

I S S U E

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B E R K E L E Y M E D I A S T U D I E S G R O U P



An eighth grade girl in Pojoaque, New Mexico, a family physician in Davis, California, and a network of tobacco control advocates around the country, along with many others, all share a strong belief in the power of the media to promote public health goals. Each took on powerful “manufacturers of illness,” and each, in part by attracting news attention, were able to achieve their objectives.

In Pojoaque, a students’ substance abuse project turned into a battle to remove an alcohol billboard from the immediate area of the school. The combination of community organizing and the power of the press enabled a young girl to take on alcohol advertisers and bring the billboard down.

In Davis, a physician, concerned about escalating gun violence from easily available handguns, conducted scientific research to focus attention on the need for policy change. His efforts are bringing attention to gun manufacturers who produce Saturday Night Specials. Using this physician’s research and media attention, local residents are insisting that those dangerous and poorly made weapons be banned from their communities.

Across the country, tobacco control advocates successfully developed a media strategy to counter the Philip Morris “Bill of Rights Tour,” in which the tobacco corporation took an original copy of the Bill of Rights on a 52-city tour to mark its 200th anniversary. The cigarette maker’s public relations dream turned into a nightmare — and the tour was cut short — after advocates successfully reframed the issue in the media and made it a health story.

These examples illustrate a creative and innovative approach to using mass media as an advocacy tool. What these people learned, and what others are learning in communities across the country, is that advocacy groups can capture the power of the press and use it to promote social change. “Media advocacy” can be used to address a variety of public health and social problems to shape public debate, to speak directly to those with influence, and to apply pressure to decision makers.¹ Media advocacy is the strategic use of mass media to support community organizing and advance healthy public policies. It is a tactic for community groups and others to communicate their own story in their own words to promote social change.

Historically, the mass media have tended to present health issues in medical terms, with a focus on personal health habits, medical miracles, physician heroics or technological breakthroughs. The media have largely ignored social, economic, and political determinants of health. Media advocates try to balance news coverage by emphasizing the social and economic, rather than personal and behavioral, roots of health. Media advocacy assumes that the root of most health problems lies not in people simply lacking proper health information — an information gap — but primarily in groups not having the power to change social and economic conditions — a power gap. Many in the field of public health are working to shift the mass media’s focus from individual change to social change, from simply providing health information to promoting healthy policies, from giving people a message about their personal health to giving communities a voice in defining and acting on public health issues.

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¹Wallack, L., and Dorfman, L. Media Advocacy: A strategy for Advancing Policy and Promoting Health. *Health Education Quarterly*; 23(3):293-317; 1996.

Just Say No...No, No!

A classic example of using the media to fill the information gap is the Partnership for a Drug Free America. This program is based on the idea that if people really knew how bad and “uncool” drugs were, they wouldn’t use them. While memorable, the strong statements these ads make generally do not take a public health approach. Instead, they focus almost exclusively on individual behavior and personal responsibility by insisting that the drug problem is only the individual’s problem, not a problem with deep and complex social and economic roots. For example, the ads never question root causes or the government’s emphasis on law enforcement over treatment. As one reporter observed, “If there are mitigating reasons for drug use — poverty, family turmoil, self-medication, curiosity — you’d never know it from the Partnership ads.”²

The Partnership campaigns assume that information inoculates people against using heroin, cocaine or marijuana. Although individual education is certainly necessary, it is not sufficient to repair social conditions that contribute to the problem, such as alienation, discrimination, poor housing, poor education, and lack of economic opportunity. Because these conditions are part of the problem, any solution that does not take them into account inevitably will be inadequate. In fact, the Partnership’s public service advertisements, despite their intent to improve the public’s health, ultimately may do more harm than good by undermining support for more effective health promotion and social change efforts.³ Instead, these ads occupy valuable media time with compelling messages that reinforce a victim-blaming approach. Consequently, attention is deflected away from more politically risky, yet potentially more effective, approaches.

The Environmental Perspective

In public health, a new environmental perspective has evolved that directs attention to the role of policy and community-level factors in health promotion. This environmental perspective includes both a physical and a social element. For example, public health advocates target policies and practices that support product availability and alcohol and tobacco marketing, both of which help cultivate positive social perceptions about these products. Thus, tobacco control advocates shift the focus from the behavior of the smoker to the behavior of the tobacco industry and government regulators, and highlight the advertising practices and general marketing activities contributing to death and disease. The tobacco control movement target billboard advertising, vending machines, and sponsorship of community activities, while also promoting clean indoor air legislation.

The focus on the immediate marketing and community-level environment is important but still fails to address the most significant variable regarding health status: social class. An extensive amount of research clearly indicates that virtually every disease is associated with measures of social class, such as education, occupation, or income; that is, the more resources a group has, the better its health. After a point, however, it is the distribution of the resources rather than the amount that determines health status.⁴ This research shows that in societies with narrower gaps between the richest and the poorest members, the society’s overall health outcomes are better than societies with larger income gaps. Successful health promotion thus relies less on our ability to disseminate health information, and more on our efforts to establish a more fair and just society. Media advocacy can play an important role in this task.

²Blow, R. How to decode the hidden agenda of the Partnership’s Madison Avenue propagandists. *Washington City Paper*, 1991.

³Dorfman L, Wallack L. Advertising health: The case for counter-ads. *Public Health Reports*, 108(6):716-726, 1993.

⁴Wilkinson, R.G. National mortality rates: The impact of inequality. *American Journal of Public Health* 82(8):1082-4, 1992.

Examining the Context of the Problem

In contrast to a primary emphasis on the public's need for information to correct its poor health habits, media advocacy takes personal problems and translates them into social issues. Using media advocacy, individuals and groups work constructively through the media to change the context or environment in which the problem occurs.

Media advocacy addresses factors outside the individual, such as affordable housing, adequate employment, good education, and safe neighborhoods. Media advocacy also addresses the marketing strategies used by manufacturers of health-compromising products, such as alcohol, handguns, tobacco, and high fat foods, by targeting advertising and promotion, pricing, product development, and product availability. For example, even though 30 percent of all cancer deaths and 87 percent of lung cancer deaths are attributed to tobacco use⁵, the main focus of cancer research is not on the behavior of the tobacco industry, but on the biochemical and genetic interactions of cells. Rather than being seen as a "bad habit," tobacco use should be understood as a function of a corporate enterprise which actively promotes the use of a health-compromising product. Decisions at the individual level about whether to smoke are inextricably linked to decisions of a relatively few people at the corporate level regarding production, marketing, and widespread promotion of tobacco products. Smoking, in this expanded context, is seen as a property of a larger system in which a smoker or potential smoker is one part, rather than simply as a property of individual decisions.

Similarly, public and private institutions allocate significant resources to identify the gene for alcoholism while leaving the activities of the alcoholic beverage industry largely unexamined. Alcohol control activists are concerned about advertising and promotion of alcohol at events or in media which attract large youth audiences. In addition, the pricing of alcohol so that it is competitive with soft drinks, coupled with its easy availability, contributes to an environment that is conducive to problematic use of the product. When store owners indiscriminately sell malt liquor to children, or companies develop new products that attract youth, such as wine coolers, the seductive environment is reinforced. These are all potential policy focal points for media advocates. The same general argument applies to automobile safety, handguns, violence, nutrition, and other issues. These examples illustrate the necessity for media advocates to shape the debate by defining the health problem in terms of the relevant environmental factors. The guiding assumption of media advocacy is that people will be healthier if we change the social policies that structure how we organize our communities. The goal is to create environments where health promoting decisions are more likely and health damaging choices less likely.⁶

⁵Smoking, tobacco, and health: A factbook. Department of Health and Human Services Pub. No. (CDC)87-8397(revised 10-89).

⁶Milio, Nancy. *Promoting Health through Public Policy*. Ottawa: Canadian Public Health Association, 1986.

How Media Advocacy Works

Walter Lippmann said the press is “like the beam of a searchlight that moves restlessly about, bringing one episode and then another out of darkness into vision.”⁷ Media advocacy tries to work through the news to put the spotlight on selected social and health issues, focus the light on policy-oriented solutions, and hold the light in place over time. This three step process: setting the agenda, framing or shaping the issue, and advancing a specific solution or policy, is the core of media advocacy.

Gaining Access to the Media

Gaining access to the media is the first step for media advocates who want to set the agenda. This is important for two reasons. First, the media tell people what to think about – the more coverage a topic receives on the news, the more likely it is to be a concern of the general public. Second, media are a vehicle for getting the attention of specific decision-makers and opinion leaders, such as politicians, government regulators, community leaders, and corporate executives.

Media advocates gain access to the news media by interpreting their issue in terms of newsworthiness – taking advantage of news values and news objectives. The advocates’ issue will be covered only to the extent that it is timely, relevant, defined to be in the public’s interest and/or meets a number of other news criteria, including such factors as sensation, conflict, mystery, celebrity, deviance, tragedy, proximity, urgency, and the extent to which new information can be molded to recast old issues in a new way. As very few social problems are new – alcohol problems, teen pregnancy, drugs, and poverty have been around for a long time – getting media attention for any of these issues may depend on where that issue falls in the media’s “issue-attention cycle” for domestic problems.⁸ When the media spotlight fades, attention recedes and often the public returns to prior levels of concern. Media advocates creatively apply the tenets of newsworthiness to attract attention to issues otherwise out of view.

Shaping the Debate

Getting the media’s attention and having stories air or appear in print is often the easy part of the job. The difficult part occurs when advocates have to articulate their issues and approaches in the media and in front of the people they want to reach. Advocacy groups tend to be very knowledgeable when talking about problems, but less skilled at clearly articulating solutions. Journalists will always ask at least two questions: What is the problem? And, what do you want to see happen? Or, what is the solution? Advocates working through the news media must always know where they want to end up before they develop media strategies. The fact is, one cannot have a media strategy without an overall strategy. Media advocacy should be planned in the context of a broader solution or policy goal. When the advocate does not present a clear solution, the journalist will fill in the blank with his or her view – most often an individual-level, behavioral approach.

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an overall strategy

⁷Lippmann, W. (1965). *Public Opinion*. New York: The Free Press.

⁸Downs, A. Up and down with ecology. *The Public Interest*, 28, 38-50; 1972.

The policy being advanced must be clear. Messages about the policy should be consistently presented and should indicate who has the power to enact it. For example, if the problem is adolescent head injuries, a solution may be bicycle helmets, and the city or state may have the power to implement and enforce helmet policies. If the problem is children shooting other children, a solution may be trigger locks, and the federal Bureau of Alcohol, Tobacco and Firearms or the Consumer Product Safety Commission could be empowered to regulate the manufacture of firearms to mandate trigger locks. If the problem is binge drinking by college students, a solution may be to restrict happy hours, beer-chugging contests, and other promotions encouraging high beer consumption around the campus; the merchants, the local alcohol control authorities, or the city may have the power to make that happen. If the problem is an alcohol billboard located near a school — as was the case in Pojoaque — a solution may be to enact a policy to limit such advertising within sight of the schoolchildren, and the billboard company or local city council may have the power to make that happen.

Consider a tragic example from a major city in California. Early in the evening, on her way home from work, a young woman was kidnapped on the way to her car from public transportation. Her abductors put her in the trunk of her own car, robbed, raped, and murdered her. The tragedy received tremendous coverage on television and in the local papers. Community members were horrified, frightened, and desperate to do something about public safety. A local church held a candlelight vigil for her, and more than 500 community members attended her funeral.

Several community-based organizations were involved in organizing the vigil, which they anticipated would attract significant media attention. It did. Nevertheless, members of these organizations were frustrated with the type of coverage her death and the vigil received. They blamed the reporters for focusing too much attention on the drama of the event, rather than on the issues of importance for safety and well-being in the community.

Indeed, news reports that discussed safety emphasized what individuals should do to protect themselves. Articles quoted mass transit officials giving advice such as observing all posted parking regulations, locking one's car, being aware of one's surroundings, and going back to the station if safety seems threatened. While all of this is good advice, it places almost total responsibility for safety on the rider. The stories did not focus on environmental factors such as lighting in the station area, cutbacks in station security personnel, or the much larger issue of violence against women.

The responsibility for news coverage does not rest solely with journalists. Members of the community were unsatisfied with the coverage, but they also had not clearly articulated the solutions they desired in terms the media could easily report. Access, in this case, was abundant. The work needed, from the media advocacy perspective, was to frame the problem in such a way as to articulate the solution and put pressure on those who could move a policy forward.

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Advancing the Policy

Advocacy addresses policy issues that are not easily resolved. A group in Oakland, California, for example, pursued an alcohol policy for four years before it was finally approved and challenged in the courts. After a successful court battle, advocates were poised to ensure the policy was correctly implemented. Throughout the different stages of the policy advocacy, the advocates sought ways to use the media to help highlight and frame their issue in order to keep the policy moving forward. There are at least three ways to do this:

1. Create news: Reports, demonstrations, community meetings, and other creative means can keep the policy issue in the public view;
2. Play off breaking news: Health and social issues cut across every aspect of society. Virtually every day there are news stories related to social and health issues. For example, welfare reform provided an opportunity for many groups to piggyback their issue on this broad ranging policy change; and
3. Continue to target opinion leaders: Meetings with editorial boards to ask for editorials, and writing and submitting op-ed pieces and letters-to-the-editor can keep the issue in front of influential people who attend to this part of the newspaper.

Whether advocates are planning a demonstration or meeting with an editorial board, they always need to assess how the activity will advance the policy, and how it will fit in with other organizing and policy development.

Media Advocacy: Evening the Odds

Since the mid-1980's, media advocacy has become an increasingly popular approach to complement community organizing and policy development to promote public health goals by enhancing the visibility, legitimacy, and power of community groups. Media advocacy represents more than just a different way of using mass media to promote health. It is an effort to fundamentally shift power back to the community by cultivating advocates' skills that can enhance and amplify the community's voice. It is based on the premise that real improvements in health status will not come so much from increases in personal health knowledge as from improvements in social conditions.

Social and health programs generally tend to focus on giving people skills to beat the odds to overcome the structural barriers to having successful and healthy lives. In the long run, it makes more sense to change those odds so that more people have a wider and more accessible range of healthy choices.⁹ Media advocacy helps to emphasize the importance of changing social conditions to improve the odds, and it can be instrumental in escaping a traditional and limited focus on disease conditions by promoting support for the conditions that will improve and sustain the public's health.

Real improvements in health status will not come so much from increases in personal health knowledge as from improvements in social conditions

⁹Schorr, L. *Within Our Reach*. New York: Anchor/Doubleday, 1988.

For further reading

on advocacy:

Organizing for Social Change: A manual for activists in the 1990's, (second edition) by Kim Bobo, Jackie Kendall, and Steve Max. Santa Ana, CA: Seven Locks Press, 1996.

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The Initiative Cookbook: Recipes and stories from California's ballot wars, by Jim Schultz. San Francisco: The Democracy Center/Advocacy Institute West, 1996.

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Roots to Power: A manual for grassroots organizing, by Lee Staples. Westport, CT: Praeger Publishers, 1984.

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The Fight for Public Health: Principles and practice of media advocacy, by Simon Chapman and Deborah Lupton. London: BMJ Publishing Group, 1994.

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