income is generally low, and economic opportunities may be scarce.

The environments our children live in have a profound impact on the foods they eat and the amount of activity they get. A lack of access to full-service grocery stores, increasing costs of healthy foods, the lower cost of unhealthy foods, and lack of access to safe places to play and exercise all contribute to the increase in obesity rates by inhibiting or preventing healthy eating and active living behaviors. Moreover, most students have little or no time to be active at school, while junk foods and sugary drinks are readily available.

As such, reversing the childhood obesity epidemic will require that you conduct a comprehensive and coordinated approach that uses policy and environmental change to transform communities into places that support and promote healthy lifestyle choices for all U.S. residents. Children do not become overweight or obese in isolation. Their eating habits, the time they spend being physically active or engaged in sedentary activities like TV watching happen in the context of their family and their community. Identifying the targets for change will require you to focus not only on the children themselves, but also their families, their communities, and their environment.

***Let's look at the numbers.***

# Trends in Overweight & Obesity in Children

The overweight designation in children is defined as 85<sup>th</sup>-95<sup>th</sup> percentile BMI while the obese designation is defined as 95<sup>th</sup>-100<sup>th</sup> percentile BMI. <sup>6</sup>Nearly one-fifth of all children in the US are overweight, placing them at risk for a number of chronic diseases, including heart disease, diabetes, arthritis and cancer, according to *F as in Fat: How Obesity Policies Are Failing in America 2009*, a report released by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF).<sup>7</sup>

The percentage of obese or overweight children is at or above 30 percent in 30 states. According to the report, eight of the 10 states with the highest percentage of obese adults are located in the South with Mississippi ranking highest for both childhood and adult obesity. Colorado continued to have the lowest percentage of obese adults at 18.9 percent.<sup>7</sup>

Data from NHANES surveys (1976–1980 and 2003–2006) also show that the prevalence of obesity has increased over the past three decades.<sup>8</sup>

- For children aged 2–5 years, prevalence has increased from 5.0% to 12.4%.
- For those aged 6–11 years, prevalence has increased from 6.5% to 17.0%.
- For those aged 12–19 years, prevalence has increased from 5.0% to 17.6%.
- Eight of the 10 states with the highest rates of obese and overweight children are in the South. Childhood obesity rates have more than tripled since 1980.

Between 1977 and 1994, overall caloric consumption increased by 9% in adolescent boys and 7% in adolescent girls.<sup>9</sup> Among high school students, only 23.6% of males and 20.3% of females eat five or more servings of fruits and vegetables per day.<sup>10</sup>

## HEALTH CONSEQUENCES RESULTING FROM OBESITY

The ultimate cost of obesity is the dramatically reduced quality of life and shorter life span. Being overweight or obese puts children at risk for an array of associated health problems:<sup>11</sup>

- Overweight and obesity increase one's lifelong risk for type 2 diabetes, high blood pressure, osteoarthritis, stroke, certain kinds of cancer and many other debilitating diseases.<sup>12</sup>
- Researchers estimate that one out of every three males and two out of every five females born in the US in the year 2000 will be diagnosed with diabetes.<sup>13</sup>
- More than 100,000 children ages 5 to 14 suffer from asthma each year because of overweight and obesity.<sup>14</sup>
- Researchers predict that if current adolescent obesity rates continue, by 2035, there will be more than 100,000 additional cases of coronary heart disease attributable to obesity.<sup>15</sup>

Moreover, children who are obese in their preschool years are more likely to be obese in adolescence and adulthood.<sup>16,17</sup>

To allow for a better understanding of the current childhood obesity epidemic in each of the project funded sites, fact sheets have been included and are found in Appendix B in the Advocacy Toolbox.

## **COSTS ASSOCIATED WITH OBESITY IN CHILDREN**

Obesity places an enormous burden on the health care system and the economy as a whole. Obese children's health care costs are roughly three times more than the average child.

- Childhood obesity is estimated to cost \$14 billion annually in direct health expenses, and children covered by Medicaid account for \$3 billion of those expenses.<sup>18</sup>
- The average total health expenses for a child treated for obesity under private insurance is \$3,743 annually, while the average health cost for all children covered by private insurance is about \$1,108.<sup>17</sup>
- Annually, the average total health expenses for a child treated for obesity under Medicaid is \$6,730, while the average health cost for all children on Medicaid is \$2,446.<sup>17</sup>
- Childhood obesity costs Medicaid more than \$3 billion annually.<sup>19</sup>
- Annual obesity-related hospital costs for children and adolescents were \$238 million in 2005, nearly doubling between 2001 and 2005.<sup>20</sup>
- In 2000, the annual total cost of obesity (including medical fees and lost productivity) for adults and children in the United States was estimated at \$117 billion.<sup>21</sup>

## **HEALTH DISPARITIES ASSOCIATED WITH CHILDHOOD OBESITY<sup>22</sup>**

While the rising trend in obesity rates cuts across all social classes, the prevalence of obesity is higher and the severity of consequences from obesity-related diseases, such as diabetes, is particularly troublesome in ethnically diverse communities. Even though the cause of the obesity epidemic is consumption of excess calories characterized by unhealthy eating habits and insufficient physical activity, these individual eating and activity behaviors and choices are shaped by factors in the communities' social and physical environments.

Among several racial, ethnic and socioeconomic groups, and within certain geographic areas, the prevalence of obesity is especially high, leaving some groups at greater risk than others. While individual health behaviors and personal choices do play a role in the rise of obesity, where a child lives and goes to school—where his or her individual health behaviors are carried out—has a significant impact on a child's chance to become overweight and obese.

In many low income communities, children grow up without access to a full service grocery store, limiting their family's ability to purchase healthy foods. Instead, their neighborhood may have a plethora of fast food restaurants providing easy access to low cost, unhealthy foods. Their neighborhood may also lack access to safe places to play, walk or bike. There may be limited availability of low cost, affordable recreation facilities and affordable sports or physical activity programs.

Individuals live within social systems and are therefore influenced by the many forces and factors at work within their communities. Those at greatest risk for overweight and obesity will therefore be subject to the greatest pressures because of the greater lack of available healthy food and physical activity resources. Reducing overweight and obesity in these communities will require a comprehensive approach that takes into account factors related to culture, language and the social and physical environment of the community. In a recent study conducted by the CDC found that nearly 15% of low-

income children ages 2 to 4 are obese.<sup>23</sup> This is critical because roughly 40% of children live in low income households.<sup>24</sup>

Latinos and African Americans disproportionately live in communities with more limited healthy food choices and with fewer resources for physical activity. These communities often have many fast food outlets and small convenient stores with limited fresh produce and lack safe areas for children to play and be active.

Within equivalent levels of socioeconomic status, race still serves as a determinant of health. Children, as a subgroup, are more racially and ethnically diverse than the nation's population as a whole, and overweight and obesity prevalence rates are highest among children and adolescents of color.

- Mexican-American and African-American children ages 6 to 11 are more likely to be obese or overweight than white children. Almost 43 percent of Mexican-American children and almost 37 percent of African-American children are obese or overweight, compared with “only” about 32 percent of white children.<sup>25</sup>
- Data on Native American children is limited and rates vary across tribes and regions, making it difficult to generalize the severity of obesity levels among this population. However, in the Aberdeen Area, which includes tribes in North Dakota, South Dakota, Nebraska and Iowa, a study of youths ages 5 to 17 found that 48 percent of Native American males and 46 percent of Native American females were obese or overweight.<sup>26</sup>
- Hispanic and African-American children are more likely to develop diabetes than white children. White males born in 2000 have a 27 percent risk of being diagnosed with diabetes during their lifetimes, while Hispanic and African-American males have a 45 and 40 percent lifetime risk, respectively. White females born in 2000 have a 31 percent risk of being diagnosed with diabetes during their lifetimes, while Hispanic and African-American females have a 53 and 49 percent lifetime risk, respectively.<sup>27</sup>

The high prevalence of obesity across all the racial/ethnic groups highlights the importance of implementing effective intervention strategies that focus at the community level. Given the significant racial and ethnic disparities in obesity prevalence, it is crucial to ensure that racial and ethnic groups with the greatest need benefit most from these intervention efforts and are engaged in helping identify effective strategies in their communities. To reduce racial and ethnic disparities in the prevalence of obesity, an effective public health response is needed that includes surveillance, policies, programs, and supportive environments achieved through the effort of government, communities, workplaces, schools, families, and individuals.

## Opportunities for Advocacy

In order to impact the epidemic facing children, their families and communities, especially those at greatest risk, advocacy efforts will need to extend outside your place of work. It will be essential that you work at the local level to achieve policy change in schools, childcare centers, neighborhoods, and the workplace.

Examples of opportunities for advocacy to address overweight and obesity might include: <sup>28</sup>

- Creating incentive programs to attract supermarkets and grocery stores to underserved neighborhoods.
- Improving the nutritional quality of foods and beverages served and sold in schools and as part of school related activities.
- Improving access to outdoor recreational facilities.
- Increasing personal safety in areas children and their families could be physically active.
- Collaborating with schools to implement a Safe Routes to School program to increase the number of children safely walking and bicycling to school.
- Requiring physical education in schools and increase the amount of physical activity in physical education programs.
- Encouraging employers to provide workplace wellness programs.

***As you begin to develop your advocacy campaign, focus on your passion to energize your work!***  
*For more information about specific policy opportunities, see Section IV of the Resource Guide and Appendix G of the Toolbox.*

# Section III: Advocacy

***At the conclusion of this section you will be able to:***

1. *Define Advocacy, particularly focusing on Community Advocacy.*
2. *Describe steps to build partnerships and collaboration.*
3. *Identify techniques to develop relationships with elected officials.*
4. *Articulate the key components of an Advocacy Work Plan.*

- Understanding Advocacy
- Find Your Issue
- Putting it All Together



# Understanding Advocacy

**Advocacy** simply means SPEAKING OUT ON YOUR PATIENTS' and CLIENTS' BEHALF. Advocacy allows you to move from working with one child or family at a time to joining a broader network of advocates who work together on behalf of many children. As an advocate, you may promote values or ideas, foster dialog on social and political issues, or endorse effective solutions.<sup>29</sup>

**Advocacy:** Advocacy means speaking on behalf of a group of people within the public sphere around a particular issue. Advocacy can involve range activities –many of which will be highlighted throughout this Guide.

Advocacy is a way of making sure important messages are heard. Now more than ever, advocacy is crucial in shaping local policy change. Today's local issues often become tomorrow's state or national legislation. Advocacy gives you tools for bringing about changes to benefit the health of children in your community. Elected officials, the media and the community itself offer a number of opportunities to make sure your advocacy efforts hit the targeted group you are trying to reach.<sup>28</sup>

## LEVELS OF ADVOCACY

As a healthcare professional advocate, you may participate in a variety of advocacy activities on many levels, ranging from that of the individual child to the national or international level. Advocacy allows you to move from working with one child or family at a time to being part of a broader network of advocates working to bring about change for the children of their community, state, or nation. What these levels of advocacy all share is their focus on speaking out on behalf of a children's health and wellbeing.

- **Individual Advocacy**

Individual advocacy often includes the work you already do on behalf of specific patients and clients. This may include calling an insurance company, school, another healthcare professional, or a social service agency on behalf of a child or family. What you experience in your work with individual children and families may inspire you to participate in advocacy beyond the individual level. One parent who keeps her child indoors due to unsafe equipment and lack of maintenance in her local park might open your eyes to the need for safer play spaces in your community.

- **Community Advocacy:**

Community advocacy builds on and reaches beyond individual advocacy in that it affects not only the people you see in your professional setting but, more broadly, the people and organizations within your local community. A "community" can be defined geographically (as in a neighborhood, a school district, or a city) or culturally (as in an ethnic or racial group or religious cluster). Community advocacy may include meeting with your mayor, members of the school board, or other local political representatives. On a more micro level, your community may be your worksite and your advocacy may include changes to your work environment's physical space or to the policies affecting your ability to promote the health of your patients and clients. For example, you may work with families on creating a balanced diet, but your school or hospital cafeteria may not offer fresh vegetables. You may counsel teenagers on ways to incorporate more physical activity into their daily routines only to notice that the stairwells to your office remain locked or poorly labeled.

- **State Advocacy**

State advocacy includes health and well-being issues, such as healthcare professionals working together to pass a state law that would increase the amount of physical activity and access to healthy foods in schools. While the most common form of state advocacy is legislative in nature, there are also opportunities for advocacy with the state executive branch through the governor's office, state agencies and regulatory activities, and the budget process, as well as through the judicial branch. State advocacy can also direct attention toward state departments of education, transportation or parks and recreation, impacting school health policy as well as transportation and open space policy. State advocacy work is most effectively accomplished by working with or through your state professional association.

- **Federal Advocacy**

Federal advocacy involves using your voice to advocate on behalf of national laws and legislation that affect the health of children and their families. For example, the federal government appropriates funds for state-run programs, such as Medicaid, the Maternal and Child Health block grant and national education, childcare and transportation initiatives, such as the Safe-Routes-to-School Program. As a healthcare professional, you can become involved in advocacy efforts that increase funding for Safe Routes to School or update national nutrition standards for foods and beverages served outside of the school meal programs to ensure that students only have access to healthy options.

### **HOW IS ADVOCACY DIFFERENT FROM LOBBYING<sup>30</sup>**

Lobbying laws differ wildly from state to state and as such, the differentiation between lobbying and advocacy differs from state to state.<sup>31</sup> Yet, all states share a basic definition of lobbying as an attempt to influence government action either through written or oral communication. All states, however, recognize certain exceptions for activities that might otherwise be construed as "lobbying" but are instead considered advocacy. These activities include testifying at committee hearings, meetings, writing letters and casual conversations. Educating the legislature on a particular issue is generally considered advocacy while pushing a particular vote on a particular bill is generally considered lobbying.

### **AS A HEALTHCARE PROFESSIONAL, CAN I LEGALLY TAKE PART IN LOBBYING?<sup>32</sup>**

In most cases, yes. If you are representing your own interests or those of your patients when you advocate for or against a certain public policy of your own free will, you are not restricted from lobbying. However, you may have restrictions because of your employment (e.g., if you are a government employee). If you are employed by a governmental organization or institution, check with your legal department for their lobbying guidelines. Additionally, if you are representing another organization, you must be sure your lobbying is done within the guidelines of the Internal Revenue Service and your individual state. When speaking on behalf of another organization (e.g., American Academy of Pediatrics or National Association of School Nurses), you must also follow their guidelines for spokespersons. Each organization can provide you with more information about the restrictions that may be placed on them.

To keep from becoming entangled in the lobbying vs. advocating question, focus on educating decision makers about the important factors that are part of your issue of concern as well as the solution you recommend to address the issue. For example, you might share with an appointed or elected official that children in your community have difficulty getting to and from school, and recommend their involvement in the Safe Routes to School Program.

# Find Your Issue

As you begin your advocacy journey, start by choosing an issue related to overweight or obesity that affects children in your community. Explore why you care about this issue, what you would like to change, and how this change can help the children of your community. What follows are the key starting points of your advocacy campaign.

## IDENTIFY YOUR STORY

As you begin to explore and develop your role as an advocate to address overweight and obesity for children in your community, another key step is to identify your story. Exploring your own story can help you identify the childhood obesity issue(s) that you care about most passionately about. Some questions to consider asking yourself include:

- Why did you want to become a healthcare professional? When did you first remember wanting work with kids on health and wellbeing?
- What motivates you to act on behalf of healthy, active living? How is the health and safety of your patients or clients and the children in your community personally affected by the larger systems that they are part of?
- What could make these systems better? What do you want to see changed?
- How could these changes affect your patients or clients and the children in your community?
- What trends or problems are you seeing in your community related to healthy, active living that you haven't seen in the past?
- What clinical issues or problems do you see among your patients or clients now that you didn't see in the past that may result from the increase in overweight and obesity among children?
- What are the real-life stories among your patients or clients that are inspiring you to become involved in advocating for healthy, active living?

## UNDERSTAND THE ISSUE – CONNECTING THE DATA WITH THE CONTEXT

### *Frame the Issue*

Once you have chosen an issue you would like to address regarding overweight and obesity among children, you need to identify pertinent data and statistics. For example, you may wish to focus on the fact that in your county, it has been determined that no full service grocery stores or farmers' markets are found in low income neighborhoods. You will need to gather two or three data points to back up the impact of this type of environmental problem. For example:

- Almost 16% of all children in the US are obese and 32% are overweight. Among low income children, almost 45% are overweight, along with both Hispanic and African American children having rates of overweight at 41%.
- Having access to one or more supermarkets, which often sell a greater variety of foods at lower prices, compared with smaller grocery or convenience stores is associated with greater consumption of fruits and vegetables and reduced saturated fat intake.
- Greater access to supermarkets and healthy foods, and reduced access to fast-food restaurants and convenience stores is also associated with lower rates of obesity.

Once you have this focus, you can link this back to the patients or clients you serve:

- "Each day, I see the devastating consequences of overweight and obesity among the children in my office. I am treating 12-year-olds with type 2 diabetes now. This is happening at the same time most of my families tell me that they either have to drive more than a half hour to find a grocery store, or end up going to a local fast food outlet for their meals because this is what is available in their neighborhood."

### *Where to Find the Data*

You may seek data on issues that are affecting the health of children in your community from a variety of sources, including Internet sites, newspapers, and policy reports. Be sure to evaluate the credibility and possible agenda of the source providing your data (for example, is a fast food retailer sponsoring a website related to food choices?). Several websites may be helpful in pulling together otherwise confusing data and policy pieces into forms that are both understandable and usable in advocacy efforts. We have identified these sites in Appendix F in the Advocacy Toolbox Chapter of the Resource Guide. Also available in the Advocacy Toolbox in Appendix B are State Fact Sheets developed by NICHQ that provide key points about overweight and obesity among children within each state with national comparisons.

Additional resources for finding data may include your professional organization, your state or local health department (e.g., prevalence rates of childhood overweight and obesity), or your local school district (e.g., fitness rates of students).

## UNDERSTAND THE ISSUE – CONNECT WITH OTHERS IN YOUR COMMUNITY WORKING ON OBESITY<sup>87</sup>

Foster partnerships, and connect with other advocates. As a healthcare professional, you are credible and a natural advocate for children, and you will find further advocacy strength in numbers.

The first step in creating partnerships is to identify those who share a passion for your issue. It may sound obvious, but the main reason people don't get involved is because they were never asked! Identifying potential allies doesn't have to take a lot of time. Start with the people you already know who care about children, their health and issues related to overweight and obesity. This might include families of your patients or clients, other healthcare professionals, friends, family members and neighbors. Concentrate on reaching those who will support your issue. When you get these individuals on board, they can also reach out to their friends and other colleagues to be part of your advocacy team.

Consider the following points when asking someone to get involved:

- Connect your issue to others' interests. Just as you are motivated to get involved in issues that personally affect your patients or clients, other people are motivated by issues that affect what they care about. Take a few minutes to talk to others about what motivates them. For the parents of your patients or clients, it is likely to be their child's health and wellbeing. Build a connection between what others care about and your issue.
- Convey why your issue is important and why their help is needed. Explain why you want their help and what their involvement will accomplish. People are more likely to get involved in issues when they feel their time and effort will make a meaningful difference.
- Have a concrete request. Before having a conversation with someone about getting involved with you, think of ways that they can be helpful. When you ask them for their help, be sure to explain what you want them to do and ask directly. For example, "Can you commit to writing a letter to the editor about the need to increase physical activity in your child's school?"
- Be clear about the time commitment. Sometimes people are hesitant to get involved if they think they are signing on to a very large task, or for a very long time. Explain how much time it will take to accomplish the task, such as 30 minutes to write a letter to the editor, or two hours to attend a school board meeting.

In addition to creating new partnerships, you may also search for and join advocacy groups already working within your community. Both the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF) are funding a number of projects in states and communities nationwide. We encourage you to explore these projects for possible partnership opportunities. For example, through its Healthy Communities Program, the CDC has provided funding for 23 states to engage in efforts to reduce overweight in children and adolescents. These programs are addressing policy and environmental changes that focus on:

Increased Physical Activity	Consumption of Fruits & Vegetables
Breastfeeding	Decreased Television Viewing
Decreased Consumption of Sugar Sweetened Beverages and High Energy, Dense Foods	

All state-funded programs are required to address health disparities and develop a comprehensive state plan. A complete list of these states and the link to the CDC's Healthy Communities Program can be found in Appendix D in the Advocacy Toolbox.

RWJF has provided support to a number of partnerships throughout the nation. Through the Healthy Kids, Healthy Communities Initiative, 50 grantees are working on policy change efforts to improve access to healthy foods and increase physical activity within their communities. The RWJF Center to Prevent Childhood Obesity also supports 17 Network partners in their efforts to reverse childhood obesity, including NICHQ and The Be Our Voice Campaign. Background on the Network and the Healthy Kids, Healthy Communities grantees can also be found in Appendix D in the Advocacy Toolbox.

# Putting it All Together

## DEVELOPING AN ADVOCACY WORK PLAN

At this stage, the next step is to develop your Advocacy Plan. This will allow you to put all the pieces together in one place. What follows are some tips to developing your plan. The complete Advocacy Plan and planning steps are included in the Advocacy Toolbox in Appendix E.

Developing an Advocacy Work Plan will help you to clarify your goals, identify the strategies and tactics that you will use to achieve your goals and determine ways to increase your chances for success. Planning is best done as a group activity so, if you have a network, now is the time to convene the group. Depending on the focus of your advocacy, this planning may be done at the community, state or national level. As you move to larger venues for advocacy, the planning process will likely be more formalized.

One approach to jumpstart your planning is to write ideas on a chalkboard, bulletin board, or white board. Once ideas have been discussed, record the ideas voted most relevant in a permanent place. The actual format of the plan is not important. What's important is that you write it down in a form you can use, and that lets you check one part of the plan against the rest. A loose-leaf binder (or computer file) with separate sections for each category may be all you need.

The key components of your advocacy plan include:

- Goals--long-term, intermediate, and short-term
- Resources, assets, and plans for building on them
- Extent of community support (and opposition): Who are your allies? Who are your opponents?
- Targets (and agents) of change
- Strategies
- Tactics (specific action plan)
- Measures to evaluate the plan

More information can be found in the Advocacy Toolbox, Appendix E.

The entire plan, covering all seven steps above, should be formally written down. The process of writing out the plan will help clarify your thinking. The written plan will be available to bring you and your network back in line when “scope creep” occurs. It becomes a constant reminder that the issues and ideas have taken form and structure, and there is a way to evaluate and measure your progress and success.

## BEING AN EFFECTIVE ADVOCATE IN FOR AN HOUR A MONTH

Contrary to what people think, advocacy is doable and it doesn't require a lot of time especially when your plan and partners are in place. Advocates, by nature, are very busy people because they are putting their passion into practice. Healthcare professionals who take on the role of advocates to address

community interventions to improve childhood overweight and obesity have even greater challenges that often include managing some type of clinical or therapeutic practice.

Consider the following ways that you can effectively incorporate advocacy into your already busy schedule. The individual activities listed below can be accomplished in the time allotted. Choose from this list, activities you feel are doable given your interests and time. The list below is intended to get you thinking and get you started. It is **not intended** to be a prescription to accomplish all that is there:

### Matching the Advocacy Activity to the Time Available<sup>33</sup>

Activity	< 1 Hour	1 Hour	>1 Hour
Vote	X	X	X
Call, email or write a letter to a decision maker addressing your advocacy issue.	X	X	X
Contribute to a nonprofit advocacy organization that focuses on your advocacy issue.	X	X	X
Sign up for 1 or 2 email lists that are related to your advocacy issue.	X	X	X
Patronize businesses that donate a percentage of their profits to health issues related to preventing overweight and obesity in children.	X	X	X
Cultivate long-term relationships with a public official or other decision maker in your community who can impact your advocacy issue.		X	X
Write a letter to the editor of your local newspaper about your advocacy issue.		X	X
Talk to other healthcare professionals and parents that you come into contact with about the advocacy issue you care about. Encourage them to get involved.		X	X
Submit an article on your advocacy issue to your professional association's newsletter or website.		X	X
Attend community forums and events sponsored by decision makers who may have a say on your advocacy issue.		X	X
Testify before the state legislature or participate in community forums about your advocacy issue.			X
Apply for community advocacy grants.			X
Set up a booth in your professional setting that explains the issue you are working on that provides information to and resources for getting involved.			X
Serve as a spokesperson for a local issue or community based organization that is also addressing your advocacy issue.			X
Volunteer as a board member of a health organization working that is supportive of your advocacy issue.			X

Effective advocacy can, and should be scaled to the time you have available. In this way, you maximize the likelihood that you will continue your efforts and not be overwhelmed by trying to do too much with too little time.

# Section IV: Public Policy & Policy Opportunities

***At the conclusion of this section you will be able to:***

1. *Identify policy opportunities to address childhood obesity.*
2. *Describe how policy change may occur at multiple levels of government.*
3. *Describe the main steps for a bill to become a law.*
4. *Demonstrate effective techniques for delivering testimony to local government officials.*

- Opportunities for Policy Engagement
- Policy Opportunities to Support Healthy Eating & Physical Activity
- Understanding Who Can Make the Decision
- Connecting with Decision Makers
- Legislation 101
- How a Bill Becomes Law
- Testifying at Legislative Hearings



# Opportunities for Policy Engagement

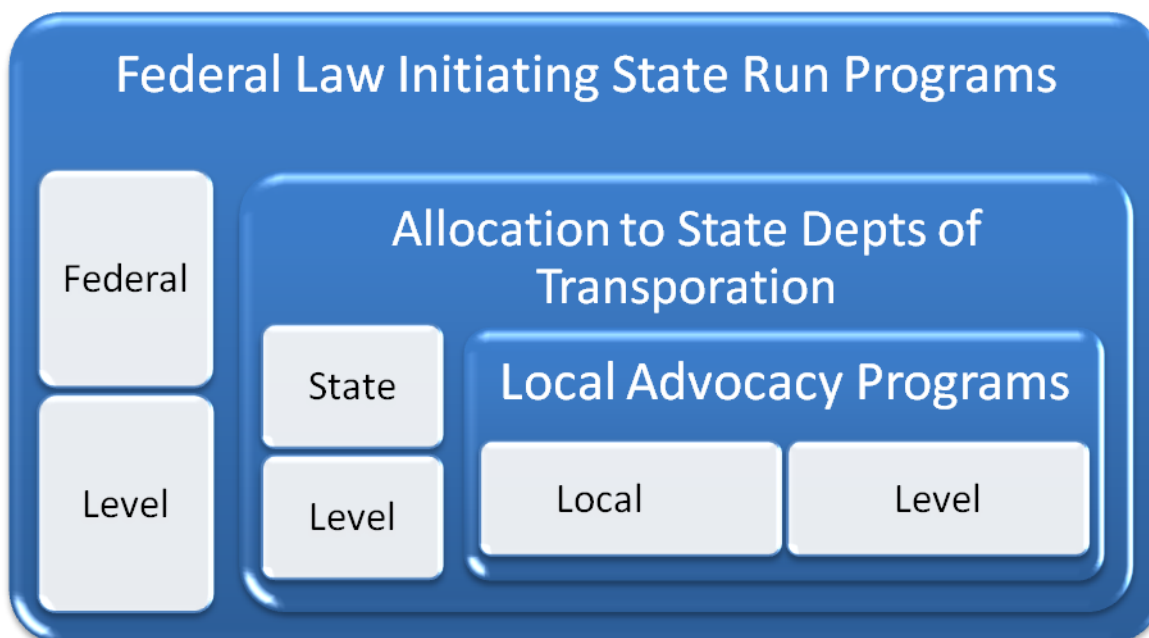
## INTERLOCKING POLICY ENGAGEMENT

Most advocacy efforts you will engage in are connected by a common thread—they are all instrumental in creating movement that makes childhood obesity prevention a priority. When working at the community level, it will be important to identify and communicate federal and state **policy** that helps or hinders that work. If you are working to address policy at the state level, it is important to recognize the influences of federal and state laws on one another, and in turn, their respective influences on how local policy is carried out.<sup>34</sup>

**Policy** – A rule, guideline or framework. When it comes to childhood obesity, it can be defined broadly to include legislative or administrative policy at the state or federal level, as well as city or county ordinances and school district policy affecting overweight or obesity.

Let's look at the Safe Route's to School as an example of this interplay between federal, state, and local policy interventions. The Safe Route's to School Program was initiated at the federal level as a nationwide campaign to create programs at the local level that increase the number of children safely walking and bicycling to school each day. This particular intervention demonstrates the multi-faceted targets of policy engagement that may intersect a given legislation.

- At the federal level, it will be important to provide stories about local success to federal legislators and their staff. These stories and statistics documenting change in walking and biking will be instrumental for reapproval of the law that enacted the Safe Routes to School Program.
- At the state level, advocates will need to keep an eye on dissemination of funding to local initiatives by their State Department of Transportation to ensure that they receive funding to carry out their work.
- At the local level, reaching out to municipal government and school officials to involve them in local campaigns will be critical to gaining their buy-in, support, and sustainability.



# Policy Opportunities to Support Healthy Eating & Physical Activity<sup>35</sup>

Like the infamous statement – All politics is local, all policy is local. Whether the policy is enacted at the federal, state or local level, it will be lived at the local level - in homes, schools, neighborhoods, childcare centers and businesses. Let's take a look at some of the most effective strategies to change the local landscape as seen by the Institute of Medicine<sup>36</sup>, the CDC<sup>37</sup>, and the Leadership for Healthy Communities<sup>38</sup>.

## Physical Activity

**Build Sidewalks and street crossings to connect schools, parks and other destinations.**

**Improve access to low cost outdoor recreational facilities.**

**Funding to build trails through neighborhoods.**

**Adopt community policing strategies that improve the safety and security on the streets and in and in low coming neighborhoods.**

**Utilizing joint powers agreements, school facilities in partnership with municipal government as afterschool physical activity programs.**

## Healthy Eating

**Create incentive programs to attract supermarkets and grocery stores to underserved neighborhoods.**

**Menu labeling in chain restaurants.**

**Increase the availability of healthier foods and beverages on school campuses.**

**Schools adopt vending machine policies to prohibit sale of unhealthy foods and beverages.**

**Improve access to quality meals on school campuses.**

These are but a few of the policy opportunities available to address through your advocacy campaign. Depending on your interests and experiences, you might find it preferable to work with others in your local community or you may find that you prefer to work with your state or federal elected officials. Regardless of your comfort level, remember that no matter what level of advocacy you choose to get involved in, you are making a difference on behalf of your patients or clients and your community. Additional resources that describe policy opportunities are found in Appendix G in the Community Toolbox.

## Understanding Who Can Make the Decision<sup>39</sup>

For every childhood obesity issue you care about, there are one or more decision makers who can affect the outcome. Depending on the issue, decision makers could include:

- Elected or appointed officials, including those who serve on the local, state or federal level
- Influential community members, faith-based leaders, and business owners and others who help shape public opinion
- Chief executive officers or administrators of community institutions, such as hospitals, schools and city or county government.

Effective advocacy involves identifying and persuading these decision makers to act on behalf of your childhood obesity issue. When working with elected officials and community leaders, it is important to understand what motivates them to act.

Since elected officials depend on their constituent's support, their votes and other support to stay in office, they will be greatly influenced by what their constituents think and value. The influence of community leaders depends on them being able to be viewed as credible, well-liked or fair. They care about what the community thinks, and so are also influenced by public opinion. It is therefore important to make sure that the key constituents are aware of your issue. This can happen as a result of your media and communications advocacy campaign.

As you think through who will make decisions about your childhood obesity issue, remember that policy decisions for the same advocacy issue can happen at several levels. Map out a decision tree for your issue to identify if there is a role to play at the federal, state and local levels. As part of this process, determine whether the decision makers are elected or appointed officials and the role their administrative staff may play in influencing your advocacy issue. Once you have completed this quick assessment, you will know where to target your education and awareness building efforts. As an example, in most states, any law passed by a state legislature requiring changes in school districts or schools, including those addressing healthy eating and physical activity, will be enacted at the local level. Each school district will then determine how to initiate the law, its timing and level of support. As a result, policy focus and advocacy campaigns will need to be organized to influence both state and local decision makers.

# Connecting with Decision Makers

## LOCAL GOVERNMENT

Many areas of focus for advocacy and policy change affecting community based obesity prevention are at the local level, where you live, work and children attend school. As you develop your advocacy campaign and plan, it will be critical to focus on elected and appointed officials.

All states in the US are divided into counties save Louisiana, where these are called parishes. (Connecticut, Delaware and Rhode Island counties have no governmental structure. Massachusetts has a mix of counties with governments and others without.) Each county generally functions as its own government, taking into consideration the state and federal government's policies. The power of each county cannot exceed that which is granted to it by its respective state. In most states, county and city governments exist side-by-side. In areas lacking an incorporated municipal or city government, the county government is generally looked upon to enact laws. The purpose of the local government is to carry out a broad range of public activities within a defined area and population.

In some states, there are also "special districts". Special Districts are areas with a defined territory in which a specific service is provided, such as water, public utilities or fire services. These entities do not have the power to enact laws, but do have the power to put into effect administrative regulations that often carry the same force of the law within the area that is directly controlled by the district.

Reaching out to local officials, such as city council members, school board members, planning commissioners and county supervisors can be just as important, if not more so, as talking with state elected officials. Local officials often have more of a direct impact on the activities taking place in your area. Nutrition in schools and better outdoor physical activity options within the community are usually handled at the local level.

### *City Councils*

A City Council consists of a group of elected officials responsible for the government of a city or another municipality. Members are generally elected to serve a four year term. Members' responsibilities include, holding meetings to introduce ordinances and resolutions to regulate city government; review budgets submitted by the mayor; organize standing committees and hold public hearings to address issues that impact the city.

Within city government, it is also important to focus on planning commissioners who are volunteers making decisions about how cities are built, including development of parks and green space or bike lanes. These are appointed officials who are also important to get to know.

### *County Boards of Supervisors*

County Boards of Supervisors consists of a group of elected officials responsible for the government of an entire county. Members of the board represent districts within their county. Like the City Council, the Board of Supervisors has legislative and executive powers. The main difference between a City Council and Board of Supervisors is that a county is a division of a state where as a city is a municipal corporation. Counties refine local application of state law and policies, cities implement and pass their own local laws and public policy which a state can override.

### *School Boards*

For healthcare professionals who want to concentrate their efforts on childhood obesity and school policies that affect childhood obesity, working with the school board will be essential. The School Board usually consists of officials elected by residents of the school district. Most boards have anywhere from five and fifteen members, which may include representatives from the actual student body.

Most school board members are volunteers. It is important to remember that most school board members may also have a full-time job, a family or other outside commitments, so their time may be very limited. Most members will have to refer you to a staff member or committee to address your issue. If you approach a school board member, most likely they will ask “have you spoken to the principal or superintendent or who else in the district have you spoken to?” Some issues regarding nutrition and physical activity can be addressed directly with the school principal or superintendent.

#### **Formally Addressing Local Elected Officials**

All local governments have formal meetings that are open to the public. Each meeting will have a set agenda and a “Public Comment Section”. The public comment section is your time to give the members information about your childhood obesity issue and your proposed policy or provide testimony on a already proposed policy item.

You will have approximately three minutes to state your case, so here are some tips to help you prepare:

- Before you speak, attend a meeting as an observer. Observe the process, how decisions are made, and even the demeanor of the members.
- Remember, the public comment section is not a time to ask questions. If you have questions for the local elected officials, type them up with a cover letter beforehand. Before you begin speaking inform the chair or president that you have prepared some questions and would like them addressed at the next meeting. Ask for permission to hand over your questions. Be prepared to follow-up in the days ahead to make sure your questions were added to the next agenda. Remember, policy cannot be acted upon without first being placed on the agenda.
- Make sure you do not come across as a “complainer”. Frame your testimony in a way that shows you are a part of the solution and not the problem.
- Data speaks volumes. If you have data, show it! This will make a much stronger impact on the members.

The table below will help you to further distinguish between the different forms of local government.

	School Board	City Council	County Board of Supervisors
Chief Executive Officer	Superintendent	City Manager	County Administrative Officer
Governing Body	Board of Trustees	City Council	Board of Supervisors
Staff/members- Volunteer vs. Paid	Mostly volunteers. Paid school board members are very uncommon	Depends on size of city. Larger cities tend to have paid staff	Paid
Key Appointed committees	Policy Committee, Education Committee, Finance Committee	Planning Commission	Planning Commission
Types of issues responsible for	Food and health policies, physical activity & physical education, safe campuses	Built environment, sidewalks, safe neighborhoods, playgrounds	Built environment, Sidewalks, safe neighborhoods, public health
Forum in which public can present information	Public comment section of meetings, or a posted agenda item	Public comment section of meetings	Public comment section of meetings

## STATE GOVERNMENT<sup>40</sup>

State legislators have become increasingly active in the day-to-day governing of the country. State legislatures on average pass 80 state bills for every one federal bill that Congress enacts. Increasingly, these bills address issues pertaining to environmental policy change to improve childhood obesity.

All states save Nebraska have a bicameral or two-chamber legislature. The “upper” chamber is commonly known as the *Senate* and contains fewer members. The “lower” chamber is known as the *House of Representatives* or the *Assembly* and has more members than the Senate. Legislative sessions vary from state to state and year to year. Some are as short as 30 days and others can extend over a two year period. Still others meet only during even or odd numbered years.

The governor is the state’s chief executive and is responsible for the administration of the government. The governor can call a special session of the state legislature, approve or veto bills passed by the legislature, submits the state’s annual budget and oversees the administrative functions of state agencies.

The State Department of Education is also a very important agency to focus on, along with the State Board of Education. Decisions affecting curricula, including physical education and physical activity, are part of each state’s Education Code. Policies related to food and beverage choices on campus are also addressed by regulations managed by the State Department of Education.

## FEDERAL LAWMAKERS<sup>41</sup>

The federal government passes federal legislation and appropriates funds for state programs. In thinking about your potential involvement in federal advocacy related to childhood overweight and obesity, here are some things to keep in mind.

The US Congress has two chambers: The Senate and the House of Representatives. Each chamber has its own leadership, its own committee structure, and its own set of rules. Senators serve six year terms and Representatives serve two year terms. Each state has 2 senators representing the entire state. The number of representatives for each state depends on the state's population. The number officially changes every 10 years when the census is taken. Since the House of Representatives is limited to 435 members, population shifts in the country alter the representation in several states. Each Congress has two sessions, each lasting one year. A new Congress always begins in January of odd numbered years. National elections occur in November of the second session of Congress.

The executive branch consists of the president and the various departments of the federal government. Each department of the federal government is headed by a secretary who is a member of the president's cabinet. A cabinet secretary not only serves as the chief administrative officer for that department, but also as an advisor to the president on policies relating to his or her department. At the federal level, many departments are involved in issues addressing healthy eating and physical activity for children and their families. The Department of Health and Human Services is often the key federal agency driving issues related to physical activity while Departments of Agriculture, Transportation and Education, and Housing and Urban Development play a vital role as well.

### Tips for Connecting with Elected Officials

- Connect with legislators in their district offices.
- Keep the first meeting simple in its focus: introduce yourself and discuss one issue. If you are a member of a professional organization, share that with the legislator.
- Share what you are concerned about, what you are doing and what they can do.
- Don't be surprised if you meet with a staff member. They often have more time and more content-specific knowledge.
- Get involved with a local organization that schedules visits to legislative offices.
- Keep an eye on the paper or official's website and turn out for local public events.
- Send a note congratulating the legislator when you approve of actions they have taken, i.e. – "I saw you voted on the physical activity bill for schools and wanted to say *Thank you!*"
- Check out public records that identify campaign donors. These are found in the local Clerk/Recorder's office and through the Secretary of State's office. You may find someone you know who knows the elected official well and can help you arrange a meeting.

# Legislation 101

Health Care Professionals know that their patients' or clients' health is impacted by many things, including physical, cognitive, cultural, social, environmental and emotional factors. But not every health care professional can influence all of those factors within his or her practice setting. Advocacy enables Healthcare Professionals to reach out beyond their office to address broader issues that affect their patients or clients. By publicly making connections between the social causes and health consequences of childhood obesity within their communities, health care professionals can make an impact to reduce the rise of childhood obesity.

Affecting public policy requires that you get involved in the legislative process. You can do this on a local, state or national level. You do not need to be an expert on legislation, but in order to time and direct your efforts strategically it is helpful to gain a basic understanding of how a bill is passed.

Legislation is a bill that can be signed into binding law. For example, at the state level, limiting or eliminating junk food in school vending machines can be a constituent initiated bill, sponsored by a legislator that can then become the policy measure of the governor. A bill would then legally require all vending machines on school grounds to dispense healthy food options.

Here is the process in a snapshot:

## **AUTHORING A BILL**

The legislative process starts when one or more legislators sponsor a bill. Legislators often author bills that have been suggested by other individuals or organizations. A bill varies in length from a paragraph to hundreds of pages. A bill is required to relate to only one subject and must be stated in the title. As a bill makes its way through the legislative process, its status changes. Here are the terms used to describe the status of a bill:

- **Active Bill:** Has been introduced and is in the review process in the Senate or Assembly.
- **Enrolled Bill:** Has passed and is ready for a signature or veto.
- **Chaptered Bill:** In many states, a bill is chaptered and then signed and will become law.
- **Vetoed Bill:** A bill that has been rejected by a chief executive – the governor or president.
- **Veto Override:** A vote by a legislature to pass a bill despite a governor's veto or a vote by Congress to pass a bill despite a veto by the president. Most veto override votes require a two-thirds majority to pass.

## **FIRST READING**

The bill is introduced when it is first read on the floor of the chamber. Then it is sent to the Office of State Printing, and it may not be acted upon for 30 days.

## **COMMITTEE HEARINGS**

In many states, the bill goes to the Rules Committee of the house of origin, and it is assigned to a policy committee for its first hearing. The appropriate policy committee is determined by the subject area. This committee hearing is an opportunity to give testimony in support or opposition of the bill. If the bill has a fiscal impact on the state, it will also be referred to the respective appropriations committee.

## **SECOND AND THIRD READINGS**

If passed by the committee, the bill is read a second and third time in the house of origin. A bill analysis is prepared before the third reading. When the house of origin has approved the bill, the other house has to follow the same procedure.

## **AMENDMENTS**

If amended in the second chamber, the bill must return to the house of origin for agreement. And if the differences are not resolved, the bill is referred to a two house conference committee.

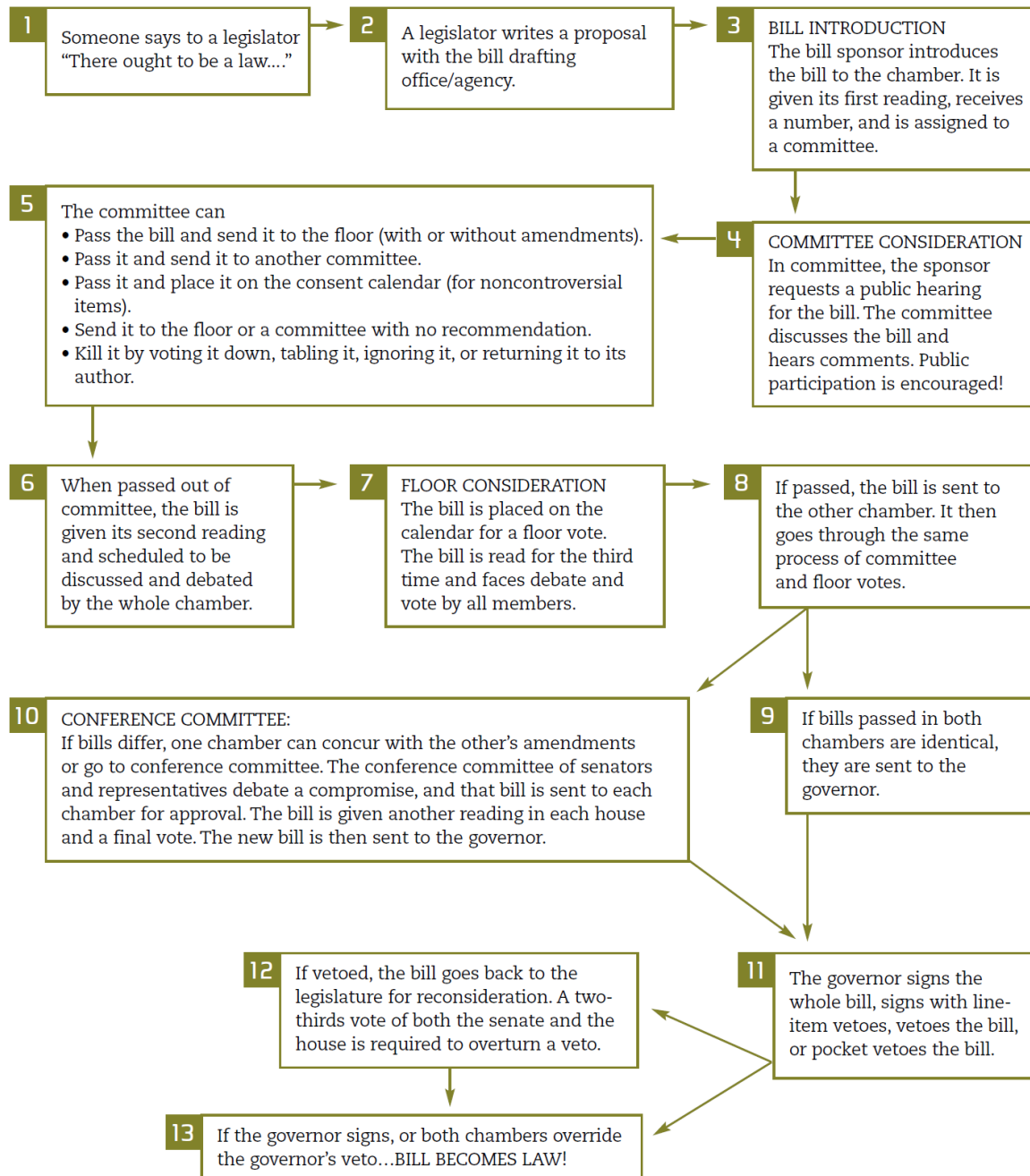
## **THE GOVERNOR**

When both chambers have approved it, the bill goes to the governor who can sign the bill into law, allow it to become law without his or her signature or veto it. A governor's veto can be overridden by a two-thirds vote in both houses. There are many activities you can do to get involved in the legislative process. Here are some activities to consider:

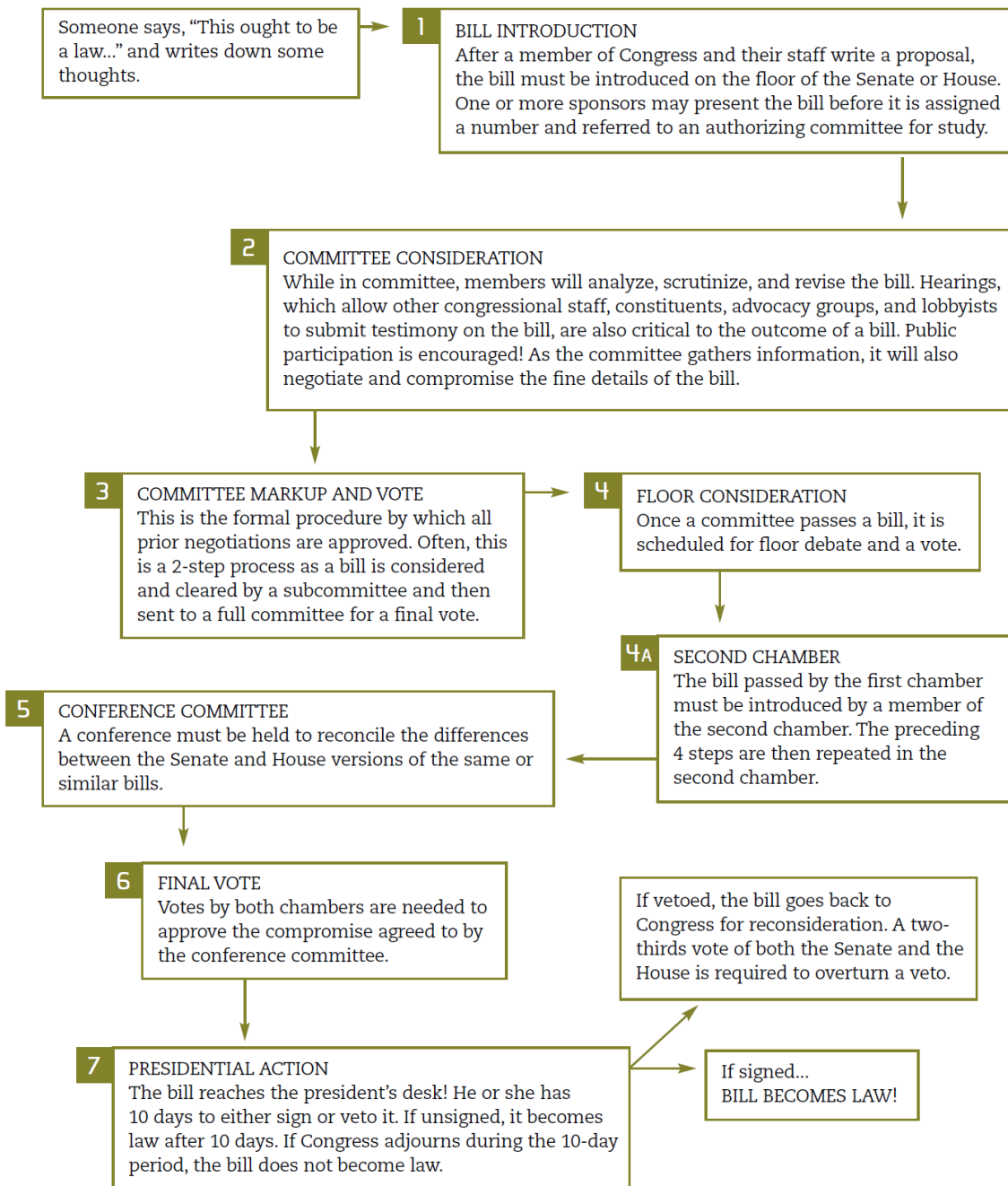
- Testifying before a legislative committee.
- Forming a position (opposed or in favor) of a specific bill.
- Making phone calls, sending letters or E-mails to urge action on a particular legislation.
- Distributing materials to urge action.

# How a Bill Becomes Law

## *How a Bill Becomes a Law at the State Level<sup>42</sup>*



### How a Bill Becomes a Law at the Federal Level<sup>43</sup>



## Testifying at Legislative Hearings

Testifying before a state or local governmental entity is a valuable opportunity to make a compelling and persuasive case and, ultimately, a chance to gain support for your positions before a wider audience. If you are unable to attend a hearing in person, you can also submit written testimony that will be added to the record (see sample testimony in Appendix I of the Toolbox). By tracking government websites as well as partnering with advocacy groups, you can find out when an issue of interest to you is up for discussion at a hearing. Below are tips from the Zero to Three Policy Network on testifying<sup>44</sup>:

- Speak with your colleagues about the type of information needed to address the legislation or regulations being heard.
- Offer to testify as a member of an advocacy group or as an individual with professional expertise in the issues being addressed.
- Talk with others who have previously testified in your state to find out the logistics of the testimony, including time limits, format for the written testimony, etc.
- Be cognizant of how you are communicating about obesity. Use your key messages and remember that policymakers are not likely to be well-versed in technical language. Keep it simple and be understandable.
- Find out how many people are on the committee for which you will be testifying.
- Prepare your testimony in writing and make enough copies for each member of the committee.
- Sign-in when you arrive at the hearing. This will ensure that the committee members know you are there to give testimony, and your name and affiliation will be put into the record.
- When giving testimony, be concise and direct. Often, there are many people offering testimony, so you should address issues in which you have expertise or an important perspective to offer.
- If possible, share a personal story from your experience to engage the members and to show the human face of the topic.
- Let the committee members know that you are available at any time to answer their questions and that you are happy to serve as a resource to them.

### WHAT DO I NEED TO KNOW TO TESTIFY EFFECTIVELY ON BEHALF OF MY ISSUE?<sup>45</sup>

Testimony can be either written or oral. The purpose of testimony is to provide decision makers with information that will enable them to cast an educated vote or decision. Providing testimony gives Healthcare Professionals a chance to publicly endorse, oppose, or express concerns about pending legislation, proposed regulations, or other public policies that affect health and Healthcare Professionals.

When preparing for your testimony, consider the following three tips:

#### **INTRODUCE YOURSELF AND STATE YOUR POSITION CLEARLY**

Begin your testimony, whether it is written or oral, by identifying yourself and, if applicable, the group you represent. Clearly state whether you are testifying in support of, or in opposition to, the pending proposal.

### **USE EXAMPLES TO ILLUSTRATE WHY THE PENDING PROPOSAL MATTERS TO CHILDREN AND HOW IT PERTAINS TO CHILDHOOD OBESITY**

Describe the problem that the pending proposal is intended to address and comment on whether it will alleviate or exacerbate the problem. Tell a story of how the children you work with will be affected by the legislation, regulation, or public policy. Use examples from your work to illustrate your points. Conclude your testimony by requesting that the decision makers vote for or against the pending proposal.

### **ANSWER QUESTIONS HONESTLY**

If you are testifying orally, decision makers may ask you questions. Answer these questions concisely and honestly. If you do not know the answer to their question, simply state you do not know the answer and that you will have someone from the, group you are working with, get back to them.

### **LEGISLATIVE/ COMMITTEE TESTIMONY**

A good testimony is measured, factual, and straightforward. It should also give the listeners action items and a 'take-away' message. Urge listeners to take certain steps or focus on a particular issue. The length can depend on the meeting, and when you are invited you will likely be told how much time you'll have. Some committees hold work sessions, where background about an issue is presented in an educational format. More commonly, committee hearings are about particular bills, and legislators are looking for both education on the issue, and opinions about the proposed legislation addressing the issue.

# Section V: Media & Communications Advocacy

***At the conclusion of this section you will be able to:***

1. *Convey three basic rules for working with print and broadcast media.*
2. *Demonstrate persuasive on camera interviewing skills.*
3. *Describe how to effectively use the Internet and social marketing in media campaign.*
4. *Describe how to access and work with ethnic media to reach diverse communities.*

- Building Awareness
- Keys to Media & Communications Success
- The Interview
- Press Releases, Op-Eds & Letters to the Editor
- Ethnic Media
- Using Technology to Make Your Voice Heard
- Putting it All Together & Getting Started



## Building Awareness<sup>46</sup>

Media and Communications Advocacy refers to the intentional use of any type of communication vehicle to bring awareness and ultimately change, around a particular issue. Decision makers pay attention to and are influenced by public opinion, particularly that of their constituents. There are two key components to this awareness building and change process: Media Advocacy and Communications Advocacy.

### MEDIA ADVOCACY OVERVIEW

The media is probably the most powerful tool at your disposal. Developing your message, building a good relationship with the reporters that cover your issue and learning how to best communicate around your priority is the lynchpin of any successful media-based strategy. Media advocacy will enable you to reach a broader audience –an audience of individuals who may themselves be inspired to advocate for your initiative.

There are two types of media advocacy: *paid media* and *earned media*. In *paid media*, advertising space or time is purchased in newspapers, radio, television or the Internet. *Earned media*, on the other hand, are generally stories that you create on behalf of your advocacy issue. *Earned media* may take the form of stories on radio or television and in newspapers, or letters-to-the-editor, Op-Eds, or interviews. *Earned media* is often considered more influential than paid media because the stories are about real people. These stories may speak to how real children and families are struggling with the lack of available healthy foods or limited access to low cost and safe opportunities for physical activity.

Reporters are constantly looking for a good story. Building or bringing such a story to them and becoming a trusted source of information will greatly increase your chances of building a strong relationship with the media.

### COMMUNICATIONS ADVOCACY OVERVIEW

Communications Advocacy includes any material or approach used to create awareness about your advocacy issue, get others involved or influence decision makers. It can assist you in proactively framing the importance of your issue and informing others about developments or actions needed around that issues. Communications can be print-based (newsletters, flyers, tip sheets or brochures, Internet-based (Websites, email, blogs, social marketing sites, email alerts, text messaging and tweeting), or in person (public speaking, setting up a booth at an event, or making a presentation to a local group or organization).

Media and Communications Advocacy can help you propel your issue forward by:

- Persuading community leaders and elected officials to act on behalf of your issue by illustrating to them that the public is paying attention to your issue.
- Increasing the likelihood that more people get involved by informing them of the issue and inspiring them to change circumstances affecting the children they know and care about.
- Establishing credibility on behalf of your issue by demonstrating that your experiences are those of many and the issue deserves the public's attention.

# KEYS TO MEDIA & COMMUNICATIONS SUCCESS

## *Developing Your Message<sup>47</sup>*

Developing your message is about positioning your issue in the context of the audience's priorities, interests, and beliefs. Go to a media interview with your messages clearly defined and three key points you want to make, regardless of the questions the reporter may ask.

Your message will make the case for your advocacy issue. For example:

*"As a family physician I see both children and adults in my practice. In past years, only my adult patients had high blood pressure and type 2 diabetes. Now adolescents coming to my office are being treated for type 2 diabetes and other adult diseases. It is no wonder they are developing these illnesses -- there is no grocery store in their neighborhood, only fast food restaurants and corner stores selling high calorie, unhealthy foods."*

Your personal experiences of working with your patients and clients will provide key points to support and strengthen your message.

Consider the following points as a Guide to creating an effective message. Be:

- **CLEAR** – Your message must be easily understood using words that can be repeated and internalized. Limit your use of technical or medical jargon. Use the same language with your audience you might use with the children and families you work with.
- **CONCISE** – Your message must be on point. Most listeners will have a short attention span. Stay focused on your message, with two or three supporting points. Every word matters, so choose wisely.
- **MEMORABLE** – Think about which aspect of your message will capture other's attention. Practice your message on friends or members of your advocacy team to strengthen its impact.
- **PERSUASIVE** – The message must convince people that your advocacy issue is something they can support. Use personal stories and examples to paint a picture that others can relate to.
- **REPETITIVE** – It will take time for the message to sink in. To increase that chance, the average person needs to hear the message six or seven times for it to stick. Repeat, repeat, repeat.

## *Delivering Your Message<sup>48</sup>*

Once you are in the door, remember these basic rules to make sure your message is accurately reflected in the story, editorial, column or interview:

- **BE POSITIVE** - Always inject hope and solutions into your stories and descriptions of the issue. You are selling ideas designed to inspire change and help children and families, not make people feel worse.
- **BLEND STATS & STORIES** - Well-used numbers can support your message. Put a face on these numbers. For example, "Our county ranks highest in the state for childhood obesity and we are in the top 3 for Type 2 Diabetes. I see the reality of these statistics every day—among the patients in my office and school children in my community"
- **KEEP IT LOCAL** – People are more likely to pay attention to news and communications that affect them personally, or hit close to home. Look for ways to keep your message local by

including a perspective about how your issue affects your neighborhood, community, city or state.

- **CONNECT THE MESSAGE TO THE ISSUE** – Help people see that your story is one of many. Be sure your message highlights solutions. Explicitly state the change you are seeking and explain why that change matters to children in your community or state. This will help people, and decision makers, understand why they should pay attention and why change is needed. For example, you may say “We need to restore physical activity back into our schools so students have an accessible way to burn calories!”
- **BE PROACTIVE** - Proactively reaching out to the media gives you the benefit of controlling the messages – either through a press release or statements you make. A favorable article in a newspaper brings invaluable third-party credibility to your issue.
- **INVITE OTHERS TO GET INVOLVED** – A compelling message will encourage people to act. When delivering your message, include an invitation to get involved and information regarding how others can help bring about change.

### *Get to Know the Reporters*

It is important to get to know the reporters that cover your issue. Read their stories, see how they write and determine if there’s a pattern. Establish a relationship and try to become a source for stories. Reporters need sources, and becoming one will put you in a position of power.

A letter to reporters and editors introducing yourself as a resource for certain childhood obesity issues will help to open the door. A good way to introduce yourself is to follow up on an article or television segment that you recently participated in. Thank the media for featuring your story and give additional information, if necessary. Make yourself available for quotes and information on deadlines and you will likely be added to the reporters’ list of experts to call.

As a Healthcare Professional your voice lends credence to the issue. Give reporters all your contact information and make sure to return their calls promptly. Many times advocates want to start with major national newspapers, but smaller editions often have a larger impact. Local papers, weeklies and freebies are often easier to access and can have a wide readership. Look for articles on your topic, and note the name of the reporter covering the story.

### *Stick to Your Message*

Preparing for an interview will help you control it. Choose a few main points to get your message across as briefly as possible, and be ready to answer tough questions you may be asked. When talking, be conversational and state your message simply. Always tell the truth and say so if you don’t know the answer. Provide information as if the reporter doesn’t know anything about the issue. Turn negatives into positives, and if questions are asked in a hostile manner, be sure to keep the answer’s focus upbeat. Always answer the reporter’s questions briefly and then go back to stating the main points of your message.

### *Track Story Opportunities*

Watch for papers that accept guest editorials or op-eds. Have some of your writing on hand for quick deadlines. Keep track of TV stations, programs and reporters that cover health-related topics and get in contact with them. Ask them to cover your issue and suggest story angles.

Talk radio often covers topics related to health. Listen to shows covering your issue and then write or call the show. You can also write or call the station and offer yourself as an expert. And if you're part of a larger campaign, keep in mind that radio stations usually have free time allotted for pre-recorded Public Service Announcements (PSAs).

Keep track of stations, programs and reporters that cover health topics and get in contact with them proactively. Ask them to cover your issue and suggest story angles.

### *Media Venues<sup>49</sup>*

Today, there has been an expansion of venues to connect and spread your message. There is print media, television, radio, the Internet, and messaging techniques.

**PRINT MEDIA** –Print Media includes newspapers, magazines, newsletters, and brochures and provides opportunities for letters-to-the-editor, Op-Eds, feature stories, and editorials. Magazines may also offer opportunity to place stories about issues related to children's health issues, particularly parenting, child or baby magazines. Many communities have local magazines that look for stories to include. Local organizations may also have newsletters that accept short articles. To start, work with your advocacy partners to identify newsletters you receive and reach out to these and inquire about submitting an article about your advocacy issue.

**RADIO/TELEVISION** – Radio and Television allow for interviews with reporters on subjects making the news. Interviews may occur at a press event, or as a guest spot on a talk show.

**INTERNET** – The Internet is host to a wide variety of communications, including websites, email, listservs, tweets, blogs and social networking sites. The Internet provides an almost unlimited opportunity to share information, resources and advocacy opportunities. In addition to connecting individuals with a similar passion for advocacy, the Internet can also be used as an advocacy tool itself, through the development of a website or email/text communications that encourage others to take action.

### *The Pitch*

Media outlets serve critical functions as forums for debate and public dialogue, but they are also businesses and need to attract an audience. In short:

- **THE MEDIA LIKE:** broadly appealing stories; controversial issues; accurate information; experts (like you); and novel issues and approaches.
- **THE MEDIA DISLIKE:** old or redundant stories they have already covered or that have been covered by their competitors; inaccuracies; persistence after a story has been rejected; jargon.
- **REPORTERS LIKE:** timely responses to their queries; clear language; experts (like you); snappy sound bites; controversy; human interest stories; courtesy.
- **REPORTERS DISLIKE:** inaccurate data; being called repeatedly when on a deadline; slow response time to a request; rudeness.

# The Interview

Whether you schedule an informal chat over the phone or give a live interview, your number one interview goal is to communicate your message. These tips will help you deliver that message and capitalize on your credibility as a Healthcare Professional.

## BEFORE THE INTERVIEW

- **Know exactly what the interview is about.** Do your homework and come prepared. You do not want to be surprised by any questions.
- **Be punctual.** Reporters work on deadlines, radio shows start on time and TV spots are non-negotiable. If you must be late, call as far ahead as possible and offer to reschedule if they cannot accommodate last-minute change in time. You may miss that particular opportunity, but at least you will not alienate the contact.
- **Know the format of the interview** and how much time you will have to speak on your issue. A call-in interview may allow more time than a pre-formatted television spot.
- **Be flexible.** You likely have a very busy schedule and should certainly communicate that fact, but sometimes things come up. If an interviewer must reschedule, be flexible and agile. This attitude will also help you stay positive in the interview, allowing you to accept surprises calmly.
- **Be confident and upbeat.** Remember that you are the expert! The more proactive and energetic you sound, the more people you will win over to your cause.
- **Send some background materials in advance** of the interview. You can help reporters with their research and steer them in the direction you would prefer to explore in the interview.

## DURING ALL INTERVIEWS

- **Have one central assertion** you will make before the end of the interview, your Single Overriding Communication Objective (SOCO).
- **Keep your SOCO in mind** and plan ahead for different ways you can get it across. Perhaps it fits in a personal story, or you have a powerful statistic to quote. Your SOCO gives you an agenda and some control over the content of the interview. It will also help you appear knowledgeable and organized.
- **“Bridge” questions** to highlight what you find important. Bridging means building smooth transitions from a question you don’t want to answer to a question you do want to answer. If you want to discuss the positive aspects of a program but a reporter asks you about its faults, smile and point out that the program has benefits that far outweigh the costs. Discuss the benefits briefly and stick to your SOCO.
- **Don’t speculate.** Reporters and interviewers often begin questions with “Hypothetically...” This is dangerous territory. Simply state that you do not wish to speculate, and then provide facts regarding the topic mentioned in the question.
- **Do not fall victim to “off the record.”** There is no such thing. All interactions with interviewers and print reporters could wind up in the newspaper or on TV. Choose your words carefully. Do not repeat negative statements or questions asked if you disagree with them. They could easily be edited to become your quote or make you sound defensive. Instead, simply state what you

want to say, “Actually, increased opportunities for physical activity in schools can be of real support to parents.”

- **Do not say “no comment.”** It sounds like you are trying to hide something. It is perfectly acceptable to admit that you do not know the answer. Simply say, “I’m sorry I don’t have that information with me at the moment, but I can get it to you” (if you can).
- **Avoid jargon.** Most people are unfamiliar with technical medical terminology. Spell out acronyms and use common terms for medical conditions. Speak as simply as you can to assure that your message is received.
- **Pause before responding,** or ask for clarification, whenever needed. It is best to understand the question. If you are not sure, say, “I want to make sure I understand your question, could you repeat (or rephrase) that?” It buys you time and hopefully helps to clarify the line of questioning.

### DURING RADIO AND TV SPOTS

Be succinct. Remember to KISS—Keep It Short and Simple. Responses should be 20 seconds or shorter. Speak clearly and use simple language. Practice some phrases ahead of time about your key messages, and they will sound better. Your key messages may be picked up after the interview to be used as sound bites, teasing the interview before it is aired, or to give a short synopsis of what was said for replay purposes. Make sure the key message is to-the-point and clearly states your purpose.

- **Look at the interviewer,** not the camera or broadcast equipment. You will look and feel more natural, and you will avoid looking or sounding nervous. Speak in as relaxed a tone as you would to with a colleague.
- **Choose your TV wardrobe carefully.** Don’t wear patterns, especially stripes. If applicable, as for a clinician, wear your white coat. It highlights your medical credentials for viewers. Men should wear dark suits and a blue shirt; women should avoid all-black or all-white outfits. Avoid wearing anything shiny that can catch the light. If you are unsure, ask the camera operators or interviewer if what you are wearing will read well on video. Avoid noisy jewelry that could be picked up on audio.
- **Do not refer to notes or other papers on camera.** The rustling is distracting and it will make you appear nervous. Memorize a few figures and stick to those where possible.

### MEDIA AND COMMUNICATIONS BRIDGING TECHNIQUES<sup>50</sup>

“Pivoting” is a way of redirecting the flow of an interview. If the direction of the question is heading down a road you would rather not travel, try some of the following phrases to pivot and get back on track.

In my personal experience, what happened was...

That’s an interesting question, let me remind you...

What’s important to remember is...

What I think your readers would like to know is...

Before we get off that subject/topic, let me add...

That’s a good point, but I think your readers/viewers/audience would be interested in knowing that...

Let me give you some background information...

Let’s take a closer look at...

That’s an important point because...

Now that we’ve covered that issue, let’s move on to...

# Press Releases, Op-Eds and Letters to the Editor

(Sample Press Releases, Op-Eds and Letters to the Editor are in the Toolbox in Appendix K)

## PRESS RELEASES<sup>51</sup>

Press releases can be used to announce a new advocacy campaign, a new public policy related to improving childhood obesity or an upcoming media event. A press release can also be used to comment on a recent event or occurrence in your community or state, such as childhood obesity conference or opening of a new farmer's market in an underserved community.

### *Tips for Writing an Effective Press Release*

**HAVE LEGITIMATE NEWS:** Even though you want the press to cover your advocacy issue, be careful not to send out press releases for everything. Ask yourself what makes this important to a reporter.

**STARTING OUT:** Always begin a press release with your name and your organization's name, the date, "For Immediate Release" in the upper left-hand corner and "For More Information" and your contact information in the upper right-hand corner.

**FOLLOW THE FORMULA:** A press release should consist of a headline, a subhead, a lead paragraph, a quote, the facts, and a closing quote.

**KEEP IT SHORT:** Try to keep the release as brief as possible. One page is ideal, two pages at the most. If more than one page is necessary, write "More" centered in the footer of the first page.

**GET THEIR ATTENTION WITH THE FIRST PARAGRAPH:** Editors and reporters are busy, so make your first paragraph something that will catch their attention.

**PROOFREAD, THEN PROOFREAD AGAIN:** A press release reflects the professionalism of your efforts. Take the time to be accurate, neat, and double-check for typos.

**RESPECT DEADLINES:** Sending press releases early in the day will increase the likelihood that they'll be used.

**SHOWTIME:** Remember that this is your version of the story. Showcase your advocacy issue in the best possible light, and make sure the press release is quotable.

**FINISHING TOUCH:** End your release with "- ###-" centered at the bottom of the page to indicate the final sentence of the release. This indicates to the press that your release is finished and there is no further information you are sending them at this time.

**DISTRIBUTION:** If you are sending your press release to reporters electronically, include your press release within the body of the email, don't use attachments. Remember to include your contact information, and use an attention-grabbing subject line in your email.

## **OP-EDS**

An opinion piece is one of the best ways to gain credible visibility. When writing, state your conclusion first, make your strongest point up front, and then make your case or back-filling with the facts. Focus on one issue or idea and write 750 double-spaced words or less (fewer is always better). You can check with your local newspaper on the word limit. Include a brief bio, along with your phone number, email address, and mailing address at the bottom.

Sitting down to write an op-ed can be intimidating. After all, newspaper opinion pages are influential forums. Your mayor reads it. Your mailman reads it. Your member of Congress – or surely a member of his or her staff – reads it. It's the one sure place to find out about the important issues in your area and to engage your community in discussion.

So how do you start? Here are a few tips to remind you that Op-Eds aren't just important, they're also simple:

**OP-EDS ARE NOT ESSAYS.** When writing an op-ed, jump right in. Engage the reader and make your point fast. Then explain and use examples to back it up. Make sure your Op-Ed has a **news hook**.

**News Hook:** A news hook is any sort of interesting or unique story piece or media item that brings an audience in and wraps their attention.

**BE TIMELY.** Newspapers are businesses, thus Op-Eds must be pertinent to current events so people will want to read them. For instance, if school is starting in your community next week, that's a great example to bring up the importance of fresh fruits and vegetables for children on school campuses as one important way to increase access to healthy food choices.

**LET YOUR PERSONALITY & YOUR PASSION COME THROUGH.** This is the biggest mistake most first time Op-Ed writers make. They get so wrapped up in the details that they forget to make them interesting. Write from your perspective and use examples from your own life, explaining when and how you realized that something had to be done about the childhood obesity epidemic. Often, it's these personal explanations that end up being the most persuasive.

**BE SUCCINCT AND SIMPLE.** It's tempting to take a simple point and expand it into a long monologue. For Op-Eds, use simple sentences and vocabulary. Remember, there are often space limitations. The more direct you are the better.

**CHOOSE A NEWSPAPER TO TARGET** and learn its policies. Many papers, for example, won't accept Op-Eds longer than 600 to 750 words and require an exclusive submission.

**DRAW STRONG CONCLUSIONS.** And be clear about them. Newspapers don't print wishy-washy, halfway opinions. Your Op-Ed should be strong and confident.

**END IT WITH A CALL-TO-ACTION.** Your Op-Ed addresses a problem about childhood obesity that needs to be resolved. Don't forget to let readers know how they can help solve this problem or to remind policy makers to do their job!

**WRITING TIPS TO REMEMBER** - Keep it under **750 words**. Always include your name, street address, email address, phone number and brief bio (if relevant). Newspapers need this in order to contact you; they will not print your address or telephone number.

### **LETTERS TO THE EDITOR**<sup>52</sup>

Letters to the editor can be powerful vehicles for influencing or inspiring public debate, making the case for your issue, or responding to related events. In addition, decision makers often read this section of their local paper because it gives them an idea of what members of their community are thinking and talking about. The trick is to write a letter that the editors find compelling enough to print. Use these tips to help you craft a letter that is more likely to be printed.

Letters to the Editor should be timely, topical, succinct and in response to something in the paper. If you are responding to an article, send your letter soon after the piece appears in the paper, preferably within 1-2 days.

Short letters are more likely to be published than longer ones. Check with your newspaper about the word limit – if you stick to their length, you will have a better chance of being published. Be sure to keep the tone objective and the content focused on information. Include facts, if possible, and reference them, and make sure to include your name and degree along with your contact information.

Do not be discouraged if your piece is not published. You can submit similar letters to multiple sources and future pieces to newspapers that may not have published your piece the first time. It is likely that, with persistence, your voice will be heard.

**TAKE TIME TO SKIM NEWSPAPER WEBSITES**<sup>53</sup> - Watch for articles or stories related to your issue specifically or to childhood obesity generally.

**RESPOND TO TOPICS OF INTEREST** - Open your letter with a reference to a recent event, and then quickly build a logical bridge to your issue. Children's health issues cut across topics such as health insurance, health care delivery, safety, community support, education, faith, and leadership. These and other angles can help illustrate children's health issues in your community or state, or nationwide. For example, your local newspaper runs a story about unsafe parks. Frame your letter about how this public safety issue is having a negative impact on the rise of overweight and obesity in children. You may pick up a new group of partners!

**KEEP YOUR LETTER SHORT** - Letters to the editor should be brief and to the point. Aim for 250 words or less. Be sure to check with your local paper to find out about their guidelines for submitting letters because many of them have restrictions on length. Most newspapers have Web sites with their letter guidelines posted, along with an e-mail address to send the letter. Paste your letter into the body of the e-mail. Don't send an attachment. Most reporters and media outlets don't like e-mail attachments from unknown sources because of computer virus concerns.

**TELL YOUR STORY** - Your letter should include a personal story or experience that illustrates why readers should care about the issue, or how the issue affects children, families, or Healthcare Professionals in their area. Bring in short examples from what you are seeing in your office to strengthen your message.

**BE CLEAR** - This may seem obvious, but a surprising number of letters that don't get published just plain don't make sense. Avoid jargon; use common vocabulary; and let a few friends and colleagues review the letter for you before you send it.

**CONSIDER THE ONLINE EDITORIAL PAGE** - Many papers print additional letters in their online publications that don't make it into the print copies of the paper. These venues are increasingly becoming a primary venue for opinion pieces.

**DON'T OVERLOOK NEIGHBORHOOD WEEKLIES AND SMALLER PAPERS** - Often these publications have more room for letters, and community papers have very large readerships.

**INCLUDE A CALL TO ACTION OR A SOLUTION** - If you are illustrating a need or making a case for a specific action, include a line about what people can do to help.

**DON'T STOP ONCE YOU GET PRINTED** - Use your printed letter to the editor to further educate others. Think about who you could send a copy of your letter to as a way to educate them and let them know what you are seeking to change. Friends, family, health care professionals, child advocates, and the decision makers themselves are good places to start.

# Ethnic Media

## OVERVIEW

Because of the health disparities seen in childhood overweight and obesity, it is critical to implore every opportunity and method to reach underserved and diverse communities with messages addressing this epidemic that are culturally responsive. Therefore, your communications plan will not be complete or effective in reaching these communities without partnerships and engagement of grassroots ethnic media.

In June 2009, New America Media, the national membership association of grassroots ethnic media conducted a nationwide poll to identify the reach of ethnic media among diverse communities. They found that ethnic media now reaches 57 million African Americans, Hispanics and Asian Americans on a regular basis or 82 percent of all adults from the three most prevalent ethnic and racial groups in the United States. A similar study sponsored by New America Media in 2005 revealed that approximately 49 million African American, Hispanic and Asian American adults were reached on a regular basis by the ethnic media that year, showing a dramatic increase in their reach over the last five years.

Although many grassroots ethnic media outlets are low in circulation, they are high on impact with their niche population groups where they have earned added trust. Connecting with ethnic media results in increased credibility within those communities.

## HOW ETHNIC MEDIA OFTEN DIFFERS FROM MAINSTREAM MEDIA

Ethnic media tends to use the news to help their communities understand the problems that are most important to them. A pitch to ethnic media is often most successful if presented as a service to the community.

Health issues are of particular interest to ethnic media, which often capitalize on the opportunity to educate their communities on how to prevent or treat medical conditions or navigate a new health care system that may be unknown to recent immigrant populations. Because ethnic media also tend to be advocacy driven, they are likely to be a proactive partner in campaigns designed to improve the health and wellbeing of the communities they serve. Much of grassroots ethnic media is high touch, not high tech, and it is important that relationships be built through personal interaction.

## HELPFUL HINTS

- Identify ethnic media news organizations in your area and build relationships with them. Find ways to partner with them.
- When sending a press release, emphasize the specific impact the issue has on the ethnic community.
- Provide credible spokespeople and visuals from the relevant ethnic group. Smaller media outlets have limited resources for newsgathering.
- Get to know the key ethnic media for your target publics.
- Support the news organizations through advertising - many ethnic media outlets struggle financially and showing financial support will provide evidence of your organization's commitment to the community.

- If translating materials, be sure to test them first to ensure the appropriate messages have been translated accurately. Once relations are established, communicate regularly, not just when you have news to pitch. Learn who covers health care.
- Don't rely on e-mail alone to communicate. Use the phone and fax and determine the best time to reach reporters and editors.
- Remember that a key focus of ethnic media is to provide a consumer guide to immigrant audiences trying to navigate an alien culture, and customize your stories to that format.
- Identify advocates and health care providers or opinion leaders who share the same background or ethnicity as the audience targeted by the media outlet.

### **ETHNIC MEDIA RESOURCES**

#### **New America Media – <https://news.newamericamedia.org>**

The national membership organization of grassroots ethnic media with over 2500 members nationwide. NAM partners with a number of Schools of Journalism across the country and maintains an active database of its membership.

#### **BlackPRWire – [www.blackprwire.com](http://www.blackprwire.com)**

A news distribution service center and is set up to deliver client press releases, video and audio news releases, electronic video messages and electronic newsletters to key reporters, writers, and influential grassroots, social and civic community leaders throughout the U.S. The company's database holds a comprehensive listing of over 1,200 Black-owned publications and media and includes a comprehensive listing of key Black journalists throughout the United States.

#### **HispanicPRWire – [www.prnewswire.com](http://www.prnewswire.com)**

The news distribution service center organized to work with Hispanic media. HispanicPRwire has the ability to distribute media messages to more than 4,200 newsrooms nationwide. The organization's website features media and communications tools for nonprofit organizations to support their media efforts.

#### **USAsianWire – [www.usasianwire.com](http://www.usasianwire.com)**

U.S. Asian Wire, Inc. specializes in distributing news releases and multimedia content reaching Asian, South Asian and Pacific Islander media outlets and organizations. Our comprehensive database enables us to provide an array of distribution and content solutions serving communication specialists in PR, marketing, media and journalism fields.

# Using Technology to Make Your Voice Heard<sup>54</sup>

The Internet has provided an increasingly important space for people to connect with others, share ideas and interests, carry on public discussions, create “buzz” or attention on an issue, work on projects together, and take collective action.

Please note: Technology is a rapidly expanding and evolving medium. This tool contains definitions, tips, and a few examples for getting started. Please note that these examples are just a few of the mediums currently available.

## INTERNET FORUMS

**DEFINITION:** Internet forums are also commonly referred to as message boards, Web forums, discussion boards, discussion forums, discussion groups, and bulletin boards. Forums are an online place where people have discussions over time on a particular topic. Forums are also generally organized by a category or topic, called threads.

**HOW TO USE A FORUM TO ADDRESS CHILDHOOD OBESITY:** Participating in a forum is a way for you to talk about your specific experience related to your advocacy issue and childhood obesity in general, in the context of a larger group discussion. You could either start a thread on a forum or chime in on an existing thread. Forums generally focus on a specific interest. Your task is to find a forum that fits your interests, and when childhood obesity issues intersect with those interests, discuss them in the forum.

## **TIPS**

- Don't try to fit a square peg into a round hole. Avoid trying to turn a thread about gardening into a thread about childhood obesity. Find a genuine way for the issues to connect.
- If you are joining a preexisting message forum, follow the rules. Most of these forums are self-regulated.
- If you are starting a forum, you need to have a plan for driving people to that particular forum. Usually the most effective forums reside on a preexisting Web site.

## **RESOURCES**

Look for the “forums” section of these Web sites for more information.

- <http://www.google.com>
- <http://www.websitetoolbox.com> (if you are developing your own forum)
- <http://www.yahoo.com>

Most social networking sites also have forums. There are also many health-related forums that may have specific threads dedicated to discussing, for example, childhood obesity or physical activity, healthy eating, breastfeeding and television watching time among children.

## **BLOG**

**DEFINITION:** Blog is short for Web log. It is a Web page that functions as a personal journal or diary in which regular entries are made. The term blog can also be used to describe the act of authoring a Web log. Most blogs are textual, although visual, audio, and vide blogs are increasingly common. A podcast is an audio blog that can either be played through a computer or downloaded from the Internet to an mp3 player.

**HOW TO USE A BLOG TO ADDRESS CHILDHOOD OBESITY:** You can easily create your own online blog and post entries either relate to your advocacy issue specifically, or to childhood obesity generally. Consider posting about -

- Your experience as a Healthcare Professional
- Patients' or clients' stories that you find inspiring (When using examples from your office, be sure to use general information, such as "a nine-year-old boy I treated...." Keep patient privacy in mind.)
- Your advocacy efforts and activities
- Events in your community that relate to childhood obesity and your advocacy issue
- Public policy issues or community initiatives that affect childhood obesity

### ***TIPS***

- Make it personal and entertaining. The voice of your blog should be yours. Include things about yourself that bring you and your story to life on the Web.
- If you enjoy working with technology, consider posting photos, audio, visuals, and/or video (if available), in addition to text.
- Consider allowing people who support your issue to post guest blogs and/or submit comments related to your blog.
- Offer links to other Web sites or ways to learn more, get involved, or take action.
- Tell people about it! Invite friends, family members, colleagues, child advocates, and others to view your blog. Send them a link via e-mail so they can just click and read.

### **RESOURCES**

- <http://www.blogger.com> or <http://www.blogspot.com> These Web sites allow you to create your own blog on the Web, and it's free!
- <http://www.typepad.com> This Web site has a cost associated with it, but allows you to use additional graphics and to integrate advanced and highly interactive tools on your blog.

## **SOCIAL NETWORKING WEB SITES AND VIRTUAL COMMUNITIES**

**DEFINITION:** Social networking sites connect individuals online in an interactive way.

They generally offer a space for blogs, user profiles (a profile that a person creates to tell others about themselves), forums, chat groups (a mechanism for people to discuss a topic online, in real time), and photos. Some sites also offer ways to send private messages from one user to another, raise money, or organize events.

**HOW TO USE A SOCIAL NETWORKING SITE TO ADDRESS CHILDHOOD OBESITY:** By creating your own profile on a social networking site that best fits your interests, you can participate in online discussions and activities, create a blog, and find other people with similar interests. In this way you can share your story; educate others about your issue specifically, and children's health and wellbeing generally; organize meetings or events; and find other people who want to get involved.

### **TIPS**

- Social networking sites are public domains, which means anyone with an Internet connection can read your profile, so don't post anything you would like to remain private (e.g., your phone number, address, etc). Some people only use their first name, or create a screen name, and do not include their full name in their profile. Posting limited information may minimize your opportunities for meaningful networking, and you should weigh this consideration with your privacy concerns.
- Reporters go to the Web to look for stories and to find out the positions of various groups. This is a great way to control your message and further educate the media on your advocacy issue.
- Learn the basic rules of conduct on the site you select and follow them. Most sites have posted rules and some are moderated. View other people's profiles to get a feel for how people customarily interact.

### **RESOURCES**

- <http://www.myspace.com> MySpace is currently hosting a site called Change.org that enables visitors to join virtual foundations of peers committed to specific politicians or causes and fundraise for them.
- <http://www.facebook.com> Facebook features a program called Causes, in which users create online communities to advocate for issues, charities, and political candidates.
- <http://www.care2.com> Care 2 provides an opportunity for social networking and participation in advocacy activities online and through volunteer opportunities.
- <http://www.friendster.com> General social networking site.
- <http://twitter.com/> Twitter allows you to convey real-time information to a wide variety of other individuals connected through the site.

## **GROUP COMMUNICATIONS TOOLS**

**DEFINITION:** Group communications tools allow you to manage the information and activities of a group. These tools are facilitated by companies such as Yahoo, Google, and many more. Many offer free list management, e-mailing services, calendar tools, and mini-database services. You can create or join a group to discuss a topic, set up an e-mail distribution list and/or send newsletters, and plan group events and volunteer activities. Many group communications tools can also be facilitated through social networking sites, such as MySpace and Facebook. Additionally, explore the opportunities available for online group communications through your alumni association, university group, and your professional association.

**HOW TO USE GROUP COMMUNICATIONS TOOLS TO ADDRESS CHILDHOOD OBESITY:** Online group communications tools make it possible for you (or anyone else that you are working with on your advocacy issue) to help manage your information, as well as your communications and activities. They also are a simple and easy way to keep people informed, sign up new members, and manage projects.

### **TIPS**

- Consider whether you want to start a group or join a preexisting group based on a topic.
- If you start a group, consider whether you want your group featured in a public directory, such as Yahoo's, for newcomers to join.

### **RESOURCES**

- <http://groups.yahoo.com>
- <http://groups.google.com>
- <http://groups.msn.com/Browse?CatId=10>

## Putting It All Together & Getting Started

Much has been presented in this section of the Resource Guide. In order to not get overwhelmed by thinking that everything discussed here must be part of your plan and should be started ASAP, focus on a few key things to get yourself going. How you start, and how much you initiate will also depend on your current experience and skill level at working in media and communications advocacy.

As you begin this part of your advocacy, here are some tips to get you started:

**DEVELOP YOUR MESSAGE** – Take the time to work on your message. Refine it, share it and test it to see if the message is understandable, compelling and memorable. If not, keep at it. Use those around you to give you honest feedback. If you have access to media and public relations professionals, seek their feedback as well.

**FIND YOUR PARTNERS** – As you build your network and find partners to work on your advocacy issue, seek out the help of someone with the experience and skill to understand the media. Invite teens and college students to share their expertise in effective use of social media and ways to reach a younger audience with your advocacy message. If you plan to reach diverse communities, reach out to those who work in ethnic media as well and ask them to be part of your team.

**FIND OUT ABOUT THE MEDIA & COMMUNICATIONS TOOLS AVAILABLE TO YOU** – Find out what resources are available to you through organizations you belong to. Perhaps through your professional association there is a media or communications specialist to help you. As you are building your partnerships, see if you can recruit someone with media expertise to be part of the advocacy group. Some of you may work in hospitals who have public relations experts on staff. Reach out to them as well.

**SCAN YOUR MEDIA TO GAIN A BETTER UNDERSTANDING OF WHAT'S OUT THERE** – Watch the news, listen to the radio. Monitor your favorite Internet sites and read the paper. This will give you an awareness of the issues that are receiving attention and will help you to look for opportunities to use these issues as ways to build awareness for your advocacy issue specifically.

**START WITH ONE MEDIA OR COMMUNICATIONS ACTIVITY & EVALUATE ITS SUCCESS** – Select one simple activity to start and critique its success. This might be writing a letter-to-the-editor or hosting a booth at a community education event. Small can be better here. Plan the activity and with your team, evaluate your effectiveness in getting your message out.

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## Section VI

### Endnotes

<sup>1</sup>Homer, Charles J. *Responding to the Childhood Obesity Epidemic: From the Provider Visit to Health Care Policy Steps the Health Care Sector Can Take*. Pediatrics, Official Journal of the American Academy of Pediatrics (AAP), 123. 2009, S253-S257. 2009.

<sup>2</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Pg. 2

<sup>3</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Pg. 24

<sup>4</sup> Boyle, M., Lawrence, S., Schwarte, L., Samuels, S. & McCarthy, W. J. Health Care Providers' Perceived Role in Changing Environments to Promote Healthy Eating and Physical Activity: Baseline Findings From Health Care Providers Participating in the Healthy Eating, Active Communities Program. *Pediatrics, Official Journal of the American Academy of Pediatrics (AAP)*, 123. June 2009, S293-S300.

<sup>5</sup> Goodman, K., Kakietek, J., Kenner, D., Khan, L., Lowry, A., Sobush, K., & Zaro, S. *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*, 58(RR07). July 24, 2009, 1-26. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

<sup>6</sup> Centers for Disease Control and Prevention (CDC). *About BMI For Children and Teens* [http://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)

<sup>7</sup> Laurent, R. S., Levi, J., Richardson, L., Segal, L., & Vinter, S. *F as in Fat: How Obesity Policies Are Failing in America 2009*. Trust for America's Health & Robert Wood Johnson Foundation (RWJF). July 2009. Available at: <http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf>

<sup>8</sup> Centers for Disease Control and Prevention (CDC). *Youth Risk Behavior Surveillance (YRBS) — United States, 2003*. Morbidity and Mortality Weekly Report (MMWR), 53 [SS-2]. May 21, 2004. Available at: <http://www.cdc.gov/mmwr/PDF/SS/SS5302.pdf>

<sup>9</sup> Centers for Disease Control and Prevention (CDC). *Overweight and Obesity: Childhood Overweight and Obesity*. October 2009. Available at: <http://www.cdc.gov/obesity/childhood/index.html>

<sup>10</sup> Enns CW, Mickle SJ, Goldman, JD. Trends in Food and Nutrient Intakes by Adolescents in the United States. Agricultural Research Service, USDA. *Family Economics and Nutrition Review*, 15[2]. 2003, 15-27. Available at: <http://afrsweb.usda.gov/SP2UserFiles/Place/12355000/pdf/03enns.pdf>

<sup>11</sup> Olshansky SJ, Passaro DJ, Hershow RC, et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. *New England Journal of Medicine*, 352(11). March 2005, 1138-1145.

<sup>12</sup> Centers for Disease Control and Prevention (CDC). *Health Consequences*. 2007. Available at: <http://www.cdc.gov/print.do?url=http%3A%2F%2Fwww.cdc.gov%2Fncddphp%2Fdnpa%2Fobesity%2Fconsequences.htm>

<sup>13</sup> Narayan KMV, Boyle JP, Thompson TJ, et al. Lifetime Risk for Diabetes Mellitus in the United States. *Journal of the American Medical Association*, 290(14). October 2003, 1884-1890.

<sup>14</sup> Flaherman V and Rutherford GW. A Meta-Analysis of the Effect of High Weight on Asthma. *Archives of Disease in Childhood*, 91(4). April 2006, 334-339.

- 
- <sup>15</sup> Bibbins-Domingo K, Coxson P, Pletcher MJ, et al. Adolescent Overweight and Future Adult Coronary Heart Disease. *New England Journal of Medicine*, 357(23). December 2007, 2371-2379.
- <sup>16</sup> Centers for Disease Control and Prevention (CDC). *Obesity Prevalence Among Low-Income, Preschool-Aged Children — United States, 1998-2008*. Morbidity and Mortality Weekly Report (MMWR), 58(28). July 29, 2009, 769-773. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5828a1.htm>
- <sup>17</sup> Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. Do obese children become obese adults? A review of the literature. *Preventive Medicine*, 22. 1993, 167-77.
- <sup>18</sup> Thomson Medstat. *Research Brief: Childhood Obesity: Costs, Treatment Patterns, Disparities in Care, and Prevalent Medical Conditions*. 2006. Available at: [http://www.medstat.com/pdfs/childhood\\_obesity.pdf](http://www.medstat.com/pdfs/childhood_obesity.pdf)
- <sup>19</sup> Wang, G., and W.J. Dietz. Economic Burden in Obesity in Youths Aged 6 to 17 Years: 1997–1999. *Pediatrics*, 109(5). 2002, 81.
- <sup>20</sup> Transande, L., Y. Liu, G. Fryer, and M. Weitzman. Effects of Childhood Obesity on Hospital Care and Costs, 1999–2005. *Health Affairs*, Jul-Aug;28(4). Epub 2009, 751-60.
- <sup>21</sup> Centers for Disease Control and Prevention (CDC). *Preventing Obesity and Chronic Diseases Through Good Nutrition and Physical Activity*. 2005. Available at: <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/obesity.htm>
- <sup>22</sup> Flores, G., & Woodward-Lopez, G. *Obesity in Latino Communities: Prevention, Principles, and Action*. Latino Coalition for a Healthy California. December 2006. Available at: [http://www.viveligero.org:8081/documents/Obesity\\_in\\_Latino\\_Communities.pdf](http://www.viveligero.org:8081/documents/Obesity_in_Latino_Communities.pdf)
- <sup>23</sup> Anderson, S.E., and R.C. Whitaker. Prevalence of Obesity Among US Preschool Children in Different Racial and Ethnic Groups. *Archives of Pediatric and Adolescent Medicine*, 163(4), 2009, 344-8.
- <sup>24</sup> NGA Center for Best Practices. *Shaping a Healthier Generation: Successful State Strategies to Prevent Childhood Obesity*. September 2009. Available at: <http://www.nga.org/Files/pdf/0909HEALTHIERGENERATION.PDF>
- <sup>25</sup> Ogden CL, Carroll MD and Flegal KM. High Body Mass Index for Age Among US Children and Adolescents, 2003–2006. *Journal of the American Medical Association*, 299(20). May 2008, 2401-2405.
- <sup>26</sup> Zephier E, Himes JH, Story M, et al. Increasing Prevalences of Overweight and Obesity in Northern Plains American Indian Children. *Archives of Pediatrics & Adolescent Medicine*, 160(1). January 2006, 34-39.
- <sup>27</sup> Narayan KMV, Boyle JP, Thompson T J, et al. Lifetime Risk for Diabetes Mellitus in the United States. *Journal of the American Medical Association*, 290(14). October 2003, 1884-1890.
- <sup>28</sup> Robert Wood Johnson Foundation(RWJF), Center to Prevent Childhood Obesity. *Highlights of Key Local Strategies to Address Childhood Obesity*. 2009. Available at: [http://www.reversechildhoodobesity.org/webfm\\_send/115](http://www.reversechildhoodobesity.org/webfm_send/115)
- <sup>29</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 2-3
- <sup>30</sup> National Conference of State Legislatures. Available at: <http://www.ncsl.org/>
- <sup>31</sup> National Conference of State Legislatures. Available at: <http://www.ncsl.org/>
- <sup>32</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg 37

- 
- <sup>33</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 19-21, 25
- <sup>34</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 34-35
- <sup>35</sup> Robert Wood Johnson Foundation(RWJF), Center to Prevent Childhood Obesity. *Highlights of Key Local Strategies to Address Childhood Obesity*. 2009. Available at: [http://www.reversechildhoodobesity.org/webfm\\_send/115](http://www.reversechildhoodobesity.org/webfm_send/115)
- <sup>36</sup> The Institute of Medicine Committee on Childhood Obesity Prevention. 2009. Visit: <http://www.iom.edu/Activities/Children/ChildObesPrevention.aspx>
- <sup>37</sup> The Centers for Disease Control and Prevention. 2009 Visit: <http://www.cdc.gov/HealthyYouth/healthtopics/wellness.htm>
- <sup>38</sup> The Leadership for Healthy Communities. 2009. Visit: <http://www.leadershipforhealthycommunities.org/>
- <sup>39</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 57-59
- <sup>40</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 29-30
- <sup>41</sup> Robert Wood Johnson Foundation(RWJF), Center to Prevent Childhood Obesity. *Highlights of Key Local Strategies to Address Childhood Obesity*. 2009. Available at: [http://www.reversechildhoodobesity.org/webfm\\_send/115](http://www.reversechildhoodobesity.org/webfm_send/115)
- <sup>42</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 47
- <sup>43</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 51
- <sup>44</sup> *Zero to Three*. Available at: [www.zerotothree.org](http://www.zerotothree.org)
- <sup>45</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 68-69
- <sup>46</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 106-107
- <sup>47</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 108-109
- <sup>48</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 108-109
- <sup>49</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 110-112
- <sup>50</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 122
- <sup>51</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 129
- <sup>52</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 128

---

<sup>53</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 115-116

<sup>54</sup> American Academy of Pediatrics (AAP). *AAP Advocacy Guide: Pointing you in the right direction to become an effective advocate*. 2009. Available at: [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide), Pg. 124-127