# Using Media to Advance Public Health Agendas

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**ABSTRACT**

Strategic media work is an integral part of modern public health practice. This article describes how Contra Costa Health Services (CCHS) and others have worked with the media, and encourages Local Health Departments (LHDs) to view media work as core to their essential functions. LHDs — and other public health agencies — can be deliberate in applying a range of media strategies including Media Advocacy, Social Marketing, Counter Advertising, Crisis and Emergency Risk Communication, and the basic staple of LHD media work: Credible Source Communication. CCHS has learned through experience that these media strategies, when used appropriately, complement and support the traditional spectrum of public health approaches ranging from individual education to effecting policy change. The credibility of LHDs in the community makes LHDs particularly effective media advocates and can help LHDs frame issues to provide a broader understanding of the social and environmental factors that shape community health. Like any core public health program or strategy, media work requires planning, training, leadership and funding. This strategic use of media can help transform interactions with the media into welcomed opportunities to advance a public health agenda and improve community health.

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CONTRA COSTA HEALTH SERVICES

## INTRODUCTION

Local Health Departments (LHDs) in California and around the country are increasingly embracing media work to help address the public health issues of the 21st century: chronic disease, global warming, emerging diseases, access to health care, and health disparities and the inequities that cause them, as well as the core responsibilities of disease control. These health issues encourage LHDs to move beyond their traditional roles of providing individual services and health education and to increase their focus on the physical, political and social-environmental factors that are major determinants of individual and community health. Because media have a major role in shaping the social and policy environments, and through them the physical environment, effective media work is an integral part of modern public health practice. Health departments can strategically deploy a variety of media strategies (see Table 1) tailored to support the whole spectrum of public health approaches[1] from strengthening individual knowledge and skills to influencing policy and legislation.

Like many public agencies, LHDs have had a sometimes uneasy relationship with the media, in part because of untrained staff who are unfamiliar with working with the media and fearful of being misunderstood or misquoted. From our years of experience in media work and public health at Contra Costa Health Services (CCHS), a LHD in California, as well as from the experience of other public health practitioners and media specialists, we have seen that LHDs can become comfortable and conversant with a broad range of media strategies and learn to view an effective and proactive relationship with media as an essential part of their public health practice.

## WHAT ARE MEDIA, AND HOW CAN HEALTH DEPARTMENTS WORK WITH THEM?

Media are the channels through which information and ideas are communicated to groups of people. Media now include much more than traditional mass media, such as newspapers, television and radio.[2] Many people now also get their news from online news sites and social media, such as blogs, Facebook and Twitter, and via emails and alerts. Media Strategies are the ways a medium or media can be utilized to promote a public health agenda. LHDs are broadening their concept of media and media strategies to include the rapidly changing landscape of journalism and communication.

## FRAMING THE MESSAGE

Effectively framing the message is key to using media to advance public health agendas. Framing is not spinning; framing does not seek to mislead. Framing provides the context that shapes how the message is understood and how the facts and science presented are interpreted. It is the lens that LHDs provide through which to view an issue which suggests policy directions to improve health or provides meaning to scientific reports for the public.

LHDs can move the frame away from the individual responsibility and behavior approach that the media normally presents, and create a broader understanding of the social and environmental factors that shape community health.

Framing is important in all kinds of media communications, not just those promoting policy change. The 2009 H1N1 influenza outbreak initially caused considerable public anxiety, and the first person to die in the San Francisco Bay Area from H1N1 flu was a 9-year-old girl in Contra Costa County. After announcing the death and acknowledging the anguish of the family, Contra Costa Health Services explained in a press release that *"there are hundreds of H1N1 cases in the county. The vast majority of the cases are mild or moderate, and the patients recover. Tragically, this child did not recover."* Further context for the new *H1N1* virus was provided by explaining that this was the seventh child to die of flu in California so far that year. The other six children died from the regular seasonal flu. With this frame, the new H1N1 flu and the tragedy of this child's death are placed in the more familiar context of ordinary flu, providing the public with a realistic sense of the risk posed by H1N1. The numbers become part of the *"social math"*[3] of the epidemic, and the frame begins to move from this individual tragedy to the impact of the epidemic on the community as a whole. *For more about framing see references.* [4,5]

## MEDIA STRATEGIES FOR LOCAL HEALTH DEPARTMENTS

LHDs, having limited resources, must make decisions about what media strategies to use, depending on target audience, desired outcomes and urgency of the messages (*See Table I*).

### Table I— Media Strategies

| *Strategy* | *Target* | *Spokesperson* | *Outcome* | *Pace* |
|---|---|---|---|---|
| Credible Source Communication | Policymakers<br>Public<br>Individuals | Trained program expert | Raised awareness<br>Possible behavior change | Medium |
| Risk Communication | Public<br>Individuals<br>Institutions | Respected credible official | Individual awareness<br>Concurrence with health recommendations | Rapid |
| Media Advocacy | Policymakers<br>Public | Trained program expert | Policy change<br>Norm change | Slow<br>Slow |
| Social Marketing | Individuals | Marketing expert | Individual behavior change | Slow |
| Counter Advertising | Policymakers<br>Public | Trained program expert<br>Marketing expert | Behavior change | Slow |

## CREDIBLE SOURCE COMMUNICATION— A KEY ROLE FOR LOCAL HEALTH DEPARTMENTS

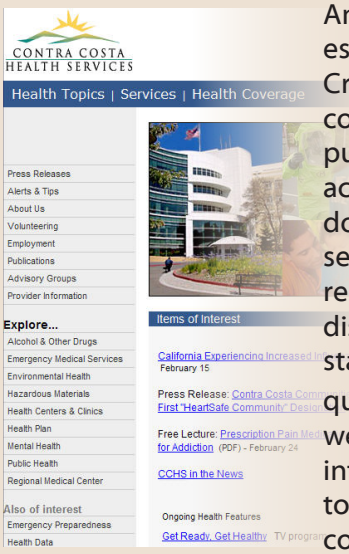
Credible Source Communication is the basic media strategy for LHDs and means that LHDs become a key source of information and authority on public health issues for the public, partners and the media. At least once a month and maybe many times a week, LHDs, as credible sources, get requests from the media for information about disease trends, food poisoning in a local restaurant, health disparities, violence, seasonal flu vaccine availability, childhood obesity and myriad other public health issues that confront communities everywhere. These topics are a source of interest to the public and therefore the media. They are what reporters are paid to cover, and they actively look for sources and stories.

Traditional media have diminishing resources and fewer reporting staff, and they will keep coming back to the LHD for stories, information and comment if they find that the LHD regularly has something compelling to offer. By steadily expanding the issues discussed with the media — and providing them with press releases, podcasts and video footage, and proactively pitching stories — LHDs expand what the media, public and policymakers consider to be in the purview of public health. LHDs eventually are called for comments on violence, homelessness, community planning, global warming and health disparities as well as outbreaks and immunizations. It is through this regular, consistent Credible Source Communication that the LHD builds the experience and credibility with the traditional media essential for all media strategies.

The most effective tool LHDs hold for improving community health is the credibility they carry as committed public agencies acting on sound science. In striving to promote policy or provide context, LHDs retain their credibility when working with the media by remaining truthful and transparent. People act on LHD instructions, or are influenced by LHD policy recommendations, because they consider the LHD to be knowledgeable and concerned for their welfare. The Centers for Disease Control and Prevention's (CDC) Crisis and Emergency Risk Communication mantra "be first, be right, be credible"[6] is not just for crisis situations; being right and credible is a mandatory requirement for any LHD media strategy or message to the public. Credibility, hard won, can be lost in a momentary lapse. Once an LHD loses credibility, either through exaggeration, distortion of scientific facts or by perceived indifference, it loses much of its ability to influence community health.

Credible Source Communication plays an important role in online media as well. More and more people are getting public health information unedited and unfiltered online, through social media and email. With ever-expanding sources of communication and information, there are ever-expanding sources of misinformation as well. Maintaining a vigorous presence online, including social media, is especially critical for LHDs if they want to be part of the discussion of public health issues and counteract misinformation. As traditional newsrooms continue to shrink, it becomes even more important to embrace other forms of media so that LHDs can remain a primary source of trusted information in all arenas. By steadily expanding the media capacity of a LHD and its professional staff, Credible Source Communication sets the stage for policy work and other media strategies.

## ROLE OF WEBSITE




An engaging, informative and frequently updated health department website is an essential medium for public health, and a solid basis from which LHDs can establish Credible Source Communication and build other media strategies. Good LHD websites convey information and build credibility; they become the go-to place for both the public and the media to get clear, reliable and timely information. Websites provide accessible documentation on the latest data or studies, press releases, background documents, and policy papers, as well as current information on health department services and programs from how to get a well permit, a clinic appointment or the latest recommendations and locations for flu shots to local coalition efforts to address health disparities. Time-pressed reporters and producers will take press releases, podcasts, statements and data from the website for their stories, and TV stations will use broadcast quality video of health department events — conveniently supplied by the LHD on the web. A quality, comprehensive website can make the LHD the primary credible source of information on public health in the community, and is supplemented with social media tools such as Facebook and Twitter, which allow reporters, the public, policymakers, and community opinion leaders to connect with the LHD in new and interactive ways.

## KEY ELEMENTS OF CREDIBLE SOURCE COMMUNICATION

These are some key elements of Credible Source Communication for a LHD to consider if they are to be perceived as reliable sources of information:

- Timely information is important. The competition among traditional and new media to get the story first is intense in this 24/7 media environment.

- Choosing the right spokesperson. Part of establishing credibility is putting the most appropriate person in front of the camera or at the microphone. The best spokesperson is one who is a credible LHD expert familiar with the subject matter, doesn't talk in jargon, feels comfortable answering questions and has been trained to work with the media.

- Being right. Part of CDC's mantra for Crisis and Emergency Risk Communication, this principle applies to Credible Source Communication and to every time there is an interaction with the media. It means being as transparent as possible, not being afraid to say *"I don't know but will get an answer,"* and sharing the spotlight with partners who have complementary information.

- Developing ongoing relationships with reporters. This is an important way to establish LHD experts as credible sources who can be contacted for timely and accurate information. A survey of public health officials showed that those reporting the most favorable results working with the media were those who had the most frequent interaction and worked at agencies that had official media policies and designated media contacts.[7]

### PERTUSSIS OUTBREAK

As a pertussis (whooping cough) epidemic developed in California and the nation in June 2010, CCHS moved quickly to proactively get information out to the public and media about the need to immunize children and adults. The week before the California Department of Public Health publically declared an epidemic, CCHS had created factsheets, videos in English and Spanish, a podcast on its website, used social media tools to push out information, issued a press release on free whooping cough vaccinations, and offered CCHS health experts for interviews. When the epidemic was declared, the Bay Area regional media covering the epidemic featured CCHS' efforts, recognizing CCHS as a credible source and coming back repeatedly to CCHS spokespersons for information. As a result, the CCHS whooping cough clinics were well-attended, including one held at a community park where hundreds of people lined up and more than 400 immunizations were provided.


The CCHS Public Health Director speaks at an H1N1 press conference.

## RISK COMMUNICATION — BE FIRST. BE RIGHT. BE CREDIBLE.

Disasters, emergencies and even more common public health events like meningitis in schools, hazardous materials releases, reported cancer clusters, and heat waves require clear and timely communication from credible sources — the public health professionals who can explain without scientific jargon what is happening and what the impacts are likely to be. With concerns of health emergencies, bioterrorism and pandemic flu, LHD media efforts often focus on Risk Communication—communicating to the public, often in time of crisis, the nature and risks of a public health problem, and what needs to be done to address it. Risk Communication can be about long-term risks like cancer, but frequently includes situations where counties activate their Emergency Operations Centers (EOC) to respond to an emergency and establish Joint Information Centers (JIC) to coordinate communications among various agencies. LHDs play an important role in EOCs and JICs by providing critical information that can save lives. Because of their connection and credibility with their communities, LHDs can be the most effective agencies for Risk Communication.

The principles of Risk Communication include providing timely information to a concerned public ("Be first"). In a crisis, any information vacuum will inevitably be filled—often with incorrect messages from well-meaning agencies or individuals. Accuracy is essential ("Be right"). Changing information and messages sow confusion and understandably undermine the confidence of the public in the LHD. If information is not available, or the outcome is uncertain, LHDs must acknowledge that lack or uncertainty ("Be credible") and explain what is being done to collect information and respond to contingencies. *For more about Risk Communication see references.* [6, 8]

These principles of Risk Communication are a sound basis for all LHD work with the media. Risk Communication training, especially videotaping of mock interviews, can prepare LHD staff to be more confident and effective when working with journalists in other contexts. Finally, Risk Communication can be an opportunity to expand the public health frame. Especially as the crisis winds down and the media are still attentive, the LHD can discuss the causes of the crisis, why it perhaps disproportionately threatens low-income and minority residents, and what policies or systems change should be put in place to prevent it from reoccurring or to mitigate its impact.

## MEDIA ADVOCACY

Media Advocacy is a strategy that changes the frame for health from individual responsibility to focus on environmental causes of ill health, and proposes specific policy solutions. It often uses a *"news hook"* as an opportunity to promote a policy agenda. Media Advocacy is generally aimed at policymakers. *"Media Advocacy,"* says Lori Dorfman of the Berkeley Media Study Group, *"is a public conversation between the advocates and the policymakers held in the media."*[9] Effective media advocacy frames issues in fundamental community values that motivate people, like justice, fairness or family. LHDs, generally perceived as protecting the community welfare, have particular credibility in their communities to use these frames, and so can be especially effective in conducting media advocacy campaigns.

But media advocacy is not always for the faint of heart. *"Media advocacy does not win you friends,"* warns Dorfman, *"but it does get results."*[9] Depending on the issue and the local politics, LHDs working for local governments may not always be able to engage in Media Advocacy to promote policy directly. As an alternative, LHDs can provide requested public health data and information to Community-Based Organizations (CBOs) — always a legitimate LHD function. The CBO can engage in Media Advocacy, and the LHD can respond to the anticipated media inquiries with a complementary public health perspective, reinforcing the advocates' call for action with a scientific and professional approach from the LHD. Whether directly or in supporting roles, LHDs working in their communities are well positioned to provide a credible public health frame to policy development.

### MEDIA ADVOCACY FOR RESTAURANT MENU LABELING IN CALIFORNIA

Media Advocacy played a key role in the California Center for Public Health Advocacy's (CCPHA) successful three-year campaign to address the obesity epidemic by enacting legislation requiring chain restaurants to post calories of items on the menu board. CCPHA enlisted academic researchers, opinion pollsters, media experts and LHDs as credible media commentators to release a drum roll of reports through the media linking obesity and diabetes in adults and children to the food environment. CCPHA had the insight to release its alarming data on childhood obesity by legislative district, thereby commanding instant attention from every elected state representative. It commissioned a Field Poll demonstrating that people typically could not identify what foods at Denny's or McDonald's had the most calories, and used the results to generate newspaper articles demonstrating the need for labeling.[10] Working with UCLA researchers, CCPHA followed with a report, "Designed for Disease" linking higher rates of diabetes and obesity to neighborhoods with fast-food outlets.[11] LHDs were briefed on the report, and news stories across the state featured senior spokespersons from Los Angeles, Contra Costa and other LHDs. CCHS released a complementary press statement with county data that was incorporated in the local newspaper story. These stories, and eventually a YouTube video, played a key role in the passage of Menu Labeling in California in 2009. In 2010, Menu Labeling was incorporated into the Patient Protection & Affordable Care Act (health reform), changing the food environment around the country.

Sometimes, however, Media Advocacy is not directed at the policymakers, but rather toward the general public. From gay rights to global warming, health care reform to smart growth, public opinion can lead policymakers, or support those policymakers who want to lead. As organizations with credibility and comparative stability, LHDs can take a long view and use media to build public support for policies that may not be implemented for years. *See BARHII example.*

## BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE (BARHII)

The Bay Area Regional Health Inequities Initiative (BARHII) is an association of 11 San Francisco Bay Area health departments whose purpose is to "change public health practice to address health inequities."[12] In 2008, LHD epidemiologists compiled data illuminating the dramatic health disparities in the Bay Area associated with income and ethnicity, and produced maps showing the neighborhoods and communities where health disparities are concentrated. The BARHII report pointed out that those health disparities are fundamentally unfair — more accurately, they are health inequities — and the report formed the basis for radio reports and a prize-winning series of local newspaper stories on health inequities, involving BARHII LHD representatives as spokespersons. The CCHS Public Health Director was among the representatives from BARHII LHDs to also appear in the PBS series, "Unnatural Causes" about the reasons for health disparities and inequities in America. BARHII LHDs sponsored showings of the Unnatural Causes to policymakers and community groups around the Bay Area directed at building public support for eventual policies that would address the root causes of health inequities, a project which will take — optimistically — decades.

Journalism and media are changing at a dizzying pace, and LHDs must be prepared to implement Media Advocacy strategies in this changing environment. With the wide array of online communications now available and increasingly popular, what once would have been a just local newspaper story can sometimes have rapid national impact online. *See Going Viral example.*

Indignant Docs Say, "No to Coke and AAFP!"

## GOING VIRAL: PROTESTING THE AMERICAN ACADEMY OF FAMILY PHYSICIANS DEAL WITH COKE

The American Academy of Family Physicians (AAFP) issued a press release on October 9, 2009 announcing an agreement with Coca-Cola — later revealed to be "in the high six figures" — to promote sweetened beverages as "part of a healthy diet" and "balanced life style." Twenty CCHS physicians and the Health Director/County Health Officer held a press conference to condemn the agreement and announce their resignation from AAFP, coordinating the timing with a California Senate hearing on the health effects of sweetened beverages and the need for a soda tax to reduce consumption. Unfortunately, a Bay Bridge closure that day was the big news, and only one local reporter covered the press conference and wrote a small story.

The local newspaper story and the CCHS website information, including photos and press conference video footage, was picked up online, and formed the basis for stories in the Kansas City Business Journal, Chicago Tribune and Talking Points Memo. CCHS used Twitter to alert its media contacts and emailed the story and a dramatic photo to a 100 public health leaders in California, who in turn forwarded it through their social networks to hundreds more around the country. AAFP was forced to respond and the California chapter of the Academy formally opposed the AAFP Coke deal. In a week, the story was picked up by the Associated Press and made it

**Continued on next page**

on to the CNN website. Nearly two weeks after the press conference, the local CBS TV affiliate did a very positive, five-minute story using CCHS–supplied video of the Director tearing up his AAFP membership card and archival footage of doctors advertising cigarettes. Three months later, the CCHS story was still alive, appearing in a Los Angeles Times newspaper article. With minimal expense and using its website and social media to amplify one local newspaper story, CCHS expanded the national dialog on sweetened beverages and health, educated the Bay Area public, and supported a California legislative strategy.[13]

*For more on public health and media advocacy, see references.* [3, 14, 15]

## SOCIAL MARKETING

Social Marketing[16,17] takes a cue from the effectiveness of commercial advertising, with public health professionals hoping to "market" positive health behavior choices through messaging in media outlets including radio, television and billboards. The California Department of Public Health (CDPH) developed a Social Marketing campaign in 1988 to encourage Americans to eat *"Five-A-Day"* servings of fresh fruits and vegetables, which went national in 1992 including media, with major funding from the National Cancer Institute. However, public health agencies usually don't have the financial resources to compete in this media market — consider the more than $6 billion spent annually on advertising food and fast food compared to the $7.75 million spent nationally on media in the Five-A-Day for Better Health campaign from 1992-99[18] — and the results have been mixed at best. Changing national recommendations from five to 4–13 servings of fruit and vegetables and resulting public confusion caused the Five-A-Day campaign to be abandoned in 2005 and re-branded as *"Fruits & Veggies — More Matters."*

Changing the public's eating habits will require more than marketing by LHDs. Public health needs to use a spectrum of strategies including a variety of media approaches to create an environment that encourages individuals to make healthy choices for themselves and their families. Public health agencies including the CDPH have embraced a broader definition of Social Marketing that links the media strategy to other successful public health approaches, such as community development, consumer empowerment, and policy, systems and environmental changes.[19] California's menu labeling act — passed partly by effective media advocacy — requires calories to be posted on the menu boards of chain restaurants. This policy change can lead to an environment where restaurants are motivated to offer healthier options, and consumers are empowered to make better choices.

However, Social Marketing and policy development do not have to be mutually exclusive. Recently, LHDs have been using Social Marketing to address the enormous consumption of calories in sweetened sodas that is helping fuel the obesity epidemic. In 2009, the New York City Health Department launched a $367,000 media campaign, *"Don't Drink Yourself Fat"*, to run on subway cars all around the City.[20] Public Health advocates are gearing up in California and around the country to establish a soda tax or fee to reduce soda consumption and support chronic disease control programs. These social marketing campaigns by health departments — promoting the idea that sugar-sweetened soda is disastrous to children's health — may make the public and policymakers eventually more receptive to a soda fee or tax. The New York Times, for example, noting the City Health Department's media campaign, editorialized in favor of a soda tax for New York.[21]

### COUNTER ADVERTISING — CALIFORNIA DEPARTMENT OF PUBLIC HEALTH ANTI-TOBACCO ADS

A state media campaign played an important role in California's successful tobacco control efforts. In the 1990s, the California Department of Public Health (CDPH) implemented a hard-hitting media campaign directed against the tobacco industry. The CDPH aired TV advertisements depicting tobacco executives lying to congress and scheming in smoke-filled rooms to profit from selling an addictive drug to children that kills hundreds of thousands of Americans every year. No policy solutions were suggested, but these ads supported the efforts of Tobacco-Control Coalitions around the state to implement policies to counteract sales of tobacco products to minors and control second-hand smoke. Focus groups showed that these hard-

hitting ads carried great credibility because they came from the State Health Department,[22] and they inspired tobacco advocates to press for stronger anti-tobacco laws with local policymakers around the state. Somewhere between Media Advocacy and Social Marketing, these kinds of campaigns are sometimes called Counter Advertising.[23]

## PREPARING THE HEALTH DEPARTMENT TO WORK WITH THE MEDIA

Media work should be as integral to the LHD activities as any other public health activity. Effective media work requires planning, professional staff and training. CCHS has a dedicated Communications Unit directed by a Communications Officer who also serves as Public Information Officer (PIO). The Communications Unit is responsible for internal and external communications and manages the website for the entire department.

As time and availability permit, professional health department staff, instead of the PIO, do media interviews. The professional staff— nurses, doctors, nutritionists, environmental health specialists, community workers, hazardous materials specialists and health educators — are the subject matter experts and can provide credibility and more depth of information. Before actual media interviews, the CCHS Communications Officer works with the staff spokesperson, framing issues, developing talking points, anticipating media questions and practicing answers.

Smaller health departments with no PIO or media unit can still do effective media work using program staff who have been trained to work with the media. Some of the risk communication training programs[24] are widely available to LHDs and can be valuable for broader media work as well.

## FUNDING

Much of the cost of the PIO or Communications Officer and Communications Unit can be legitimately funded out of state and federal Health Emergency funding that every health department receives. Obviously, during a health emergency the Communications Unit along with much of the rest of the Department will be focused on emergency response. But between emergencies — the vast majority of the time — the PIO and Communications Unit are still working with the press, training staff to communicate to the public, and developing and maintaining the website and media contacts in preparation for the emergency. It is through this activity that the daily Credible Source Communication work and social marketing and media advocacy occurs. This regular media work supports the ongoing goals of the health department, and is essential for effective media and risk communication response in any emergency.

Some activities of the PIO or Communications Unit cannot be justified under Health Emergency funding — a specific media advocacy event around a soda tax, for example. Like any core public health program, the Communications Unit needs to have regular funding to blend with Health Emergency funding to allow a broad range of media activities. Funding for media work — as an essential function of a LHD — should be part of all grant applications and program budgets.

## CONCLUSION

Working with the media has become an integral part of public health practice. Journalism and traditional media are undergoing rapid transitions, and LHDs' approach to media also is changing. LHDs can become proficient with a range of media strategies that support the full spectrum of public health practice, tailoring those strategies to the changing media environment and the local opportunities and constraints.

The old "PIO" approach to media — defensive and reactive — is obsolete. LHDs are increasingly viewing work with the media as a core, essential function of their agency and one of the important tools for improving community health. Media strategies including Media Advocacy, Counter Advertising, Risk Communication, Social Marketing, and especially Credible Source Communication, all can support community health strategies, and are legitimate and important public health activities. By building media skills, health departments become confident in their ability to frame messages and proactive in using media effectively, transforming interactions with the media into opportunities to improve community health.

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