

Communicating Hawaii Agricultural Plan Health Impact Assessment (HIA) Findings for Policy Change

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July 29, 2011

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Funded by the Health Impact Project
A Partnership of the Robert Wood Johnson
Foundation/Pew Charitable Trust

- Review Hawaii Ag Plan HIA findings and recommendations
- Review existing advocacy efforts
- Identify HIA audiences & key decision makers
- Identify and develop messages
- Go forth and spread the HIA word!

Today's agenda



9:30	Welcome & Introductions
9:45	Findings and recommendations from the Hawai'i Agricultural Plan HIA
10:45	Legislative update and reports of related initiatives
11:45	LUNCH
12:30	Framing, audiences, messages, messengers
1:00	Creating communication strategies for this HIA
3:00	Next steps and wrap up
3:30	Closing

Hawai'i County Agricultural Development Plan HIA



Ag Plan HIA: Goals



HIA

- Include health considerations in the Ag. Plan decision-making processes
- Develop a Plan that reflects community priorities
- Engage and involve community stakeholders throughout the HIA
- Promote alternatives to maximize health benefits & mitigate negative health impacts
- Build capacity of stakeholders to use HIA findings and recommendations in awareness building around health impacts of policy and land use decisions

HIA Communications

- **Share findings with legislators and other relevant Hawaii Ag Plan stakeholders**
- **Share recommendations with decision-makers**

- *Predict* future health impacts of 3 policies from the Hawaii Agricultural Plan
- *Assess* how the Ag plan would change access to jobs, effect on obesity and access to healthy food, intake of nutrition
- *Use the findings* we talk about today to inform decisions that County Council and state legislators are making

3 policies

- *Institutional Buying*
- *Commercial Expansion*
- *Home Production*



HIA Addresses Determinants of Health

How does the proposed project, plan, policy

affect



and lead to health outcomes

Steps of a HIA – What we did in Hawaii



Screening	Determines the need and value of a HIA	Done in grant proposal process
Scoping	Which health impacts to evaluate, methods for analysis, and workplan	Scoped with 25 stakeholders during HIA training: decided on 3 policies within Ag. Plan and the health determinants of jobs, nutrition, access to food, social cohesion
Assessment	1) existing health conditions 2) evaluation of potential health impacts	Assessment done by literature review, interviews, economic analysis
Recommendations	Strategies to manage identified adverse health impacts	Began at 4/7 meeting; vetted through survey monkey with ~ over 35 stakeholders
Reporting	1) Develops HIA report 2) Communicates findings & recommendations	Presentations to stakeholders Develop summary material Dissemination Plan Framing strategy
Monitoring	1) impacts on decision-making processes and the decision 2) impacts of the decision on health determinants	

Step 5: Reporting



Objective

To develop the HIA report and communicate findings and recommendations.

- Tasks
- Key points
- Tools
- Resources

- Interpret and prioritize HIA findings and recommendations
- Help develop a communication, media and advocacy plan to report findings to decision-makers
- Carry out communication, media and advocacy activities to report HIA findings to key decision-makers
- Use HIA findings and recommendations to influence other related decisions

HIA Reporting Formats



- Letters to proponents & decision-makers
- Comment letters on draft EIAs
- Formal report
- Presentations
- Peer-reviewed publications

September 1, 2006

Karoleen Feng
Project Manager
East Bay Asian Local Development Corporation
310 8th Street, Suite 200
Oakland, CA 94607

RE: Jack London Gateway Phase 2

Dear Karoleen,

First, we wanted to thank you for your participation in and co-Health Impact Assessment (HIA) of the Jack London Gateway. Considering the diverse ways that land-use affects health, including supportive design and mitigation strategies into new development, avoidable disease and illness among Oakland's most vulnerable.

Growth and development currently happening in Oakland provide an opportunity to address long standing disparities in health, and we hope the tool for achieving this goal. Health evidence can support environmentally-efficient land use strategies such as mixed-use development, focus attention on the development, including and high traffic areas.

Estimation of Health Benefits From a Local Living Wage Ordinance

Rajiv Bhatta, MD, MPH, and Mitchell Katz, MD

The inverse relationship between socioeconomic status (SES) and health, which has been extensively documented, may be mediated by material, behavioral, psychosocial, or physiologic pathways. Income is a widely used dimension of SES that is lower levels predict poor health and premature death, whether measured at the individual or at the aggregate level. Increasing the federal minimum wage is one means of limiting income poverty in the United States. Indeed, many municipalities in the United States have increased the minimum wage for certain sectors of the local labor force by establishing local "living wage" laws. In contrast to the national living wage movement, the

Objectives: This study estimated the magnitude of health improvements resulting from a proposed living wage ordinance in San Francisco.

Methods: Published observational results of the relationship of income to health were applied to predict improvements in health outcomes associated with proposed wage increases in San Francisco.

Results: With adoption of a living wage of \$11.00 per hour we predict decreases in premature death from all causes for adults aged 25 to 64 were working full-time in families whose current annual income is \$20,000 (for men, relative hazard [RH] = 0.94, 95% confidence interval [CI] = 0.82, 0.87; for women, RH = 0.96, 95% CI = 0.85, 0.88). Improvements in subjective mental health and reductions in the number of days sick in bed, in minutes of work and activities of daily living, and in depressive symptoms were also predicted, as were increases in daily alcohol consumption. For the offspring of full-time workers currently earning \$20,000, a living wage predicts an increase of 0.25 years (95% CI = 0.16, 0.36) of completed education, increased odds of completing high school (odds ratio = 1.34, 95% CI = 1.10, 1.49), and a reduced risk of early childbirth (RR = 0.78, 95% CI = 0.69, 0.88).

FACTS ABOUT THE HEALTH IMPACTS OF THE RAILROAD AVE. eBART HOUSING PLAN

How does housing impact health?

- High housing costs = less \$ for health care services, nutritious food, and transportation to get to work.
- According to the US Dept of Agriculture, as housing costs increase, so does the likelihood that a family cannot feed itself.
- High housing costs = overcrowding, homelessness, and displacement.
- Moving 3 or more times by the age of 7 can result in a 26% increased risk of depressive depression.
- Location of housing = access to services, retail, public transit options, rates of pedestrian injury, and exposure to toxic emissions from industry.
- People who live within 1/4 mile of public transit are 4 times more likely to use it and get more exercise.
- Location of housing can impact social cohesion and residential segregation.

The East Bay Greenway HIA

Supporting beneficial planning projects.

- Multi-use path for pedestrians and bicyclists under BART tracks, proposed by Urban Ecology, funded by TCE.
- Through:
 - community meetings
 - input from planners, public health officials, elected officials, and others
 - literature reviews and
 - secondary data analysis
- health concerns were prioritized, researched and feasible mitigations were suggested.
- Assessed:
 - physical activity
 - motor vehicle use
 - social cohesion
 - proximity to green space
 - safety

How can this plan do a better job for our health?

- Designate at least 40% of the units as affordable. This could mean 550 units would be affordable to those earning \$44,000/year.

reviewed on health, premature death, and mental illness. Housing used by working mothers reached the goal and Population Fund that at 1998. A 6 criteria

Paid Sick Days HIA

Farm to School HIA

HIA Reporting Example 1

A Health Impact Assessment of the California Healthy Families, Healthy Workplaces Act of 2008 Paid Sick Days (PSD) Bill





HIA Policy Question:

Does public health evidence support the hypothesized impacts of a mandatory requirement for paid sick days on health?

PSD Communication Strategies

HOLD FOR RELEASE UNTIL JULY 30 at 1:30 PST

A Health Impact Assessment of the CALIFORNIA HEALTHY FAMILIES, HEALTHY WORKPLACES ACT
SUMMARY OF FINDINGS • July 30, 2008

The health of all Californians would significantly benefit if workers earned paid sick days and used them when ill or when a family member needs care. However, almost 40% of the California workforce—5.4 million workers—do not have the right to take paid time off from work when they are sick.

The California Healthy Families, Healthy Workplaces Act of 2008 (AB 2716) would guarantee that all workers in the state accrue at least one hour of paid sick time for every 30 hours worked. In the spring of 2008, Human Impact Partners and researchers at the San Francisco Department of Public Health conducted a Health Impact Assessment of the bill, evaluating how it could protect and improve public health. This report provides a summary of the findings of that assessment.

The best available public health evidence demonstrates that the California Healthy Families, Healthy Workplaces Act of 2008 would have significant positive public health impacts. Guaranteed paid sick days would help reduce the spread of flu; protect the public from diseases carried by sick workers in restaurants and in long-term care facilities; prevent hunger and homelessness among sick low-income workers; and enable workers to stay home when they are sick or when they need to care for a sick dependent. We would all be better off if this commonsense workplace practice were to become law.

Figures 1 and 2 show examples of potential negative health outcomes associated with a worker without paid sick days becoming ill and either choosing to go to work or take time off. In both scenarios, there are potential negative health outcomes for the worker, coworkers, and customers, including additional people becoming sick, longer recovery times, hospitalization, need for additional medical care, and the health effects associated with lost wages and unemployment.

For the full report and references see www.humanimpact.org/PSD.

- HIA report
- Summary of findings
- TV, radio and print media
- Public testimony to legislative committees
- Lobby visits with legislators and staff

“All Californians” - Previously a worker/ labor rights and economic issue

“Common sense” - Paid **Sick** Days, but no previous discussion of health

Disconnect between known best practices and current policies - CDC recommends people stay home when sick (recent H1N1 outbreak)



Stay home when you are sick.

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

PSD Outcomes



- 2008 and 2009 CA bill died due to budget issues
- CA HIA led to more PSD HIAs across the country
- Connecticut state legislature just passed PSD law
- Changed the way PSD legislation is discussed
- No longer just a labor issue
- CA Assembly Labor Committee Chair asked opponents whether they condoned disease outbreaks
- Co-author of the HIA was invited to testify in front of the national House Education and Labor Committee
- Advocates using H1N1 to make their case

F2S in Oregon
Dissemination strategies
Outcomes

A Health Impact Assessment of the Oregon HB 2800 2 Farm to School and School Garden Bill 2010



HIA Policy Question:

Does public health evidence support the hypothesized health impacts of government funding of locally grown food in public schools and school gardens?

F2SSG Communication Strategies



CONCLUSIONS

SUMMARY OF HEALTH OUTCOMES AND IMPACTS
HIGHLIGHTS ON HB 2800 (\$23 MILLION)

Health Outcome or Health Determinant	Magnitude of Impact w/ HIA Recs.	Distribution	Quality of Evidence
Employment Impacts			
Health & life expectancy	▲▲▲▲	Farm sector and related jobs	****
Job creation	▲▲▲	~270 new jobs	****
Oregon product demand	▲▲▲▲	100—197 School Districts ⁴	****
Workers' ability to pay bills	▲▲▲	~270 new jobs	****
Economic activity	▲▲▲▲	3.16 economic multiplier	****
Impacts on Child Diet and Nutrition			
Meal program participation	▲▲▲	561,698 public school children ¹	**
Child learning & academic attainment	▲▲▲	561,698 public school children ¹	****
Household food security	▲▲	210,446 households ²	***
School meal nutrition	▲▲ ⁺	561,698 public school children ¹	*
Child overweight & obesity	▲▲ ⁺	1 in 4 children	**
Farm to School and School Garden Education Impacts			
Gardening education	▲▲▲▲	~15,000 new children ³	****
Child fruit & vegetable consumption	▲▲▲ ⁺	561,698 school children ¹	****
Agriculture & nutrition education	▲▲ ⁺	~15,000 new children ³	***
Child nutrition knowledge	▲▲ ⁺	~15,000 new children ³	***
Nutrition staff knowledge	▲▲	100—197 School Districts	**
Child achievement	▲▲	~15,000 new children ³	*
Child self-efficacy	▲▲	~15,000 new children ³	*
Child physical activity	▲▲	~15,000 new children ³	*
Impacts on Environmental Health			
Oregon fruit & vegetable crops maintained	▲▲	\$756,000 — \$15,120,000 in school purchases ⁵	***
Demand for food grown with sustainable practices	▲	Oregon food sectors	*
Greenhouse gas emissions from food transport	None	3,844,195 Oregonians ⁶	**
Impacts on Social Capital			
Student relationships	▲▲	~15,000 new children ³	*
Producer, processor & school staff connections	▲▲▲	~100 School Districts	***
Parent school participation	▲▲	~15,000 new children ³	*

LEGEND

▲▲▲▲ Strong impact on many
 ▲▲▲ Strong impact for few or small impact on many
 ▲▲ Moderate impact on medium number or strong impact on few
 ▲ Small impact on few
 None No effect

**** 10+ strong studies
 *** 5 -10 strong studies or data analysis
 ** 5 or more studies of weak and moderate quality; or studies have mixed results
 * <5 studies and claim consistent with public health principles

1 Enrolled children in Oregon public school system, Oregon Department of Education, 2009-10.
 2 Household Food Security in the United States, 2009, US Dept. of Agriculture, Economic Research Service, 2010.
 3 Low estimate based on 2007 ODE survey of reported participation in school gardens; would be over two year grant time period.
 4 Low estimate from 2010 Oregon Department Education number of School Districts that purchase local.
 5 Certified estimate of Oregon population from US Census data, Population Research Center, 2010.
 6 Conservative estimates from: (280,000 school lunches served in 2009-10 x \$30 for fruits and vegetables) x 9 to 180 school days.

+ Indicates schools will have to take action beyond the reimbursement program in the policy.
 † See report for full summary table, including impacts without HIA policy recommendations.

- HIA report
- Summary of findings
- TV, radio and print media
- Public testimony to legislative committees
- Lobby visits with legislators and staff

F2SSG: Message Framing



“Kids need our help to be healthy” - Instead of common frame of parental responsibility

“A smart investment” – To counter the frame that it is more costly to purchase locally and the scale-up costs. **“A \$1 investment in F2S leverages \$4 in Oregon’s economy.”**

Our kids’ health is at stake – the number of children in Oregon at risk of overweight could fill 29,000 classrooms

We can’t wait for change – obesity levels are rising and Oregon farmers are struggling



- HB 2800 is on the governor's desk – passed by House and Senate
- Amended bill included 2.5 of 3 recommendations from HIA
- Mention of the HIA in legislature; they were invited to present at subcommittee
- *# and diversity of advocates involved? People who hadn't been involved originally (core group already core group) were then involved in F2SSG*
- Upstream Public Health – requests to present to state Dept of Education – which may influence how F2SSG is implemented in OR

Hawaii Agriculture Plan HIA

Findings and
Recommendations
Highlights

Consider the following criteria in developing recommendations:

Responsive to predicted impacts

Specific and actionable

Experience-based and effective

Enforceable

Can be monitored

Technically feasible

Politically feasible

Economically efficient

Do not introduce additional negative consequences

Hawai'i County is the site of 63% of farmland and 38% of existing farm employment in the state

Effect of agricultural expansion on the island's economy could be significant

State of Hawai'i island imports 85-90% of its food (Hawai'i island imports less)

Legacy of former plantation agriculture and result of globalization of food supply



Economic impact of increase in local food production is more often discussed, but health impacts of this plan had not been evaluated

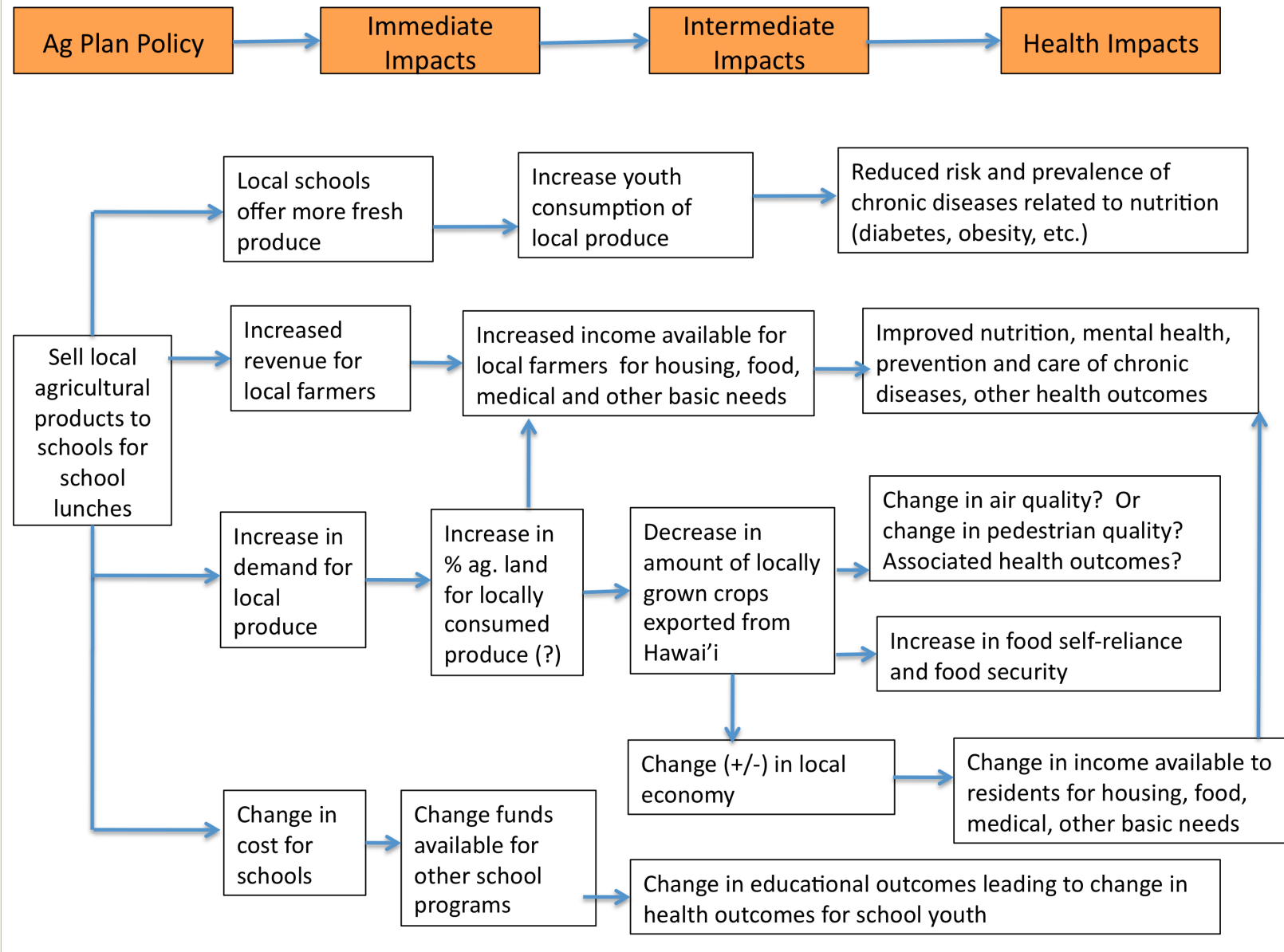
Who did we involve?



- Agricon
- The Brantley Center
- Friends of the Future
- Hamakua Health Center
- Hawaii Alliance for Community-Based Economic Development
- Hawaii County Department of Research and Development
- Hawaii County Nutrition & Physical Activity Coalition
- Hawaii Island School Garden Network
- Hawaii State Child Nutrition Programs
- Hawaii State Department of Agriculture
- Hawaii State Department of Health
- The Nature Conservancy
- Kamehameha Schools, Land Assets Division, Hawaii Island
- Kawanui Farm
- Kona County Farm Bureau
- North Hawaii Outcomes Project
- Salvation Army
- Taro growers

- HIA Training June 2010: stakeholders finalized screening
- April 2011: stakeholders hear preliminary results and contribute and prioritize specific recommendations
- July 2011: stakeholders discuss dissemination of HIA finding

Institutional Buying - Pathway



Institutional Buying - Findings



- DOE School Food Services branch provides 100,000 meals daily, statewide
- \$30 million annually in federal support is provided to the DOE, requiring procurement of 14 tons of fruit and vegetables per day
- Increased institutional buying is likely to have a large net positive impact on the health of children and families
- Improved nutrition security, by making healthy, fresh snacks and school lunches available to children
- Small impact on prevention of obesity, accrued over years
- Small impact on farm gate sales (still to be analyzed)

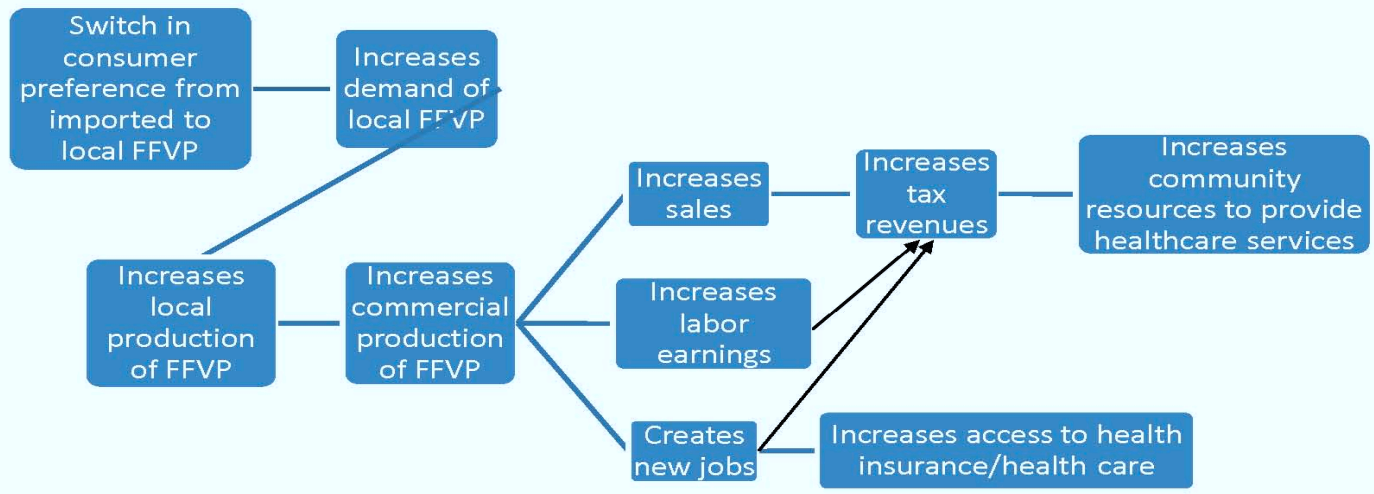
Institutional Buying - Recommendations



Recommendation	Responsible Body
Fully utilize funds available under USDA's Fresh Fruit and Vegetable Program	Hawaii Dept. of Education
Target specific foods (e.g. Okinawan sweet potato) for introduction into school menus	Hawaii County Farm-to-School Task Force
Pilot at least one salad bar in a Hawaii Island DOE school complex by 2013	Hawaii Dept. of Education
Establish a new school food authorities (SFA's) for Hawaii County School District w/ staffing	HDOA
Encourage independent and charter schools to pilot food delivery systems to increase the amount of fresh, locally grown food in school lunch programs.*	Hawaii Association of Independent Schools (HAIS)

Commercial Expansion - Pathway

PATHWAY DIAGRAM: COMMERCIAL EXPANSION IN COUNTY OF HAWAII



Why is Commercial Expansion Important?

Each year, we collectively spend over \$3 billion on imported food. If we can only switch 10% of this amount to locally grown and produced food, it would translate into \$300 million in sales or an additional \$94 million in revenue to our farmers (assuming a 30% farm share – $0.3 \times \$313 = \94 mil.)

This additional amount would flow through our economy and generate, economy-wide impacts of:

- \$188 million in sales;
- \$47 million in labor income;
- \$6 million in state tax revenues; and
- More than 2,300 jobs.

Commercial Expansion - Findings



Comparative Measures: Hawaii County and Other Counties

County	Agricultural Land (acres)	% Total	Ag Labor Count	% Total	Population 2010	% Change (2000)
Hawaii	1,214,040	62.9%	2,350	37.9%	185,079	24.5%
Kauai	185,020	9.6%	550	8.9%	67,091	14.8%
Maui	402,354	20.8%	1,700	27.4%	154,834	20.9%
Oahu/Honolulu	128,810	6.7%	1,600	25.8%	953,207	8.8%
Total	1,930,224	100.0%	6,200	100.0%	1,360,301	12.3%

Source: Hawaii DBEDT, Land Use Commission records; Hawaii Ag Statistics, 2009 ; U.S. Census 2010

Commercial Expansion - Findings



Comparative Measures: Hawaii County and Other Counties

Value of Crop Sales (\$ 000) <i>Excludes Livestock</i>								
County	2003	Rank	2004	Rank	2006	Rank	2008	Rank
Hawaii	\$ 132,331	2	\$ 143,972	1	\$ 152,302	1	\$ 137,086	3
Kauai	\$ 47,077	4	\$ 47,652	4	\$ 60,352	4	\$ 74,646	4
Maui	\$ 128,043	3	\$ 129,200	3	\$ 141,017	3	\$ 143,728	2
Oahu/Honolulu	\$ 154,229	1	\$ 138,878	2	\$ 146,013	2	\$ 166,679	1
Total	\$ 461,680		\$ 459,702		\$ 499,684		\$ 522,139	
Source: Hawaii Ag Statistics, 2009, 2007								

Significant potential in commercial expansion of agriculture in Hawaii County ... already leading producer of export crops - macadamia nuts, coffee, papayas, basil and flowers.

Commercial Expansion - Recommendations



Recommendation	Responsible Body
Provide more outreach and encourage farmers to participate in the Enterprise Zone program	DBEDT, County R&D
Research/create model legal structures to make small private land parcels available to people who do not own land but want to farm /garden on a small family scale.	Hawaiian Legal Corp, NGOs, farm groups
Ag extension services adequately funded and stronger focus on on staple food production for local market	State legislature, UH
Seek higher value, nutritious crops for local consumption (e.g., salad greens, specialty tomatoes, sweet potatoes, organic)	CTAR Extension, County R&D, DOA
Utilize cull (off grade) farm products to support value-added production	Hawai'i Food Manufacturing Assoc.

Commercial Expansion - Recommendations



Recommendation	Responsible Body
Revive secondary and community college level agricultural training to promote an agricultural career pathway	Hawaii Dept. of Education, Univ. of Hawaii
Facilitate the business/NGO/USDA collaborations necessary to increase the capacity of farmer's markets to accept cash vouchers, EBT, and credit cards	Hawaii County
Provide additional resources for DOA to market Hawaii products in a more dedicated way, include unifying the disparate county-specific marketing programs*	State of Hawaii

- Large improvement in food and nutrition security for children and families
- Moderate improvement in obesity, achieved through improved nutrition quality, decreased hunger, and physical activity
- Small economic impact, achieved through families having money to spend on items other than food.
- Greatest benefit among those who are low income or live further from food markets.

Home Production - Recommendations



Recommendation	Responsible Body
Fund expansion of the school and community gardening programs that educate students and families about growing and preparing fresh food	DOH and UH community colleges
Include information in student instruction materials, teacher trainings, publications, and public outreach about the ways that school and home gardening can improve health	Hawaii Island School Garden Network; UH
Repeal legislation or regulation that unnecessarily impedes home production or community gardening in residential areas.	State Legislature, County Council

Political landscape for agricultural policy in Hawaii state and county

What have you all been up to re: advocating for agricultural issues in Hawaii?

Name of org

Specific bill or policy

Decision maker

Advocacy action

Who influences the decision-makers?

How do we best reach the decision-makers?

Who is best to talk with the decision-makers?

How do we frame the recommendations for each decision-maker audience?

What are the best messages for each type of decision-maker?

Mental structures that help people understand the world, based on particular cues from *outside* themselves that activate assumptions and values they hold *within* themselves.

ECONOMIC DEVELOPMENT

Our minds are so efficient at “filling in the blanks” that the process is unconscious and unquestioned, which can be a problem when it is wrong, as it was in this case

FCQNMIC DFVFIQRMFNT

- ✧ Frames transmit meaning
- ✧ Frames transmit values

Agriculture Plan policies from HIA

- *Institutional Buying*
- *Commercial Expansion*
- *Home Production*



What is framing?

- Frames shape the story – they help people to understand the *what*, *who* and *what now*?
 - *What* is the problem?
 - *What* is causing it?
 - *Who* is responsible?
 - *What* is the solution?

- **Values:**
 - Individualism
 - Neutral government/social institutions
 - Voluntary behavior
- **Who is responsible?**
 - Personal responsibility
 - Blaming the victim
- **Ex: Obesity**

So, what is the solution?



- **Values:**
 - Fairness/equity
 - Prevention
 - Environmental context/social conditions
- **Who is responsible?**
 - Collective responsibility
 - Wide-angle lens

Different story, different solutions



What are the frames around our policies?



- Farm to School?
- Commercial Expansion?
- Home production?

- **Farm to School**

- Kids need our help: We need to improve school lunch, because the health of our kids is at stake
 - 51% of Hawai'i children qualify for FRLP
 - 26% of families on Hawai'i island use SNAP (food stamps), which accounts for over 31% of children
 - i.e., almost 1 of every 3 children need government help to eat
 - 58% of all Hawaii residents are overweight or obese (2008)
 - 67% of Native Hawaiians are overweight or obese
 - Relates to access to healthy food (income, rural)



- **Commercial Expansion**

- A job creation strategy: Commercial expansion of agriculture will create jobs for those on Hawai'i island
- More local ag will support the local economy
 - Hawai'i consumers spend \$3.1 billion/year on food
- We can't afford to wait
 - We have limited supply of food in case of emergency; we import about 85% of our food



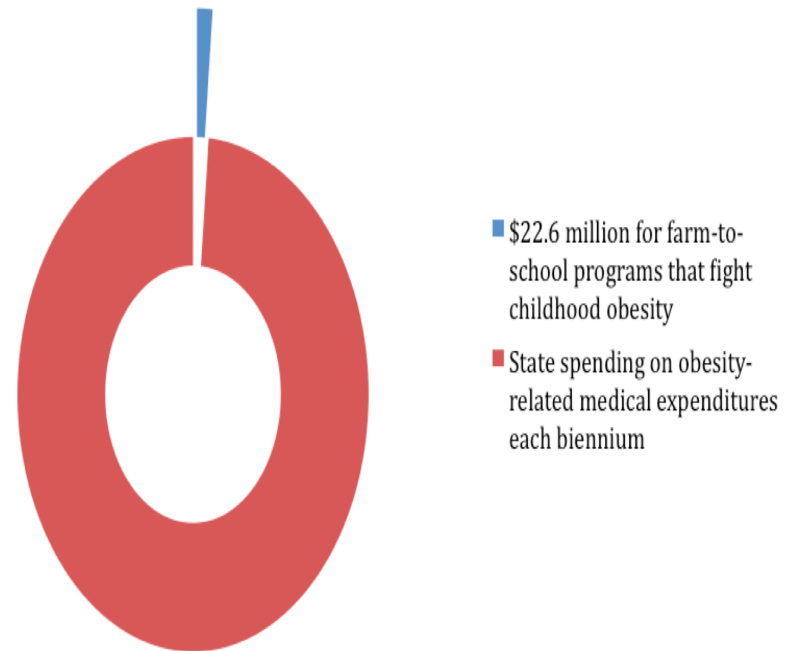
- **Home Production – Growing your own food can lead to:**
 - Better tasting food that has more nutritional value
 - Better mental health and well-being
 - Connection to family and culture
 - Addition to family & community food supply (self-sufficiency)
 - home gardens Hawai'i



Framing: Our Strategy

- We can't wait for change:
- Obesity levels are rising, food costs are creeping up due to energy prices, and Hawaiian farmers are struggling;
- we need to act now.

A small price to pay: cost of Oregon farm-to-school versus Oregon's obesity-related medical expenditures



Who are our audiences?



- Federal, state and local policy-makers
- County R & D
- Public health officials
- Department of Education
- School boards, teachers, school nutrition directors, school districts, parent groups
- Advocacy groups
- Producers, processors, distributors
- Media outlets
- The public

What do we want them to do?



- Policy-makers: consider health, improve legislation, replicate in other states, nationally
- Public health/school officials: consider new programs
- Colleagues/advocates: help you make your case
- Producers/packagers/distributors: grassroots voice
- Media: get the word out
- Public: share individual stories

- Pick a recommendation
- Pick an audience
- Go through worksheet

Value message: How does our issue align with audience's closely held values?

Barrier message: What is the audience's best reason to say no? How do we counter it?

Vision message: What will happen if we accomplish our objective? How will things be better for the audience?

The Ask: What, specifically, do we want our audience to do? What are communication methods for this audience?

- Meetings / Conferences
- Lectures / Speeches
- Internal newsletters / e-news
- Testimony
- Emails
- Phone calls
- List servs

One-pagers, stories

- Press release/feature story/media event
- Op-Ed / Editorial board meeting
- Reporter meetings / Public education
- Website(s) / Facebook / Twitter
- Work with existing blogs
- Neighborhood papers
- Don't forget radio

HIA Workplan/Timeline



August 2011	Draft HIA complete and recommendations prioritized
Aug 2011–Sept 2011	Comments on draft HIA back, other products of HIA produced
Sept - Oct 2011	Meetings with decision-makers; articles in paper and on TV; community meetings with other “messengers”
Nov 2011	Legislation drafted
Nov – Feb 2012	Informing decision-makers (see above)
Ongoing	Monitoring HIA effectiveness in supporting positive health outcomes