

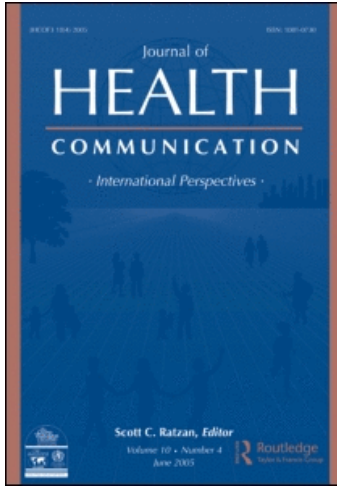
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Clinic Consortia Media Advocacy Capacity: Partnering with the Media and Increasing Policymaker Awareness

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Media advocacy is a popular means of crafting and disseminating messages broadly and has been used by advocates to increase policymaker and public awareness of key health policy issues, such as the large number of uninsured. Some media advocacy activities are more effective than others, however, requiring increased sensitivity to the media environment and adequate resources and expertise. This article describes the results of media advocacy activities undertaken by 19 clinic consortia funded under The California Endowment's Clinic Consortia Policy and Advocacy Program from 2002 to 2006. The consortia used different media advocacy strategies and venues, including newspaper, television, radio, video, brochures, newsletters, and websites. The findings indicate that consortia may have influenced the media agenda and increased the likelihood of securing coverage of key issues, such as the role of clinics in supporting the health care safety net. There is evidence that suggests that clinic consortia media advocacy activities, such as front-page coverage in local and major daily newspapers, increased public and policymaker awareness of key clinic policy issues. Although grantees rated media advocacy overall as less effective than other advocacy activities and few reported that it had directly achieved a policy change or increased funding to clinics, nearly all thought it was effective in increasing policymaker awareness. We conclude that media advocacy is a useful tool for partnering with the media and increasing stakeholder awareness more broadly, but it should not be solely relied upon to achieve a policy change.

As part of its commitment to increasing access to high-quality and affordable health care for underserved Californians, The California Endowment (a private, statewide health foundation) provided multiyear funding for the Clinic Consortia Policy and Advocacy Program (Program). In 2001, 15 California local and regional community clinic associations and four statewide clinic organizations (hereinafter referred to as

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“grantees”) received 3 years of funding to strengthen the role and capacity of consortia to support the policy and operational needs of community clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. Program funding supported advocacy activities to sustain needed health care services for vulnerable populations, such as convening forums, publishing educational materials, conducting media advocacy, and providing advocacy technical assistance to increase the collective influence of clinics. In 2004 and 2007, 18 grantees were refunded for 3 years to undertake or continue a similar set of activities.

Increasingly, successful advocacy includes use of the media to educate the public on key problems and policy issues, as well as the strategies to address these problems. Media advocacy, the “strategic use of the mass media as a resource to advance a social or public policy initiative” is thought to play a significant role in shaping public opinion, which in turn may shape the policy agenda (U.S. Department of Health and Human Services [DHHS], 1988). It is not an easy undertaking, however, and advocacy organizations must have the necessary internal capacity and skills. The literature on media advocacy points to several factors that contribute to successful media advocacy, including early planning and research to develop messages and strategy, choosing appropriate spokespersons or messengers to ensure the public’s acceptance of the message, and conducting staff training on being a media spokesperson and carrying out media campaigns (Blaine et al., 1997; Dorfman, Wallack, & Woodruff, 2005). In addition, successful media advocacy efforts involve building and maintaining relationships with individuals who have the power to promote system change (such as media, policymakers, community leaders, and the public). Finally, media advocacy campaigns should maintain adequate control over staff and activities while also allowing for flexibility to fine tune strategies to different media environments (Blaine et al., 1997).

There also is evidence that developing ongoing relationships with the media is important to securing coverage. In recent years, journalists have relied more heavily on reliable and accessible outside sources as their primary means of developing stories (Kaniss, 1991). A proactive approach, such as producing materials that journalists can use and having prepared speaking points, is therefore key. Having internal media skills allows advocates to give interviews on a moment’s notice and increases the possibility that stories will be framed according to the organizer’s objectives (Wallack & Dorfman, 1996). The benefits of these relationships to advocates can be significant. For example, in an analysis of the effects of a media advocacy program to build support for a cardiovascular disease risk reduction program, regular contact with the media and provision of materials early in a media campaign positively influenced coverage of health topics (Schooler, Sundar, & Flora, 1996).

With these strategies in place, media advocacy can be effective in informing public opinion, determining which issues are most important to the public, or both. Media advocacy also may be effective in “agenda-setting” or influencing which issues are viewed as a legitimate concern requiring attention by policymakers (Dearing & Rogers, 1996; Graber, 2006; Wallack, Dorfman, Jernigan, & Themba-Nixon, 1993). Policymakers often use news stories as a proxy for public opinion and are more likely to act on a particular issue, as well as be receptive to advocates and interest groups that receive media publicity (Graber, 2006). Graber and others have developed a linear model to describe how media advocacy can lead to policy action (Graber, 2006):

Journalistic investigation → publication → public opinion → policy initiatives

This model may be recursive, with public policy potentially shaping both public opinion and media stories (Dearing & Rogers, 1996). Alternatively, the media may not take the lead and instead serve as a vehicle for decisionmakers to inform their constituents about a particular policy (Vinson, 2003). Despite the difficulties in describing the direct (and indirect) effects of the media on policymaking, there is strong evidence, particularly in the alcohol and tobacco fields, that media advocacy strategies can result in a policy change (Niederdeppe, Farrelly, & Wenter, 2007). For example, a multicounty comprehensive media campaign focusing on tobacco availability for youth resulted in changes in local tobacco policies, including a ban on tobacco vending machines and unannounced compliance checks in the region (Blaine et al., 1997).

In this article, we describe the diverse media advocacy activities conducted by clinic consortia, their ability to develop and sustain relationships with the media, and the results of these efforts. Additionally, we assess their effectiveness in using media advocacy to educate policymakers and the extent to which these activities made a difference in the policy arena.

Methodology

From 2002 to 2006, as part of a broader evaluation of the program outcomes, quantitative and qualitative tools were administered, including longitudinal worksheets, grantee interviews, and surveys of policymakers and the media. There was high funder and grantee interest in the effectiveness of media advocacy, so specific questions on media advocacy were included in most evaluation instruments. Table 1 lists the data collection instruments and the years they were administered.

Grantees completed an *Annual Policy Advocacy Activities Worksheet* to track their capacity in conducting key program activities, including "Media advocacy or sharing information with media and/or having media contact consortia." The worksheet also assessed the perceived effectiveness of these activities and whether they contributed to a policy change, increased funding to clinics, increased policymaker awareness, or all of these.

Grantees also participated in *Annual Grantee Interviews* during which they described their media advocacy activities, changes in their relationships with the media, and challenges in doing media advocacy. These qualitative questions provided information on contextual factors, such as the media market, as well as particularly effective strategies and their outcomes.

In 2003, the *Policy Maker and Community Leader Awareness Survey* was administered to state and local policymakers and community leaders whom grantees had targeted through program activities. In 2004, the *Stakeholder Awareness Survey* was administered to state and local policymakers and community leaders whom grantees perceived to be *less* familiar with consortia, clinics, or both, but who were nonetheless considered important stakeholders in California's health care safety net. Questions on the awareness and effectiveness of consortia media advocacy were included in both survey questionnaires.

To assess the effectiveness of consortia relationships with the media as well as consortia ability to increase media coverage, *Media Representative and Consultant Interviews* were conducted with 17 media representatives (print, television, and radio) and six media consultants in 2004. These interviews were readministered in 2006 with 11 media representatives and five media consultants and focused on changes in

Table 1. Media advocacy data collection tools, 2002–2006

Year	Data collection activity	Focus
2003	Grantee Interviews ($n = 19$)	Activities undertaken and targeted media
	Policy Advocacy Activities Worksheet ($n = 15$)	Effectiveness of media advocacy activities
	Policy Maker and Community Leader Awareness Survey ($n = 86$ leaders targeted through program activities)	Perceptions of media advocacy activities
2004	Grantee interviews ($n = 18$)	Most effective media advocacy activities
	Policy Advocacy Activities Worksheet ($n = 15$)	Effectiveness of media advocacy activities
	Media representative ($n = 17$) and consultant ($n = 6$) Interviews	Awareness of grantee media advocacy
	Stakeholder Awareness Survey ($n = 43$ leaders less familiar with consortia)	Perceptions of media advocacy activities
2005	Grantee Interviews ($n = 18$)	Changes in activities and relationship with media
	Policy Advocacy Activities Worksheet ($n = 15$)	Effectiveness of media advocacy activities
	Newspaper content analysis ($n = 23$ articles/editorials from 9 grantees)	Amount and type of coverage in 2004
2006	Grantee interviews ($n = 18$)	Activities undertaken and targeted media
	Policy Advocacy Activities Worksheet ($n = 15$)	Effectiveness of media advocacy activities
	Newspaper Content Analysis ($n = 26$ articles/editorials from 11 grantees)	Amount and type of coverage in 2005
	Media Representative ($n = 11$) and Consultant ($n = 5$) Interviews	Changes in relationship with grantees
2007	Grantee Interviews ($n = 18$)	Media advocacy best practices
	Policy Advocacy Activities Worksheet ($n = 15$)	Effectiveness of media advocacy activities

relationships with clinic consortia and the impact of consortia media advocacy activities. Media informants also were asked to reflect on what contributed to successful media advocacy.

Finally, to assess newspaper coverage secured by grantees, two to three examples of newsprint coverage were collected from nine grantees in 2004 and 11 grantees in 2005. Grantees were asked to provide articles that reflected the breadth of newspaper

coverage secured for that year, including articles from different types of print media, articles targeted to different audiences, and diverse topics covered.

Analysis

The data from the *Annual Policy Advocacy Activities Worksheet* were tabulated using Filemaker, a relational database software program. We included only the activities and grantees that were consistent throughout the study period for the trend analysis. *Annual Grantee Interview* and *Media Representative and Consultant Interviews* data were entered into Microsoft Excel and then categorized, coded and tabulated to identify the most frequently mentioned responses. Findings from the *Policy Maker and Community Leader Awareness Survey* and *Stakeholder Awareness Survey* were analyzed in Microsoft Excel using simple frequency and percentage calculations. Because the grantee population is small, in some cases, we present the number of grantees who provided a specific response, rather than the percent. A coding schema was developed to analyze the placement and content of the articles.

Findings

Media Advocacy Strategies, Targets, Messages, and Challenges

During the grant period, many (15 out of 19) statewide and local/regional grantees were involved in diverse grant-funded media advocacy efforts. The grant afforded several grantees a dedicated staff member or outside media consultant to develop, implement, or perform both, a media advocacy strategy. The grantees used a combination of strategies including launching websites, creating videos, developing articles and letters to the editors for local and statewide newspapers, and working with local radio and television outlets. Some grantees developed videos describing the role of primary care clinics in specific regions of the state that were distributed to television stations and other venues. For example, the Community Clinic Association of Los Angeles County (CCALAC) created a 10-minute video, "Save the Safety Net, Who Will Care for the Uninsured?" narrated by actor and activist Martin Sheen. Some grantees also developed member clinic capacity to conduct media outreach. For example, in 2004, the California Primary Care Association (CPCA) developed a Speakers Bureau database and media message points for clinics and regional consortia members.

Grantees crafted messages to increase public awareness of clinics, as well as to educate policymakers about key clinic policy issues, particularly the role that community clinics play in increasing access care for a diverse population; the impact of state budget cuts on the safety net and access to care; and the increasingly large number of uninsured and underserved.¹ Most grantees reported using clinic data, research from other sources, and patient stories in developing their media messages. They focused on highlighting timely policy issues, such as county-level efforts to redesign the mental health system.

¹In 2003, approximately 6.5 million nonelderly Californians (20.6%) lacked insurance coverage (Employee Benefit Research Estimates of Current Population Survey, March 2004 Supplement).

The primary targets of these media activities and messages were local and state policymakers, the general public, particularly clinic patient populations, and clinic staff. Except for 2003, when grantees were more involved in media advocacy directed at the state level, most advocacy occurred at the local level, followed by the state and federal levels (Figure 1).

Attracting the media's attention was a key challenge for grantees. A big event or crisis often was needed to pique the media's interest. Other challenges were specific to the geographic location of the consortia. For example, rural regions often had a weak media infrastructure, while urban media markets were particularly difficult to penetrate given the competing demands on the press. Finally, while some grantees reported that working with consultants was very beneficial, others felt that the consultants did not understand their particular media market.

Relationships with the Media

Early in the grant period, many grantees focused on developing and strengthening their relationships with the media through media briefings and press releases or establishing themselves as experts on issues related to community clinics. By 2004, grantees reported that these activities had resulted in increased contact with the media as evidenced by calls from reporters and media attendance at consortia events. By 2005, consortia had developed stable ongoing relationships with media representatives, hosting policy briefings and press conferences, distributing materials (policy briefs, fact sheets) to the media, submitting op-ed pieces, and being interviewed for television and radio appearances. In 2006, grantees reported that developing or nurturing relationships with the media was their most effective grant-funded media advocacy activity compared with other media advocacy strategies, such as securing coverage. They also leveraged these partnerships to increase media coverage. For example, one grantee worked with its local PBS station to develop four media presentations that also could be shared with funders and posted on their website to increase awareness of their organization and policy issues. Grantees also took advantage of events and activities to attract additional attention about community clinic issues. For example, Sacramento Consortium of Community Clinics (SCCC) reported that having candidates visit their member clinics during the November 2006 election was particularly effective. The consortium provided candidates with sound bites on the importance of the safety net and health care coverage.

In 2004 and 2006, the media representatives reported that focusing on relationships with the media was key to increasing media coverage. As detailed in Table 2,

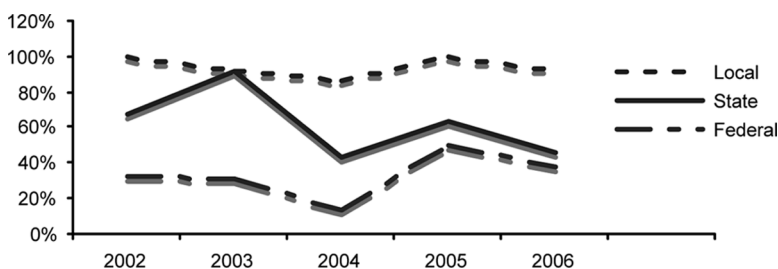


Figure 1. Percentage of media advocacy activities engaged in by grantees at the local, state and federal levels, 2002–2006.

Table 2. Effectiveness of strategies to increase media coverage, as rated by media informants (2004 & 2006)

Strategy	2004 score (<i>N</i> = 23)	2006 score (<i>N</i> = 16)
Forming and maintaining relationships with the media	3.64	3.86
Providing prompt responses to media inquiries for data/information	3.86	3.84
Providing access to clinic patients/staff for interviews	3.56	3.69
Having a good spokesperson	3.69	3.58
Providing data to the media	3.14	3.50
Pitching story ideas to the media	N/A	3.20
Timing messages on slow news days	2.74	3.00
Writing/distributing monthly issue briefs	N/A	2.56
Press releases	2.81	2.53
Having lunches/events to educate reporters	N/A	2.22
Hosting clinic tours	N/A	2.09

*1 = "not at all effective," 4 = "very effective."

the four highest-rated media advocacy strategies follow: forming and maintaining relationships with the media (3.64 in 2002 and 3.86 in 2006, where 4 = "very effective"); providing prompt responses to media inquiries for data/information (3.86 in 2004 and 3.84 in 2006); providing access to clinic patients/staff for interviews (3.56 in 2004 and 3.69 in 2006); and having a good spokesperson (3.69 in 2004 and 3.58 in 2006). Press releases consistently were rated one of the least effective strategies (2.81 in 2004 and 2.53 in 2006). For example, Redwood Community Health Coalition (RCHC) found that such passive strategies like distributing press releases were not as effective as holding the media accountable for their reporting by following up with the media shortly after publication of newspaper articles.

The majority of media representatives also described a bidirectional relationship whereby the media representative contacts the consortia and the consortia contacts the media. Many described contacting the consortia as their first source for health policy information. They indicated that consortia provided information, such as background information and informants for interviews, for writing articles, television, and radio segments through press releases and policy reports, as well as upon request from the reporters. The potential results of these efforts may be characterized by the success of one grantee, Council of Community Clinics (CCC), in establishing an on-going partnership with CBS local Channel 8 to produce "What's Going Around," a weekly television health show that discusses prevalent health issues in the clinics countywide.

Media Coverage Generated

The type and amount of media coverage generated by grantees varied over the course of the grant and by grantee. Many grantees reported increased coverage in the later years, including an increase in routine phone calls from media representatives, and increased media coverage in the form of print articles, op-eds, letters to the

editor, and radio and television interviews. Some grantees, however, reported the same or less coverage over the course of the grant. In 2005, many grantees were deliberately not proactive with their media activities because of staffing shortages/changes, concerns that their efforts would not produce results to make them worthwhile, and a lack of issues that would attract media attention. Some were concerned about pursuing coverage during the 2004–2005 California budget shortfall when clinics were spared severe cuts while other health services were not.²

The media representatives in 2004 and 2006 considered publishing front-page articles to be most effective in impacting policy (3.88 in 2004 and 3.91 in 2006, where 4 = “very effective”; Table 3). They also rated publishing in major dailies and local papers, “human interest” articles, and multiple articles in a short time period as effective. Grantees also favored newspaper coverage because it is a good venue to reach policymakers; it is easier to work with multiple papers and cover large geographical regions; and printed articles could be attached to other materials as evidence of the saliency of the issue to the public.

Grantees consistently secured high coverage in California dailies and local papers. As shown in Table 4, print coverage primarily included full, multicolumn articles in the middle of major daily newspapers (with circulations over 60,000). The themes of these articles expanded from financing of community clinics in 2004 to a broader range of issues in 2005, including the importance of local initiatives to expand children’s health care insurance coverage. The target audience was nearly always the general public, but it also included policymakers, county agencies, and clinic patients or potential clinic patients.

Impact of Media Advocacy

Grantees were unsure of the impact of their media advocacy activities, explaining that it was difficult, if not impossible, to measure. For example, there is often no way to tell how often a public service announcement (PSA) was aired, to fully track how patients heard about their services. Based on anecdotal information from colleagues, however, some grantees felt that the media activities did increase awareness of community health center issues by the public, funders, and policymakers. Many grantees reported the number of print articles and op-ed pieces, radio and television interviews, contacts by reporters, and times they were quoted in media outlets throughout the state. Others even reported some outcomes in the community that they felt were attributable to their media efforts, including an increased volume of patient calls and clinic visits.

Despite the ability to generate good coverage and these reports of increased awareness, grantee perceptions of the effectiveness of their media advocacy declined over time, from 3.27 in 2002 to 2.75 in 2006 (where 4 = “very effective”). In fact, media advocacy was consistently rated the least effective of the 11 advocacy activities funded under the grant, such as helping to draft rules, regulations, and guidelines and educating decisionmakers on the effects of policies on clinic. Grantees rated their

²In 2004, confronted with a \$14 billion shortfall in 2004/05, Governor Schwarzenegger proposed a 10% cut in Medi-Cal (California’s Medicaid program) provider rates, on top of a 5% reduction in the 2003–04 budget. Community clinics were anticipated to experience a \$72 million reduction. Many of these cuts were avoided, however, and the 5% reduction in Medi-Cal provider payments was rescinded in 2005.

Table 3. Effectiveness of strategies to impact policy, as rated by media informants, 2004 & 2006)

Effective strategies	2004 score (<i>N</i> = 23)	2006 score (<i>N</i> = 16)
Publishing front page articles	3.88	3.91
Publishing articles in major dailies	3.33	3.63
Publishing articles in local papers	3.00	3.27
Writing “human interest” articles	3.36	3.25
Publishing multiple articles within a limited time frame	3.50	3.18
Writing data-based articles	2.79	2.91

*1 = “not at all effective,” 4 = “very effective.”

media advocacy 2.89 overall compared with 3.28 for all the policy advocacy activities (Figure 2).

Nearly all grantees (95%) consistently rated media advocacy as effective in *increasing policymaker awareness*. Only approximately 20%, however, reported that

Table 4. Content analysis of print coverage: 2004 and 2005

	2004 (<i>N</i> = 23)	2005 (<i>N</i> = 26)
Type of article		
Full articles	65% (15)	81% (21)
Op-eds	17% (4)	12% (3)
Letters to the editor	9% (2)	4% (1)
Announcements/promotional	4% (1)	4% (1)
Columns		
Multi column	70% (16)	88% (23)
Full column	22% (5)	12% (3)
Type of paper		
Local papers	39% (9)	50% (13)
Major daily newspapers (>60,000 circulation)	61% (14)	42% (11)
Ethnic media/other	0	8% (2)
Article placement		
Front-page	21% (5)	16% (4)
Themes		
Community clinics and services	17% (4)	31% (8)
Children’s health insurance expansion	0	19% (5)
Funding/financing of community clinics	74% (17)	15% (4)
Access for immigrants	0	12% (3)
Parental notification ballot initiative	0	12% (3)
New programs at clinics	0	12% (3)
Growing number of uninsured	8% (2)	8% (2)
Target audience		
General public	87% (20)	100% (26)
Policy makers or county agencies	56% (12)	35% (9)
Clinic patients or potential clinic patients	4% (1)	23% (6)

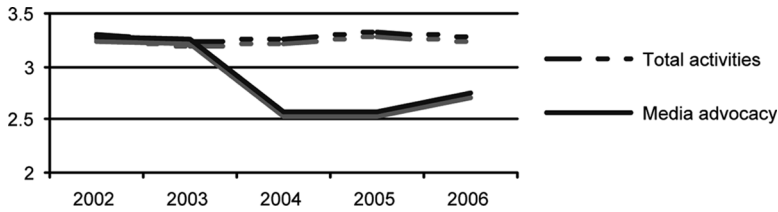


Figure 2. Effectiveness of grantee media advocacy compared with all advocacy activities, 2002–2006 ($n = 15$ grantees).

it had achieved a *policy change* or *increased funding to clinics*. Policymakers and community leaders corroborated these findings and the role played by media activities in increasing their awareness in the 2003 *Policy Maker and Community Leader Awareness Survey* and the 2004 *Stakeholder Awareness Survey*. Of the informants who reported on the effectiveness of consortia media activities, 60% (22) of the 2003 respondents and 42% (8) in 2004 thought clinic consortia were “very effective” at increasing their awareness of community clinic issues. They reported that they got new, useful information, particularly information on clinics, e.g., financial constraints, the issue of access to health care, and the availability of clinic services. The difference between the 2003 and 2004 respondents suggests that advocates need to consider means other than the media for educating stakeholders less familiar with clinics and their services. Similarly, all the media consultants in 2004 and 2006 thought policymakers’ views of clinic policy issues had shifted due to the media coverage, albeit to a varying extent. Some media representatives felt, however, that there was no impact, while others believed that increased coverage had resulted in increased awareness of clinic policy issues by policymakers.

Similarly, the results were mixed with respect to increased public understanding of the role of community clinics and clinic policy issues. While many 2004 and 2006 media respondents did think public understanding of clinic services had increased, such as the availability of services, the extent of this increase was unknown as well as what had contributed to this increase. Some respondents attributed this increase to consistent efforts on the part of the consortium over a time period of 5 or more years.

Discussion

These findings have practical applications for advocates, funders, and evaluators of media campaigns undertaken by advocacy organizations. While there is insufficient evidence that these media advocacy efforts directly influenced the policy agenda, partly because of the challenge of attribution, there are promising insights into the potential ways that media advocacy could be more effectively used by advocates. Over time, these strategies not only increased clinic consortia organizational capacity, but they also may have contributed to setting the policy agenda favorably for clinics and their target populations.

Capacity to Engage in Media Advocacy

Similar to other assessments of key strategies, our findings indicate that it is critical to have strong media skills to successfully engage in a public debate over particular

policy issues (Dorfman et al., 2005). Clinic consortia expanded their media expertise by training in-house staff, hiring outside consultants, or both to undertake activities that grantees might otherwise not be able to do on their own. Anecdotal findings on the effectiveness of these consultants varied, with some consultants being better able than others to connect grantees to appropriate media contacts, undertake targeting media campaigns, or both. Additionally, a combination of media strategies, including newspaper, TV, radio, video, brochures, newsletters, and websites, was the most effective media advocacy approach. Clinic consortia gained expertise in crafting messages based on multiple types of information and directing them to different target audiences.

While the media strategies undertaken by grantees are applicable to most policy arenas and many issues, it is important to tailor a media advocacy approach and be mindful of the larger context. For example, grantees consistently focused more of their media advocacy activities at the local level, followed by state and federal levels, achieving consistent newspaper and radio coverage. This is due in part to their proximity to the local media, but it also corroborates the observation that local media provides ample opportunities for coverage (Graber, 2006). Additionally, media coverage can be a two-edged sword, and there are times when less coverage is a good strategy, such as when member clinics are spared funding cuts and other health and human services are at risk of losing funding. Last, advocates might want to strive for front-page coverage in local and major daily newspapers since this type of coverage was considered to be the most effective in increasing public and policymaker awareness of key clinic policy issues.

Media advocacy is perhaps one of the most difficult advocacy approaches to undertake to achieve a policy change. Grantees grappled with numerous challenges in securing media coverage. Metropolitan, suburban, and rural markets pose significant challenges, as well as high turnover among media staff. Grantees had practical strategies to overcome these challenges, however, such as leveraging their relationships, prior successes, or both to enhance their media advocacy work. Grantees also focused on timely policy issues, such as the state budget shortfall in 2004 and importance in supporting clinic services, to raise their visibility in the media. Last, grantees also honed their skills and built on existing strategies, such as focusing on ethnic media and disseminating bilingual messages and working with clinics to strengthen their media skills.

Partnering with the Media

Interacting and developing supportive relationships with the media is a crucial media advocacy skill that is well documented in the literature (Jernigan & Wright, 1996; Loue, Lloyd, & O'Shea, 2003). Over time, consortia strengthened their relationships with media by being responsive, credible resources, as evidenced by calls from reporters for information, media attendance at consortia events, and media coverage in print, radio, and television. Providing reporters with press kits on relevant policy issues and facilitating access to clinic staff, patients, or both for interviews contributed to mutually beneficial relationships. Many reporters cover multiple beats, particularly at the local level, and rely heavily on external sources of information (Graber, 2006). Meeting these needs positions advocates to become reliable partners in ensuring high-quality reporting, while increasing the likelihood that desired policy issues will receive coverage (Tanner, 2004). Our findings suggest, however, that providing

unsolicited information, such as mass mailing press releases, and inviting reporters to in-person meetings or gatherings, may produce limited results. Additionally, cultivating and sustaining a mutually beneficial partnership with the media requires ongoing attention to changes in the media and their specific needs, such as reporter turnover.

Media Coverage Generated

Decisionmakers rely heavily on print media for their information, speaking to the relative importance of front-page newspaper coverage (Slopen, Watson, Gracia, & Corrigan, 2007). Grantees obtained consistent front-page coverage, enhancing the visibility of their issues and increasing the likelihood of influencing policymaker support. Consortia secured newspaper coverage on a broad range of issues that affect clinics and their patient populations, such as providing insurance coverage for the uninsured and the role played by community clinics in their communities. They were also successful in securing coverage in different types of newspapers and increasing their visibility in communities throughout California, including the ethnic media. Grantees were very proactive in expanding into other venues and securing coverage, such as public radio (particularly in rural areas) and television. Clearly, being versatile and able to navigate different types of media is important; however, securing newspaper coverage is essential.

Impact of Media Coverage

There is strong evidence that advocates successfully can engage the media to influence public and policymaker opinion (Graber, 2006). A dual focus and targeting of message to two target audiences helps to increase the visibility of clinics and their services as well as to highlight key health policy issues that are of high interest to other stakeholders, such as changes in Medicaid reimbursement payments to physicians. While media advocacy was rated as the least effective of all of their advocacy activities in the latter years of the grant, grantees were nonetheless confident that media advocacy increased policymaker awareness of community clinic issues. Surveyed policymakers and community leaders reported favorably on the impact of consortia media activities on their knowledge of community clinic issues. Media representatives' feedback on the impact on policymaker awareness was mixed, however, suggesting that assessment of awareness is contingent on multiple factors and is difficult to ascertain.

While grantees were successful in securing coverage of their issues and influencing the media agenda and public opinion, it is not clear whether they are having an actual impact on the policy agenda. This is due in large part to the difficulty in demonstrating attribution. Grantees did cite some tangible outcomes, including the type and frequency of coverage achieved and an increase in the number of patients being seen at clinics. In addition, some policy issues of great importance to clinics had limited or no media coverage, such as developing Medicaid administrative rules and regulation. The sustained coverage in the larger California newspapers on key policy issues, such as the rising number of uninsured, however, suggests that grantees have a voice and are able to make themselves heard in media venues where they are likely to make a difference.

Limitations

Grantees and the media informants reported that it was difficult, if not impossible, to measure the impact of media advocacy. This is corroborated by the recent literature that describes the numerous challenges of evaluating media advocacy (Piotrow, Kincaid, Rimon, & Rinehard, 1997; Stead, Hastings, & Eadie, 2002). First, the impact of a media activity is not always readily apparent and can be difficult to measure, including disaggregating the variables important to policy formation. In addition, the role played by media advocacy may be difficult to distinguish from other advocacy approaches. Grantees undertook diverse strategies, targeting different media in different communities. Thus, teasing apart the precise impact of their media advocacy activities on long-term outcomes, such as policy change, is nearly impossible. This evaluation worked to overcome some of these challenges by using a combination of methods that could be applied across the grantee population (Dorfman, 2003; Stead et al., 2002). Over time, if relationships with the media are sustained, there may be greater likelihood of establishing attribution.

Another limitation of the study was the rapid turnover of media representatives or change in reporting beats or both from 2004 and 2006. Four reporters (23%) overlapped in the 2004 and 2006 interviews, although many reporters interviewed in 2006 said they had been working with clinic consortia for several years.

Conclusions

Media advocacy has great potential for advocates of all types, but it should be approached with some caution because its effectiveness can vary depending on the particular media market, and the policy issue. Although grantees rated media advocacy lower than other advocacy activities in terms of overall effectiveness at influencing policy change, grantees nonetheless made important inroads in reaching their target audiences and leveraging their relationships with the media. The findings from interviews with grantees, the media, and policymakers suggest that their efforts were successful in increasing awareness of clinics and clinic policy issues, but they are inconclusive with respect to influencing policy change.

The implications of our findings for organizations undertaking media advocacy are threefold. First, while there is no one-size-fits-all approach to conducting media advocacy, there are some key approaches that are likely to result in increased media coverage, such as developing relationships with the media and continuing to build on an organization's expertise in this area. Second, the outcomes of grantee media advocacy activities are likely to vary due in part to location and whether a media market is easy to penetrate and to the saliency of clinic policy issues. Last, media advocacy is an effective tool to educate policymakers and the public, but it is not the only source of information or necessarily the most effective approach for all situations.

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