

**COMMUNICATING PUBLIC HEALTH INFORMATION EFFECTIVELY
POPULATION HEALTH SCIENCES (PHS) 660 -- 1 credit**

SUMMER 2016 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 class is normally limited to about 20 students to permit individual skill development and personal feedback.

Students will read the 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. We also use mock interviews in order to allow students to become more comfortable being interviewed for radio or TV. These sessions provide a way for students to learn by trial and error, and to use self-critique to improve their communication skills.

The course is organized into 4 parts over 5 days of learning:

- **Part 1: Tips for becoming an effective communicator**
- **Part 2: Working with media—making the news**
- **Part 3: Communicating by writing—making your point in print**
- **Part 4: Oral communication—making your point in person**

II. COURSE DATES / LOCATION

Mon-Fri July 13-17, 2015

9:00 A.M. – 12:00 P.M.

Lectures/discussion sessions: Room 1220 Health Science Learning Center

The final session (Fri July 17) will be held in a public hearing room at the State Capitol.

III. COURSE FACULTY

Patrick L Remington, MD, MPH

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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

Ian Clark: Ian is a Media and Marketing Specialist with UW Health Marketing and Public Affairs. He formerly worked at UW Platteville as a media and public information specialist. Informally, Ian says, "Besides being defined by my varying list of daily duties (Linkedin), I am an amateur fiction writer most interested in trauma theory and non-physical conflicts. I find my writing style is most influenced by whatever happens to be on my recent reading list, Cormac McCarthy and the late Michael Crichton. What a mix... I one day plan to finish a novel-length work for publishing, though there is much work to be done on that front. For now, I am focusing on getting some short stories published.

Shamane Mills: Shamane has worked at Wisconsin Public Radio as a full time reporter for 10 years. She began covering various issues and now focuses mainly on health. Previously she

worked at three Madison commercial radio stations and was a television producer at two stations. Her first journalism job after graduating from UW-Madison was part time general assignment reporter for the Wisconsin State Journal.

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 more than 2 decades 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.

IV. TEXTBOOKS

Required Texts:

- Milo Frank. *How to Get Your Point Across in 30 Seconds or Less* – This is a classic, readable book for those who are interested in learning how to be “focused communicator.” It is available at online (for < \$5): <http://www.amazon.com/Your-Point-Across-Seconds-Less/dp/0671727524> (last accessed March 28, 2015). Copies of the assigned chapters will be posted on Learn@UW.
- Busalacchi. *Media Savvy, Media Success!* -- This short handbook is written by one of the course instructors. It is available online (for about \$10) at: <http://prdrsteve.com/media-savvy-media-success/> (last accessed March 25, 2015). Copies will be available for purchase after the first class period.

Recommended Text:

- Nelson DE, Brownson RC, Remington PL, Parvanta CF (eds). *Communicating Public Health Information Effectively: A Guide for Practitioners*. American Public Health Association, Washington D.C., 2002. This is a comprehensive textbook on the public health communications. It is available at: <http://www.amazon.com/Communicating->

Public-Health-Information-Effectively/dp/0875530273 (last accessed March 28, 2015).
Selected chapters will be posted on Learn@UW.

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 use instructional technology to aid in the student learning process. Technology, such as Learn@UW and WiscMail, will be used for online learning activities, outside class communication, Web-based readings, lecture materials, and individual and team-based projects.

Learn@UW is a course management system. WiscMail 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 Wiscmail account and log in to Learn@UW every day.

Please contact the instructor if you have any questions about the instructional technology.

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 13 to Friday July 17, 2015

Date	Time/ Place	Topics (Faculty)	Assignments
ASSIGNMENT— BEFORE THE FIRST CLASS		In order to complete this course in one week, students should review the syllabus, read the assigned readings for the first day, and come prepared with a topic to discuss (see syllabus for day 1 below)	<ul style="list-style-type: none"> - Review syllabus - Identify a topic of interest to you - Read “<i>How to Get Your Point Across in 30 Seconds or Less</i>”
Monday, July 13	9:00-10:00 1220 HSLC	<u>Lecture #1a</u> : Following introductions, the goals for the course and the framework for public health communication will be described (Remington)	
	10:00-11:00 1220 HSLC	<u>Lecture #1b</u> : The need to focus messages (the 30-second message by Milo Frank) will be described (Busalacchi)	
	11:00-12:00 Small groups	<u>Exercise #1</u> : Students will meet in small groups and discuss their 30-second messages about a public health issue of their choosing	
By Mon 9 PM	--	<u>Assignment #1</u> : The 30 second message (written)	<p>-Post the 30 second message (1 per student)</p> <ul style="list-style-type: none"> - Read “Media Savvy, Media Success!”
Tuesday, July 14	9:00-10:30 1220 HSLC	<u>Discussion #1</u> : Each student will give their 30 second message as a mock radio interview (the interview will be recorded and available for review online).	
	10:30-11:15 1220 HSLC	<u>Lecture #2</u> : Communicating with the media (Busalacchi)	“Media Savvy, Media Success!”
	11:15-12:00 Breakout	<u>Exercise #2</u> : Meet in small groups and select one issue (e.g., topics from Day #1) to be the subject of a press release.	-Read the Web sources for writing press releases

By Tues 9 PM	--	<u>Assignment #2</u> : Press release	-Assignment #2 due: Post group press release (1 per group)
Wed, July 15	9:00-9:15 1220 HSLC	<u>Exercise #2a</u> : The session will begin with brief introductions of each journalist. Students will bring a written copy of their press release for the journalist to read	
	9:15-9:45 various HSLC rooms	<u>One-on-one discussion with reporters</u> : Each group will be interviewed by a newspaper reporter/public information specialist (appx. 15 min); followed by feedback on the press release and the in-person session (appx. 15 min).	
	10:00-10:30 1220 HSLC	<u>Plenary discussion</u> : The entire class will discuss approaches to working with the media.	
	10:30-12:00 1220 HSLC	<u>Exercise #2b</u> : TV Interviews. Student groups will do a mock “Live at Five” type interview (about 5-6 min for each segment).	
	10:30-12:00 1220 HSLC	<u>Exercise #3</u> : While other groups are being interviewed, students will begin to prepare their letters to the editor (see Exercise #3 below).	
By Wed 9 PM	--	<u>Assignment #3</u> : Letter to the editor	-Assignment #3 due: Post letters to the editor (one for each student)
Thursday, July 16	9:00-10:30 1220 HSLC	<u>Discussion #3</u> : Groups review/discuss video critique	
	10:30-11:30 1220 HSLC	<u>Lecture #4</u> : How to talk with your legislator and policy makers (Remington)	Nelson chapters 5, 7
	11:30-12:00 Breakout	<u>Exercise #4</u> (Groups): Students discuss the policy issue to be addressed. Each individual prepared a 2-minute testimony	

By Thurs 9 PM	--	<u>Assignment #4</u> : Written legislative testimony	Assignment #4 due: Post written testimony (one per student)
Friday, July 17	Capitol (Rm TBD) 9:00-12:00	<u>Discussion #4</u> : Each student presents a 2-minute testimony.	

**COMMUNICATING PUBLIC HEALTH INFORMATION EFFECTIVELY
POPULATION HEALTH SCIENCES (PHS) 660
2015 COURSEBOOK**

This 5-day course includes 4 parts:

- Part 1: Tips for becoming an effective communicator
- Part 2: Working with media—making the news
- Part 3: Communicating by writing—making your point in print
- Part 4: Oral communication—making your point in person

PART 1: TIPS FOR BECOMING AN EFFECTIVE COMMUNICATOR

The first part of the course will provide a background and framework for public health communication and the translation of public health data. We'll then learn how to focus your message into a "Single Overriding Communication Objective (SOCO) and the "30-second message."

Objectives:

- Understand and identify barriers to communication
- Name the eight steps in developing a public health communication framework
- Be able to develop a single over-riding health communication objective
- Be able to develop—and deliver—your message in 30 seconds or less

Required Readings:

- Frank-How to Get Your Point Across in 30 Seconds or Less
- Remington PL, Nelson D. Communicating Epidemiologic Information. In: Applied Epidemiology, 2nd Edition. Brownson and Pettiti (eds). Oxford University Press, New York, 2006.
- Nelson Chapters 1 and 2.

Additional Readings:

- 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, 2000.
- Making Health Communication Programs Work (NCI's Pink Book). The planning steps in this book can help make any health communication program work, regardless of size, topic, geographic span, intended audience, or budget. Available at: <http://www.cancer.gov/publications/health-communication/pink-book.pdf> (last accessed March 28, 2015)

Assignment 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.

Tips for Becoming an Effective Communicator

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.

Tip #1: Have a Plan

If you want to be an “effective” communicator, you must first have a plan. 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).

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.

Tip #2: Focus Your Message (the 30 Second Message)

1. Why 30 seconds?
 - Time constraints
 - Attention span
 - TV/radio knows this best
 - The “sound bite”
2. Know your objective:
 - What do you want to happen AS A RESULT of your message?
 - Single vs. multiple objectives
 - Hidden objectives
3. Know your target audience
 - Connect your target to your objective
 - Know your audience

Tip #3: Practice Makes Better, but Never Perfect

Students will work in small groups, of 5-6 students each (5 groups total). Each student will discuss the issue of interest to them. Working in the small group, students will quickly discuss their issue (e.g., focusing on the communication objective (SOCO)).

After class: Develop your 30-second message. It is to be turned in no later than 9 PM on Monday.

Tuesday (Day #2): Mock Radio Interview

Students will give their 30-second message during a mock (recorded) radio interview. Steve Busalacchi will begin with a standard “soft ball” question (e.g., “What did your study find?”)

Evaluation Tool for 30-second message

	1	2	3	4	5	6	7	8	9	10
Main message	Hard to determine message						Communication message clearly stated			
Structure of message	No clear structure						Testimony well organized			
Eye contact	No eye contact with reporter						Frequent direct eye contact			
Tempo	Rushed						Easy going pace			
Appearance	Nervous and tense						Calm and relaxed			
Timing	Went way over time						Finished in less than 30 seconds			
SUMMARY	1	2	3	4	5	6	7	8	9	10
Comments										

Summary grade is on a 10-point scale:

- 10 = Outstanding (could not be improved)
- 9 = Excellent (only a few minor improvements possible)
- 8 = Very good (some improvements possible)
- 7 = Good
- 6 = Fair
- 5 = Poor
- <5 = Not acceptable/failure

Other Communication Tips (NOTE: These will not be covered during class)

The 10 tips to a successful 10-minute talk (by Remington)

1. **Know thy audience.** Tailor your talk to your audience. However, don't overestimate what they know about your topic...it's almost never said that a talk was too clear!
2. **Be organized.** Time is extremely limited so you need to know exactly what you want to convey and what information is necessary to convey it.
3. **Include a slide with an outline of the talk.** Progress through the talk in a logical manner. State a question/ problem. How did you go about answering it? What did you find? What do the findings mean?
4. **Don't abuse PowerPoint.** Light backgrounds and dark text always works best. Most people use white background since colors show best. Some use white/yellow text on a blue background. A successful talk should rely on data, not Power Point prowess. More often than not, animation is distracting and sometimes even condescending.
5. **Speak off of each slide.** Help the audience by 'walking through' each table for figure with a pointer. If you say "look only at this column" then take the other columns out!
6. **Have one point per slide.** Make slides simple, clear, and easy to understand. If the audience is trying to figure out what the slide is showing, then they are not paying attention to what you are saying. Do not show a table with comprehensive data; just show the important stuff. Save the rest for the paper!
7. **Include a summary/conclusion slide.** This is your chance to repeat the major take-home message from your talk. Audiences are most likely to remember the last thing they hear. A strong closing should be memorized and review your main points.
8. **Practice! Practice! Practice!** This cannot be stressed enough. Go through the talk at least 2-3 times before actually giving it. You will be surprised how long it will be the first time around. Practice out loud, and edit the talk until you can do it in less than 10 minutes. This will give you breathing room for questions and any technical difficulties.
9. **Stay on time.** The most important piece of advice anyone can give is to stay within the time allotted! At best, going over the time limit will cut into the question-and-answer period (a vital part of the talk). At worst, you will be yanked from the podium before finishing. That is both humiliating and nullifies all of the hard work invested in the talk.
10. **Ensure computer compatibility.** Do not wait until the last minute to run your presentation through the computer that you will use so that you can edit if necessary.

10 Tips to a Successful 10-Minute Talk (from MPH students)

- 1. Be excited and engaged in your topic.** (12 votes)
- 2. Prepare and organize—know your subject.** (11 votes)
- 3. Practice!** (11 votes)
- 4. Know your audience.** (10 votes)
- 5. Have fun.** (9 votes)
- 6. Have logical content and structure.** Stay within time limits, maintain flow, have a variety of information types. (8 votes)

- 7. Use good audiovisuals.** Know your equipment and room. Look at the audience and not the slides. Don't use distracting visuals. They should facilitate and not detract. (8 votes)
- 8. PowerPoint is a tool and NOT your presentation.** (7 votes)
- 9. Know yourself.** Take care of yourself when preparing for the presentation. (7 votes)
- 10. Predict the questions in advance.** (7 votes)

Other tips: Repeat the SOCO (4 votes), Local and act professional (4 votes), Do what it takes to be relaxed (e.g., practice, take deep breaths), stand up straight and project your voice (1 vote), speak clearly and confidently (1 vote).

*Based on a nominal group process in the Spring 2008 MPH Field Work course.

Additional resources: Watch the **Presentation Secrets of Steve Jobs, by Carmine Gallo.**
See: <https://www.youtube.com/watch?v=k-zMRPZpvcw> (last accessed March 28, 2015)

PART 2: WORKING WITH MEDIA—MAKING THE NEWS

Part 2 of this course will address communication strategies to work with the media and “make the news.”

Objectives:

- Be able to develop communication messages
- Be able to develop a press release
- Understand how to talk with news reporters
- Understand how to deliver your message on television

Required Readings:

- Busalacchi-Media Savy, Media Success

Optional Readings:

- Nelson chapters 4 and 6.
- 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, 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.

He 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, he 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.

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

1. 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.

Tips on writing a press release can be found at: <http://www.cbsnews.com/news/how-to-write-a-press-release-with-examples/> (last accessed March 28, 2015).

Preparing for an interview with a journalist and/or a TV interview

During the last part of the day on Tuesday, students should also plan for the interviews with the media (interview with a reporter and a TV interview). 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 by the reporter and on camera by Steve. Come to class on Wed dressed for an interview. To review examples of student videos from this class, see: <http://vidego.multicastmedia.com/player.php?p=mbge93uv>

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 as 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 March 28, 2015).

A sample press release is described below:

FOR IMMEDIATE RELEASE:

CONTACT:

Contact Person

Organization Name

Voice Phone Number

FAX Number

Email

Address

Website URL

<LIST THE HEADLINE OF YOUR RELEASE (MAY BECOME THE HEADLINE OF THE STORY)>

<City>, <State>, <Date>

The first paragraph. Begin your press release with a two-sentence paragraph that provides a quick overview of the news why it is important. It should read easily and make your news sound exciting to a general audience.

Next, provide some background information on the report, product or service.

Make sure to write your release in terms that readers, consumers, your target audience, and the general public will understand. Do not use technical

terminology, and provide definitions that readers might not know about or understand. Your text should explain the purpose, major findings, intended target market, benefits of your findings or service, and intrigue the reader to find out more, visit your website, contact you for more information.

ABOUT <ORGANIZATION> The final paragraph should be a brief description of your organization and the services it provides, and a brief history of the company. Also include "For more information, contact: " as the last sentence.

- END -

The Personal vs. the Professional

In public health, we often present the “research” or “scientific” perspective. However, personal anecdotes are often used to either support the science, or refute it. Here’s an email that one of our guest media specialists received about this very topic. Please read the JAMA paper (Aronson L. Story as Evidence, Evidence as Story. JAMA 2015;314(2): 125) cited in the email:

----- Original message -----

From: Toby Campbell <tcc@medicine.wisc.edu>

Date:07/14/2015 10:31 PM (GMT-06:00)

To: Zelenski Amy <zelenski@medicine.wisc.edu>, Smith Susan L <SSmith5@uwhealth.org>

Subject: media

Man - this was a nice read for anyone doing a media interview- particularly those public radio shows I sometimes have done where there are callers. She tells a story of a doctor's interview doing bad and gives her perspective of why and how she could have fixed it.

My favorite paragraph: "While there are multiple possible explanations for why the interview went awry, it comes down to this: in the public arena—outside medicine—if you counter the personal with the professional, the human with the scientific, more often than not you will find yourself in trouble. It’s a matter of using the appropriate tool for the task at hand. In this case, what the radio show listeners had needed was not more facts but another story, one as compelling as the caller’s and that also illustrated the science and the different perspective it supported."

The “Live at Five” TV Interview

New in 2015, we piloted the “Live at Five” TV interview. The goal of this interview is to learn how to take your message that you developed for the meeting with the journalist, to a “live” TV interview.

This session will use the format of local TV stories that often feature local leaders and community members. For this interview, you will use the same story and roles as you used for the interview with the journalist. However, for this session you will need to focus on speaking in more concise “sound bites.” With 4 people, 5 minutes goes pretty fast. You’ll only have a minute or less to make your point.

Examples of interview from 2015 are available online at:

<https://www.youtube.com/watch?v=9q8iQMPOPew>



Dr. Remington participated in a similar TV interview on C-SPAN in June 2013. This is a much longer interview than normal, but shows some of the do’s and don’ts (e.g., notice the frown in the photo to the right) of TV interviews:

<http://www.c-span.org/video/?313241-6/county-health-statistics>



Evaluation Tool for Media Interview (with newspaper or TV reporter)

Name: _____

	1	2	3	4	5	6	7	8	9	10	
Main message	Hard to determine position							Position on policy clearly stated			
Eye contact (TV only)	No eye contact with reporter							Frequent direct eye contact			
Tempo	Rushed							Easy going pace			
Appearance	Nervous and tense							Calm and relaxed			
Listener attention	Reporter seemed uninterested							Reporter was riveted throughout			
Timing	Sound bites went on too long							Delivered clear and concise sound bites			
Ending	No conclusion stated							Conclusions clearly stated			
Questions	Did not answer questions							Answered questions clearly			
SUMMARY	1	2	3	4	5	6	7	8	9	10	
Comments											

The testimony will be graded on a 10 point scale:

- 10 = Outstanding (could not be improved)
- 9 = Excellent (only a few minor improvements possible)
- 8 = Very good (some improvements possible)
- 7 = Good
- 6 = Fair
- 5 = Poor
- <5 = Not acceptable/failure

PART 3: COMMUNICATING BY WRITING—MAKING YOUR POINT IN PRINT

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
- Be able to write a letter to the editor

Required Readings:

<http://rjionline.org/ccj/tools/how-write-letter-editor> (last accessed March 28, 2015)

<http://www.mapinc.org/resource/> (last accessed March 28, 2015)

<http://www.sierraclub.org/takeaction/toolkit/letters.asp> (last accessed March 28, 2015)

Optional Readings:

- Nelson chapters 5 & 7

Notes: During the final part of the session on Wednesday, students will work on preparing a letter to the editor about an issue of interest to them. Each student will write a letter. Remember—less is more! This letter can be prepared for submission to a newspaper, or part of an online blog.

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 to the editor.

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.

Tips for getting your Letter to the Editor published (from Sierra Club http://newjersey.sierraclub.org/Staff/Handouts/LTE_tips.pdf)

1. Use seven sentences, plus-or-minus one.
2. Sentence one could identify an error or omission in a recent op-ed or article in that publication. This is key. Editors at reputable publications like to run good criticism, even if it stings. They also like to sharpen the work of the reporting staff (situated on the other side of the "Chinese wall" separating editorial and reporting) by highlighting errors and omissions in the daily reportage.
3. Once you have a decent seven-sentence draft, spend a couple of hours tuning phrases. (For example, a first draft reading "for years, developers have been considering Poplar Point" was revised to read: "Since 2005, the power players that lead DC's sports-governmental-complex have been pointing their long knives at Poplar Point."). Invite others to hone your draft (within hours).
4. Consider making one of the other sentences interrogative, but avoid cuteness (*e.g.*, "is this any way to run a government?").
5. Provide all of your contact information as well as your Sierra Club affiliation (officer, member etc.).

Once you've submitted the LTE:

6. Send it to the beat reporter, if applicable, as soon as you submit it to the Editorial Board. This is more likely to get you into future stories than a simple email to the reporter.
7. If your letter runs, redistribute it widely and quickly via social media and listservs. No one minds an email saying "my LTE ran today!" This inspires others, and can generate buzz on blogs and the like.
8. Don't be discouraged. Big publications reject perhaps 97% of all submissions, small ones perhaps 90%.

In-Class Wednesday 11:00-12:00 (while not being interviewed)

Students will work individually to prepare their letter to the editor. These letters should include:

- The place where you will send the letter (*e.g.*, Wisconsin State Journal, JAMA, Huffington Post).

- The title of the letter (e.g., Madison needs more bike paths to save lives; health insurance companies need to cover evidence-based diabetes prevention programs).
- The body of the letter (word count from 150 to 250 words).

Examples of letters to the editor

Christine Nichols (2015):

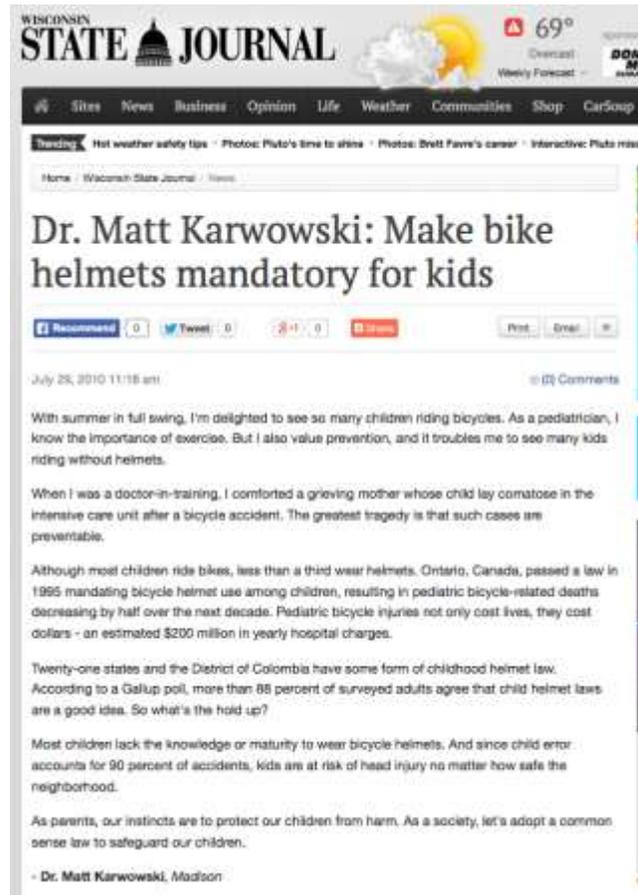
<http://www.wisconsinrapidtribune.com/story/opinion/readers/2015/07/16/child-nutrition-act-needs-support/30261303/>

Laurel Legenza (2015): http://host.madison.com/news/opinion/mailbag/allow-wisconsin-pharmacists-to-prescribe-birth-control---laurel/article_885e81e3-a8dd-5340-9e89-98a95dd7ef0d.html



Matt Karwowski (2010): http://host.madison.com/wsj/news/opinion/mailbag/article_06d40648-9b2d-11df-ba06-001cc4c002e0.html (last accessed March 28, 2015)

Nina Gregerson (2013): http://host.madison.com/news/opinion/mailbag/nina-gregerson-apartment-buildings-should-be-non-smoking/article_c68f2250-68f7-5516-b1bd-5e3409d7ba03.html (last accessed March 28, 2015)



Other letters:

- http://host.madison.com/news/opinion/mailbag/nina-gregerson-smoke-free-policies-are-profitable/article_95a98a06-4388-54f0-886c-1c23fb3ffe4d.html (last accessed March 28, 2015)
- http://www.hngnews.com/waterloo_marshall/opinion/letters_to_editor/article_c88a35c0-0a72-11e3-bd15-0019bb30f31a.html (last accessed March 28, 2015)

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 by 9 PM Wed night.

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?

Optional discussion: What do you think about the “comments” section in the news? Do you read these comments? Have you commented on a news/online story? Should they be anonymous?

<http://www.washingtonpost.com/blogs/monkey-cage/wp/2014/08/19/its-time-to-end-anonymous-comments-sections/>

In Class Discussion, Thurs Hour 1:

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

Evaluation Tool for Letter to the Editor

Name: _____

	1	2	3	4	5	6	7	8	9	10
Main message	Hard to determine SOCO						SOCO is clearly stated			
Argument	No compelling argument is made						Sufficient supporting evidence is included			
Structure	The letter is poorly organized						The argument is arranged in an effective order			
Audience	It is not clear who the audience is						The letter is clearly focused on its audience			
Grammar, and mechanics	The letter has typos and poor grammar						No misspellings and uses appropriate grammar			
Structure of letter	No clear structure						Well organized with a strong opening and closing			
Length	Letter is too long						Letter is concise			
Personal relevance	No clear personal connection to issue						Concern based on medical training effective			
Clarity	Used jargon and did not explain terms						Very clear to lay audience			
SUMMARY	1	2	3	4	5	6	7	8	9	10
Comments										

Summary grade is on a 10-point scale:

- 10 = Outstanding (could not be improved)
- 9 = Excellent (only a few minor improvements possible)
- 8 = Very good (some improvements possible)
- 7 = Good
- 6 = Fair
- 5 = Poor
- <5 = Not acceptable/failure

PART 4: ORAL COMMUNICATION—MAKING YOUR POINT IN PERSON

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

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 written 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.

Pictures from the legislative session in 2013



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 March 28, 2015)

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 March 28, 2015))

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

Click on the blue TV icon to watch the video.

Guidelines for Student Testimony about Mock Bills

For our session, each policy will be debated for **no more than 30 minutes**. Each student will present for **NO MORE than 2 minutes**. Typically, the testimony is delivered without interruption. Then the policy maker will be able to ask one follow-up question of each student (about 2 minutes). With 5-6 people testifying, this will take about 25-30 minutes.

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), using a standard form*
- The students will present on one issue, and then get feedback from the committee members
- Students should bring one copy of their testimony, and/or a fact sheet, to provide to the clerk for the record.

*Name, address, bill #, speaking for (self/organization), position (in favor/against)

Evaluation Tool for Oral Testimony

	1	2	3	4	5	6	7	8	9	10
Introduction	Began without an introduction						Introduced self and purpose			
Main message	Hard to determine position						Position on policy clearly stated			
Structure of testimony	No clear structure						Testimony well organized			
Eye contact	No eye contact with audience						Frequent direct eye contact			
Tempo	Rushed						Easy going pace			
Appearance	Nervous and tense						Calm and relaxed			
Listener attention	Audience seemed uninterested						Audience was riveted throughout			
Timing	Went way over time						Finished on time			
Ending	No conclusion stated						Conclusions clearly stated			
Question-Answer period	Did not answer questions						Answered questions clearly			
SUMMARY	1	2	3	4	5	6	7	8	9	10
Comments										

The testimony will be graded on a 10-point scale:

- 10 = Outstanding (could not be improved)
- 9 = Excellent (only a few minor improvements possible)
- 8 = Very good (some improvements possible)
- 7 = Good
- 6 = Fair
- 5 = Poor
- <5 = Not acceptable/failure

GROUP 1. CELL PHONE BAN IN CARS

Group 1 will testify in favor of/against a bill to ban the use of all cell phones in cars.

Case Study: A legislator has introduced a bill to ban all cell phone use while driving. She based this on the recommendations from the NTSB:

http://www.nts.gov/news/press-releases/Pages/NTSB_Vice_Chairman_testifies_on_nationwide_ban_on_driver_cell-phone_use.aspx (last accessed March 28, 2015)

February 10, 2012

WASHINGTON- In December 2011, following a Board meeting on a 2010 multi-vehicle highway accident in Gray Summit, Missouri, the National Transportation Safety Board (NTSB) called for the first-ever nationwide ban on driver use of portable electronic devices while operating a motor vehicle. Following the meeting, Chairman Deborah A.P. Hersman said, "It's time for all of us to stand up for safety by turning off electronic devices when driving."

On Monday, February 13, 2012, at 10:00 A.M. (EST), NTSB Vice Chairman Christopher Hart will testify before the New York State Senate Committee on Transportation on the NTSB's cell-phone ban recommendation.

"In the last decade, the NTSB has identified the use of a portable electronic device as a factor in the probable cause of eight accidents and incidents across all transportation modes. Forty-six people died and 181 were injured in these events," said Vice Chairman Hart. "In light of this and the growing penetration of portable electronic devices in the United States, the NTSB is concerned and believes that now is the time to act to preserve safety for everyone on our roadways."

The NTSB did not come to this recommendation lightly. It has noted distracted operations in its aviation, rail, highway, and marine accident investigations for almost 10 years, and distraction has been a continuously growing concern. Before issuing the recommendation, the NTSB carefully considered accident statistics and research on the issue of distracted driving. While the specific statistics and findings may differ among studies, the ultimate conclusion is the same: talking or texting while driving-even on a hands-free device-distracts the driver from the driving task, increasing the risk of an accident.

See also: <http://www.nytimes.com/2011/12/14/technology/federal-panel-urges-cellphone-ban-for-drivers.html> (last accessed March 28, 2015)

GROUP 2. MOTORCYCLE HELMET LAW

Group 2 will testify in favor of/against a bill to require helmets while riding motorcycles for all adults.

Case Study: A legislator has introduced a bill to require motorcycle helmets for all adults.

Background:

Review the history of motorcycle helmet laws in the US (focus on Wisconsin):

<http://www.iihs.org/iihs/topics/t/motorcycles/qanda#motorcycles--helmets> (last accessed March 28, 2015)

Review the current laws (last accessed March 28, 2015):

- <http://www.iihs.org/iihs/topics/laws/helmetuse/helmethistory?topicName=Motorcycles#tableData>
- http://www.ghsa.org/html/stateinfo/laws/helmet_laws.html
- <http://www.cdc.gov/motorvehiclesafety/mc/states/wi.html>

Selected media coverage (last accessed March 28, 2015):

- <http://www.fdlreporter.com/article/20130505/FON0198/305050118/Opposition-motorcycle-helmet-laws-remains-strong-Wisconsin>
- <http://www.jsonline.com/news/opinion/wisconsin-should-toughen-its-motorcycle-helmet-law-lq5ru8j-160070975.html>
- <http://www.insurancejournal.com/magazines/features/2013/06/17/295237.htm>

GROUP 3. BANNING LARGE SUGAR-SWEETEND BEVERAGES

Group 3 will testify in favor of/against a bill banning the sale of large, sugar-sweetened beverages.

Case Study: After hearing about the experience in New York, a legislator has introduced a bill to ban large, sugar-sweetened beverages. She is planning to introduce a bill in the Fall of 2012, for Wisconsin.

Background: New York's mayor Bloomberg proposed a far-reaching ban on the sale of large sodas and other sugary drinks at restaurants, movie theaters and street carts, in the most ambitious effort yet by the Bloomberg administration to combat rising obesity.

The proposed ban would affect virtually the entire menu of popular sugary drinks found in delis, fast-food franchises and even sports arenas, from energy drinks to pre-sweetened iced teas. The sale of any cup or bottle of sweetened drink larger than 16 fluid ounces — about the size of a medium coffee, and smaller than a common soda bottle — would be prohibited under the first-in-the-nation plan, which could take effect as soon as next March.

See: <http://www.nytimes.com/2012/05/31/nyregion/bloomberg-plans-a-ban-on-large-sugared-drinks.html?pagewanted=all> (last accessed March 28, 2015)

GROUP 4. BEER TAX

Group 4 will testify in favor of/against a bill to increase the tax on beer.

Case Study: 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://legis.wisconsin.gov/assembly/berceau/Pages/Beer-Tax-Legislation.aspx>
(last accessed March 28, 2015)

GROUP 5. COMMUNITY WATER FLUORIDATION

Group 5 will testify in favor of/against a bill to mandate that all municipalities in Wisconsin with a population of more than 10,000 fluoridate their community water supply.

Case Study: A newly elected legislator is interested in public health, and read a report that shows that many residents in Wisconsin do not benefit from drinking water with fluoride.

See: <http://www.dhs.wisconsin.gov/publications/p0/p00103.pdf> (last accessed March 28, 2015)

She has produced a bill that is very similar to a bill from 20 years ago that was introduced by Bernie Richter (Assembly Bill 733). This bill:

- Directs the DHS to adopt regulations that require the fluoridation of all public water systems that have at least 10,000 service connections.
- Requires that these regulations include: a minimum and maximum permissible concentrations of fluoride
- Specifies that the DHS enforce these provisions unless such authority is delegated pursuant to a local primary agreement.
- Permits the Attorney General, upon request of DHS, to institute mandamus proceedings, or other appropriate proceedings, in order to compel compliance with these provisions upon reticent owners or operators of public water systems.

For more information about the 1995 bill, see:

http://www.nofluoride.com/AB733_legislative_history.cfm (last accessed March 28, 2015)

Background information:

Arguments in favor of water fluoridation (last accessed March 28, 2015)

- <http://www.wda.org/your-oral-health/fluoride>
- <http://www.cdc.gov/fluoridation/factsheets/sg04.htm>
- <http://www.thecommunityguide.org/oral/caries.html>
- <http://health.gov/environment/ReviewofFluoride/>

Arguments against water fluoridation (last accessed March 28, 2015)

- <http://fluoridealert.org/issues/health/>
- <http://fluoridealert.org/articles/50-reasons/>
- http://en.wikipedia.org/wiki/Water_fluoridation_controversy
- http://www.naturalnews.com/043294_water_fluoridation_anti-fluoridation_bills_public_poisoning.html