

# GIH COMMUNICATING FOR POLICY CHANGE

ISSUE BRIEF NO. 29

NOVEMBER 2007

---

BASED ON A  
GRANTMAKERS  
IN HEALTH  
ISSUE DIALOGUE

---

WASHINGTON, DC

©2007 Grantmakers in Health. All materials in this report are protected by U.S. copyright law. Permission from Grantmakers In Health is required to redistribute this information, either in print or electronically.

This publication is available on-line at [www.gih.org](http://www.gih.org).

## FOREWORD

*As part of its continuing mission to serve trustees and staff of health foundations and corporate giving programs, on November 2, 2006, Grantmakers In Health (GIH) convened nearly 90 grantmakers and communications experts to discuss how health grantmakers can make effective use of communications strategies in their efforts to change public policy. The program was designed to address funders' desire to learn more about communications theories and techniques as well as their application to public policy work. The program focused on the work of grantmakers and their grantees. Small-group discussions provided an opportunity for learning from and sharing with peers on specific topics such as messaging, evaluation, capacity building for grantees, and integrating programs and communications.*

---

Special thanks are due to those who participated in the Issue Dialogue, especially keynote speaker Katie Woodruff of the Berkeley Media Studies Group and discussion leaders Marla Bolotksy, independent communications consultant; Annie Burns, GMMB; Hollis Hope, FoundationWorks; Larry Levitt, The Henry J. Kaiser Family Foundation; Andrew Posey, Cause Communications; and Phil Sparks, Communications Consortium Media Center.

This Issue Brief synthesizes key points from the day's discussion and highlights some of the stories shared. The program was designed primarily for those without communications backgrounds; thus, the discussion here is also targeted to those in program and policy roles within philanthropy. It builds upon previous GIH publications, *The Path to Policy Change* (2006), *Funding Health*

*Advocacy* (2005), and *Strategies for Shaping Public Policy* (2000), and reflects GIH's ongoing commitment to communicate with health grantmakers about the relevance of public policy to their work, create opportunities for grantmakers to learn more about specific policy issues, provide training and technical assistance to grantmakers, and connect grantmakers with strong interests in health policy to each other.

Anne Schwartz, who was vice president of GIH at the time, planned the program and wrote this report. Eileen Salinsky, GIH vice president for program and strategy, and Leila Polintan, communications manager, provided editorial assistance and shepherded it through the production process. Funding was provided by The California Endowment, The George Gund Foundation, and the Missouri Foundation for Health.

## EXECUTIVE SUMMARY

COMMUNICATING  
FOR POLICY CHANGE

*A decade ago few foundations viewed communications as an important tool for achieving strategic goals, and only a handful specifically relied on communications activities to influence policy change. This history reflects, in large part, the nascent role of communications activities in philanthropy. More focused questions regarding the fit between mission and policy reform objectives, however, have also dampened and continue to moderate support for communications as an instrument for policy change. Funders wishing to utilize communications to facilitate policy change actually have a great deal of latitude to do so, but, until recently, conservative interpretations of lobbying restrictions have made many foundations wary of policy advocacy. Ambitious communications efforts that might appear too vocal or politically pointed were especially uncommon.*

More and more foundations are rejecting these fears and have come to believe that a sophisticated, reflective approach to communications can serve as a powerful and appropriate catalyst for change—particularly change in public policy. The perceived value and acceptance of communications as a fundamental component of philanthropic intervention have increased dramatically over the last ten years. Many foundations have joined in this general embrace of communications as a synergistic activity, including a number of organizations committed to policy change. The application of communications strategies to policy reform, however, poses special challenges, and foundations remain cautious in choosing the specific activities and investments they will pursue.

Communications strategies focused on policy change are often viewed as particularly high-risk endeavors. These activities are by nature highly visible, sometimes resource-intensive, usually politically charged, and may

be viewed as a significant departure from established areas of expertise. Health funders may worry that communications techniques, particularly those that rely on mass media, have the potential to capture an inappropriate level of attention and investment, thereby threatening to eclipse other necessary interventions such as coalition building and policy analysis. Determining how communications fits within a broader constellation of organizational priorities is challenging, and these decisions ultimately shape how those communications strategies will be implemented.

As the power of communications becomes increasingly resonant, more foundation leaders are willing to assume the associated risks and tackle the complex decision-making involved, but they are doing so with purpose, forethought, and preparation. Foundations that have explicitly committed to using communications as a tool to affect policy change typically have relied on a sound, but still developing, evidence base to guide their

efforts. Research emerging from the fields of psychology, marketing, and change management conveys important lessons about how to craft effective communications and how to deploy these strategies in tandem with other types of policy change interventions.

Successful communications initiatives typically involve a long-term, systematic perspective. The first step involves identifying the actions intended to result from the communications, defining target audiences, and understanding how the audience's existing values and beliefs are likely to influence the intended action. The second step is focused on articulating core messages that relate to the values of the target audiences. The third step entails the development of media tactics and skills to deliver the message and compete effectively with adversaries in the public debate. To accomplish purposeful planning, funders and their grantees must be clear and specific about what needs to change and how that change will be accomplished.

Communications activities need not be synonymous with an expensive media splash. To harness the power of communications to achieve lasting health policy change, funders can:

- fund research that can support the development of effective messages including surveys and focus groups;
- facilitate the dissemination of well-crafted messages;
- engage in targeted, high-impact efforts;
- nurture new messengers;

- develop relationships with the media;
- plan and fund the evaluation of communications activities; and
- build the capacity of their grantees to be heard by funding ongoing training as well as providing support for specific activities such as dedicated communications staff, communications audits or assessments, print materials, and on-line campaigns.

---

*Increasingly, health funders are recognizing the importance of communications in their work to influence changes in health policy.*

---

Funders should stress the value of engaging in explicit conversations about the role of communications within their organizations. This conversation should begin with a discussion about mission, goals, and assumptions about organizational effectiveness. Are communications strategies seen as a way of advancing the mission, or are they a tool for conveying what the foundation does (including how grantseekers can approach the foundation for support)? What should the foundation be known for? Is the foundation willing to be associated with movement of issues and a policy agenda? These are big issues that cannot be settled in a single board meeting or staff retreat. They require deliberate and sustained attention from board and staff.



## TABLE OF CONTENTS

Introduction .....	2
The Role of Communications in Changing Public Policy .....	3
Planning for Success in Communications .....	5
Developing and Delivering Effective Messages .....	8
Identifying Effective Media Tactics .....	11
Building Grantee Capacity .....	14
Evaluating Communications Campaigns .....	16
Resources for Health Funders .....	18
Conclusion .....	19
Sources .....	20

## INTRODUCTION

*Relatively few foundations engage in communications work to pursue specific agendas. According to a 1997 survey of the nation's 95 largest foundations conducted by The Commonwealth Fund, only 15 percent sought to build personal contacts with journalists and policymakers, reach audiences through electronic media, and publish the results of their work regularly. The more typical pattern, reported by about 60 percent of those responding, was to publish an annual report, grant releases, program brochures, and the occasional press release (Craig 1998). Commonwealth's survey, plus a set of companion case studies, revealed that those with the most aggressive communications activities were those that "see their domain as public policy and their mission as helping to inform public debates" (Craig 1998).*

*Increasingly, health funders are recognizing the importance of communications in their work to influence changes in health policy.*

Increasingly, health funders are recognizing the importance of communications in their work to influence changes in health policy. But for many, questions of both strategy and execution abound: What does it take to develop a message, share it with key audiences, and move the debate forward? How do I know if I have the right message? How can I reach constituencies beyond the usual suspects? How can I help my grantees use communications effectively? What can I afford? What will be most cost effective?

Based on the conversations of some 90 health grantmakers and communications experts at a November 2006 Issue Dialogue convened by Grantmakers In Health, this report considers how communications can fit into philanthropic efforts to influence public policy. It also looks at the specific techniques that health funders are using in their public policy work and considers how grantmaking organizations structure their own work in public policy and communications.



## THE ROLE OF COMMUNICATIONS IN CHANGING PUBLIC POLICY

*Because many foundations are used to doing their work quietly, allowing their grantees to be their public face, diving into communications projects can be daunting. This is true even for foundations that have decided to take the sometimes controversial (but completely legal) role of acting as agents of policy change by funding analysis, advocacy, and organizing. Most foundations that do communications engage in what is known as “FYI” communications such as annual reports, Web sites, press releases on grant awards, and newsletters (FoundationWorks 2003). At the Issue Dialogue, both experts and grantmakers talked about the challenges of doing strategic communications work targeted toward policy change and shared thoughts on practical approaches to addressing these challenges.*

Any foundation getting into communications work must first be clear from the outset about what it is seeking to accomplish. What are the goals? Is this work important to the foundation’s assessment of its own effectiveness? Is communications a way of advancing the mission, or is it a tool for conveying what the foundation does (including how grantseekers can approach the foundation for support)? What should the foundation be known for? Is the foundation willing to be associated with movement of issues and a policy agenda? These are big issues that cannot be settled in a single board meeting or staff retreat. They require explicit and constant attention from board and staff.

Because communications work tends to be costly, both in terms of campaign costs and foundation staff time, it raises significant questions about priorities and strategies. At the Issue Dialogue, funders talked about encountering skepticism within

their organizations about the value of communications relative to other types of projects. One participant voiced concern that because communications activities are viewed as “hot,” they can become the tail that wags the dog, consuming resources that health advocates could otherwise use more effectively.

The discussion revealed perhaps the biggest barrier to health foundations engaging more purposefully in public policy communications: a general lack of understanding among foundation staff and trustees about strategic communications as a field. A survey by FoundationWorks found that foundation staff are confused about how to match communications and program goals. They are more likely to focus on communications tactics (what should we do to convey specific news and information) than on strategic issues of the audience and messages needed to achieve some kind of change. They also tend to

be uncertain about how to measure success (FoundationWorks 2003).

Board and staff must be clear about the value of communications and plan appropriately. Hollis Hope of FoundationWorks suggested to Issue Dialogue participants that they think of planning as a roadmap with a starting point, a destination, and stops in between. Communications, programs, and evaluation should all be part of this planning process from the beginning, a task that is inherently difficult. As The California Wellness Foundation's 2005 annual report noted:

For us, it comes down to using communications strategically as a common thread to further the work of the whole foundation. Our grants program, finance, administration, and communications departments are all united in their desire to provide health resources to the underserved through the work of our grantees.

Because of this, communications for us is not simply an afterthought or a department established to support the needs of our programs. Rather, we seek to weave communications into the very fabric of our organization so that we can work in synergy, anchored by our commitment to our mission.

This unity did not develop overnight, and we have experienced periods when the working relationship between grants program and

communications staff was fraught with tension. However, because our communications philosophy of putting the grantees' work "front and center" has consistently proved its effectiveness, it is now supported and embraced by grants program and other Foundation staff on up through the executive leadership and the Board of Directors.

At the Issue Dialogue, the tension between programs and communications came up repeatedly and was common to both small and large organizations. Small organizations often do not have communications staff, or other staff members wear both hats. To deal with workload and resource constraints, communications often becomes compartmentalized into tasks. In large organizations, it can be difficult to work across departments, with communications staff moving in one direction and program staff in another.

While few simple solutions arose in the discussion, a theme emerged about the importance of seeing communications as a mindset, a part of organizational culture, rather than a set of activities that can be contracted out if the expertise does not exist in-house. In this model, program officers are advocates for issues rather than architects of a list of grants. Staff need training to do this well. Combining responsibility for programs and communications in one leadership position can also help.

## PLANNING FOR SUCCESS IN COMMUNICATIONS

*In public policy work, the stakes are often high and the windows of opportunity narrow. The desire to get the message out to the media can be great. Even so, the first step in harnessing the power of communications is to put it in its proper place in service to an overall strategy. As keynote speaker Katie Woodruff of the Berkeley Media Studies Group noted at the Issue Dialogue, “If we’re going to be doing communications that focus on policy change, that means that we need to be careful to put media in its proper place and also not shy away from using media in its most powerful form.” As a starting point, this section provides a framework for thinking about where communications fits in efforts to move health policy.*

Whether it is fighting for an expansion of Medicaid or advocating for restrictions on smoking in public places, the generic steps in a health policy campaign are the same: define what needs to be changed; articulate a clear, specific policy solution; identify who has the power to make decisions; figure out which individuals and groups can influence the decision-makers; and provide those individuals with messages about the policy change sought (Coffman 2003). Katie Woodruff put it succinctly at the Issue Dialogue, “You have to know where you’re headed, what you want to have happen, before you go asking for what you want.” Communications activities are most effective when implemented in tandem with other policy advocacy activities such as coalition building, community organizing, or one-on-one outreach to policymakers (Figure 1).

### **Define Purpose and Audience.**

The first step in a communications campaign is defining target audiences and understanding how their existing values and beliefs relate to the change

being sought. Many communications campaigns supported by health funders seek to change the behaviors of individual members of the general public. These social marketing campaigns can serve as useful models for communications intended to influence policy change, but important distinctions exist. Communications designed to change policy may seek to mobilize citizens in an effort to persuade policymakers that action must be taken. Alternatively, they may focus directly on an audience of policymakers with the power to implement the reform being sought.

As Katie Woodruff pointed out, the general public rarely changes things. There is usually some small group of people who have the power to do so. “You don’t have to worry about reaching everyone,” she noted. “In fact, mostly what you need is 50 percent plus one, and you’re always going to have 30 percent of people who already agree with you” (2006). Audiences of interest to health funders include elected officials and decision-

---

*The first step in a communications campaign is defining target audiences and understanding how their existing values and beliefs relate to the change being sought.*

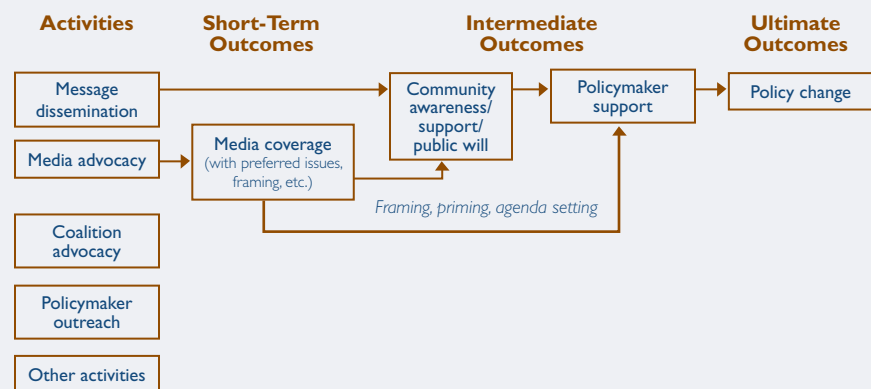
---

makers in government agencies, such as public health officers; health care providers; and community leaders, including clergy and directors of community-based organizations.

**Focus Message.** The second key element in any communications activity is articulating core messages that relate to the values of the target audiences. What kind of message is going to make a difference to those in a position to make the change? Is the target audience skeptical or open to your ideas? Messages should also articulate a solution and define the steps needed to get there. “A common pitfall is that advocates expend so much energy communicating about the problem that when the inevitable question about the solution is asked, they are ill prepared to answer it. They give vague responses such as ‘well, it is a very complex problem with many facets, so the solution is complicated’ or ‘the community needs to all come together.’” (Dorfman et al. 2005).

**Target Delivery Vehicle.** The third piece in planning a communications campaign is developing methods for delivering the core messages to the target audience, including the selection of media tactics and skills to compete effectively with adversaries in the public debate (Dorfman et al. 2005). Media advocacy can influence the support of the public and policymakers by setting the agenda (telling people what they should think about and which issues are important), framing (packaging information in ways that affect perceptions of certain issues), and priming (determining which issues will come to mind first and, therefore, affect how people will evaluate them) (Coffman 2003). Notes Andrew Posey (2006) of Cause Communications, media advocacy used at strategic points creates “the opportunity to shift or tip public debate by successfully raising your cause above the din and clutter of other people making their points.” Tactics in media advocacy

Figure 1. **Conceptual Model of the Role of Communications in Policy Change**



Source: Adapted from Coffman, Julia, *Lessons in Evaluating Communications Campaigns: Five Case Studies* (Cambridge, MA: Harvard Family Research Project, 2003).

Figure 2. The Power of the Well-Targeted Paid Advertisement



Source: Woodruff, Katie, Berkeley Media Studies Group, remarks at Grantmakers In Health Issue Dialogue, *Communicating for Policy Change*, November 2, 2006.

include garnering news coverage; securing placement of one's messages in opinion pieces on editorial pages; purchasing advertisements in print, television, or radio; and promoting visibility through other venues such as websites.

Accomplishing these tasks requires systematic planning. Funders and their grantees must be specific about what needs to be done and how that will be accomplished (for example, a one-time behavior change or long-term commitment to a new way of doing things). Only then can they make the case for why action is needed now.

Katie Woodruff shared with Issue Dialogue participants one example about how such planning can pay off. She told the story of how public health advocates sought to convince major cosmetic companies to reformulate their products to eliminate specific toxins, ones that had already

been eliminated from European products under European Union guidelines. The group developed a paid ad to encourage individuals to call upon the companies to make a change (Figure 2). In addition to using dramatic images and a dramatic message, the ad was placed extremely well. It ran in *USA Today* on one day in September 2005 but only in New York City where a major cosmetic industry conference was taking place. *USA Today* was the advocate's choice, rather than *The New York Times* or other papers, because it was handed out for free at the hotels where conference attendees were staying. The ad dominated conversation at the conference and led almost immediately to calls from industry executives to the advocates who had been trying for more than a year to secure their attention. Within a year, 400 companies had signed a voluntary pledge to eliminate the toxins in products sold in the United States.

---

*Media advocacy can influence the support of the public and policymakers by setting the agenda, framing, and priming.*

---

## DEVELOPING AND DELIVERING EFFECTIVE MESSAGES

*Capturing the power of words, and the associations they conjure up, is a fundamental communications task. As one communications expert at the Issue Dialogue noted, the term “low-income workers” carries a more negative connotation than “low-wage work.” The term “day care” sounds to many people like babysitting and does not have a defined constituency, while “pre-K learning” or “educational readiness” links to a constituency interested in education (Sparks 2006). Similarly, researchers have found that the term “health insurance” conjures up notions of something that costs money, while the term “health coverage” resonates as something people benefit from.*

*Public health advocates should focus narrowly on just one aspect of the problem and be able to describe it succinctly.*

Messages are used to articulate a vision and to distinguish oneself from the opposition. “Too often, advocates try to tell journalists everything they know about the issue because they feel this may be their only opportunity to convey the enormity and importance of the problem. They should resist that urge. It is impossible to be comprehensive and strategic at the same time. Instead, public health advocates should focus narrowly on just one aspect of the problem and be able to describe it succinctly” (Dorfman et al. 2005).

Katie Woodruff and her colleagues at the Berkeley Media Studies Group emphasize the importance of developing messages that tap into frames, the mental shortcuts that people make in interpreting abstract issues. Often composites of visuals, deeply held cultural values, and stereotypes, frames help relate incoming information to an existing picture in people’s heads. People use frames to fill in missing information, toss aside details deemed irrelevant, and make connec-

tions to modes of decisionmaking. Susan Bales, one of the nation’s leading practitioners of strategic frames analysis, describes frames as:

Big ideas—shared and durable cultural models—that people use to make sense of their world. These organizing principles are “triggered” by familiar and highly charged vehicles as symbols, pictures, metaphors, and messengers—the grammar of storytelling. Once evoked, frames provide the reasoning necessary to process information and to solve problems (Bales 2004).

Frames matter a great deal because they always trump facts. When information is missing, people default to the dominant frame, the picture in their heads, rather than seeking facts. Therefore, factual messages that run counter to the audience’s dominant frame will be dismissed.

In a news context, frames organize meaning, define problems, diagnose causes, make moral judgments, and

## REFRAMING THE MESSAGE ABOUT TOBACCO CONTROL

Advocates for tobacco control have successfully reframed the issue of teen smoking from individual choice and personal responsibility to focus on an industry foisting a defective product on an unwitting public.

Old Frame	New Frame
Choice/freedom	Defective product
Individuals	Big tobacco
Drug addiction (personal vice)	Manipulation of drug addiction
Responsibility of parents	Responsibility of government
Bad behavior by teens	Big money in politics, corruption
Vital industry	Deviant industry
Protection by self (Just say no)	Protection from advertising

Source: Bales, Susan Nall, "Framing Health Care Reform for Public Understanding and Support," presentation at Grantmakers In Health meeting, *Moving the Access Agenda: How Health Grantmakers Can Shape the Message*, January 21, 2004.

suggest remedies (Dorfman et al. 2005). The good news is that advocates, including health foundations and their grantees, can tap into the power of frames, influencing the way people interpret facts (including their interpretation of news stories) and their receptivity to specific policy solutions. The task is not just to put new information in front of people but to change the lens with which they view such information (Bales 2004). Advocates should tap into the power of core cultural values, structuring their messages clearly and simply to answer three questions: "What's wrong? Why does it matter? What should be done about it?" (Dorfman et al. 2005).

Several practical tips resonated with funders at the Issue Dialogue. The first is the importance of understanding the target audience. The American Legacy Foundation's truth© campaign was offered as an example of a campaign that successfully tapped the core values of its target audience: youth. Although the ultimate goal of the campaign is to lower smoking rates among youth, truth© does not tell youth that smoking is bad for them. While it does highlight the health effects of smoking with strong visual images, it primarily taps into teens' sense of what is cool and their sense of outrage over the tobacco industry's manipulation of factual evidence on the effects of smoking.

---

*The good news is that advocates, including health foundations and their grantees, can tap into the power of frames, influencing the way people interpret facts (including their interpretation of news stories) and their receptivity to specific policy solutions.*

---

---

*Hone your message and be disciplined in sticking to it.*

---

Although millions of dollars went into the development of truth<sup>©</sup>, such research does not have to be expensive. Focus groups and inexpensive Web-based survey tools, such as SurveyMonkey and Zoomerang, can be used to take the pulse of different sets of stakeholders and to test the authenticity of messages with target audiences (Fenton 2001). Other low-cost techniques include informal interviews, review of positions or published statements of key opinion leaders, and picking up the phone to contact legislative staff.

Additionally, hone your message and be disciplined in sticking to it. Messages must be short and to the point; this can be done even with the most complex issues (Fenton 2001). Bear in mind that a winning message does not restate your goals. In its Covering Kids and Families campaign, the Robert Wood Johnson Foundation tapped into research showing that the biggest hurdle to enrollment in Medicaid and the State Children's Health Insurance Program (SCHIP)

was that many parents were unaware that their children were eligible for coverage. Further, these parents indicated that knowing this would have prompted them to apply. They could be motivated to apply by both being informed about the existence of such coverage and by the knowledge that free or low-cost coverage could reduce the economic and emotional stress of being a parent and running a household with limited resources. The message focused on the benefits of enrolling in ways that were positive and personally relevant to parents, rather than using scare tactics. To motivate parents to enroll their children, the campaign emphasized that enrolling children in low-cost or free health coverage programs would make parents feel like they are good parents who can make smart decisions that will reduce stress and bring them peace of mind. Among the myriad materials the foundation produced to support the campaign, it also created a checklist to help organizations adapt and tailor the core message to their own communities (Covering Kids and Families 2006).



## IDENTIFYING EFFECTIVE MEDIA TACTICS

*Messages gain power when frequently and consistently repeated over a short period of time, particularly when delivered by authentic voices (Fenton 2001). Chris DeCardy, now vice president and director of communications at The David and Lucile Packard Foundation, said:*

*There is a sort of “Rule of Three” that applies to getting someone to act on a cause you believe. If they hear about it once, they may ignore it. If they hear about it from another source, they may stop and think. If they hear about it one more time, they may actually do something (Fenton 2001).*

Make sure that your message is repeated continually in different media and by different messengers appropriate to reaching your target audience. Repetition creates buzz and often leads to one story feeding another. Coverage on the evening news or in the morning paper is one vehicle. Combining multiple tactics, including op-ed pieces, newsletters, speaking engagements, community events, release of a white paper, paid advertising, Web sites, blogs, listservs, and personal contact, is also valuable.

There are different strengths and weaknesses associated with different media tactics. Larry Levitt (2006) of The Henry J. Kaiser Family Foundation noted that earned media can be cheaper than paid media but may be harder to control. One example of an effective use of earned media is the annual release of the Employer Health Benefits Survey, which The Henry J. Kaiser Family Foundation has conducted in conjunction with the Health Research and Educational Trust since 1999. Publication consistency and high methodological

standards have established the survey as the “go-to” source for monitoring trends in employer-sponsored health insurance. The press and other media are primed to expect the survey’s release each fall, and key findings receive extensive news coverage.

Media tactics must be chosen carefully with attention to both the message and the target audience. At the Issue Dialogue Katie Woodruff noted, “Sometimes I tell people not to waste the effort to plan a whole media event and just get one really well-written op-ed placed, and they will be far better off.” In its 2005 annual report focused on strategic communications, The California Wellness Foundation noted, “... we have learned [from focus groups and communications audits] that many policymakers’ aides prefer to access news and information electronically, while grassroots organizations typically rely on printed materials. Because we have made efforts to know our audiences, we’ve learned that it is important for us to use technology effectively while being conscious that there still exists a digital divide” (2005).

*Earned media can be cheaper than paid media but may be harder to control.*

## GETTING MY REPORT READ

While speakers at the Issue Dialogue continually reminded the audience about the importance of planning and intentionality in communications work, participants also brought up practical considerations about how to improve the effectiveness of the tactics they use. Their questions included: How can health foundations turn around products quickly in response to a window of opportunity? Is it worth holding or reissuing reports? How can you turn out a well-produced report quickly? Speakers provided the following pieces of advice:

- Funders should be scanning the environment, thinking 18 to 36 months ahead, and plan based on scenarios. There is the risk that you will be wrong or that you will have to hold work until it is relevant. As Larry Levitt (2006) noted, “Timing is the difference between a study being read and ignored, between your work being an academic exercise and a strategic one.”
- Focus on what reporters call the killer finding, the one study finding that belongs in the story’s lead. Plan on feeding media a headline and lead sentence.
- Plan for rapid turn around on design and production. There is rarely a need for a gorgeous report. In fact, policymakers may be turned off by a report that is too glossy.
- If your report is not ready, think about doing a briefing for policymakers and bring in the report’s authors and other experts to talk about the issue.
- Think about how you might repackage analysis to tie it to external events. The California Wellness Foundation funds an organization that educates farm workers about the dangers of pesticides. When the state of California commemorated its first Cesar Chavez holiday, foundation staff refreshed an existing story and disseminated it to English- and Spanish-language news media with good results (The California Wellness Foundation 2005).

Some health foundations nurture relationships with the press by providing training for health journalists and by supporting public broadcasting on health issues. These types of efforts improve the likelihood that analytic findings and other communications releases will be considered newsworthy and help to ensure that the earned media attention received is accurate and

consistent with the intended message. In addition to its national media fellowships program, The Henry J. Kaiser Family Foundation has funded a health desk at PBS’s *NewsHour*, and The California Endowment funds health coverage on *California Connected*, a weekly show seen on public television stations throughout California. Healthcare Georgia Foundation has funded a 30-part

public radio series, with programming focused on such issues as smoking, cancer screening, physical activity, and delivery of primary care services, as well as the impact that health and health policy have on people's lives. Blue Cross Blue Shield of Massachusetts

Foundation has a longstanding fellowship program for health journalists, while the Missouri Foundation for Health annually supports the costs of allowing 15 reporters to attend the annual conference of the Association of Health Care Journalists.

## BUILDING GRANTEE CAPACITY

*Many nonprofit organizations, through which foundations carry out their missions, are ill-prepared when it comes to communications. In a survey of 3,000 individuals working for nonprofits of varying sizes, Cause Communications found that 71 percent described their organization's communications budget as "no budget" or "could be better." Yet despite these deficits in organizational readiness, enthusiasm and interest in building communications skills were high. Most (86 percent) saw media relations as an important tool, and 60 percent would have liked to improve their ability to secure press coverage (Hershey 2005).*

---

*Funders can support grantees in developing their knowledge of communications theory and fundamentals, providing support for advocates and others to build skills in developing the elements of a good story, coming up with compelling visuals and symbols, winnowing down complex issues into media bites, and making statistics come alive.*

---

Health foundations can play an important role in building the capacity of their grantees to be heard in what Andrew Posey calls "a cluttered media landscape with too many voices saying too many things" (2006). Funders can support grantees in developing their knowledge of communications theory and fundamentals, providing support for advocates and others to build skills in developing the elements of a good story, coming up with compelling visuals and symbols, winnowing down complex issues into media bites, and making statistics come alive. Katie Woodruff reinforced this notion in her opening remarks at the Issue Dialogue commenting that "community-based organizations, public health advocates, public health professionals—all should have the skills themselves to think and act strategically about media and communications work as opposed to farming it out to a PR firm." Skill building can help move grantees from using communications primarily as a tool for raising organizational visibility or as a fundraising technique to using communications to move agendas and create social change. For maximum benefit, such training should be sustained and extend deep

into grantee organizations rather than being provided only to the executive director or the staff member whose primary job is communications.

For example, a relatively recent project of The California Endowment is the Health ExChange Academy, a public policy training program for nonprofits that includes modules on advocacy, communicating for change, and evaluating for change. The media advocacy module was developed in partnership with the Berkeley Media Studies Group and includes both case studies and hands-on exercises. For instance, in February 2007, 20 directors and staff of the member clinics of the Coalition of Orange County Community Clinics (California) gathered to learn how to strategically engage the media, both examining how other community-based organizations have shaped their campaigns and considering how to analyze news stories and link their issues onto other stories in the news (The California Endowment 2007a). The California Endowment also worked with the SPIN Project to offer public relations training to health advocates. *Health Care in the Headlines: Public*

*Relations for Health Advocates*, a series of one-day training workshops, offered training in effective methods to convey an organization's vision and values to the media, practical role-play sessions and writing assignments, and on-camera sound bite preparation and techniques (The California Endowment 2007b). Connecticut Health Foundation, Consumer Health Foundation, and The David and Lucile Packard Foundation have also provided support to allow their grantees to benefit from the SPIN Project's expertise.

Health foundations can nurture messengers by reaching out to and convening grantees working on common issues. Supporting existing coalitions means funders do not have to start from scratch. These coalitions also can build special relationships with reporters so that reporters can turn to the group as an expert source or as a source of connections to others in the community. For example, reporters often need to "put a face" on their stories. Advocates are often good at finding real people to illustrate problems, but these indi-

viduals may need coaching so they can both share their story and talk about solutions.

Funders can also provide support for specific communications activities such as dedicated communications staff, communications audits or assessments, print materials, and on-line campaigns. Funders have to be clear in these cases about the scope and term of their commitments. One Issue Dialogue participant noted, for example, that people want to use the Web because it is cheaper than printing brochures or fact sheets. They do not always realize how time consuming it can be to maintain a Web site and push out content to various audiences. Similarly, it can be disheartening for an organization to go through a foundation-funded communications assessment and then find that there is no money to implement the recommendations (Fenton 2001). Building communications funding explicitly into project grants and providing core operating support are two vehicles for ensuring that grantees have the resources to do the job.

---

*Health foundations can nurture messengers by reaching out to and convening grantees working on common issues.*

---

## EVALUATING COMMUNICATIONS CAMPAIGNS

*Foundation staff often face questions about the effectiveness of their work. This arises in the decision of whether to fund public policy work over direct services, and, within the public policy realm, whether to fund community organizing, advocacy, polling, policy analysis, or communications.*

The science of evaluating both public policy efforts and strategic communications is still evolving, however, and while there are some rules of thumb, there is no consensus on best practices. In part this is because nonprofit program evaluators tend not to be experts in communications, and nonprofit communicators rarely fully understand evaluation methods (Media Evaluation Project 2006). Moreover, as Julia Coffman (2003)

of the Harvard Family Research Project notes, “The theory behind how communications efforts achieve their intended change is largely unknown to many or has not been thought through.” More practical challenges include balancing what might be learned from a well-designed evaluation using primary data collection with the overall campaign budget and difficulty measuring incremental changes.

*Nonprofit program evaluators tend not to be experts in communications, and nonprofit communicators rarely fully understand evaluation methods.*

### BEFORE YOU GET STARTED

Phil Sparks (2006) of the Communications Consortium Media Center offered the following tips to health funders about evaluating communications activities.

- Decide at the outset whether you will have an evaluation, and match up evaluators and campaign staff from the beginning.
- Determine what type of campaign you will support: education and awareness only? public will building? specific actions?
- Determine whether the purpose of your evaluation is to measure impact of a campaign or to inform an ongoing campaign (or both).
- Acknowledge that there is no right or wrong way to conduct an evaluation.
- Be realistic about measuring impact if you decide to do so. Attitudinal shifts of 10 percent to 30 percent are not achieved without continual seven- to eight-figure investments over time.
- Plan on dedicating about 10 percent of campaign costs to evaluation.

Nevertheless, it is possible to evaluate communications work focused on public policy change, even if all the issues of the design and methods are still in a developmental state. The most important element is having a theory of change. Funders need to be clear about both the purpose of the campaign and the mechanisms and intermediate steps by which change is expected to occur. Thus, evaluation comes in at the beginning of the process, not at the end (Coffman 2003). As Phil Sparks of the Communications Consortium Media Center put it at the Issue Dialogue, “Evaluating after a campaign is like performing an autopsy.” The research on the front end of the campaign, which will inform decisions about the target audience, key messages,

and strategies for delivering those messages, should also be used to design the evaluation. This research includes benchmark polling, and media analysis of how the targeted issue is currently being covered, followed by an institutional capacity assessment of key project partners.

Communications campaigns can be evaluated with experimental, quasi-experimental, and nonexperimental designs, and a variety of data sources can be used. Quantitative methods include surveys and media tracking. Qualitative methods include focus groups, requests for feedback, and event tracking. While some of these tactics can be quite expensive (such as polling), others (such as using Google to track press coverage) are not.

---

*Communications campaigns can be evaluated with experimental, quasi-experimental, and nonexperimental designs, and a variety of data sources can be used.*

---

## RESOURCES FOR HEALTH FUNDERS

### American Opportunity: A Communications Toolkit

[www.opportunityagenda.org](http://www.opportunityagenda.org)

The Opportunity Agenda is a communications, research, and advocacy organization that is working to build public will to expand opportunity, defined as a fair chance to achieve one's full potential. Its work is rooted in communications research indicating that "the most positive, hopeful, and empowering articulation of [Americans'] shared values and goals consistently evokes the theme of opportunity." This toolkit, prepared by Opportunity Agenda with the SPIN Project and other communications professionals, provides advice about using the opportunity frame—a theme bridging issues such as civil rights, health care, housing, education, and employment—with different audiences and in support of different policy change efforts. The toolkit includes practical tips for working with media including templates, checklists, and descriptions of promising practices.

### Berkeley Media Studies Group

[www.bmsg.org](http://www.bmsg.org)

Berkeley Media Studies Group (BMSG) works with community groups, journalists, and public health professionals to use the power of the media to advance healthy public policy. The organization's research focuses on monitoring the media; studying the process of news gathering; and analyzing media content to support media advocacy training, professional education, and strategic consultation. BMSG has worked with The California Endowment, The California Wellness Foundation, Robert Wood Johnson Foundation, The David and Lucile Packard Foundation, and other health grantmakers. Its site also offers a wealth of free publications.

### FoundationWorks

[www.foundationworks.org](http://www.foundationworks.org)

FoundationWorks is an independent organization devoted to helping foundations and others in the philanthropic sector better utilize strategic communications as a principal agent for enhancing philanthropic effectiveness. Publications from the Philanthropy Awareness Initiative, an effort to learn more about the practice of communications in the foundation world, are available for free download from this site.

### Cause Communications

<http://www.causecommunications.org>

Cause Communications has developed, produced, and published three resource guides designed to share best practices in nonprofit communications. *The Communications Toolkit*, authored by R. Christine Hershey, offers practical information in virtually every area of communications and is based on findings from national qualitative and quantitative surveys of what nonprofits want in the area of communications. Cause also published two titles by Andy Goodman: *Why Bad Ads Happen to Good Causes* and *Why Bad Presentations Happen to Good Causes*. All three are available for free download; single print copies are also available for nonprofit organizations.

### Making Communications Connections

[http://www.frameworksinstitute.org/clients/makingconnect\\_toolkit.pdf](http://www.frameworksinstitute.org/clients/makingconnect_toolkit.pdf)

With funding from The Annie E. Casey Foundation (AECF), the FrameWorks Institute created a fully narrated CD-ROM presentation and toolkit on how to use communications campaigns in communities. The toolkit includes three case studies relevant to AECF's Making Connections grantees.

### MediaEvaluationProject.org

[www.mediaevaluationproject.org](http://www.mediaevaluationproject.org)

This site offers both research papers and working briefs on the theory and practice of evaluating strategic communications campaigns. These include case studies and sample evaluations. Initial support for the project was provided by The David and Lucile Packard Foundation and W.K. Kellogg Foundation.

### SPIN Project Tutorials

<https://secure.spinproject.org/article.php?list=type&type=22>

SPIN Project Tutorials are a series of short, on-line guides to strategic communications tailored to the needs of nonprofit organizations. Titles include *Identifying Your Target Audience*, *Strategic Communications Planning*, and *Developing Relationships with Reporters*. The SPIN Project also offers consulting services, referrals to consultants, and other on-line tools including a strategic communications plan generator and needs assessment.

### The Spitfire Strategies Smart Chart 2.0

[www.smartchart.org](http://www.smartchart.org)

Spitfire Strategies, a Washington, DC-based strategic communications firm, has produced this interactive guide to building a successful communications campaign. The tool is designed to help nonprofits move through the communications planning process, beginning with program decisions through context, strategic choices, communications, objectives, and tactics and concluding with program evaluation. The original Smart Chart was designed to help grantmakers review communications proposals. Its newest version remains a good resource for funders.



## CONCLUSION

Communications strategies are an integral part of efforts to move public policy. A well-crafted strategy and timely tuned messages can be used to increase awareness, create support, and move people to action on issues that health funders care about.

Health funders are well positioned to harness the power of communications to seek lasting policy changes

at the local, state, and national levels. Capitalizing on this potential, however, requires that they clearly articulate their long-term goals and carefully and strategically plan out a course of action suitable to the change desired and the audience that has the power to make that change. Engaging in this work sometimes requires the ability to move quickly to make or react to news events, but more often requires discipline to stick to the message and plan over a long period of time.

## SOURCES

- Bales, Susan Nall, “Framing Health Care Reform for Public Understanding and Support,” presentation at Grantmakers In Health meeting, *Moving the Access Agenda: How Health Grantmakers Can Shape the Message*, January 21, 2004.
- The California Endowment, “Communicating for Change: The Media as a Tool for Community Advocates,” *CenterScene: Quarterly E-News from the Center for Healthy Communities*, Winter 2007, p. 1-3.
- The California Endowment, “Health ExChange Academy Strengthens Community Clinic Leaders’ Advocacy Efforts,” *CenterScene: Quarterly E-News from the Center for Healthy Communities*, Spring 2007, p. 4.
- The California Wellness Foundation, “Adding Value Through Strategic Communications,” *Annual Report 2005* (Woodland Hills, CA: 2005).
- Coffman, Julia, *Lessons in Evaluating Communications Campaigns: Five Case Studies* (Cambridge, MA: Harvard Family Research Project 2003).
- Covering Kids and Families, *Message Strategy Toolkit* (Washington, DC: 2006).
- Craig, John E., “Communicating Foundations,” *Annual Report of The Commonwealth Fund* (New York, NY: 1998).
- Dorfman, Lori, Lawrence Wallack, and Katie Woodruff, “More Than A Message: Framing Public Health Advocacy to Change Corporate Practices,” *Health Education & Behavior*, 32(3): 320-336, June 2005.
- Fenton Communications, *Now Hear This: The Nine Laws of Successful Advocacy Communications* (Washington, DC: 2001).
- FoundationWorks, *Bridging the Gap: Connecting Strategic Communication and Program Goals* (Washington, DC: 2003).
- Hershey, R. Christine, *Communications Toolkit: A Guide to Navigating Communications for the Nonprofit World* (Santa Monica, CA: Cause Communications, 2005).
- Hope, Hollis, FoundationWorks, remarks at Grantmakers In Health Issue Dialogue, *Communicating for Policy Change*, November 2, 2006.
- Levitt, Larry, The Henry J. Kaiser Family Foundation, remarks at Grantmakers In Health Issue Dialogue, *Communicating for Policy Change*, November 2, 2006.
- MediaEvaluationProject.org, “Project Overview,” <[www.mediaevaluation-project.org/overview.htm](http://www.mediaevaluation-project.org/overview.htm)>, accessed July 7, 2006.

Posey, Andrew, Cause  
Communications, remarks at  
Grantmakers In Health Issue  
Dialogue, *Communicating for Policy  
Change*, November 2, 2006.

Sparks, Phil, Communications  
Consortium Media Center, remarks  
at Grantmakers In Health Issue

Dialogue, *Communicating for Policy  
Change*, November 2, 2006.

Woodruff, Katie, Berkeley  
Media Studies Group, remarks  
at Grantmakers In Health Issue  
Dialogue, *Communicating for Policy  
Change*, November 2, 2006.



# ABOUT GIH

With a mission to help grantmakers improve the health of all people, Grantmakers In Health (GIH) seeks to build the knowledge and skills of health funders, strengthen organizational effectiveness, and connect grantmakers with peers and potential partners. We help funders learn about contemporary health issues, the implications of changes in the health sector and health policy, and how grantmakers can make a difference. We generate and disseminate information through meetings, publications, and on-line; provide training and technical assistance; offer strategic advice on programmatic and operational issues; and conduct studies of the field. As the professional home for health grantmakers, GIH looks at health issues through a philanthropic lens and takes on operational issues in ways that are meaningful to those in the health field.

## Expertise on Health Issues

GIH's Resource Center on Health Philanthropy maintains descriptive data about foundations and corporate giving programs that fund in health and information on their grants and initiatives. Drawing on their expertise

in health and philanthropy, GIH staff advise grantmakers on key health issues and synthesizes lessons learned from their work. The Resource Center database, which contains information on thousands of grants and initiatives, is available on-line on a password-protected basis to GIH Funding Partners (health grantmaking organizations that provide annual financial support to the organization).

## Advice on Foundation Operations

GIH focuses on operational issues confronting both new and established foundations through the work of its Support Center for Health Foundations. The Support Center offers an annual two-day meeting, The Art & Science of Health Grantmaking, with introductory and advanced courses on board development, grantmaking, evaluation, communications, and finance and investments. It also provides sessions focusing on operational issues at the GIH annual meeting, individualized technical assistance, and a frequently asked questions (FAQ) feature on the GIH Web site.

### **Connecting Health Funders**

GIH creates opportunities to connect colleagues, experts, and practitioners to one another through its Annual Meeting on Health Philanthropy, the Fall Forum (which focuses on policy issues), and day-long Issue Dialogues, as well as several audioconference series for grantmakers working on issues such as access to care, obesity, public policy, racial and ethnic health disparities, and health care quality.

### **Fostering Partnerships**

Grantmakers recognize both the value of collaboration and the challenges of working effectively with colleagues. Although successful collaborations cannot be forced, GIH works to facilitate those relationships where we see mutual interest. We bring together national funders with those working at the state and local levels, link with other affinity groups within philanthropy, and connect grantmakers to organizations that can help further their goals.

To bridge the worlds of health philanthropy and health policy, we help grantmakers understand the

importance of public policy to their work and the roles they can play in informing and shaping policy. We also work to help policymakers become more aware of the contributions made by health philanthropy. When there is synergy, we work to strengthen collaborative relationships between philanthropy and government.

### **Educating and Informing the Field**

GIH publications inform funders through both in-depth reports and quick reads. Issue Briefs delve into a single health topic, providing the most recent data and sketching out roles funders can and do play. The GIH Bulletin, published 22 times each year, keeps funders up to date on new grants, studies, and people. GIH's Web site, [www.gih.org](http://www.gih.org), is a one-stop information resource for health grantmakers and those interested in the field. The site includes all of GIH's publications, the Resource Center database (available only to GIH Funding Partners), and the Support Center's FAQs. Key health issue pages provide grantmakers with quick access to new studies, GIH publications, information on audioconferences, and the work of their peers.

## DIVERSITY STATEMENT

GIH is committed to promoting diversity and cultural competency in its programming, personnel and employment practices, and governance. It views diversity as a fundamental element of social justice and integral to its mission of helping grantmakers improve the health of all people. Diverse voices and viewpoints deepen our understanding of differences in health outcomes and health care

delivery, and strengthen our ability to fashion just solutions. GIH uses the term, diversity, broadly to encompass differences in the attributes of both individuals (such as race, ethnicity, age, gender, sexual orientation, physical ability, religion, and socioeconomic status) and organizations (foundations and giving programs of differing sizes, missions, geographic locations, and approaches to grantmaking).













1100 CONNECTICUT AVENUE, NW  
SUITE 1200  
WASHINGTON, DC 20036  
TEL 202 452 8331 FAX 202 452 8340  
[www.gih.org](http://www.gih.org)