

# Leaving Your Mark: Effective Advocacy Communications

Community Oncology Alliance's 2018 Conference

April 12, 2018



# Understanding How to Use Your Experience as a Cancer Survivor

# Who has more political power?



Professional Lobbyists



CPAN Advocates

# Your perspective matters more than you think



## You are a constituent

- Someone represents you at every level of government.
- Their electoral chances depend on you.



## You have a story to tell

- Real people have compelling experiences and stories only they can tell.
- Policymakers want to hear from you.
- Policy is nothing without the human element.

# Leveraging the Media for Advocacy

# The media's role in advocacy



Members of the  
115<sup>th</sup> Congress



Your  
Message

The New York Times



THE WALL STREET JOURNAL.



THE HILL

POLITICO

# The media's role in advocacy



Members of the  
115<sup>th</sup> Congress



Your  
Message

**AJC** The Atlanta  
Journal-Constitution

THE CINCINNATI  
ENQUIRER

The Charlotte Observer

The Florida Times-Union

The San Diego  
Union-Tribune

# Policymakers also leverage media



**(Washington, D.C.)** – Congressman Larry Bucshon, M.D. (IN-08) released the following statement after introducing 340B Protecting Access for the Underserved and Safety-Net Entities Act (340B PAUSE Act) (H.R. 4710), a bipartisan bill, with Congressman Scott Peters (CA-52) to address growing concerns with the 340B drug discount program:

*“The 340B program is an important tool that helps hospitals and other covered entities meet the healthcare needs of patients. Over the past decade, the program has grown substantially and has operated with little transparency or oversight. Given the tremendous growth in the program, Congress needs to ensure this program is operating as intended. The 340B PAUSE Act temporarily pauses new enrollment of Disproportionate Share Hospitals into the 340B discount drug program and requires basic data reporting - similar to the data reporting required of other 340B participants. I want to ensure the program continues to be viable long-term, and that hospitals are adequately serving low-income and uninsured patients. A temporary pause on further expansion, combined with reporting, will provide additional information to complement work the House Energy and Commerce Committee has already begun.”- **Dr. Bucshon***

**Note:** Critical access hospitals, sole community hospitals, and rural referral centers would not be affected.

[Congressman Larry Bucshon, M.D.](#) is a physician and Republican member of the House Energy and Commerce Committee serving his fourth term representing Indiana's 8th Congressional district. The 8th District of Indiana includes all or parts of Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Martin, Owen, Parke, Perry, Pike, Posey, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, and Warrick counties.

# Common advocacy vehicles



Letter to the editor



Opinion-editorial



Reporter interview



Social media

# Letter to the editor tips

## Length matters

- 250 words or less

## When you submit matters

- ASAP, but 5 days or less is advisable

## What you say matters

- “Conflict” is necessary

## Who you are matters

- Being an expert helps

## How you submit matters

- Exclusivity is typically required; email works best; consult submission guidelines



# Printed letter to the editor

Letter writer John Howard (“[Sen. Collins chooses her party over welfare of the nation](#),” April 12) mischaracterizes Sen. Susan Collins.

Mischaracterization is a common political tactic and not fair. Howard says Sen. Collins “will sacrifice the long-term welfare of the nation for the short-term, partisan benefit of the Republican Party” – what a bold, false accusation.

Susan Collins cares very much for our country. She supported a Senate confirmation hearing for Merrick Garland; she sided with Democrats in calling for a fair review for Garland; she sided with Democrats in opposition to a proposed travel ban; she has parted ways with conservative Republicans on gun issues, and she has voted in support of a federal law change that would expand federal background checks for gun purchases.

Keep up the good work, Sen. Collins.

**David Ryder**  
*Portland*

## Portland Press Herald

**“Writer mischaracterizes  
Sen. Collins’ positions”**

April 17, 2017

# Another letter



**DEAR EDITOR:**

More than 300 cancer clinics in America have closed in the last decade as Medicare has decreased payments to the point clinics could no longer cover their overhead. Many community- based clinics sold their practices to large hospital systems, resulting in high costs for Medicare and commercial insurance companies and higher out-of-pocket costs for the patient.

In the greater metro Atlanta area, only one community-based outpatient oncology clinic remains. This limits the number of patients who can receive oncology care in a community setting. Prior to 2010, nearly 85 percent of all patients received treatment in community oncology settings; today, that number has dropped to below 50 percent.

Cancer treatments can be intense and span many years, requiring regular oncologist visits for chemotherapy and checkups. Keeping patients close to their homes, families and support networks lessens the burden of this devastating disease.

In an effort to preserve community oncology, 50 national cancer patients participated in a “fly in” to our nation’s capital April 26. Patients participated in nearly 70 congressional meetings to educate lawmakers about the importance of preserving community cancer care. Many of those participants are Marietta residents.

It is our belief that every cancer patient should have the ability to be treated in a community oncology setting. More people need to become educated about the changes and unintended side effects created by new health care legislation. It is imperative that the vitality of the community cancer care delivery system be preserved. Info on the Community Oncology Alliance: [www.coaAdvocacy.org](http://www.coaAdvocacy.org).

**Susanne Johnson Berns**  
**Marietta, May 10, 2017**

# Opinion-editorial tips

## Length matters

- Typically 450 to 650 words (some national publications permit up to 1,200 words)

## When you submit matters

- ASAP, but 5 days or less is advisable

## What you say matters

- “Conflict” is necessary

## Who you are matters

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# Reporter interview tips



Research the reporter

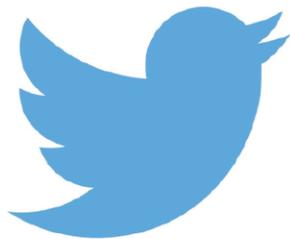


Identify key points and inject them into your conversation (assume you will not know interview questions in advance)



It's OK to say you don't know, but follow up promptly

# Social media tips



Keep it short  
Attribution matters  
Add relevant hashtags  
Grab attention  
Give context  
Use a visual

Make it personal  
Share links/articles  
Add relevant hashtags  
Tag friends/other advocates  
Don't mention anything  
negative

Keep audience in mind  
Capture steady/clear footage

Be sure to tag your  
legislator and other  
advocates; use  
relevant hashtags  
Repurpose posts from  
other platforms  
(and vice-versa)

# Sample tweets



Had a great time today on #CapitolHill advocating for local cancer care. It was a pleasure to meet and speak with you [@RepScottPeters](#). #cancer #advocacy

PBMs get in the way of patient care. Thank you [@RepScottPeters](#) for listening to my concerns as a [patient/nurse/doctor/oncologist]. We must continue to preserve [@oncologyCOA](#).

# Being an Effective CPAN Advocate

# Preparation makes perfect

## Before you advocate, you'll need to know:

- **Your audience** (who are you meeting with, calling, writing to or trying to appeal to?)
- **Your goals** (what are you trying to achieve?)
- **Your message** (what's your key point?)
- **How to deliver your message most effectively** (it will be different at a conference than at a policymaker meeting)
- **What may be asked of you** (in an in-person meeting)
- **How to follow up** (in an in-person meeting)

# Know your audience

- Who is the policymaker or member of staff and where are they from?
  - Member of Congress
  - Chief of Staff
  - Legislative Director
  - Legislative Assistant
- What issue(s) does the policymaker care about and is known for?
- Do you have something in common that can help develop a personal connection?
- Is there pending legislation touching on your issue that the policymaker supports or opposes?

# Know your goals as you advocate for the care

- **Explain** who you are; why you are here
- **Share** your personal story in a meeting-appropriate way
- **Effectively convey** a key message speaking to your position on the issue(s) at hand
- **Have** an ask
- **Thank** the policymaker for the meeting and their consideration
- **Answer** questions and follow up

# Three main elements of meeting dialogue



# Know how to respond to questions & follow up

- It's OK to say you don't know – but follow up with answers within three business days after the meeting
- Be prepared to respond to: **“What is it you want me to do for you?”**
- Always leave behind a business card and information packet
- Always follow up with a thank you email

# Your meeting: Know before you go

- **Venue(s):** Have all office locations and contact info with you
- **Attire:** Business professional
- **Time:** 15-20 minutes or less
- **Setting:** Unpredictable (e.g., office lobby; other cramped or noisy quarters)
- **Staff:** Varies by office; don't be surprised by age
- **Questions:** Come prepared; know how to address

# Your meeting: Sample timeline

- Arrive on time, but be prepared to wait:
  - Policymaker introduces himself/herself
  - You introduce yourself
  - Policymaker begins the meeting
  - You explain why you are there and present your narrative (4-7 minutes)
- Answer questions (if asked) or indicate you will get back to them with answers
- Provide leave-behind materials and contact information

# Questions?



**Paul Skowronek**

202.868.4808

[pskowronek@MessagePartnersPR.com](mailto:pskowronek@MessagePartnersPR.com)



**Rachel Griffith**

202.868.4824

[rgriffith@MessagePartnersPR.com](mailto:rgriffith@MessagePartnersPR.com)

# Thank you

