



A Nationwide Network of Doctors
Advocating for Young Children

Advocacy Toolkit For Doctors

ADVOCACY TOOLKIT FOR DOCTORS

Introduction

Welcome to the Docs For Tots Advocacy Toolkit for doctors! This material introduces advocacy to doctors and provides information to help you advocate effectively for young children. Inside the toolkit, you will find:

- What is Advocacy?
- Advocacy and Child Policy
- Child Advocacy Organizations
- How DFT Can Support your Advocacy Efforts
- How to Advocate
- Working with the Media
- Legislation 101
- Working with Elected Officials
- How to Testify at Legislative Hearings
- Additional Ways to Advocate
- Your Advocacy Toolbox which includes:
 - Advocacy Worksheet
 - Sample Letter to the Editor
 - Sample Op-Ed
 - Sample Letter of Introduction to Legislators
 - Create a Script before Speaking with Your Legislator
 - Sample Letter to your Legislator
 - Sample Legislative Committee Testimony

You should think of this toolkit as a reference manual you can return to again and again. It is designed to be useful to doctors at all stages of advocacy involvement, from those with a specific area of interest, several hours per week, and personal time to research the issues; to docs just getting started, or who can only spare an hour every few months to appear at an event. Use the toolkit now to get started with your advocacy and later to remind yourself of particular topics, such as the critical components of media communications and interview savvy. Whatever your level of advocacy, know that every effort you make is improving the health and well-being of children.

There are so many ways for you as a physician to use your expertise and experience to make a difference in the advocacy arena. One of our central roles is to provide you with knowledge and assistance to make this happen. You can participate in advocacy efforts on behalf of children and families by investing very minimal time, literally minutes on an issue of interest. Of course, there are more involved ways to participate that can take as much time as you are willing to devote to them! We simply want you to know that your busy schedule does not have to stop you from advocating for children in meaningful and effective ways.

WHAT IS ADVOCACY?

As defined by the dictionary it means:

ad-vo-ca-cy *noun*

- 1 : speaking out, expressing one's opinion on a matter of importance
- 2 : the act of supporting a cause or proposal
- 3: storytelling
- 4: leadership

At Docs For Tots, advocacy means *being a voice for young children and their families*.

As a child advocate, there are many ways for you to promote the well-being of young children. You can work with advocacy agencies, the media, and elected officials to get your point across. Some examples of real-world advocacy that you can do are:

- Write an editorial for the local newspaper or an article for a parent magazine on the importance of mental health.
- Sign-on to a letter to elected officials, organized by a local child advocacy organization, asking legislators to provide better access to health care for the underserved.
- Collaborate with your community in planning efforts which impact young children, e.g. local children's initiatives.

An Effective Advocate:

- Has an important, relevant, personal or professional story to tell
- Knows the facts (data) and where to find them
- Leverages expertise—theirs and others'
- Networks—with other advocates and with decision-makers
- Is consistent and persistent
- Is cooperative, courteous, and positive
- Is solutions-oriented
- Pays attention—to others, to the field, to policy developments, and to timing¹

Doctors Make Particularly Good Advocates:

- Polling information indicates that doctors are particularly effective messengers on early childhood issues.²
- People trust doctors because of their expertise and because they believe doctors do not have ulterior motives.
- Doctors can use the unique respect they inspire to draw attention to the needs of young children.
- Doctors' status in society makes them appealing to the media as authoritative spokespeople. The very presence of a doctor can attract reporters to an issue or event such as a press conference.³

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1. Adapted from the American Association of School Librarians, AASL Introduction to Advocacy and Advocacy Training, <http://www.ala.org/ala/aasl/aaslproftools/toolkits/aasladvocacy.htm>

2. Every Child Matters, May 2002 "Arkansas Poll" by Mason Dixon Polling and Research, retrieved from <http://www.everychildmatters.org/site/DocServer/Polls/Arkansas%20Poll%20Topline%20Results.pdf>

3. Adapted from the Administration on Aging toolkit entitled "The Messenger Is as Important as the Message;" (<http://www.ala.org/ala/aasl/aaslproftools/toolkits/aasladvocacy.htm>)

Advocacy vs. Lobbying

Advocacy is NOT the same thing as lobbying. Lobbying is a subset of advocacy which promotes or opposes specific legislation, political candidates, or ballot initiatives. Lobbying directly affects legislative and electoral results. As individual citizens, anyone can lobby. Some people also lobby as part of their official work.

Advocacy in the broadest sense promotes themes, ideas and values, and fosters dialogue on social and political issues. Advocacy endorses effective solutions.

All doctors can be advocates in the broader sense. Some doctors choose to get involved in direct lobbying. Both activities are crucial efforts to improve outcomes for children

ADVOCACY AND CHILD POLICY

Health professionals know that the development of young children is impacted by many things, including physical, cognitive, cultural, social, environmental and emotional factors. But not every doctor can influence all those factors within his or her practice setting. Advocacy enables doctors to reach out beyond their clinic to address broader issues that affect their patients. By publicly making connections between social causes and health consequences within their communities, doctors can help improve the overall health of children.

By joining Docs For Tots, you have already taken a step toward increasing your advocacy for policies and practices that benefit young children. Docs For Tots focuses on issues impacting children birth to five. Some of the following topical areas are specific focuses of our work:

Poverty

Poverty has a huge impact on all areas of child development. The rate of childhood poverty in the United States has been growing since 2000, reaching almost 20% of the child population in some areas. Studies have shown that early intervention and services can mitigate the ill effects of poverty on child development. Advocates promote policies and practices that both assist under-resourced children and work to eradicate poverty itself.

Early Care and Education/Early Learning

Child care, Head Start, Early Head Start, Preschool/Pre-Kindergarten programs; Family, Friend, and Neighbor (FFN—or informal child care settings) and efforts to support parents as children’s first teachers all fall into this category. Child advocates focus on early care and education initiatives because critical cognitive, social, and emotional developments are all nurtured in high quality early child care and education settings, whether at home or in the community.

Health and Development Disparities

Poverty disproportionately affects young children from racial and ethnic minorities, and their health and development suffer as a result. Advocates can call attention to disparities in areas such as access to health insurance and high-quality early education, dental care, immunization rates, asthma prevalence, and nutrition; and champion efforts to enhance child health and development by eliminating racial and ethnic disparities.

Social Emotional Development and Mental Health

Social-emotional development is a child's increasing ability to experience and regulate emotions, form close and secure relationships, and explore the environment and learn. Advocates for infant mental health and social-emotional development emphasize the impact of parent mental health, positive early relationships and attachments to a primary caregiver, early intervention services, and high quality early care and education settings to foster confidence and healthy relationships with both peers and adults. In addition, advocates can work to reduce risk factors for negative mental health outcomes, including poverty, repeated exposure to violence, persistent fear and stress, abuse and neglect, severe chronic maternal depression, biological factors such as pre-maturity and low birth weight, and conditions associated with prenatal substance abuse.

Docs For Tots also highlights a variety of other issues, including:

- Health Insurance Coverage
- Parenting Education
- Earned Income Tax Credit
- Medical Home
- Quality Rating Systems for Child Care

Whatever issue or area you choose to champion, Docs For Tots can support you with technical assistance, networking connections, and opportunities to help you advocate.

Child Advocacy Organizations

Q: How do they work, and why should I work with them?

One of the most efficient and effective ways for doctors to advocate for policies and practices affecting young children is to partner with local, state, or federal advocacy organizations. Such organizations are typically non-profit, and they provide excellent opportunities for advocacy. Partnering with other child advocacy agencies is effective because:

- Child advocacy groups know the terrain. They track local, state, and federal child issues and develop resources you can use to make your case.
- Child advocacy agencies already have projects underway—you can become active immediately in the organization's work.
- Advocacy agencies host events. They will benefit from your expertise, and you will benefit from the ease of participating in a pre-planned advocacy opportunity.

Policy and Legislation

Policy and legislation are different things, but often related. Policy is the general intent of a governing body or administration, whether governmental or community-based. Legislation is a bill that can be signed into binding law. Working toward universal enrollment of 3- and 4- year-olds in pre-Kindergarten programs can be the governor's policy. A bill legally requiring funds to be disbursed to the Department of Education for the purposes of enrolling all children in pre-Kindergarten is legislation.

- Agencies can help you grow your personal network of connections in the field.
- Collaboration between many organizations is a growing phenomena and increases the potential for significant impact

Q: How do I choose an advocacy partner?

There are literally hundreds of local, state, and federal child advocacy organizations, each specializing in a different assortment of issues. They perform research on their specialty areas and usually formulate positions around those issues. Some agencies lobby as part of their advocacy work, others don't. Docs For Tots will link you to a reputable organization that matches your interests, but you may also want to do some background work on the organization yourself. A quick visit to a website should help you understand their mission and will let you know if they work on specific legislative initiatives (lobbying) or endorse positions with which you agree. To find specific organizations in your state, visit the Voices for America's Children website at www.voicesforamericaschildren.org to view "Voices Near You."

How DFT Can Support Your Advocacy Efforts

DFT works to cultivate relationships with advocacy organizations and doctors and facilitates linkages between them. We are continually adding to our network of doctors and our network of advocacy agencies in order to connect doctors with advocacy opportunities that match their interests, skills, and level of time commitment. We support advocacy groups in developing projects and activities that include doctor participation.

In addition to our work with individual advocacy organizations, we offer ongoing support to doctors through:

- Providing resources such as Talking Points and presentations, as well as a clearinghouse of information and potential opportunities
- Crafting messages to the media with you
- Training and technical assistance
- Brokering relationships by connecting physicians with advocacy partners and other local doctor advocates
- Cultivating advocacy by healthcare professionals and within health communities

Docs For Tots will provide you with partner agencies, data, issues, and events. We will also answer your questions and help you craft an advocacy strategy. One of Docs For Tots' goals is to give doctors the tools, skills, and resources they need to leverage public opinion and policy on the local, state, and national levels.

How to Advocate ⁴

Advocacy is an ongoing process with specific steps and a positive outcome—healthier kids! This section will walk you through each stage in the advocacy process and equip you with the tools to be an effective advocate.

Steps to Effective Advocacy

1. Choose an issue
2. Get the data and understand the context
3. Partner and collaborate
4. Frame your message
5. Choose your method(s) of communication

Choose an Issue

Choose an issue that is important to you. As you know, so many of the issues that we address clinically find their roots in the social and economic community that children experience. You also have the unique experience of seeing first hand the challenges that caregivers face in raising their children. What concerns you? What issues have you noticed that you feel need enhanced support, awareness or funding? By choosing an issue about which you feel passionate and have specific stories to share, you will set the stage for success as a powerful and effective advocate.

Get the Data and Understand the Context

You already possess medical expertise. What you may need to better understand are the connections between health and other issues that affect your patients. Docs For Tots can help you increase your understanding of social policy, and you can also gather information on your own.

The internet is an excellent resource, but so are newspapers, policy reports, journals, and even word-of-mouth. Advocacy organizations are a great source of child policy information and can be your first point of contact when you are ready to start talking about a particular issue. You also want to get an understanding of current advocacy or policy efforts in the area of your interest.

There are numerous sources you can turn to on the web that pull together otherwise confusing data and policy pieces into forms that are both understandable and usable in advocacy efforts. The following are some good examples:

- The Voices for America's Children Legislative e-Brief, Speaking Out! (http://action.voiceshub.org/voices_children/join.html) is a weekly newsletter highlighting the Congressional activities impacting children, youth and families, as well as state child initiatives.

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4. This section was largely drawn (with permission) from the First 5 Association of California Advocacy Toolkit. The Toolkit is available in PDF format at the Center for Health Improvement: <http://www.chipolicy.org> Copyright 2004

- Families USA (<http://ga3.org/familiesusa/join.html>) provides e-mail updates on Medicaid, Medicare, access to health care, minority health, global health, and other important health care developments.
- The National Association for the Education of Young Children, NAEYC, (<http://capwiz.com/naeyc/mlm/signup>) sends regular updates and action alerts on important child and family issues being considered by Congress and the Administration.
- The ZERO TO THREE Policy Network (http://www.zerotothree.org/site/PageServer?pagename=pub_publicpolicy) provides access to The Baby Monitor, a policy & advocacy e-newsletter; the latest policy research on infant-toddler issues; easy-to-use advocacy tools; and opportunities to get involved at the federal and state levels.
- The Children's Defense Fund monthly newsletter (http://www.childrensdefense.org/site/PageServer?pagename=newsletter_subscribe) provides the latest news and reports on children's issues.

There are also multiple sources that can help you track specific legislation or data on many levels:

- The Library of Congress homepage provides federal legislative information including bills and resolutions, activity in Congress, and the Congressional Record at <http://www.loc.gov/index.html>
- State homepages and legislative links are available from <http://www.multi-state.com/site.nsf/state?OpenPage>
- NAEYC Children's Champions Action Center maintains information on bill status and key votes at <http://capwiz.com/naeyc/issues/>
- Every Child Matters has state-by-state statistics on children and policies, as well as links to representatives and state officials at <http://www.everychildmatters.org/>

Partner and Collaborate

Once you have chosen an issue and collected your data, the next step is to consider partnering with others. You might be surprised about how receptive advocacy groups, coalitions of individuals, and organizations will be to your inquiry. It is a common occurrence to find that topics of interest to children's doctors have well-developed advocacy networks in which a children's doctor is greatly wanted and needed. In most cases, your efforts will be most effective when yours is not the only voice and when you build from existing efforts. When you learned about the issue, you likely found individuals and organizations already working on the same, or a similar issue. Ask them how they think you could be helpful, or what next steps are needed. Ask them specifically how a *doctors' voice could add to their effectiveness*.

Docs For Tots is a collaborative advocacy organization—most of the work done at the organizational level, or by individual doctor members, is in collaboration with other advocates. Often advocacy organizations approach Docs For Tots, looking for a doctor to get involved. But other times, individual doctors approach the organization or ask DFT for help connecting with other advocates. Most of the time, a collaborative approach is easier, more effective, and more fun!

In many states, there are organizations serving as resources to identify local coalitions and advocacy groups that are making a difference. For example:

- Washington State: The Children’s Alliance (<http://www.childrensalliance.org/>) mobilizes child advocates across the state and connects families and communities to programs that benefit children
- New York: Winning Beginning NY (<http://www.winningbeginningny.org>) is a statewide coalition working to inform policy-makers and the public about the many benefits of early care and learning to children, families and society
- Nationwide: Voices for America’s Children (<http://www.voices.org/>) has member organizations in almost every state. Many of the Voices member organizations convene coalitions and partner with other prominent groups statewide.

There are times where you can advocate effectively as an individual children’s doctor, but engaging in collaboration is often more productive and rewarding. You will gain a sense of which kind of advocacy is most effective on a given issue. And, by all means, try to talk with people outside of medicine, in addition to other docs.

Frame Your Message

Once you have chosen an issue and collected your data, the next step is framing the message you want to communicate. The purpose of framing is to be able to articulate and deliver your message in a few easy and powerful sentences. Framing does not have to be complicated, and you can deliver the message in a short speech at a single event, in a longer presentation on a radio call-in show, or in a succinct piece of writing. The point is that you can identify a problem, explain the consequences, and propose a solution. Often, there are key phrases, tested messages, or desired policy points that others have researched and are articulating together. Using the same wording and goals whenever possible can increase the effectiveness of your advocacy.

The FrameWorks Institute, an organization that identifies, translates and models relevant scholarly research for framing the public discourse about social problems, offers numerous resources including Research and Applications by Topic, E-zines on Framing, and Listen and Learn Framing Techniques on CD-ROM. To find this information, visit <http://www.frameworksinstitute.org/products/index.shtml>

How to Frame a Message:

► Define the problem or issue

With the data you have collected, create a simple definition of the problem. It should be free of jargon and as accessible as possible to a non-medical audience.

- **Good Problem Definition:** Children living in poverty are especially at risk to not do well in school. They are often unable to attend the best child care and preschools. High quality programs help children learn and prepare for kindergarten. This helps them be successful in school and life.
- **“Jargon-filled” Problem Definition:** Children from low socio-economic-status backgrounds are often unable to access high quality early learning environments. Research demonstrates that lack of high quality early care and education experiences are associated with poor school readiness skills across all domains of child development, and, subsequently, these children are at higher risk for school failure.
- **Ask yourself the basic journalism questions:** What is the issue? Who is affected? Where is it happening? When does it happen? Be able to answer those questions in 2-3 snappy sentences.
- **You should also answer the “so what?” question:** Why should the public care about this issue? Generally speaking, advocacy topics should be broad and apply to many people in many places.

► Explain what causes the problem, or who/what is responsible

Understanding the context of a problem, or cause, can lead to the solution and lend credibility to your campaign. Knowing whether the problem is related to a policy, person or practice may help lead to effective solutions.

And remember that the source of a problem can just as easily be the absence of beneficial programs as it can be the presence of a detrimental practice. Children may be getting sick because communities lack adequate immunization programs. What your community isn't doing could be harming kids.

► Propose solutions

Advocacy is not about complaining, but alerting the public to an issue and helping provide effective solutions.

You may call on your community leaders to end harmful environmental practices, or you may propose an innovative approach to improve childhood literacy.

Solutions should be:

Practical
Legal
Affordable
Appealing to a diverse audience

Part of your data collection should include finding previously attempted and suggested solutions, and discovering why they were not effective, or haven't been adopted. Often an effective solution has already been proposed and just needs the right advocates to champion the cause.

A solution is a critical part of your message because it empowers your audience to make a difference. Rather than getting frustrated with one more piece of bad news, your listeners and readers will take away specific ways to help kids.

► Be descriptive

Use examples to support your ideas. Stories from your clinical experience will leverage your credibility as a uniquely informed messenger. Use pictures and images to bolster your claims.

► Know your audience and tailor the message for them

Are you trying to impact the way elected officials think about early education? Do you want parents to understand the effect television has on their children? Do you want every man, woman, and child in your community to know about the effects of second-hand smoke? Identify who you want to hear your message and what their interests are. Then customize your message to your audience. If you know what motivates your listeners and use the same language they do, you will be more persuasive. For example:

Elected officials have to store huge amounts of information and use it in small amounts of time. They often must speak in sound-bites, and usually like easy to remember facts and numbers. They also care about issues affecting their constituents, and they respond to brevity, power of argument, and political consequences.

Parents want to know how something affects their children, and why it matters. They want options for what can be done about it. They like some details and resources to learn more about an issue, but the wording must be simple, understandable, and in their first language. Parents appreciate a positive, collaborative approach.

The general public needs to have health issues explained in plain language, not medical jargon. When reaching out to a broad audience, it is often helpful to point out the costs to society of the current situation and the benefits of change.

Leverage your expertise as a children's doctor:

You are a presumed expert and promoter of child health and well-being. For example, by framing a message around the importance of reading to young children, using a patient story, and issuing a "prescription" for reading, your target audience will clearly understand that your message brings with it the unique credibility and expertise of a doctor.

"I always think of the story of the baby in the stream. As a doctor, I often find myself downstream, pulling babies out of the rushing water. But often, by the time they get to me, it's too late. What I want to do is go upstream to stop whoever is putting them in the river!"

— Dr. George Askew

Choose Your Method(s) of Communication

Once you know what you want to say, how you are going to say it, and who you are going to say it to, you need to find a way to reach your target audience. In the above step, you tailored the content of your message to your audience; in this step, you need to choose an effective way to reach that audience.

- Remember to start with collaboration whenever possible. Advocacy partners will often be far more knowledgeable about needed or effective methods of communication on a given issue. Ask them how you might be helpful, and if there are ways to work together. It's likely to be more effective than working alone, especially on an ongoing issue. If asked specifically, partners can usually help figure out how a doctor's voice will be most useful.
- Start by thinking about how many people you would like to reach. If the number is small, you won't need access to a television market of 2 million viewers. But if the number is large, you want a presence somewhere besides a local small-circulation weekly paper.
- Then think about where those people are and how they obtain information. Are they likely to sit in your waiting room and read a parenting magazine? Do they watch lots of television at home? Is English their primary language? Do they have access to a computer?

Once you know the size of your audience and where their attention is already focused, you can begin to choose your communications methods. The next section will help you work with different media outlets and elected officials to address the needs of young children.

Working with the Media⁵

You've got a message to deliver, and you know your communications strategy. How do you get the media to listen? The following section will help you get the media's attention, work with reporters, give interviews, and make an impact.

Finding Opportunities

Docs For Tots and partner advocacy organizations will usually do the leg work of finding publications and interviews for you. To familiarize you with the landscape, here is a brief list of the ways advocates can access the media:

Newspapers: Interviews, Editorials, Letters to the Editor, Columns, Community Calendars

Ambitious advocates often want to start with major national newspapers, but smaller editions often have a larger impact. Local papers, weeklies, and freebies are often easier to access and can have a wide readership. Look for articles on your topic, and note the name of the reporter covering the story.

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5. The media section is largely adapted from the Administration on Aging's Advocacy Toolkit, available at: http://www.aoa.gov/press/Media_Advocacy/Media_Advocacy.asp

Watch for papers that accept guest editorials or opinion-editorials (“op-eds”). Have some of your writing on hand for quick deadlines.

Radio: Interviews, Call-Ins, Write-Ins, Public Service Announcements

Millions of people listen to the radio every day, and talk radio often covers topics related to health and children. Listen to shows covering the issues you care about, then write or call the show. You can also write or call the station and offer yourself as an expert. And if you’re part of a larger campaign, keep in mind that radio stations usually have free time allotted for pre-recorded Public Service Announcements (PSAs).

Television: Public Access, Local Cable, Local News, National News

Keep track of stations, programs, and reporters that cover health and children’s topics, and get in contact with them proactively. Ask them to cover your issue and suggest story angles. If you offer yourself as an interview candidate, or a resource for information or quotes, you put yourself in the position of being helpful to them when they have a deadline, for the current issue, or in the future. See the tips below for television presentations.

How to Appeal to the Media and Reporters

Media outlets serve critical functions as arenas for debate and public dialogue, but they are also businesses. Newspapers, radio shows, and TV programs all want to attract an audience. Some things you should be aware of for each media group:

- *The media like:* broadly appealing stories; controversial issues; accurate information; experts (like you!); and novel issues and approaches (often referred to as “the hook”).
- *The media dislike:* old or redundant stories they have already covered or that have been covered by their competitors; inaccuracies; persistence after a story has been rejected; jargon.
- *Reporters like:* timely responses to their queries; clear language; experts (you!); snappy sound bites; controversy; human interest stories; courtesy.
- *Reporters dislike:* inaccurate data; being called repeatedly when on a deadline; slow response time to a request; rudeness.

If you feel comfortable offering yourself as a general resource for issues related to children’s health, early education and its effect on children’s healthy development, or other such topics, a letter of introduction to staff writers and editors at local media outlets is a great way to be recognized. When reporters are on a deadline, they will often call from a list of known “experts.” By letting them know you can be available for quotes and information for last minutes deadlines, you can serve as an excellent resource. You can also develop a rapport with the media and thus be able to present the issues which you feel are important. Letters of introduction should include your title with current position, contact information and interest in helping to meet tight deadlines and provide excellent information on a list of topics.

Talking to the Media

Once you're in the door, remember these 3 basic rules to make sure your message is accurately reflected in the story, editorial, column, or interview.

Be positive—always inject hope and solutions into your stories and descriptions of the issue. You are selling ideas designed to inspire change and help children, not make people feel worse.

Be stats savvy—Well-used numbers can support your message. Whenever possible, talk ratios, growth and decline instead of specific figures. For example, instead of saying, “The incidence of child abuse decreased by over 49% after compulsory preschool was mandated,” say “We cut child abuse in half after our community extended preschool to all our children.”

Avoid jargon—As a trained physician, you are accustomed to using technical terms in your everyday life, but the general public won't understand medical terminology, and a non-expert reporter may confuse unexplained labels. Technical medical terms often sound more frightening than they are. You want to educate, not induce panic! Use simple language where you can, and explain what you mean when you must use technical terms. If an upper respiratory infection can accurately be called a cold, then do so. Think about using the same words you would use with a family in your office – simple statements that help parents know what to do with what you've told them.

Letter to the Editor

This is one of the quickest and most accessible mechanisms to get your issue out to the public via media. Letters to the Editor should be timely, topical, succinct, and in response to something in the paper. Keep a few tips in mind to write a great letter:

- If you are responding to an article, send your letter soon after the piece appears in the paper, preferably within 1-2 days.
- Short letters are more likely to be published than longer ones, and papers usually have specific word limits (check out the paper's guidelines on their website before submitting, but the typical number is 150-250 words).
- The tone should be objective, and the content should focus on information.
- Include facts, if possible, and reference them.
- Check your spelling and grammar.
- Include your name and degree (e.g. MD) along with your contact information to boost your credibility. Anonymous letters, or those that cannot be verified, are generally not considered.

- Remember you won't always get a response from a paper. This is often a matter of protocol and not a reflection on the quality of your piece. Typically, you will be contacted to confirm you wrote it if you are being considered for publication; but you usually will then need to watch the publication to see if your piece appears.
- Don't be discouraged if your piece is not published. You can submit similar letters to multiple sources and future pieces to newspapers that may not have published your piece the first time. It is likely that, with persistence, your voice will be heard.

The Interview ⁶

Whether you schedule an informal chat over the phone or give a live interview in a TV studio, your number one interview goal is to communicate your message. These tips will help you deliver that message and capitalize on your credibility as a doctor.

Before The Interview

- **Tip #1: Know exactly what the interview is about.**
Do your homework and come prepared. You don't want to be surprised by any questions.
- **Tip #2: Be punctual.**
Reporters work on deadlines, radio shows start on time, and TV spots are non-negotiable. If you must be late, call as far ahead as possible and offer to reschedule if they cannot accommodate your tardiness. You may miss that particular opportunity, but at least you won't alienate the contact.
- **Tip#3: Be flexible.**
They may also have to change times on you. You likely have a very busy schedule and should certainly communicate that fact, but sometimes things really do come up. It will also help you stay positive in the interview if you accept surprises calmly.
- **Tip #4: Be confident and upbeat.**
Remember that you are the expert! The more proactive and energetic you sound, the more people you will win over to your cause. Smile as often as possible to lighten your voice and charm your interviewer.
- **Tip #5: Send some background materials.**
You can help the reporter with her research and steer her in the direction you would prefer to explore in the interview.

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6. Adapted from the Kentucky State University Communications Department http://www.kysu.edu/land_grant/communications/interviewtips.pdf and the Biotechnology and Biosciences Research Council http://www.bbsrc.ac.uk/tools/download/communicating_notes/Welcome.html

During All Interviews...

- **Tip #6: Keep your Single Overriding Communication Objective (SOCO) in mind.**
You should have one central assertion you will make before the end of the interview. Plan ahead for different ways you can get your SOCO across. Perhaps it fits in a story, or you have a powerful statistic to quote. Your SOCO gives you an agenda and some control over the content of the interview. It will also help you appear knowledgeable and organized.
- **Tip #7: “Bridge” questions to highlight what you find important.**
Bridging means building smooth transitions from a question you don’t want to answer to a question you do want to answer. If you want to discuss the positive aspects of a program but a reporter asks you about its faults, smile and point out that the program has benefits that far outweigh the costs. Discuss the benefits briefly.
- **Tip #8: Don’t speculate.**
Reporters and interviewers often begin questions with “Hypothetically...” This is dangerous territory. Simply state that you do not wish to speculate, and then provide facts regarding the topic mentioned in the question.
- **Tip #9: Never say something you do not want quoted!**
All interactions with interviewers could wind up in print or in a broadcast. And as long as you are only saying things you would be happy to hear repeated, that isn’t a problem. Be careful with your words. Don’t repeat negative statements or the questions asked if you disagree with the wording, as it could become your quote or make you sound defensive. Instead, simply state what you want to say, “Actually, high quality child care can be a real support to parents.”
- **Tip #10: Don’t say “no comment.”**
It sounds like you are trying to hide something. It is perfectly acceptable to admit that you don’t know the answer. If the interviewer presses the point, offer to send him to someplace or someone who can give him the information. Simply say, “I’m sorry I don’t have that information with me at the moment, but I can get it to you” (if you can).
- **Tip #11: Avoid jargon.**
Most people are unfamiliar with technical medical terminology. Spell out acronyms and use common terms for medical conditions. Speak as simply as you can to assure that your message is received.
- **Tip #12: Pause before responding, or ask for clarification, whenever you need to.**
It’s best to understand the question – so if you’re not sure, say, “I want to make sure I understand your question, could you repeat (or rephrase) that?” It buys you time, and hopefully helps clarify.

During Radio and TV Spots...

- **Tip #13: Be succinct.**
Remember to KISS—Keep It Short and Simple. Responses should be 20 seconds or shorter. This sounds like no time at all, but you can actually fit a lot of information into 20 seconds. Speak clearly and use simple language. Practice some phrases ahead of time about your key messages, and they’ll sound better. Your key messages may be picked up after the interview to be used as sound bites, teasing the interview before it is aired, or to give a short synopsis of what was said for replay purposes. Make sure the key message is to-the-point and clearly states your purpose.
- **Tip #14: Look at the interviewer, not the camera or broadcast equipment.**
You will look and feel more natural, and you will avoid looking or sounding nervous. Speak as you would to a colleague—professional but relaxed.
- **Tip #15: Choose your TV wardrobe carefully.**
Don’t wear patterns, especially stripes. Where appropriate, wear your lab coat—it highlights your medical credentials for viewers. Men should wear dark suits and a blue shirt; women should avoid all-black or all-white outfits. Avoid wearing anything shiny that can catch the light. If you’re unsure, ask the camera operators or interviewer if what you are wearing will read well on video. Avoid noisy jewelry that could be picked up on audio.
- **Tip #16: Don’t refer to notes or other papers on camera.**
The rustling is distracting and it will make you appear nervous. Memorize a few figures, and just be yourself. It is always okay to say “I don’t know, but I can get that information for you.”

Legislation 101

The legislative process can appear intimidating from afar. The truth is you do not need to be an expert on the process to make a difference. However, it is helpful to gain a basic understanding of how legislation is passed in order to time and direct your efforts strategically. This section provides information on the legislative process at the federal level. While the process may vary slightly between states, most have two chambers and a similar procedure to what is outlined here. When partnering with local advocacy organizations, most of your advocacy efforts will be directed at the state-level. For more specific information on legislation in your state, visit your state legislature’s website (In your search engine, type “[State name] Legislature”).

The following medical organizations have active federal and state policy and advocacy centers:

- The American Academy of Pediatrics (AAP) Federal Advocacy and State Government Affairs page (<http://www.aap.org/advocacy.html>)
- The American College of Obstetricians and Gynecologists (ACOG) Legislative Action Center (<http://www.capitolconnect.com/acog/>)
- American Academy of Family Physicians Policy & Advocacy page (<http://www.aafp.org/online/en/home/policy.html>)

The National Federation of Independent Business, “How a Bill Becomes a Law”
(reprinted here with permission)

While a bill can be drafted by anyone, only members of Congress can act as sponsors and actually introduce legislation. The four basic types of legislation include: bills, joint resolutions, concurrent resolutions, and simple resolutions. The legislative process begins when a bill or resolution is numbered – (with H.R. signifying a House bill and S. a Senate bill), labeled with a sponsor, referred to a committee, and printed by the Government Printing Office.

Step 1. Referral to committee

With few exceptions, bills are referred to the appropriate committee by the Speaker of the House or the presiding officer in the Senate. Bills may be referred to more than one committee or split so that different aspects of the bill are addressed by different committees.

Step 2. Committee action

When a bill reaches a committee it is placed on the committee’s calendar. A bill can be referred to a subcommittee or considered by the committee as a whole. It is at this point that a bill is examined carefully and its chances for passage are determined. Failure to act on a bill is the equivalent of killing it.

Step 3. Subcommittee review

Often, bills are referred to a subcommittee for review and hearings. Hearings provide the opportunity to formally record the standpoints of the executive branch, experts, other public officials, supporters and opponents of the legislation. Testimony can be given in person or submitted as a written statement.

Step 4. Mark up

When the hearings are completed, the subcommittee may meet to “mark up” the bill, which includes making changes and amendments before recommending the bill to the full committee. The bill dies if a subcommittee votes not to report legislation to the full committee.

Step 5. Committee action to report a bill

After receiving a subcommittee’s report on a bill, the full committee can pursue further study and hearings, or it can vote on the subcommittee’s recommendations and any proposed amendments. The full committee then votes on its recommendation to the House or Senate in a procedure called “ordering a bill reported.”

Step 6. Publication of a written report

Once a committee votes to have a bill reported, a written report of the bill is prepared. This report describes the purpose and scope of the legislation, its impact on existing laws and programs, the position of the executive branch, and the views of dissenting members of the committee.

Step 7. Scheduling floor action

Once a bill is reported back to the chamber where it was originally proposed, it is placed in chronological order on the calendar. While there is only one legislative calendar in the Senate, there are several for the House, and the speaker and majority leader largely determine if, when, and in what order bills are addressed.

Step 8. Debate

When a bill reaches the floor of the House or Senate, specific rules and procedures determine the conditions and amount of time allocated for general debate.

Step 9. Voting

After the debate and the approval of any amendments, the bill is passed or defeated by the voting members of the chamber.

Step 10. Referral to other chamber

When a bill is passed by the House or the Senate, it is referred to the other chamber where it usually follows the same route through committee and floor action. This chamber may approve the bill as received, reject it, ignore it or make amendments to it.

Step 11. Conference committee action

If the other chamber makes only minor changes to the bill, it is common for the legislation to go back to the first chamber for concurrence. However, when the other chamber significantly alters a bill, a conference committee is formed by members from each chamber to reconcile the differences between the House and Senate versions. If the conferees are unable to compromise, the legislation dies. If they reach an agreement, a conference report is prepared describing the committee members' recommendations for changes and distributed to each chamber. Both the House and the Senate must approve the conference report.

Step 12. Final actions

After a bill has been approved by both the House and Senate in identical form, it is sent to the president for review. If the president approves of the legislation and signs it, or if the bill is not signed within 10 days while Congress is in session, it becomes law. A "pocket veto" occurs if Congress adjourns before the 10 days and the President has not signed the bill; in this case, the bill will not become a law. Finally, the president can veto a bill and send a note to congress with his/her reasons.

Step 13. Overriding a veto

If the president vetoes a bill, Congress may attempt to override the veto, which requires a two-thirds majority vote of the members who are present. Once the veto of the bill is overridden by both chambers, it becomes a law.

Working with Elected Officials

Public officials want to hear from their constituents, but are usually pressed for time and difficult to access. If you are willing to wait or talk to a staff member, you can get quite a lot accomplished through your legislators. There are a few things you can do to make your representatives aware of the child health and development issues you care about.

Write

The internet offers unparalleled opportunity for small investments of time to lead to effective advocacy. E-mails are a quick and easy way to communicate with your elected official or other leaders.

Letters and email, especially from constituents, alert elected officials to important issues the public is watching. Letters should be no longer than one page and should be cordial but firm. E-mails can be slightly shorter but no less formal. You want to educate, inform, and prioritize. Make sure the representative knows that you are a constituent and that you vote! See the example letter in the Toolbox at the end of this document.

Call

Calls can be very effective and take almost no time. You will likely speak to a staff member or even to an answering machine. You want to state your concern and ask for action. Write yourself a script beforehand to assure that do not forget anything, and leave your name, address, and a phone number where you can be reached. If you are referring to a specific piece of legislation, make sure you state the bill number; legislative staff and representatives will usually be unable to have them all memorized. Be sure to confirm that you are a constituent and would appreciate a response!

Visit

Legislators like to spend some time with constituents, and will be happy to meet with you if possible. You will likely find that it is very easy to make an appointment with your elected official and/or a staff member. It is important to know that if your meeting is with the staff member and not the official him or herself, it is just as meaningful. The staffers report directly to the officials and are relied upon for key policy decisions.

To find the contact numbers of your officials, visit <http://yahoo.capwiz.com/y/dbq/officials/>. Simply enter your zip code, and you will be a phone call away from scheduling an appointment.

Tell the scheduler your name and any affiliations, along with your address and other contact information.

On the day of the visit, dress professionally, and be prepared to wait or meet with a staff member. Much like in your clinic or hospital, things come up suddenly for elected officials, and they may have to send someone else. Bring materials you can leave behind for the legislator and her staff members to read, and offer to be their expert contact on these issues. Be upbeat, friendly, and persistent and you will convey your message.

How to Testify at Legislative Hearings

Testifying is a valuable opportunity to make a compelling and persuasive case, and ultimately a chance to gain support for your positions. You can also submit written testimony alone if you are unable to attend a hearing. By tracking government websites as well as partnering with advocacy groups, you can find out when an issue of interest to you is up for discussion at a hearing.

The ZERO TO THREE Policy Network's Tips on Testifying
(reprinted here with permission)

- Speak with your colleagues about the type of information needed to address the legislation or regulations being heard. Offer to testify as a member of a children's group or as an individual with professional expertise in the issues being addressed.
- Talk with others who have previously testified in your state to find out the logistics of the testimony, including time limits, format for the written testimony, etc.
- Be cognizant of how you are communicating about early childhood development. Remember, policymakers are not likely to be well-versed in medical language. Avoid speaking in code as much as possible.
- Find out how many people are on the committee you will be testifying for. Prepare your testimony in writing, and make enough copies for each member of the committee.
- Sign-in when you arrive at the hearing. This will ensure that the committee members know you are there to give testimony, and your name and affiliation will be put into the record.
- When giving testimony, be concise and direct. Often, there are many people offering testimony, so you should address issues in which you have expertise or an important perspective to offer.
- Let the committee members know that you are available at any time to answer their questions and that you serve as a resource to them.⁷

cited

7. ZERO TO THREE Policy Center. March 7, 2007. "Giving Testimony on Infant-Toddler Issues." The Baby Monitor. Washington, DC. Retrieved from <http://www.zerotothree.org>.

Additional Ways to Advocate

There are many alternatives to engaging in media and legislative advocacy. You can fulfill your role as an active advocate by participating in any of the following:

- Educate other doctors and medical professionals about social policy issues related to children and advocacy by attending advocacy trainings and coordinating trainings for colleagues.
- Speak to audiences in a variety of settings, including schools, child care settings, community meetings, and other public forums.
- Family Engagement via your Waiting Room—Materials and information on programs can be distributed and piloted in your office, offering unique access to a group of young children and their families. Specific resources that can be made available in your office include:
 - Parent advocacy materials and information on child development
 - Information about programs such as the Earned Income Tax Credit, Child Care Tax Credits, and State Funded Free Meal Programs
 - Facilitated enrollment in education programs (i.e. Head Start) and health programs (i.e. SCHIP) in waiting rooms
 - Information on voter registration
- Other ways to advocate can include educating the parents of your patients about the social issues that impact health; serving on an advisory board for a parent magazine; and staying informed about the issues by signing-up for e-alerts and newsletters through child advocacy organization websites, watching the news, and attending community meetings.

Your Advocacy Toolbox

In this section you will find sample advocacy items, including a sample letter to the editor and a sample op-ed piece. Use these examples for guidance and inspiration.

Advocacy Worksheet

To help guide you in the process of building your advocacy plan, follow the five simple steps below before you begin the activities in this toolbox, or visit the Docs For Tots resources at www.DocsForTots.org/resources to view the **Pediatrician's Worksheet for Advocacy**:

1. Identify the Issue. What issues relating to children's health and well-being do you feel most concerned about? Is there a recurring situation that you clinically encounter that you feel limited in your abilities to help patients with? (examples could include child care and early education availability/quality, violence exposure, mental health issues)
2. Develop a Knowledge Base Around the Impact of this Issue—Utilize web-based resources such as Children's Defense Fund (<http://www.childrensdefensefund.org>), Voices for America's Children (<http://www.childadvocacy.org>), Winning Beginning NY (<http://www.winningbeginningny.org/>), and Docs For Tots (<http://www.DocsForTots.org>). Don't underestimate a generalized web search.
3. Identify Relevant Media. Consider large papers, local papers, radio including talk and Public Service Announcements, and TV
4. Community/Collaboration/Relationship–Building. Your possibilities are unlimited! Consider joining Advisory Boards for papers or childcare centers, speaking to childcare providers, speaking with parents, partnering with advocacy organizations
5. Enjoy!

Sample Letter to the Editor (In response to an Opinion column)

Dear Editor,

In his January 8th column, "Head Start Costs Too Much," Mark Newsman argued that federal funding for Head Start could be better spent on other projects. I disagree. Head Start is a proven success in all areas of child development. Kids who attend Head Start read earlier, stay healthier, and are more prepared for school than their peers who do not attend the program. And healthy, academically prepared kids grow up to be healthy, productive members of society. Some of us even grew up to be doctors. Head Start is certainly money well spent!

Sincerely Yours,
Joe Doc, MD
Commonsense Town, USA

Brevity is vital.

◀ Key Fact

Catchy closing line.

Sample Op-Ed

(Explains the need for community support for children’s healthy development and gives a solution)

Doctors, business people, and the community need to help families support children’s development and access high quality child care – Mary Smith, MD

As a doctor, I routinely share information about children’s health, growth, and nutrition with families. I believe that it is just as important that children’s doctors, the community, and legislators support parents needs related to all aspects of their children’s growth and development – including social, emotional, and cognitive development. Too often we don’t adequately equip parents with information about how children learn to talk, read, or get along well with others when they visit our offices, and our efforts are done in isolation from other community resources.



The Problem

Research is clear that critical learning is happening right from birth. We also know that a child’s success in school is linked with his or her overall skills and development when he or she starts kindergarten. Giving parent’s information and talking with them about how they can best support their children’s development is a great start. But we also need to go one step further, by helping parents find high quality early care and education settings for their children.



The Data

As the movement toward parents working outside the home continues, more children will spend significant amounts of time under the supervision of someone other than their parent. According to the U.S. Department of Education’s National Center for Education Statistics, 61% of children from birth through age 6 receive some form of child care on a regular basis from a provider other than their parents. The quality of children’s early relationships and child care settings are critical to later learning and success. It is important that parents who rely on child care understand what is meant by “quality” – what it looks like and how to find it. A few key indicators that can help ensure that a child’s early learning needs are being met include low child –to-staff ratios, age-appropriate and enriching materials and activities, small group sizes, and credentialed and experienced teaching staff.



The Argument

Anyone who has ever searched for child care knows that finding a setting that is affordable, convenient, and of high quality, can be a huge challenge. The obstacles in obtaining high-quality care multiply for those families whose children need a specific type of high-quality care setting, such as programs for children with special needs, for infants and toddlers, and for low-income families. Fortunately, there is a great community resource that can help – the local nonprofit child care resource and referral agency (CCR&R) helps families find, evaluate and get help paying for child care. CCR&Rs also provide information and checklists about what high-quality child care looks like, and they link families to other supports and resources, such as early intervention programs, parent information

sessions, and health and developmental screenings. And best of all – this service is usually free – or very low cost! Unfortunately, however, there is not enough high quality child care for all who need it.

I challenge my colleagues in the health profession as well as local business leaders, elected officials and the community at large to make high quality child care a local, state and national priority. We need to take a more active role in educating parents about their children’s overall development, and about the importance of early experiences. We must work to ensure that high quality child care opportunities are available for all children who need them. By doing so, we can help assure ALL children arrive at school healthy and ready to succeed.

The Challenge/
Solution

Sample Letter of Introduction

Dear (*title of legislator*):

I am a pediatrician in your district with [*name of your public practice/hospital if you want to include this*], who has served our community for more than [*number*] years. There are many issues that I hope will come before you relating to the health and development of children in our state. I am writing you to introduce myself, and to offer to be a resource related to health and development issues for children in our state. I am also a member of (*professional society name*), the leading professional association in (*the state or nation*), dedicated to (*mission of the group*). I will contact you from time to time to talk to you about issues concerning children’s healthy development and the importance of quality early care and education for young children, and I welcome your contacting me at any time when I might be of help to you in understanding children’s issues before you.

I hope you will (continue to) make the needs of the children of our state a political priority. I thank you for your service to our community and to the citizens of the (*your state or region*).

Sincerely,

John Smith, MD⁸

Your contact information

cited

8. Adapted from the Virginia Society of Certified Public Accountants, Grassroots: The Key Person, http://www.vscpa.com/Leg_Reg/KPN.aspx#sample1

Create a Script before Speaking with your Legislator

When you visit your legislator, take promotional materials to leave behind such as a fact sheet from an advocacy organization and a business card.

- CONSIDER what your key message is before you call or visit.
- SUMMARIZE your concerns in a succinct manner.
- Clearly EXPLAIN your position.
- SHARE stories from your practice to make your point more understandable and to convey the urgency of dealing with your issue.
- FACTS and figures can aid in telling your position.
- INFORM your legislator what you hope he/she will do.
- LISTEN to your legislator's concerns and opinions.
- INFORM your legislator of opposing viewpoints he/she may encounter and any counter arguments you may have.
- UNDERSTAND that your legislator is balancing many constituents' concerns and may not always be able to vote as you hope.
- SPECIFY the bill number(s) in writing, if you are discussing specific legislation.
- THANK the legislator for his/her time and interest.
- OFFER your expertise or assistance in the future.
- FOLLOW-UP the visit with a call, letter or card.⁹

Sample Letter to Your Legislator

Dear Representative Jones,

I am writing to alert you to the devastating effects of poverty on young children's health and development. As a physician, I see children in my practice every day who suffer from malnourishment, low birth weight, social-emotional developmental delays, anxiety, and other behavioral problems due to living in poverty. Such issues are just a few of the consequences children face as a result of limited access to resources and services, including health insurance, home visiting programs, parent information and support, early intervention programs, and high quality early education and child care settings. Children who arrive at kindergarten behind their peers are unlikely to ever catch up.

Thus, we have a choice to provide necessary supports to all young children, or to spend their lifetime trying to repair the damage that we allow when their needs in the first few years of life are overlooked.

cited

9. Adapted from the Citizens for Missouri's Children website, <http://www.mokids.org/issues/tips.cfm>.

◀ Introduce topic of concern in first sentence.

Express why you care, and who you are.

As one of your constituents, I rank child health policy as my number one voting priority, and I see a strong correlation between the reduction of poverty and the overall health and well-being of young children. I urge you to do everything within your power to prevent health and development problems before they start, and eliminate childhood poverty in our district and in our country. I have enclosed some educational materials for you, and would be happy to speak with you or a member of your staff concerning this issue. (Insert information on specific legislation if there is some and you want to refer to it.)

Pressure your legislator to care about this issue.

Reason for this letter.

Take every chance to educate.

Thank you for your service and for the time you take to lessen poverty in our communities.

Sincerely Yours,

Jane Doe Doc, MD
Clinic or Personal Address

Sample Legislative/Committee Testimony

A good testimony is measured, factual, and straightforward. It should also give the listeners action items and a ‘take-away’ message. Urge listeners to take certain steps or focus on a particular issue. The length can depend on the meeting, and when you are invited you will likely be told how much time you’ll have. Some committees hold work sessions, where background about an issue is presented in an educational format. More commonly, committee hearings are about particular bills, and legislators are looking for both education on the issue, and opinions about the proposed legislation addressing the issue.

CHILD HEALTH AND THE ENVIRONMENT COMMITTEE TESTIMONY

Re: Information Regarding Child Asthma

Jon Doe Doc, MD, FAAP

Senator Smith, Representative Jones, distinguished members of this committee; I want to thank you for the opportunity to address this important issue – child asthma.

As you know, child asthma is a growing concern in this country and is recognized as the most common chronic disease of childhood in the United States. More than 5 million children in the nation have asthma, and the number of kids diagnosed each year has doubled from what it was 20 years ago. In that same period, deaths from asthma have skyrocketed.

Introduction & Background Facts

The medical community has recognized that asthma poses a disproportionate burden on minority children and that one of the major risk factors for childhood asthma is substandard housing, where children may be more likely to be exposed to environmental toxins, pollution, lead, asbestos, chemicals, and other airborne allergens. By providing the necessary resources to allow children’s families to move from poverty and into higher-quality housing, we can significantly reduce rates of childhood asthma.

Specific Assertions

I therefore urge this committee to do everything it can to eliminate substandard housing, and assure that all American families have access to safe, clean, affordable housing units. (*Specifically state support of a particular bill if there is one before the committee...e.g. "I urge you to support House Bill 5264 because it will improve the health of children with asthma."*)



Action Items

Thank you very much for you time and attention today.

For Further Advocacy Information

Docs For Tots is an advocacy organization formed to encourage more doctors to fulfill their important role as active advocates for infants, toddlers, and preschoolers on the national, state and local level. We are committed to making it as simple as possible for doctors to become involved in advocacy or to increase their advocacy activity. For further information or specific advocacy issue research please visit the Docs For Tots web site at www.DocsForTots.org or e-mail dft@DocsForTots.org.