



COMMUNICATING FOR HEALTH JUSTICE

A Communications Strategy Curriculum for Advancing Health Issues

The Praxis Project

Youth Media Council

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Photo courtesy of Community Coalition

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About this Curriculum

HEALTH JUSTICE ADVOCATES MUST SHIFT FROM THE DOMINANT, "PORTRAIT" FRAME TO A "LANDSCAPE" PERSPECTIVE.

We now know that the healthiest nations have social and political structures with the most equity and access. Small nations with relatively fewer resources like Cuba have better health outcomes than large, high resource nations like the United States. This is because healthy communities are more than the sum of individual choices. Healthy communities are the sum of policies, structures, systems for education, resource distribution, political enfranchisement and more.

When combined, these elements forge healthy environments, and provide quality, accessible care that supports healthy choices. If equity is the primary factor in healthier outcomes, as research shows, communicating to advance health justice is, at its most basic, building public support for more equitable *systems* of health – not simply promoting individual healthy choices.

As a result, health justice advocates must shift from the dominant, "portrait" frame (characterized by individual choices like what we choose to eat), to a "landscape" perspective that includes how policies, institutional behavior, structural and historical issues fundamentally shape health outcomes.

This curriculum is designed to help advocates make this shift in three important ways:

1. By providing tools to help advocates make the shift from health promotion and individual behavior change to a health systems framework
2. By providing methods for integrating issue identification, power analysis and overall organizing strategy into communications planning
3. By offering curriculum for facilitating strategic communications including audience identification and messaging to advance health justice framing

Health can be a complicated issue to frame since much of our understanding of health is really about sickness and care. However, health care is a critical issue as millions in the U.S. are uninsured and even those with insurance have limited access to quality care. Opponents to fundamental change in the system want to keep the focus on individual choices made by those in the care system – by both patients and providers. This fix is relatively easier than systems change and does not achieve fundamental, lasting changes in health care institutions or community health conditions. →

CORE RELATED BELIEFS

WE SAY	THEY SAY
<p>It's the system Poverty, poor health and other social problems are systemic, not natural.</p>	<p>It's "some" people Poor health is the result of lack of initiative and individual failing</p>
<p>We all deserve good All human beings are basically connected and deserve the same things. Systems that help us spread "good" fairly does not create laziness but better, more productive communities.</p>	<p>Equality is unnatural And will only hurt what you have. Equitable resource sharing, fair care systems like single payer will mean less health for you.</p>
<p>Government has a role to play Government and the public sector is an effective place to handle social issues.</p>	<p>Government is bad medicine Government is ineffective and inefficient and should be run more like a business. The best option is to leave as much up to individuals and/or the market as possible.</p>
<p>We are part of the world Our well being, safety and quality of life increasingly depends on how the U.S. operates in the world. We can learn valuable things from other countries that can make life better here.</p>	<p>The U.S. is unique/ We belong on top We have nothing to learn from other nations; their systems won't work here.</p>



ABOUT THIS CURRICULUM, CONTINUED

Moving toward a landscape analysis can be tricky, especially because the analysis will present new ideas for many people. Further, health issues are closely tied with the people's feelings about government. As a result, our opponents are wearing away at us with a steady, engineered attack against public sector solutions and the role of government in social issues in general.

Most health care is delivered through private, corporate systems. Although these systems have been shown to be ineffective, costly and unfair in most research, most people think corporations are necessary and more efficient than government. Polls show that many people – especially those under the age of 50 -- are more supportive of private sector approaches than public sector ones. The further we get away from a collective memory of the depression and a structural understanding of poverty and the economy, the harder it is for people

to empathize with and understand the benefits of public interventions. For far too many, people are poor because of their own fault; faring well in the economy and in our health systems is a matter of wit and skill, not dependent on social and economic systems. Yet, there is a growing number of people who are adversely affected by current conditions. They know there can be something better. Moving these folk to action will require advancing four core beliefs in the communications work we do (**SEE CORE VALUES CHART, P. 3**)

Together, these core beliefs form much of the “frame” in which health issues are discussed. Framing cannot be separated from other ways we work to change public opinion including organizing public support and grassroots advocacy. In fact, in this curriculum as in our work, framing is more effective when integrated into an overall strategy to build power, support and concrete change for the better.

Introduction to Framing: How Does It Work, Why Does It Matter?

“Framing” means many different things to people. Some think of framing as finding the right word, others believe frames reflect deeper sets of values, and still others believe that frames tap into complex moral structures that trigger how people react to a constellation of social and public policy issues. Framing is complex and abstract. To simplify, we describe two types of frames: **conceptual frames** and **news frames**. Conceptual frames are important because they express the values you and your organization hold as well as the change you seek.

TO SIMPLIFY, WE DESCRIBE TWO TYPES OF FRAMES: CONCEPTUAL FRAMES AND NEWS FRAMES.

News frames are important because ultimately, most conceptual frames have to be heard in a news context and news shapes frames in its own particular fashion. Both types of frames lead to predictable interpretations in audiences. If you understand how the frames work you’ll have an easier time influencing those interpretations.

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CONCEPTUAL FRAMES STRUCTURE THINKING AND INTERPRETATION

Scholars like George Lakoff, William Gamson and cultural studies guru Stuart

Hall teach us that frames are the conceptual bedrock for understanding anything. People are only able to interpret words, images, actions, or text of any kind because their brains fit those texts into a conceptual system that gives them order and meaning. Just a few cues — a word, an image — trigger whole frames that determine meaning. That’s why the choice of words becomes important.

Here’s how a small cue can trigger a whole frame, evoking specific presuppositions and logical outcomes. In California, the Chamber of Commerce regularly issues a list of “job killer” legislation it tries to defeat. The term is simple and evocative. “Killer” implies that someone is coming after you — the situation is threatening, even dire. Killers must be stopped. Their targets need immediate protection and defensive maneuvers. The frame evokes these ideas before we have even an inkling of what the specific legislation might be about. In fact, if the Chamber is successful with its “job killer” frame, it won’t ever have to debate the merits of the bill. If the public discussion stays focused on whether the bill “kills” jobs, then the Chamber has won the terms of debate. →

This section on framing is from Meta Messaging: Framing Your Case, Reinforcing Your Allies by Berkeley Media Studies Group and The Praxis Project. Reproduced with permission.

INTRODUCTION TO FRAMING, CONTINUED

The messages we develop will be based on a conceptual frame that reflects our values and uses metaphors, images, or other devices to communicate those values. Most of the time, those values will be about fairness, justice, equity, responsibility, opportunity, democracy, or any of the other “big reasons” that motivate us to make change against terrific odds.

NEWS FRAMES ARE PORTRAITS AND LANDSCAPES

A second type of frame important to us is the news frame, simply because so much of our public conversation about policy and social change is mediated through the news. News frames evolved from a storytelling structure that emphasizes people and events.

Most reporters try to “put a face on the issue” to illustrate the impact on a per-

son’s life, rather than describe the policy implications, in part because they believe that readers and viewers are more likely to identify emotionally with a person’s plight than with a tedious dissection of policy options. They might be right. Stories about people are certainly easier to tell than stories about ideas. The problem is that stories that focus on people or isolated episodes do not help audiences understand how to solve social problems beyond demanding that individuals take more responsibility for themselves.

A simple way to distinguish news story frames is to think of the difference between a portrait and a landscape. In a news story framed as a portrait, audiences may learn a great deal about an individual or an event, heavy on the drama and emotion. But, it is hard to see what surrounds individuals or what brought them to that moment in time. →

A landscape story pulls back the lens to take a broader view. It may include people and events, but connects them to larger social and economic forces. News stories framed as landscapes are more likely to evoke solutions that don't focus exclusively on individuals, but also the policies and institutions that shape the circumstances around them.

LANDSCAPES REINFORCE INSTITUTIONAL ACCOUNTABILITY

A key value that is affected by portrait and landscape frames is responsibility. News stories focused on people or events evoke feelings of personal responsibility in audiences. Landscape stories evoke shared responsibility between individuals and institutions. The challenge for advocates is to make stories about the landscape as compelling and interesting as the portrait.

This is not easy to do, but crucial. In the seminal book, *Is Anyone Responsible? How Television Frames Political Issues* (Chicago University Press, 1991), Shanto Iyengar shows what happens if we don't utilize landscape frames. Iyengar found that when people watch news stories that lack context, they focus on the individuals. Without any other information to go on, viewers tend to blame the people portrayed in the story for the problem and its solution. But when audiences watch stories with context — landscape stories — they assign responsibility to individuals and institutions.

Rather than a steady diet of news framed as portraits, we need more landscapes that bring the context into the frame. Advocates must help reporters do a better job describing the landscape so the context becomes visible and institutional solutions become possible.

Curriculum Overview: Health Justice Communications Strategy

This curriculum is designed for health justice advocates and organizers who want to develop or sharpen their framing and messaging strategy. Facilitators who have the communications experience necessary to explain the framing and messaging concepts that make up the bulk of this curriculum should conduct this curriculum.

This curriculum is most useful when beginning communications work for a defined campaign to refine issue identification, goals and targets, media audiences, frames and messages. It can also be used to identify common goals, targets and strategies in an emerging alliance. If you are conducting this training with participants working on multiple campaigns, each campaign must have a defined strategy including goals and targets.

Training Flow: Health Justice Communications Strategy

FULL-DAY AGENDA

(Duration: 7 Hours)

Introductions, Objectives and Ground Rules	30 min
Overview of Health Justice Communications	30 min
Identifying the Terrain	20 min
Mapping Campaign and Media Goals	30 min
<i>Break</i>	10 min
Conducting a Power Analysis	45 min
Report Out and Strategy Questions	30 min
<i>Lunch break</i>	1 hr
Overview on Conceptual Framing	20 min
Creating OUR Conceptual Frame	20 min
Mapping Target Audiences	45 min
Elements of Effective Message	20 min
Developing an Effective Message	40 min
Closing and Evaluation	20 min

SYMBOL KEY

-  Scripted overview on a key concept
-  Facilitator note and/or instructions

MATERIALS

- two pads of chart paper on two easels
- non-toxic markers
- masking tape
- overhead projector
- screen (or good wall surface)
- three kinds of colored paper (8.5 x 11 in.)
- room large enough for small group breakout sessions
- two packages of index cards each a different color,
- watch or timer with second hand,
- bell, triangle or some sort of noise making instrument (or use your voice; nothing too annoying!)



INTRODUCTIONS, COURSE OBJECTIVES, GROUND RULES 30 min.

☞ Start by asking participants to take no more than 20 seconds to give their name, where they are from, and any other brief comments. It is helpful if you use a bell or something that makes a sound to gently keep people on track. Before you begin large group introductions, ask everyone to be silent and listen to what 20 seconds “sounds like.” Ring your instrument/voice at the end of 20 seconds so everyone will know how to proceed. Now begin.

Setting ground rules. After large group introductions are completed, introduce the concept of the “parking lot” (i.e., a place to write up emerging issues that should be dealt with at a later time). Have the group set ground rules for the remainder of the training. Ask, “What kind of ground rules or courtesies would be good to establish during our time together?” If needed, suggest one of your own (e.g., respect for difference of opinion, no put downs, etc.). Record ground rules on chart paper and post where participants can see them. Take no more than 10 minutes.

OVERVIEW OF HEALTH JUSTICE COMMUNICATIONS 30 min.

☞ **Large Group Discussion.** Facilitator asks questions and scribes responses, synthesizes responses to reflect back common definition of health justice.

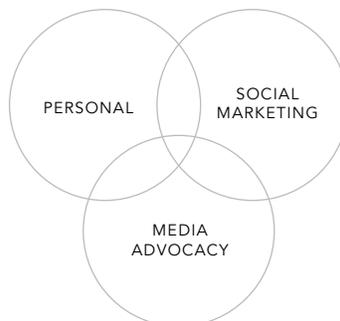
☞ **Facilitator Asks:**

- *What do we mean by Health Justice?*
- *What are the key issues in health justice?*
- *What is the most important factor in health quality: Resources? Technology?*

☞ **Facilitator Wrap-Up:**

The most important factors in health quality are equality, equitable access and distribution of resources.
Where there is equity, there are better health outcomes.
What does this mean in light of how we talk about health issues?

☞ Draw three circles as illustrated below.



Q Facilitator: *There are many ways to communicate. Communicating effectively requires that we develop a strategy that takes into account personal or direct communication, social marketing and media advocacy.*

I Explain each type of communication method in detail. To make it more interactive, first ask the audience what they think each method includes before giving answers.

- **Personal or direct communications** include direct mail, phone calling, word of mouth or the use of tippers or local “mavens” (to use marketing language) – people who are influential in a circle of others; whose recommendation means a great deal – to communicate our message.
- **Social marketing** is applying the conventions of advertising and/or marketing to communicate a message. The message in this case is usually information to influence individual behavior.
- **Media Advocacy** is simply using the news to influence public opinion and affect the terms of debate on any issue. News confers legitimacy, sets the public agenda and is the “official story.” We will focus much of our time together on media advocacy in order to prepare you for interacting with mass media.

Q Facilitator: *There are a few misconceptions that we as advocates often have about what to communicate. Let’s take a moment to explore them.*

I Unveil chart paper “Myths in Health Communications”.

MYTH 1: MOST PEOPLE DON’T KNOW NEARLY AS MUCH AS WE DO.

Q Facilitator *Effective communication begins with a clear understanding of how much the people we are talking to know and the many non-traditional ways they know it. An effective message speaks to people in their own idiom, their most familiar/even intimate way of speaking. It requires a healthy respect and understanding of the incredible experience our “audience” brings to bear.*

MYTH 2: WE MUST COMMUNICATE MORE INFORMATION ON “THE PROBLEM.” THE MORE THEY SEE HOW BAD IT IS, THE MORE LIKELY THEY ARE TO ACT.

Q Facilitator *People are rarely shocked into action. Most of us are fairly jaded by now and have already assumed the worst. So it’s no surprise that the media effects research confirms that it’s practical information on what they can do about an issue versus the severity of a problem that moves us. Not that we don’t need to communicate that our issue is a serious one -- we do. We’ve just got to make sure we don’t leave it at that. Besides, oftentimes our audience already knows that the problem is serious before we begin. So what constitutes an effective message?*

Allow the group to brainstorm and see what emerges.

Add these if necessary (of course, synonyms count):

- Good messages are affective (they touch us emotionally), effective (they convey what we need to), and connect with shared dreams and beliefs.

- They surface, what James Scott called in his seminal book *Domination and the Arts of Resistance*, the **hidden transcript**. This hidden transcript constitutes the private conversations most of us have about the injustice, the unfairness of those in power; about the “right thing” we ought to do but too difficult to undertake on our own; and even that which we fear. It is like someone saying out loud what you were thinking all along.
- Of course, this requires a message to be grounded, again, in the language and idiom and even the dreams of those we are trying to move. We’ll get deeper into messaging towards the end of the training.
- So how do we begin? With a power analysis and survey of the terrain.

SMALL GROUPS EXERCISE: IDENTIFYING THE TERRAIN 20 min.

🗨️ Divide the large group into small groups of four people each. Give each group a piece of butcher paper. They will have 15 minutes to do this exercise. Have each group appoint a report back person.

🗨️ **Facilitator:** *Your task is to brainstorm about what people currently believe about health issues. It doesn’t matter if they’re true or if you agree, just brainstorm and write down what you know to be current beliefs that affect your work. Then identify two beliefs that help your work, and two that harm your work, and why.*

🗨️ After 15 minutes have each report back person report out for 3 minutes. Scribe each group’s helpful and harmful beliefs on a butcher paper titled “Related Beliefs”.

🗨️ **Facilitator:** *Keep these helpful and harmful beliefs in mind. You will need to appeal to the helpful beliefs and counter the harmful beliefs in order to advance your health justice frames and messages.*

OVERVIEW: MAPPING CAMPAIGN AND MEDIA GOALS 30 min.

🗨️ **Facilitator:** *We’ve landscaped common definitions and beliefs about health justice, as well as areas of communications to influence the conversation about health. Now we’re going to identify current campaign and communications goals.*

🗨️ Pass out the **MEDIA PLANNING WORKSHEET (SEE P.16)** and walk through the first page. Distinguish between campaign goals, which describe what you want, and communications goals, which describe how you will use the media to get what you want.

🗨️ **Facilitator:** *What are your current campaign goals? What communications goals can you set to help you win your campaign goals?*

🗨️ Scribe responses on butcher paper

BREAK 10 min.

SMALL GROUPS EXERCISE: CONDUCTING A POWER ANALYSIS 45 min.

🗨️ This activity can be done in small groups if participants are working on different campaigns, or in one large group if everyone is working on the same campaign.

🗨️ **Facilitator:** *In order to engage in strategic communications, you must identify the key players you are trying to move/organize in your campaign.*

🗨️ Walk through the power analysis tool (**SEE P.34**) and refer participants back to the campaign and communications goals identified in the previous activity.

🗨️ **Facilitator:** *Using the information you identify in the Communications Planning Kit and in the power analysis chart from the health equity tool kit handout, identify key decisionmakers, allies, opponents, fence sitters, etc. that are important to winning your campaign. Map target audiences using color coded post-it notes and power analysis grids provided. Answer the Initial Strategic Questions on chart paper. Be prepared to present your charts and a verbal summary of your power analysis. You'll have 3-4 minutes to report-back.*

GROUPS REPORT OUT POWER ANALYSIS AND STRATEGY QUESTIONS 30 min.

🗨️ Each group provides a summary of their strategy discussion. Power analysis maps and strategy charts are posted in a "gallery" that participants can "visit" during lunch and afternoon break.

🗨️ **Facilitator:** *Now you've mapped out key players and identified whom you need to influence to win your campaign. These are also the audiences you need to communicate with to win. After lunch we'll look deeper at some of these audiences, and begin crafting frames and messages that will move them to action.*

🗨️ Applaud their work.

LUNCH

Facilitators will develop chart paper with key audiences identified that most groups share with room for participant brainstorm as illustrated below. Post enough sheets for no more than four participants at each sheet.

LEGISLATORS		
OUTLETS: WHO/WHAT THEY WATCH, READ, LISTEN TO	SELF INTEREST: WHAT THEY CARE ABOUT	VALUES/BELIEFS IDEAS, VALUES THEY HOLD THAT AFFECT THIS ISSUE

RE-CONVENE/OVERVIEW ON CONCEPTUAL FRAMING 20 min.

🗣️ **Facilitator:** *What is a frame? Why is it important to frame? Why don't we just tell people the facts? Framing gives our audiences a conceptual container loaded with preconceived values and beliefs. Framing helps audiences understand our stories and messages on their own terms. Audiences will not go where they haven't already been in their minds.*

CONCEPTUAL FRAME

🗣️ Unveil "conceptual frame" definition on definitions butcher paper. Ask a volunteer to read it out loud.

🗣️ **Facilitator:** *A frame defines the boundaries of a story. A frame projects your point of view through characters, setting, plot and values. A frame should project the social and political landscape of your issue, and push an immediate fight AND a long-term agenda.*

- *There are lots of different ways to look at the facts. We want people to look at the facts from a vantage point that advances our goals.*
- *Frames convey beliefs and values that give people a lens through which to understand*
- *Everything has a frame*
That means our issues, our stories are going to be framed, whether by us, or our opponents.
- *So who's gonna control the debate?*

CREATING OUR FRAME 20 min.

🗣️ Bring everyone's attention back to the campaign and communications goals, and to the power analysis conducted earlier.

🗣️ **Facilitator:** *Take a look at these goals and targets. Given what we're trying to do and whom we're trying to pressure, what would you add to the helpful side of this themes chart to reframe this issue according to our goals?*

🗣️ Scribe responses.

Reflect back themes and change heading of butcher paper from "current frame" to "Our frame"

🗣️ **Facilitator:** *We've just reframed the issue based on our goals, and ensured that we hold institutional targets rather than individuals accountable. For health justice, this is key to achieving fundamental systemic change instead of band-aid solutions that put responsibility back on individuals to make healthy choices.*

CONDUCT SMALL-GROUP MAPPING OF TARGET AUDIENCES 45 min.

🗣️ **Facilitator:** *Now that we have our frame we're ready to create messages tailored to our target audiences. On the wall are butcher papers that represent target audiences identified by your power analysis. You're going to get in the same small groups to work on one of these audiences,*

and to identify three things: what outlets this audience reads, watches and listens to, what they care about, and what their core beliefs are that might affect this issue. This will direct the framing and messaging we do for the rest of the workshop.

 Give the small groups 20 minutes to work on their audience. Then give each small group 10 minutes to walk around and look at what the other groups have come up with. Then do a large group discussion: what did you notice? Any themes? Recurring values and beliefs? What are the implications for messaging?

ELEMENTS OF EFFECTIVE MESSAGING 20 min.

 **Facilitator:** *Now that we've mapped the values and beliefs of key target audiences, we're ready to begin crafting tailored messages that move them to action. What's a message? What makes up an effective message?*

 Unveil butcher paper titled "Components of a message"

1. What's wrong?
2. Why does it matter?
3. What should be done about it?

 **Facilitator:** *The first question forces you to make a clear statement of concern. It flows directly from your overall strategy, which should be determined before you construct the message. This statement of concern will, by necessity, be a statement of part of the problem, not the whole problem and its history. Too often, advocates try to tell journalists everything they know about the issue, because they feel this may be their only opportunity to convey the enormity and importance of the problem. Resist that urge. It is impossible to be comprehensive and strategic at the same time. Instead, focus on just one aspect of the problem and be able to describe it succinctly. Once that piece of the problem is being addressed, you will be able to shift your policy goal and message to focus on another aspect of the problem.*

 Take questions

 **Facilitator:** *The second question represents the value dimension. This is the place to say what's at stake. Berkeley Media Studies Group's studies show that advocates don't do this enough. In news coverage, the value component is often absent; policies are named but not justified. Advocates are not saying why the policy matters. They may state a fact — X number of people are homeless, X number of people are hungry — but they don't say why that matters to those who aren't hungry or aren't homeless. They don't say what it means to our society at large. Values should be specific, clear, and indicate why you and your target should care about the matter at hand. Name the value, calling on your target's sense of fairness, duty, or fiscal responsibility. Remind them of our obligation to the greater good.*

👉 Take questions

🗨️ **Facilitator:** *The third question articulates the policy objective. A common pitfall is that advocates expend so much energy communicating about the problem that when the inevitable question about the solution is asked, they are ill-prepared to answer it. They give vague responses like, "Well, it is a very complex problem with many facets, so the solution is complicated," or "The community needs to come together." Certainly, these responses are truthful, but they are not strategic; they don't advance the issue toward a specific solution. More effective by far is to answer with a specific, feasible solution, which will usually be an incremental step toward the larger goal.*

👉 **REVIEW ELEMENTS OF SUCCESSFUL MESSAGE (SEE P.20)**

DEVELOPING AN EFFECTIVE MESSAGE 40 min.

👉 Remind participants that good media messages are short and concise, but they are not slogans. They should sound natural. Encourage participants to brainstorm, without censoring, then to refine based on the elements of a successful message handout. Give them 45 minutes. A summary of these instructions should be written on chart paper.

Groups should reconvene and report out their goal, target, message and preferred media outlets. Facilitator should work to minimize critical cross talk. Comments and questions should focus on clarification and support for others. Thank participants with applause and praise.

CLOSING AND EVALUATION 20 min.

👉 Thank participants and check off items from agenda. Recap key points and take questions/comments.

Unveil the Evaluation butcher paper. Do a go-around, asking each person for one thing they liked from the workshop and one thing to change.

End with closing circle and Assata chant:

It is our duty to fight

It is our duty to win

We must love each other and protect each other

We have nothing to lose but our chains

WORKSHEET

Media Planning

Effective media advocacy is an integral part of your organizing campaign. The worksheet on the next three pages will help you to think strategically about your media plans. The first and most important rule is: Create your media plans before you start your campaign. Identifying your target audience(s) and outlets is just as important as identifying your organizing targets. Get ready for media justice!

GOALS & OUTCOMES

Write your three main organizing goals here:

List three goals for your work with the media:

How will you know you've reached your goals?

List three outcomes that correspond to your media goals:



MEDIA PLANNING CONT.

TARGETS

Whom do you want to reach? Remember any targets you identified.

Organization/ Constituency	Why do we want them?	What do we want them to do?	What do they care about? <small>(VALUES, VULNERABILITIES)</small>	What/whom do they read, watch, listen to?

OUTLETS

What are the best media for conveying this message for each target?

(LIST TARGETS AND CHOOSE ONE OR MORE THAT FIT. TRY TO FOCUS ON NO MORE THAN THREE)

Large Academic Publications	Professional development or journal articles
News media: <input type="checkbox"/> PRINT <input type="checkbox"/> RADIO <input type="checkbox"/> TELEVISION <input type="checkbox"/> ON-LINE <input type="checkbox"/> OPINION	Entertainment media
Other online media	Advertising: <input type="checkbox"/> BILLBOARDS/PUBLIC KIOSKS <input type="checkbox"/> PRINT <input type="checkbox"/> RADIO <input type="checkbox"/> TELEVISION <input type="checkbox"/> ON-LINE <input type="checkbox"/> OTHER
Personal networks	Other (LEAFLETS, ETC)



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MEDIA PLANNING CONT.

HOOKS AND OPPORTUNITIES

List upcoming events and products, date they are scheduled to be completed and whether they have any piggybacking opportunities:

Event/Product	Date to be done	News hooks / Media opportunities

List other events and news hooks you know about (annual conferences, anniversaries, etc.) that provide opportunities to communicate with others and advance your goals:

TIMELINING

Organize these events in chronological order and prioritize which are the communications opportunities you'd like to follow up on.

TASKS

Identify what tasks need to be done and by whom in order to complete the follow up:

WORKSHEET

Elements Of A Successful Message

- **Frame for Institutional Responsibility**

Call out your target by highlighting what institution or what official representing an institution is responsible for making change.

- **Speak in Shared Values**

Values are more powerful than facts – figure out what you and your audience both care about, and communicate based on this shared value.

- **Spotlight Racial Justice**

Expose institutional racism and focus on solutions that make the rules more just for people of all races.

- **Evoke Pictures**

Use words that paint pictures your audience can relate to.

- **Be creative**

Use rhymes, sharp phrases, metaphors and comparisons to make your point. For example, comparing an expensive, ineffective public transportation system to a broken down bus shows audiences that the system doesn't work.

- **Focus on solutions**

Advocates spend too much time talking about problems, instead make sure your message clearly communicates solutions your audience can take part in.

- **Keep it simple**

Use clear, reasonable language, especially when communicating for radical policy change.

Adapted from We Interrupt This Message

Women's Economic Agenda Project Builds Big Tent for Health Justice

"We are all in the same boat. The system hurts health workers. It hurts patients and it hurts low income communities even more."

– SEIU 790 Education Director Karega Hart

When the Women's Economic Agenda Project (WEAP) started organizing around health and human rights issues, they began with their considerable base of low and no income women in Northern California's East Bay. The group has a long history of organizing women and progressive ally organizations around "bread and butter" issues such as welfare rights, access to childcare and living wage using a human rights framework. As part of the Poor People's Economic Human Rights Campaign, an international movement to advance economic human rights (www.economichumanrights.org), WEAP was already grounded in a global context.

"The human rights framework just made sense to us," says WEAP executive director Ethel Long-Scott. "It is a higher standard. It is not about what the market will bear. It does not end with whether it is profitable. It simply says, 'here are standards for how every human being should be treated.' We were clear this should be the law."

Health issues have long been a challenge for WEAP members. These issues spanned beyond health coverage to access to care, linguistic access, environmental health and more. Reflects Long-Scott, "There was no way to fight for a just economic agenda without addressing health as a human right. Health was connected to work, to wages, to education, to safety, to family quality of life, to credit, to benefits. The connections are endless. Moving a health as human rights agenda requires a 'big tent' so to speak."

WEAP organized discussion groups with its members to better understand how health issues were affecting their communities as well as to identify strategic goals for advancing a health justice agenda. It was important to build a broad coalition of those affected by these issues so WEAP reached out to organized labor and health care advocates to help build support for a more comprehensive framing of health as human rights.

Through their work with Service Employees International Union (SEIU) 790, the California Nurses Association (CNA) and the San Jose Communication Workers of America (CWA), WEAP was able to expand its reach to more than 130,000 workers in California alone. For the unions, the connections were clear. The health care system was broken for workers, for patients, for employers and it would take a broad based movement to fix it.

Communicating Health Justice

WEAP developed a multi level communications strategy to build unified vision among its coalition, promote grassroots spokespersons and to elevate policy approaches that addressed health in a broad frame. **The first phase consisted of building a common framework among its base and coalition members.** "It was important to get everyone on the same page," says Long-Scott. "We studied the various proposals, studies and approaches that linked the poverty-health connection. We looked at the proposals for systems change and felt it was important not to settle for minor reform. We had to build unity around the understanding that healthcare must be part of the broader struggle to eliminate poverty." →

WOMEN'S ECONOMIC AGENDA PROJECT CONTINUED

The group conducted a series of two-hour trainings that allowed participants to share their experiences interacting with the healthcare system. The sessions took place at worksites, union meetings, church groups, house meetings – anywhere WEAP could go to engage coalition constituents on the issue. The trainings helped develop a shared sense of agenda and framing up front, which made developing communications strategy much easier later in the campaign.

Building on the work of the trainings, WEAP worked with coalition partners to organize a Truth Commission/Congressional Hearing on health issues. The hearing was presided over by local congresswoman Barbara Lee (D-Oakland) who, along with a number of Bay Area luminaries, listened to a series of grassroots testimonies on the state of healthcare in the area.

“These hearings are a way of telling our stories so that those in power can hear them. Making the invisible visible,” says CNA’s Nancy Lewis. “It’s about forging solutions.”

The hearings were used as newshooks, to engage the media in ways that allowed the coalition to control the frame. “When we developed our own event, we could be proactive. We could start where we wanted the discussion to go,” says Long-Scott. “We did not have to react.”

The group started with opinion pieces and interviews to not only promote the hearings but to elevate the stories and ideas that served as a catalyst for the hearings. This early work was important as it helped create a new set of spokespersons or “experts” to be heard on healthcare from the perspective of low

income, working class people. Women of color were highlighted specifically and ethnic and community media were important campaign priorities.

The messaging was fine tuned to focus more attention on reframing healthcare from an individual problem to a social/systemic issue that, with political will, could be solved. As a result, messages focused on three key points:

1. The healthcare system is part of a larger system that’s not working for the vast majority of us.
2. The problem is not lack of resources or even good ideas; it’s the lack of political will.
3. There is a growing, broad based movement working to turn it around

Personal testimonies and affected spokespersons helped to provide evidence for the first and last points while the coalition reached out to local experts and studies to help buttress point 2. *Closing the Gap*, a study by the Northwest Federation of Community Organizations and the Applied Research Center provided the group with concrete examples of best practices to address health disparities by race. Single payer and similar approaches outside of the US provided inspiration for what was possible with regard to reform.

Although it was sometimes challenging to bring up policy examples from abroad, the group found that most people were open and interested in hearing about how other countries address healthcare issues.

“Katrina exposed how dangerous it is when we stop investing in our communities, in our people; when we ignore the needs of the poor,” says Long-Scott. “For→

WOMEN'S ECONOMIC AGENDA PROJECT CONTINUED

many people, it is time to find a different way. Katrina put it out there as a reminder that there is no safety net – not only for the millions affected in the Gulf but for all of us, where ever we are.”

Connecting the Dots

SEIU's members have experienced many layoffs in the last few years, leaving former members struggling to find healthcare. The rising cost of healthcare is one reason employers keep demanding more take-aways not just from health coverage, but from pensions, pay and job security. In endorsing WEAP's ongoing work in building a broad movement to eliminate poverty and win our healthcare rights, SEIU has taken the initiative in strategically linking up with community groups to put forward long-term solutions to the healthcare crisis.

– WEAP Spring 2006 Newsletter

The group piggybacked on Katrina and other current news to help expand their audience reach. With the support of the Youth Media Council (YMC) and The Praxis Project, WEAP held a spokesperson training to help prepare coalition leadership for interviews and the hearings. The evening session provided participants with opportunities to practice their soundbites, respond to potentially hostile questions and practice staying on message.

A media workgroup was formed with representatives from each of the union's communications department, YMC, Praxis and WEAP leadership. The group discussed and refined strategy, developed a plan for dissemination and a division of labor to help move the communications work forward. Unions helped to promote the hearings and the framework in their member publications, the group divided up outlets to pitch for interviews. WEAP generated pieces for opinion pages and for its membership to build public awareness of the hearings set for March 2006.

The all day hearings drew a diverse group of more than 200 including several key policymakers at the local state and federal levels. WEAP continues to build on the success of these efforts through continued trainings, member surveys, articles and interviews that amplify the health as human rights frame.

The alliances built with unions remain strong as WEAP works to take their efforts statewide. Says Long-Scott, “We are constantly saying that we are fighting for a system with ‘everybody in, nobody out.’ We know that part of this is a communications task but the bulk of the work we must do comes down to organizing. Of course, having an effective communications strategy always makes things that much easier.”

For more information on WEAP and their healthcare rights campaign, go to www.weap.org.

Health Care Equity: Tool Kit for Develop a Winning Policy Strategy



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Sylvia Castillo / Castillo Consulting Services. For The Praxis Project www.thepraxisproject.org

TOOL KIT

Introduction

This publication provides an analytical framework and tools to support policy advocacy for health justice. It assembles techniques developed and tested by SCOPE, Community Coalition, and The Environmental & Economic Justice Project.

The Praxis project works from two basic assumptions about the root causes of health problems:

1. There is something wrong with the current systems of power relations. They are unjust, unfair and make it challenging to impossible for most people in this world to thrive. This is a problem that's systemic and institutional or which individual action and beliefs play a part.
2. Much of what manifests as social problems (disease, poverty, etc.) are symptoms of these larger issues of injustice. If we are to effectively address social problems we have to develop ways of addressing their root causes.

Our approach is shaped by a framework that makes community organizing and capacity building central. We are committed to building power in communities that are often marginalized in policymaking. Projects with the potential

for building long term infrastructure for change are a priority as addressing root causes is a long term project.

Praxis mission is to support and partner with communities to achieve health justice by leveraging resources and capacity for policy development, advocacy and leadership. Praxis uses innovative participatory approaches that bridge theory, research and action.

Why policy change?

Policies determine our quality of life. A policy is a definite course of action such as agreements, the codes that shape every aspect of life. They guide and determine present and future decisions about our lives.

Great brochures and good advice may help change individual behavior but are not enough to achieve health justice. It will take organizing from the ground up: social change that transforms the current systems of neglect, bias, and privilege into system—policies, practices, institutions—that truly support health for all.

WHO CARRIES OUT POLICY CHANGE?

Social change agents—people like us. Change agents come from a wide →

The Uninsured by Race

People Without Health Insurance for the Entire year by Race and Ethnicity (3 year Average): 1998 to 2000. (Numbers in thousands)

	Total	Uninsured	
		Number	Percent
Total	274,123	39,558	14.4
White	224,834	29,831	13.3
White, Non-Hispanic	193,634	19,531	10.1
Black	35,499	6,916	19.5
American Indian or Alaska Native	2,739	733	26.8
Asian and Pacific Islander	11,051	2,074	18.8
Hispanic	32,785	10,737	32.7

Source: U.S. Bureau of the Census, Current Population Surveys, March 1999, 2000, 2001

variety of backgrounds, they have widely varying interests, and they apply their talents to an equally broad set of challenges. But those who are successful in winning a policy issue share one thing in common: They have an effective **strategy** that is based on a **power analysis**.

THE BIG PICTURE

How do I get started? Strategic thinking begins with looking at the big picture. First, familiarize yourself with the

health care system in its current context. Ground yourself in how health care is administered, financed and legislated in your state and county. This process will provide you and your constituents a window onto the field where the players e.g. legislators, unions, consumers interest groups, corporate lobbyists and others battle it out to shape health care financing and provision. Remember to summarize your findings in a briefing paper so that can share with your constituents and allies. →

Snapshot: Health Care USA

In brief, the national health care model is structured on profit motives. Health care is a commodity not a right, and the market is the most efficient arbiter of health care provision and financing. As a primarily “private” model, the government’s has two roles: care provider through public health facilities, and insurer through Medicaid and MediCal program. The elderly, children and some low-income residents have access to these government-supported programs. Otherwise, the majority of residents are expected to purchase health insurance on their own or receive health insurance benefits through their employer.

This model is ineffective because all employers do not offer health insurance and insurance costs have become too expensive for many people to purchase, resulting in a significant portion of the public becoming uninsured or underinsured (i.e. limited access to health care).²

Since the late 1990’s, for-profit insurers and providers, recognizing the profit potential of health care, entered the managed care industry. As the system’s private sector, the way it works—managed care insurers negotiate fees and services with a selected group of providers. Most subscribers enrolled in managed care

receive health care from this selected group of providers or pay additional costs to see providers outside of the system.³

Today, the nation faces a health care crisis of monumental proportions. With 44 million people without health insurance and fewer public health facilities, health care for people of color and working class is bleak. Simply, the “Republican Revolution” health care design has prevailed. The federal government has pushed its responsibilities for healthcare provision and financing to cash strapped state and county governments. Meanwhile, managed care is driven by profit-making as opposed to providing accessible quality care. This trend has increased the denial of care, and contributed greatly to the demise of the public health care safety net.

THE PROBLEM: HEALTH INEQUITY

“The United States with a \$1.3 trillion health care system is the most expensive and the most inequitable among Western industrial nations.⁴ What does this mean for communities of color? Their health status is lower, their death rates higher, and life spans shorter than the white majority.⁵

Consider these statistics:

- The infant mortality rate for →

2 *Community Institute for Policy Heuristics Education & Research (CIPHER), “California Health Care Crisis Briefing Book,” 2002.*

3 *Ibid.*

4 *Ibid.*

5 *National Academy of Science’s Institute of Medicine, Cause Communications and the California Endowment, Unequal Treatment, Unequal Health: What Data Tell Us About Health Gaps in California, 2002.*

“Daily exposure to institutional racism and internalized racism contribute to health disparities. This race-related stress and its negative health consequences cut across socioeconomic status. For example, middle class-black women with health insurance in Prince George’s County, MD, had poorer birth outcomes than white women with the same income and professional status.

Examples of the negative impacts of institutional racism include: a lack of providers of color in hospitals and clinics; a lack of multilingual staff, a lack of culturally competent caregivers in communities; patterns of unequal diagnosis and treatment, and a lack of responsiveness by medical training institutions. Similarly racial and ethnic bias within healthcare institutions and among practitioners contributes to disparities.

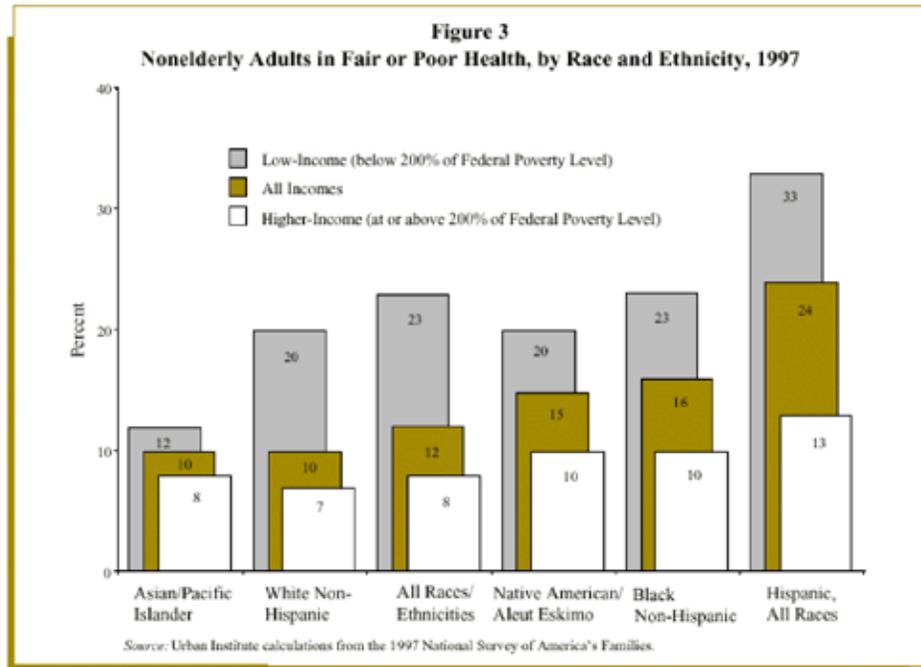
Internalized racism, associated with a sense of hopelessness and inability to envision a positive future, contributes to mental health problems among people of color, in particular depression among women, violence and suicide in men, and substance abuse”.

Reducing Health Disparities through a Focus on Communities, Policy Link Report, 2002.

- African Americans is more than twice as high that of whites.⁶
 - Asian American/Pacific Islanders have the highest rate of liver cancer among all populations five times that of their white counter parts. Cambodian, Hmong and Laotian men are especially at risk.
 - African American, Hispanics and Native American have a much higher rate of death and illness from diabetes.
- uninsured, and a lack of adequate health insurance means patients are less likely to receive adequate, timely care. *Yet, how do we account for the data that shows lower health status indicators persist for people color even among those who have health insurance.*
- So why is it that for most causes of death and disability, African Americans, Latinos, and American Indians suffer poorer health outcomes relative to whites with statistically equivalent levels of socioeconomic position?

Some researchers suggest that racial and ethnic disparities in health are linked to health insurance status. It is a fact, people of color are more likely to be One answer is racism. Racism functions as a power relationship that designates access to resources and opportunities, environmental conditions, and →

6 *Ibid.*



psychosocial factors. As a power relationship; the white category receives privileges at the expense of the Black/non-white group. Therefore, racism is systematic versus an individual prerogative.

WHERE TO BEGIN?

The crisis in health care access for people of color is a broad concern.

The first step is to analyze the problem and decide what kind of solution to work toward. We recommend before the group starts to choose an issue, the members or constituents be asked to participate in an issue development process. Think of it as doing social justice detective work, sleuthing for the answers to an unsolved crime.

TOOL KIT

Sample Issue Development Process

SCENARIO

The organization's constituency is Latino and African American, they live in zip code 90044, an urban low-income neighborhood located in South Los Angeles. During a recent meeting, they discovered they had all been denied "Black & Blue" health care insurance. This unfair practice denies these residents access to the best specialists for hypertension, diabetes, and heart problems. The group decides to investigate this situation. *Is this a "medical redlining" issue?* Here are the steps they take:

STEP 1: Define the Problem--a situation or condition that causes hardship or suffering for a large group of people.

One of the problems with managed care is decisions are based on how to cut costs and increase profits rather than based on how to provide quality care. . It primarily does this by using a selected group of providers and capping the cost for health care procedures and services at a standardized rate.

The group's hypothesis—is "Black & Blue" health care insurance is practicing "cherry picking" or "medical redlining." This practice selects younger, healthier members or those least at risk of injury or illness. Some HMO's withdraw from certain zip codes because of the large number of "high risk" populations (i.e. the elderly, poor, people of color, etc.) in those areas.

STEP 2: Do Cause Analysis

Research and investigation can include data collection, interviews with key informants, e.g. insurance agents, insured/uninsured people, managed care social activists, etc.

- **Who is responsible? How or why?** Make sure to secure an organizational chart, who has decision-making authority, who has power?
- **Who loses/suffers?** Data collection can include a survey of the residents in the target zip code. Community forums, focus groups and interviews are also great tools.
- **Who gains? How?** Important follow the money—Board of Directors, stockholders, CEO, etc.
- **What have been solutions? Which solutions have worked? Why or Why Not?** Tap the internet for key advocacy organizations concerned with health care access, what have they done on the issue, review the regulations and laws that address this issue.
- **Which solutions are procedural changes such as a policy?**

STEP 3: Define Issues or a partial solution to problem. There are many issues for any particular problem.

Here's an example of an issue:

"Cherry-picking/Medical redlining" is against the law; Force Black/Blue Insurance to follow the law or face a costly legal action.



STEP 4: Issue Evaluation

- **Does it directly address problem (structural change), or set up a way for addressing problem (procedure change)?**
- **Is it deeply felt? Why? By Whom?** Test out your issue at a community forum or survey the constituency. View this step as an opportunity to engage your members, constituents into strategy planning and various actions.
- **Is there a clear handle(s)? (Legal, moral, or political leverage point)** A handle is a legal, moral, political, or economic fact that stands in contradiction to the position taken by the target/opposition. Usually information that exposes a weakness of the opposition, data or documentation that can embarrass the target or shows that your position is fair, just, and legal.
- **Is there a clear target?** Who holds power to give you what you want? (BOD, stockholders, state bureau of insurance, CEO)
- **Is it winnable? (Do a power analysis to answer this)** What types/amount of power do we need to move them?
 - Analysis/profiles on primary constituency and allies
 - Analysis/Profiles on opposition
- **Is there a clear timeline?**

How you analyze a problem determines how you view the solution to the problem...

	Some politicians, corporations, people believe:	While social justice detectives believe:
The problems are:	<ul style="list-style-type: none"> • The result of “genetic” predisposition, weakness, poor habits, irresponsibility • Some people are just “undeserving” 	<ul style="list-style-type: none"> • The result of racism, community disorganization, poverty, unemployment, social, economic and psychological factors.
The solutions are:	<ul style="list-style-type: none"> • Do not extend benefits to these people until they demonstrate: • “better” personal responsibility • lower their risks through proper health practices 	<ul style="list-style-type: none"> • Improve the access to health care, and change the basic living conditions of people by... • Bringing all sectors of the community that is most affected to the table to change the “inequitable” policy

Form courtesy of SCOPE

TOOL KIT

Sample Power Analysis Process

WHAT IS YOUR PROPOSAL TO CHANGE THIS INEQUITY?

The Black/Blue Insurance Co. agrees to a written policy that commits to uphold the law and extend coverage to all.

WHAT SYSTEM HAS THE POWER TO ADOPT YOUR PROPOSAL?

Analyze the target system the various forces exercising influence over the decision-maker, and ways in which the campaign can build the power to win. The target system is defined by the power holders, i.e., anyone with authority to make decisions. The issue determines the target. An individual target helps to structure decision making by identifying who must be influenced, who must be held accountable, and who the organization is "up against." It is often easier to apply direct pressure to an individual than an institution.

In the hypothetical case of Black & Blue Insurance the group will investigate the company's internal decision-making/power structure and the government regulation body who can hold the targets accountable.

Develop a profile of the Target/Decision-maker

1. WHAT POWER DOES THE DECISION-MAKER HAVE TO MEET YOUR GOAL/DEMANDS? BY WHAT AUTHORITY?

2. WHAT IS THE DECISION-MAKER'S BACKGROUND AND HISTORY?

3. WHAT IS THE DECISION-MAKER'S POSITION ON YOUR ISSUE/GOAL? WHY?

4. WHAT IS THE DECISION-MAKER'S SELF-INTEREST?

5. WHAT IS THE DECISION-MAKER'S HISTORY ON THE ISSUE?

6. WHO IS THE DECISION-MAKER'S BOSS?

7. WHAT/WHO IS THE DECISION-MAKER'S BASE AND SUPPORT?

8. WHO ARE THE DECISION-MAKER'S ALLIES?

9. WHO ARE THE DECISION-MAKER'S OPPONENTS/ENEMIES?

10. WHAT OTHER SOCIAL FORCES INFLUENCES THE DECISION-MAKER?

Courtesy of SCOPE

TOOL KIT

Sample Power Analysis Chart

Power Analysis is an organizing tool that helps build a strategy plan to win.

Imagine a football game--the coach aids the team to determine the opposing team's power as defined by its strengths and weaknesses. What kind of power and which players will it take to move the ball across the field to the goal line and victory? The coach is conducting a power analysis that will inform his design of a winning strategy.

The power analysis is a process to determine what kind of power (quality) and how much power (quantity) is needed to move a target, the individual who can give you what you want, to accept the organization's policy or proposal for resolving an issue.

The process includes a systematic series of questions, investigative steps, information collection and refined knowledge of the players with power to deliver you closer to your goal. All with the purpose of moving the people with power to give you what you want or win your proposal.

 (Power Analysis chart—see Attachment 1)

Opening Game: What will it take to get on the radar screen?

1. Meetings with media representatives
2. Presence or action on your target's turf

Middle Game: What will it take to be a major influence?

1. The inequity debate becomes a factor in the health care debate
2. The decision-makers are asking for your input and responding to your issues

End Game: What will it take to declare victory?

1. The target and his organization agree to proposal in writing
2. The target organization votes to expand its process and gives a timeline for implementation

TOOL KIT

Sample Strategy Chart

Derived from game theory—a strategy is the most effective course of action for each player depends upon the actions of other players and the players’ anticipation and assessment of those moves. As such the term emphasizes the interdependence of allies and adversaries’ decisions and their various expectations about each others’ behavior.

Reviewed side by side the strategy chart and power analysis should be updated frequently assessing your actions, and their impact and your adversary’s reactions. You are concerned with moving forward to win your proposal so along the way you may need to take a step back to take two steps forward. Remember it is like football or chess, you’ve got your moves but they do too.

Goals	In one sentence what are we trying to accomplish? What specific and concrete change do we want to see take?
Strategic fit	How this issue will have significance and actually make a difference—why this issue is even important
Decision Maker	Who has the power to make the decision concerning the campaign goal—who is the person/decision making body that can give us what we want?
Campaign Strategy	What is the primary plan or method to be used to win the campaign and accomplish the goal?
Constituency	Who is the target population we need to organize to move the decision maker?
Specific Objectives	<ol style="list-style-type: none"> 1. Objective section should be connected to power analysis of the decision maker—what numerically measurable steps do we need to take to influence or force the person in power to give us what we want. 2. What are the specific steps we need to take to move the strategy forward and move us toward accomplishing our goal? 3. The numerical measures are so we can examine and then know if we are moving forward.
Activities Tactics	<ol style="list-style-type: none"> 1. Activities and tactics should be directly connected to a power analysis that dissects the decision and identifies what we need to do to make them do what we want. 2. In the objectives section we listed numbers—the activities/tactics should be connected and directly affect each objective. 3. In most instances there will need to be more than one activity or tactic that will be needed in order to accomplish the objective.

Courtesy of Community Coalition

TOOL KIT

Summary of Power Analysis Steps and Strategy Process

- Develop understanding of the Big Picture
- Identify and develop an issue
- Research and develop profile on target
- Research and develop power profiles of key opponents
- Research and develop power profiles of “Our Side”
- Chart power relationships
- Explore ways to change power equation
- Update Campaign Plan
 - sometimes process will lead to a change in Target
 - exploration and update should lead to changes in the power relationship in “our” favor

TOOL KIT

Glossary of Terms

Campaign: a set of collective activities planned and executed over a defined period of time whose purpose is to mobilize the support and resources necessary to win a victory for the organization.

Campaign Goal: the decision and/or action which will result in the desired change.

Tactics: if strategy is the “game plan,” then tactics are the actions or events that execute the plan.

Action: a specific activity, usually among a set of activities, which moves the organization towards the direction of its strategy.

Constituency: a grouping of people whose self-interest would be served if they supported your organization or campaign.

Handle: a legal, moral, political, or economic fact that stands in contradiction to the position taken by the target/opposition. It shows that your position is fair, just, and legal.

Issue: description of a problem which suggests its solution.

Problem: something that people want to see changed.

Power Analysis: a process to determine what kind of power (quality) and how much power (quantity) is needed to move a target--the individual who can give you what you want, to accept the organization’s policy or proposal for resolving an issue.

Strategy: an overall plan to destabilize the position of the target that gives direction and focus to other elements of the campaign.

Target/Decision-Maker: An individual with the power to grant the organization its demands. The person and/or body who have the power to make the decision and/or take the action your organization has determined as the policy outcome.

Specific Objectives or Demands: Specific measurable incremental victories/steps leading to winning the campaign.

Timeframe: The time period from the beginning of the campaign to the end.

Alliance: a short-term relationship of two or more organizations around a single issue or single common interest.

Coalition: a long-term relationship of two or more organizations built upon a shared vision, politics, and action around a common set of issues.