

**COMMUNICATING PUBLIC HEALTH INFORMATION EFFECTIVELY
POP HEALTH SCIENCES 660 (1 credit)**

Summer 2011 Syllabus

Course Directors:

Patrick Remington and Steve Busalacchi

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

I. COURSE DESCRIPTION

The format of this course will consist of brief lectures, small group exercises, and discussions.

The primary readings come from three textbooks:

- Media Savvy, Media Success!
- How to Get Your Point Across in 30 Seconds or Less.
- Communicating Public Health Information Effectively: A Guide for Practitioners.

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

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

II. COURSE DATES / LOCATION

Mon-Fri July 11-15, 2011

9:00 A.M. – 12:00 P.M.

Lectures/discussion sessions: Room 511 WARF

Final session (Fri July 15) will be held in a public hearing room at the State Capitol.

III. COURSE FACULTY

Patrick L Remington, MD, MPH

School of Medicine and Public Health

4263 Health Science Learning Center

Telephone: 263-1745

Email: plreming@wisc.edu

Office hours: By appointment

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

Steve Busalacchi

7710 Gray Fox Trail

Madison, WI 53717

Steve is an author, speaker and health communications consultant in Madison, where he provides services to health care and other clients. He has more than 25 years of journalism and public relations experience working with Wisconsin's government and medical leaders. His experience includes feature writing, editing, communication planning, and podcasting. Steve is also both a speech coach and keynote speaker. From 1997-2006, he was Director of Public Relations for the Wisconsin Medical Society. Prior to joining the Medical Society, Busalacchi, was a familiar name to regular listeners of Wisconsin Public Radio, where he was medical reporter for 15 years. He is the author of an award-winning oral history of extraordinary Wisconsin physicians, entitled, *White Coat Wisdom*, as well as a training booklet, *Media Savvy, Media Success!*

Guest Faculty

Maureen Busalacchi: Maureen serves as Executive Director for SmokeFree Wisconsin.

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

Eric Klister: Eric is the editor of the UW School of Medicine and Public Health’s website. In addition to managing content throughout the site, he also covers people and events at the medical school through traditional journalistic means as well as multimedia and social media. He and his colleagues at the e-health office manage the online presence for the entire UW Health enterprise. Before joining UW Health, Eric worked in newspapers for 15 years, mostly at the Appleton Post-Crescent, where he was the entertainment editor, a position that involved covering everything from classical to country music, as well as designing and editing a weekly local entertainment magazine. His work has earned awards from the Wisconsin Area Music Industry, Milwaukee Press Club and Wisconsin Newspaper Association.

Susan Lampert Smith: Susan is a science writer for UW Health, specializing in basic research from the School of Medicine and Public Health. Before that, she toiled away at the Wisconsin State Journal for 25 years, covering beats that included the environment, science, the region and the UW, before spending 10 years writing a column. She has won a number of journalism awards, including the national prize for agricultural journalism for a series on kids and farm accidents. She has also been a longtime lecturer in the Department of Life Sciences Communications, where she teaches the introductory class for majors: Science and Technology Newswriting. She has taught hundreds of students how to write press releases. On the freelance side, she writes for magazines and has recently launched a new column and web site on life in Wisconsin, called WisconsinNative.com.

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

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

Shawn Doherty: Shawn covers health and the City of Madison, for the Capital Times, Madison, Wisconsin’s progressive web daily and newsweekly. She’s also reported for Newsweek, the Los Angeles Times, Parenting, and other publications. She has worked in the trenches as a nurses aide in a busy city hospital.

IV. TEXTBOOKS

Required: Media Savvy, Media Success! Steve Busalacchi. 2007. Apollo's Voice, Middleton, WI. Available at: <http://www.apollosvoice.com/Books/tabid/186/Default.aspx>

Required: How to Get Your Point Across in 30 Seconds or Less. Milo Frank. Available at: <http://www.amazon.com/Your-Point-Across-Seconds-Less/dp/0671727524>

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

V. COURSE FORMAT & EVALUATION

Participants enrolled for 1-credit will be expected to attend class and participate in discussion and group projects and complete all assignments. Grades will be based on participation, papers/ projects, and an oral presentation:

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

Papers/Projects (60%):

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

Oral Testimony (Individual) (20%):

Late Policy:

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

Grades:

Each assignment will be graded based on a 100 point scale:

- A (outstanding—best possible, could not be improved): 93-100%
- AB (excellent—almost all objectives reached, minimal improvement needed): 88-92%
- B (very good—addresses issue, but needs some improvement): 83-87%
- BC (good—addresses some of the issues, but needs more improvement): 78-82%
- C (fair—does not address the issue, needs considerable improvement): <78%

VI. INSTRUCTIONAL TECHNOLOGY

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

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

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

Please take a look at the student technology resource Web guide at (last accessed July 6, 2009): <http://www.doit.wisc.edu/students/index.asp> and technology policies at <http://www.cio.wisc.edu/security/>

Getting Started:

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

Resources for accessing online course activities from home:

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

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

<http://www.doit.wisc.edu/software/security/download.asp> For Windows user, it's also recommended that you install Ad-aware or Spy-Bot on your computer.

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

Adobe Acrobat Reader. Acrobat Reader will allow you to read PDF files. Adobe Reader 7.0 is the most current version and is available for free download at the following Website address: <http://www.adobe.com/products/acrobat/readstep2.html> The reader is also available for download at the WiscWorld site.

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

VII. NON-DISCRIMINATION POLICY

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

VIII. COURSE SCHEDULE: Monday July 12 to Friday July 16, 2010

Date	Time/ Place	Topics (Faculty)	Assignments
BEFORE CLASS		In order to complete this course in one week, students should review the syllabus, read the Chapters in Nelson, and come prepared with a topic to discuss (see syllabus for day 1 below)	- Review syllabus - Identify a topic for discussion
Monday, July 11	9:00-10:00 511 WARF	<u>Overview</u> : Framework for health communication (Remington & Busalacchi)	- Read Nelson (chapter 1&2) and Remington
	10:00-11:00 511 WARF	<u>Discussion (All)</u> : Goals for the course, experience working with the media, policy makers, and the public	
	11:00-12:00 Breakout	<u>Exercise #1</u> (small group): Each student prepares a communication plan on a public health issue of their choosing	
By Mon 9 PM	--	<u>Assignment</u>	-Communication plans (one/each student) posted
Tuesday, July 12	9:00-10:00 511 WARF	<u>Discussion</u> : The class will discuss their communication plans	
	10:00-11:00 511 WARF	<u>Lecture</u> : Communicating to inform and working with the media (Busalacchi)	- Nelson chapters 4, 6 - Media Savvy, Media Success!
	11:00-12:00 Breakout	<u>Exercise #2</u> (small group): Write a press release based on one of the issues from Ex. #1	- Web sources for writing press releases
By Tues 9 PM	--	<u>Assignment</u>	Press releases (one for each group) posted

Wed, July 13	9:00-10:30 511 WARF or Breakout	<u>Newspaper Interview</u> : Each group is interviewed by a newspaper reporter: <ul style="list-style-type: none"> • Renie Schapiro • David Wahlberg • Erik Klister • Shawn Doherty 	- Milo (How to Get Your Point Across in 30 Seconds or Less)
	10:30-12:00 511 WARF	<u>TV/Radio Interview</u> : Each student will give a mock TV/radio interview to Busalacchi (dress appropriately).	
By Wed 9 PM	--	<u>Assignment</u> : Exercise #3 (small group): Each student prepares a letter to the editor.	- Letters to the editor (one for each student) posted
Thursday, July 14	9:00-10:00 511 WARF	<u>Discussion</u> : People read their letters in class. Group feedback provided. One issue is selected from each group for the next exercise.	
	10:00-11:00 511 WARF	<u>Discussion</u> : How to talk with your legislator and policy makers (M. Busalacchi)	Nelson chapters 5, 7
	11:00-12:00 Breakout	<u>Exercise #4</u> (Groups): Students discuss the policy issue to be addressed. Each individual prepared a 3 minute testimony	
By Thurs 9 PM	--	<u>Assignment</u>	Written testimony (one per student) is posted.
Friday, July 15	Capitol (Rm TBD) 9:00-11:00	<u>Discussion</u> of Exercise #4: Each student presents a 3-minute testimony.	
	11:00-12:00	<u>Discussion</u> : Summary of course	

PART 1: BACKGROUND AND FRAMEWORK FOR HEALTH COMMUNICATION

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

Objectives:

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

Required Readings:

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

Additional Readings:

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

Before Class: Find a topic or issue that you would want to communicate to others. This issue can be the result of a research study, or relate to a public health program or policy. Potential topics include:

- A research paper, issue paper, or other report that you have written or published.
- A public health program or policy that you have worked on or are familiar with.
- A recent study that you have seen published. For example, you can check the free online issues of the Wisconsin Medical Journal to find studies about Wisconsin health problems.

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

- What is the scientific evidence (i.e., describe the problem to be addressed, the strength of the scientific evidence, and the extent of the scientific consensus behind the communication activity)?
- Why is the communication necessary (what is the purpose of the communication)?
- Who is the audience (primary, secondary, and tertiary)?

- What is the message (the main idea condensed into 1 or 2 sentences)?
- How and where should the message be delivered?
- When should the message be delivered?
- Implement the communication plan.
- Did the audience receive the information and was it effective?
- Other considerations (e.g., resources, other priorities, barriers).

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

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

EXERCISE #1: WRITING A HEALTH COMMUNICATION PLAN

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

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

In-Class Exercise (Monday)

Students will work in small groups, of 3-4 students each.

Each student will discuss the issue of interest to them. It helps to bring a copy to class.

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

1. WHAT IS THE SCIENTIFIC EVIDENCE?

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

2. WHY IS COMMUNICATION NECESSARY (PURPOSE)?

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

3. WHO IS THE AUDIENCE?

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

4. WHAT IS THE MESSAGE?

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

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

5. HOW AND WHERE SHOULD THE MESSAGE BE DELIVERED?

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

6. WHEN SHOULD THE MESSAGE BE DELIVERED?

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

7. IMPLEMENT THE COMMUNICATION PLAN

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

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

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

After class: Develop a communication plan for the issue that you have selected. Using the questions above (adapted from Appendix 1 in Nelson), develop a communication plan for your issue. It is to be turned in no later than 9 PM **on Monday**)

In-Class Discussion (Tues, **Hour 1)**

Remington and Busalachi will have read the communication plans, and will discuss them during the first hour of class.

PART 2: COMMUNICATING TO INFORM—WORKING WITH THE MEDIA

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

Objectives:

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

Required Readings:

- Nelson chapters 4 and 6.

Additional Readings:

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

Lecture Notes:

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

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

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

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

How to Write a Press Release

1. **Collate and Organize Your Facts.** A simple rule is to find answers to questions pertaining to the who, what, when, where, why or also known has 5 Ws of the report, don't forget 'how' either. Put a date on the release and remember, yesterday's news isn't going to go far.

2. **Identify Your Story's Angle.** A good story angle must have the following three attributes: · It must be the most important fact in your story. · It must be timely. · It must be unique, newsworthy or contrary to norms and trends. This story angle must be presented in the first paragraph as well as the headline of your press release.

3. **Create a Catchy Headline.** Keep the headline short and simple using less than ten words. It should convey the key point in a manner that catches attention! For example: State Gets Failing Grades in Health for Minorities. If the release is for immediate release, then say so and make this clear i.e. FOR IMMEDIATE RELEASE. This opening paragraph should then follow with the details of the story.

4. **Writing in Third-Person Voice.** A press release must be presented objectively from a third person point of view. Some of the guidelines are listed below: · refrain from using any sales pitch in your press release. · remove "you", "I", "we" and "us" and replace them with "he" and "they". · provide references to any statistics, facts and figures raised in the press release. · refrain from expressing personal opinions, unless they are done in quotes. · draw conclusions from facts and statistics only - not general opinion.

5. **Provide "Quotes" From the Newsmakers.** Put the most important message down into a quote. Journalists always use quotes from the newsmakers to add an authoritative voice to their reports. If the press release contains quotes that are important and relevant to the story, chances are high that they will be replicated in full in the published article.

6. **Provide Additional Background Information.** Some press releases contain an "appendix" at the end, that provides a brief background on the institution releasing the information. List the contact information (e.g., cell phone number) at the top of the press release, including a back-up phone number in case you are not available when the reporter calls.

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

Adapted from <http://www.pressbox.co.uk/contpr2.htm> (last accessed July 6, 2009)

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

10. Time and timing: Why talking next week may not work
9. No sneak previews: A common question and perhaps the most common misunderstanding
8. Missing persons: Your unseen presence
7. The bottom line: Significance to the literature, in your words
6. Story line: We may have different goals
5. Head Aches: Don't blame the reporter
4. You said it: I wasn't thinking
3. Truth and context: Practice your sound bite
2. Real people: Show don't tell
1. Keep in touch

EXERCISE #2: COMMUNICATING WITH THE MEDIA

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

Students will work in the small groups and select one issue that they would like to communicate to the media. This can be one of the issues that a student examined during the first exercise, or a new issue. PLEASE ASK THE INSTRUCTORS FOR HELP IF YOU HAVING TROUBLE COMING UP WITH AN ISSUE.

Each group will prepare a press release about the issue that will be posted by Tuesday night. They will then be interviewed by a reporter and asked with questions about this issue on Wednesday.

In-Class Exercise: Preparing the Press Release and Planning for an Interview **(Tues, Hour 3)**

During the last hour of class on Tuesday, students will prepare a press release to be shared with the media. The purpose of the press release is to get the attention of the media, so that they will be interested in your story. When preparing the press release, consider the following:

1. What is the SOCO for this issue/paper? This is the headline for your story.
2. What are the 3 main points that you want the reader to take from this story?
3. Prepare several quotes that could be used to support your communication objectives.

During the last part of the day on Tuesday, students should plan for the interviews with the media. Each person in the group should role-play for the interview. The following are options:

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

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

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

During the second day of this exercise, students will be interviewed. NOTE: Come the class on Wed dressed for a TV interview.

The following website provides helpful information about how to prepare for an interview (last accessed July 6, 2009): http://www.media-awareness.ca/english/special_initiatives/toolkit/being_interviewed/ (last accessed July 1, 2011)

Another helpful resource is: <http://www.concernedjournalists.org/node/67> (last accessed July 1, 2011)

After Class on Tuesday: Post the group's press release on the discussion page no later than 9 PM on Tuesday

Wednesday Morning

- 9:00-9:15 Meet in Rm. 511 for introductions and an overview of the session (Busalacchi)
- 9:15-9:45 Students will meet in small groups with their reporters and will be interviewed. Feedback will be provided during these sessions.
- 9:45-10:30 Meet in Rm. 511 to discuss the interviews, here from other reporters and students

10:30-11:30 Each students will be interviewed by a TV/radio reporter (Busalacchi).

11:30-12:00 Discussion and wrap up.

PART 3: COMMUNICATING TO PERSUADE

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

Objectives:

- Describe specific strategies for communicating with public health policy makers

Required Readings:

- Nelson chapters 5 & 7.
- Chapman S. Advocacy for public health: a primer. *J Epidemiol Community Health* 2004;58:361–5.

Lecture Notes

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

EXERCISE #3: WRITING A LETTER TO THE EDITOR

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

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

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

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

Writing a Letter to Policy Makers/Editors Guidelines

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

Many organizations provide such tips (last accessed July 6, 2009):

<http://www.concernedjournalists.org/node/68> (last accessed July 1, 2011)

<http://www.mapinc.org/resource/> (last accessed July 1, 2011)

http://www.media-awareness.ca/english/resources/special_initiatives/toolkit_resources/tipsheets/writing_letter_editor.cfm (last accessed July 1, 2011)

<http://www.acp-cpa.ca/lettertoeditortips.htm> (last accessed July 1, 2011)

<http://www.sierraclub.org/takeaction/toolkit/letters.asp> (last accessed July 1, 2011)

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

In-Class Wednesday 11:00-12:00

Students will work in small groups, of 3-4 students each. Each student will select an issue to discuss, such as a policy issue that is being debated in Madison or in Wisconsin. Answer the following questions:

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

After class: Each student will write their own letter to the editor, in support of, or opposing this program or policy. It is to be turned in no noon on Thursday.

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

you feel or affects you or your family. Letters will be judged as how likely an editor would be to publish them or how likely a policy maker would be to be swayed by the letter. Does it make a convincing point? Is it clear, and concise? Is it well written?

In Class Discussion, Thurs Hour 1:

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

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

PART 4: COMMUNICATING WITH POLICY MAKERS

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

Objectives:

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

Required Readings:

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

Lecture (Thursday, Hour 2):

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

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

EXERCISE #4: TESTIFYING AT A PUBLIC HEARING

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

In-Class (Thursday Hour 3)

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

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

Assignment: Student will post their testimony no later than 9 PM on Thursday

In-Class (Friday-All)

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

In preparation for the day, students should review public hearings that have been recorded on Wisconsin Eye. Two are recommended:

1. Public Testimony on Smoke-Free Bill (SB-150)

First go to:

<http://www.wiseye.org/Programming/VideoArchive/EventDetail.aspx?evhdid=601> (last accessed July 1, 2011)

02.27.08 | Assembly Committee on Public Health Duration: [04:26:28]

Click on the blue TV icon to watch the video. If you don't have 4 ½ hours to watch the entire hearing, you can skip to some highlights:

Representative Vukmir's comments	Against	17 min - 37 min
Representative Black's response	For	38 min – 41 min

Public testimony:

Kevin Hayden, Secy DHFS	For	49 min
Ralph Fleege, Vending operator	Against	1 hrs, 16 min
Roger Westlawn, Bar game vendor	Against	1 hr, 2 min
Goldberg, Bowling lane operator	Against	1 hr 30 min
Simon McNab, CDC	For	1 hr, 34 min
Patrick Remington, WMS	For	1 hr 47 min
Paul Decker, cancer survivor	For	1 hr 51 min
Diane Reis, MPH student	In favor	4 hrs, 11 min

2. Public Testimony on Smoke-Free Bill (SB-150)

First go to:

<http://www.wiseye.org/Programming/VideoArchive/EventDetail.aspx?evhdid=2465> (last accessed July 1, 2011)

01.12.10 | Assembly Committee on Public Health Duration: [01:50:26]

Click on the blue TV icon to watch the video.

Student Testimony

For our session, each policy will be debated for ABOUT 30 minutes. Each student will present for NO MORE than 3 minutes. Typically, the testimony is delivered without interruption. Then the policy maker will be able to ask follow up questions, for about 3 minutes. With 3-4 people testifying, this will take about 25 minutes.

The following is the tentative schedule (NEED TO UPDATE TOPICS/LEGISLATORS):

Time	Topic
9:00 – 9:30	C
9:30 – 10:00	Bike Helmet
10:00 – 10:30	Smoke Free Air
10:30 – 11:00	Menu labeling

Proposed Members of the Committee (TBD):

Committee Chair's responsibilities:

- Start on time
- Ask for testimony
- First to question those giving testimony
- Allow questions from committee members
- End on time

Committee Members:

- Ask questions of those testifying.
- Raise any concerns about process if appropriate.

Process:

- The students will sign in as they come into the room (in favor/against/to speak)
- The students will present on one issue, and then get feedback from the committee members
- We MAY have each student's testimony videotaped, and placed online for students to review.

GROUP 1. CELL PHONE BAN IN CARS

<http://www.jsonline.com/news/milwaukee/49895367.html> (last accessed July 1, 2011)

Lawmakers propose ban on cell-phone use by teenage novice drivers
By Sharif Durhams of the Journal Sentinel

Posted: July 3, 2009

Young drivers in Wisconsin would be banned from using cell phones while driving, under legislation introduced this week in Madison. The legislation by Rep. Sandy Pasch (D-Whitefish Bay) along with Sens. John Lehman (D-Racine) and Alberta Darling (R-River Hills) would ban cell-phone use by drivers younger than 18 who have a provisional or instructional license. The proposed law would make an exception for emergencies.

Wisconsin law requires that drivers not be engaged in any activity that interferes with the safe operation of a vehicle. Under the proposal, teen drivers who violate that statute by using a cell phone would be fined \$20 to \$40 if caught once and \$50 to \$100 for subsequent offenses within a year.

Several studies have found drivers of all ages who are texting or talking on their phones are as distracted as drunken drivers. Pasch's bill would follow a national trend of legislation that cracks down on cell-phone use by younger or less experienced drivers but not everyone who is behind the wheel.

Lawmakers have considered similar proposals in past sessions, but none has made it through the entire legislative process.

Last session, the Assembly passed a bill that would have barred drivers younger than 18 from using mobile devices - texting or talking - when they have an instruction permit or are within the first nine months of a probationary license. The bill didn't make it through the Senate.

Meanwhile, the Senate passed a separate bill to prohibit text messaging by all drivers, but the Assembly didn't have time to consider it.

In the past, some lawmakers, including Senate Majority Leader Russ Decker (D-Weston), have argued it's a parent's choice whether to let teens use cell phones in a vehicle. Others have questioned how such laws would be enforced and said such activities are already covered by inattentive driving laws.

GROUP 2. BIKE HELMET LAW

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

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

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

See: <http://www.helmets.org/mandator.htm> (last accessed July 1, 2011)
Primary advocacy site for bike helmet safety laws.

<http://www.uwhealth.org/page.asp?contentid=11762>(last accessed July 1, 2011)
UW Health’s appeal to patients’ to wear bike helmets.

GROUP 3. MENU LABELING

From the Center for Science in the Public Interest: Though Americans eat out more than ever before, few restaurants provide nutrition information at the point of ordering. As a result, we often get more calories, fat, and salt than we realize. Without clear, easy-to-use nutrition information at the point of ordering, it's difficult to make informed choices at restaurants.

Few people would guess that a small milkshake has more calories than a Big Mac or that a tuna sandwich from a typical deli contains twice as many calories as the roast beef with mustard.

More than twenty states and localities are considering policies that would require fast-food and other chain restaurants to provide calories and other nutrition information on menus and menu boards—four have already passed policies.

See the following links (last accessed July 5, 2010)

<http://www.cspinet.org/menulabeling/> (last accessed July 1, 2011)

<http://www.med.wisc.edu/news-events/news/uw-public-health-specialists-hopeful-calorie-listings-will-curb-fast-food-habits/26478> (last accessed July 1, 2011)

GROUP 4. BEER TAX

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

See: <http://www.legis.state.wi.us/assembly/asm76/news/> (last accessed July 1, 2011)
Berceau's web page. Go to legislation for more information on the bill.

<http://www.jointogether.org/> (last accessed July 1, 2011)
Web clearinghouse on alcohol and drug policy and proponents of increasing excise taxes on alcohol.