

ImPRESSive

A MEDIA TIP SHEET FOR ADVOCATES

July 1999

THE ART OF STORY BANKING

WHAT IS A HEALTH CARE STORY BANK AND WHY IS IT USEFUL?

For many years, Families USA has maintained a database that documents hundreds of health care hardship stories. Stories about the experiences of people help make difficult and often complex policy issues understandable to a broader group. Policy makers often request testimony from individuals during legislative hearings to highlight the need to create new or to change existing health care legislation. Likewise, reporters rely on anecdotes to illustrate the particular health care issue that they are reporting on.

Although maintaining a story bank is challenging and time consuming, it is a powerful tool for advocates working on most any issue. Building a story bank will help position your organization as a resource for the media, other advocates, and policy makers. You can also use anecdotes drawn from the story bank at your own events and in reports or statements you release. They will provide a persuasive human dimension to your arguments for improved access and other crucial health care issues.

COLLECTING STORIES

Think about the types of stories you will need based on the health care problems you will be addressing. You may want to limit your focus to one area, such as those who have trouble with the Medicaid system, or you might highlight

broader concerns, such as problems with Welfare-to-Work legislation or the working poor without health coverage. Other examples of story topics include, but are not limited to: grievances with HMOs; high prescription drug costs; HMOs pulling out of Medicare; Medicare out-of-pocket costs; and the need for expansion of the Children's Health Insurance Program. Whatever the topic, try to gather strong, appealing cases.

Identifying Sources

Once you've decided what types of stories to collect, identify ways of reaching possible sources for stories. Consider a mass mailing of interview scripts to health care allies in your state (see example under "Conducting Interviews"). If you offer these forms as a tool to help other groups collect stories for their own outreach efforts, they may be willing to share those stories with you. Also, if you maintain a website, publish a newsletter, or have an upcoming event for advocates, be sure to announce your story bank project through those venues. And if you are doing outreach calls as part of other work, mention the story bank where it is appropriate and ask for help in locating stories.

Some possible story sources include:

- Coalition members and organizations friendly to your cause;
- Union locals (particularly for stories of working

people who are unable to get health insurance);

- Service providers: consumer assistance programs, legal aid offices, food closets;
- Health care providers and institutions: public hospitals, children's hospitals, clinics, safety net providers, pediatricians, state and local provider organizations;
- Area Agencies on Aging; and
- Attorneys who handle managed care cases.

Keep a separate file of the contacts you make, particularly for those who are useful in either providing stories for your story bank or allowing you to send reporters their way for requests you are unable to fulfill.

Preparing Materials

- Create a script to use when recording someone's story. Scripts are especially useful if more than one staff person will be collecting stories, to ensure consistency in the information gathered (see example under "Conducting Interviews").
- Create a filing system for stories so they are easy to locate. Organize them according to geographical region and/or issue area. Since reporters often call in search of stories that fit specific criteria, organizing your files in such a way will be useful in helping you locate appropriate anecdotes more quickly.
- Compile a brief packet of information introducing your organization or coalition and its members to send as follow-up to your conversations with contacts. For obvious reasons, individuals may want to be reassured of who you are before agreeing to disclose any information.

CONDUCTING INTERVIEWS

A critical step to building your story bank is to actually verify each story rather than relying on second-hand information. This ensures accuracy

and allows you to determine if the person is a willing and credible interview for reporters. When verifying stories, start with a basic introduction to your organization and the story bank project, an explanation of why it is useful that stories such as their own be open to press coverage, and reassurance that their privacy and comfort are of paramount importance.

- Start by asking for basic information. At Families USA, our categories include: *first name, last name, address, city, state, zip, home phone, work phone, age, gender, marital (status), children, income, job, and health insurance.* (see Appendix 1, "Interview Guide for Personal Stories," for clarification)
- Get a brief synopsis of their situation. The first line should be a concise description of their problem (e.g., "His job downsized and he lost health insurance for himself and family—three month waiting period for new coverage to kick in"). (see Appendix 2, "Sample Health Care Story Bank Record")
- Make notes pertaining to their personality that might be useful for others using the story bank or when deciding whether or not to refer someone to them. For example, you might write "articulate, knowledgeable about health care issues." If they show negative characteristics that could reflect poorly on your organization—e.g., they bash people on welfare, or are especially hostile—don't bother to put them in the story bank.
- At the end of the conversation, ask if there is anything they would like to add. They may give a good quote that would be helpful to reporters or other information that would help their story gain exposure.
- Assure them that you will not release any of their information without prior consent *each time*. Impress upon them that making themselves available for press coverage can

be a crucial step toward seeing that what happened to them will not happen to others. Publicity might also compel people to offer assistance.

- If the person agrees to allow you to release their story, ask if they are willing to speak to reporters. Some people will speak with legislative staff members but are not willing to speak to media. And though some are comfortable with print media, they may not be willing to be seen on television or heard on the radio.
- Politely inform them that there is no guarantee their story will be publicized, and assure them that if an opportunity arises to release their story, you will first contact them for permission.
- After the call, follow up by mailing them information about your organization. If they seem really passionate about health care, tell them about specific advocacy networks such as listservs and volunteer opportunities with your organization.

When recording someone's story, portrayals should be:

Personal and sympathetic. To make a story more compelling, personal details are important. Information such as how long they've worked at their present job, how much they had to spend out of pocket for health care, or the number of children in the family and their ages help make a story more real.

Concise and memorable. Record specific information beyond "appealing to HMO because they denied a visit to a surgeon," but don't record any more information than necessary.

Credible. The media want believability; beware of attention seekers. Think of middle-class America, the bulk of the voting public, as your audience. Try to find the kinds of families or individuals people can relate to. Most often, people will listen to a story in which they can see similarities between the person involved and themselves or their own family members.

Sample Health Care Story Bank Interview Script

Hi, this is _____ from Families USA in Washington, DC. We're the national health care consumer advocacy group whose goal is high-quality, affordable health care for all Americans. We were referred to you by _____. S/he suggested I call you because you may be willing to talk with us about your personal health care concerns.

I work in the media department, and one of our projects is our health care story bank. Through this, we publicize the problems people are having with the health care system by connecting journalists, policy makers, and other advocates with people who have had difficulties pertaining to health care.

We've found that communicating through the press is especially effective in the fight for change. We place stories in both national and regional news media. After I get more information about your situation, I would like to add your story to our files. All the information is strictly confidential. When needed, we may call you for your permission to give a reporter, advocate or legislative staff member your name and number. S/he will then call you for an interview. Would you be willing to do this?

Often, those who are telling you their story will also expect you to assist them in some way to resolve their problem. If you are not a direct service organization, you should make that clear when someone asks for help. Be sure to have on hand a list of agencies and organizations to which you could refer them. Possible referral agencies include (note that many of these groups are also logical contacts for soliciting stories):

- The Health Insurance Consumer Assistance Program (HICAP) in your state;
- State offices that accept complaints, answer eligibility questions for state and/or federal programs;
- Children's services groups;
- State and local health care charities;
- Legal aid offices; and
- Re-employment support and assistance groups

UPDATING STORIES

It is important to update stories on a regular basis, preferably every few months, but at least twice each year. Ask questions pertaining to changes in income, health insurance status and job status. Also find out if any changes have occurred in relation to the person's situation (e.g., an appeal was approved or denied). Be sure to record the date that the story was last updated. In addition to finding out how the story has evolved, use this opportunity to make sure the person is still willing to be contacted by the press and other story seekers.

RELEASING STORIES

Your first responsibility is to those whose stories you have been entrusted with, to make sure their comfort and privacy are respected. **You must secure permission each time before releasing someone's story and personal information.** It is important that you speak

directly with the person before giving out his or her name or phone number.

In addition, to ensure comfort and convenience, find out how s/he prefers to be contacted. For example, it may not be possible for some people to do interviews at work, and some may prefer to contact reporters themselves.

Also, when calling for release permission, use that opportunity to get any new information pertaining to the contact's story if it hasn't been recently updated. It is also a good idea to prepare him/her for the conversation with the reporter. If s/he appears somewhat nervous or apprehensive, offer to practice questions and answers.

DEALING WITH REPORTERS

As part of your general outreach calls to reporters, you can mention that you will be starting a(n initially modest) story collection to better enable them to cover important health care issues. Once reporters begin calling for stories, there are a few things to keep in mind when responding to their requests:

- **Be thorough and responsive**
When a reporter calls, determine what kind of story (demographics, particular illness or problem, or geographical boundaries) they are looking for, and ask what their deadline is. Then, begin searching through your story bank records. If you are unable to find an appropriate story in existing files, refer to your list of contacts. Then call the reporter back and suggest a few alternative contacts.
- **Be reliable**
Avoid passing on old stories without first calling to get an update, and don't give out stories that you haven't first verified yourself. Also, try to return reporters' phone calls as promptly as possible.
- **Be concise**
You don't need to tell a reporter someone's entire story; they will receive details through their own conversations with the person.

Pass on enough basic information to put the story in context, so the reporter can decide if the story fits the criteria s/he is looking for and determine what questions to ask.

- **Be honest**

If you cannot help a reporter, say so. The key is to be as helpful as possible, and to be honest when you are unable to provide a story or more information.

- **Be discrete**

Limit a story's exposure within reason. For example, two papers in a major city shouldn't get the same story. The best way to avoid using the same anecdote too often is to record to whom you release the story and the date each time.

CONCLUSION

The most important thing to remember when establishing and adding to your story bank is to develop a good rapport with the press, story bank members, and other health care advocates. Always call story bank members before releasing their information and ensure them that you are on their side; be responsive, honest, and thorough when dealing with the press; and when interacting with fellow advocates, foster reciprocal relationships in which you exchange stories and contacts.

You will find that a good collection of stories will help create stronger ties between your organization and your allies. This cohesion is essential to our advocacy efforts as we strive to put a face on the problems that exist within our health care system.

We would like to extend a special thanks to Jennipher C. Johnston for her contributions to our story bank efforts and this issue of ImPRESSive.

Appendix 1: Interview Guide for Personal Stories

Today s Date	
Interviewer	
Name	
Home Address	
Home Phone #	
Work Phone #	
Gender	
Race	
Date of Birth	
Income	
Marital Status	
Children <i>[number & age(s)]</i>	
Employment <i>[retired/employed - full or part-time]</i>	
Spouse s employment	
Insurance - Type & name of insurance	
Insured through employer?	
Summary of specific circumstance or situation	

Appendix 2: Sample Health Care Story Bank Record

Source		Entered By		Entered		Revised	
L. SMITH @ HICAP		NSC		4/2/99		6/15/99	
Last Name		First Name		Street			
JOHNSON		JAMES		123 PARKVIEW CT., APT. 4			
City				State		Zip	
REDDING				CA		96001	
Home Phone		Work Phone		Fax		e-mail	
530-555-1234		N/A		N/A		jjbanker@aol.com	
Age	Income	Marital	Children	Gender	Race	Work	
1929	\$1,750	M	3	M	W	RETIRED BANKER	
Insurance		Problem			Subproblem		
SECURITY CARE HMO		HMO, MEDICARE			DROPPED, COST, RX		
Summary							
<p>He was one of the seniors affected by the HMOs dropping out of rural areas. His wife suffered from a stroke in Nov. 1997 and needs RX. He makes too much to qualify for assistance, yet barely gets by. He has been taking care of his wife as best he can. There are no other HMOs in the area to cover them, so he must pay extra medical costs. They now have Pioneer MC FFS Medigap, which costs \$220/mo. for each of them. Before with HMO, RX were only \$7 each. His wife needs 4 to 5 RX per month, each costing \$52-\$65, but their Medigap policy doesn't cover them. He was told that premiums would be \$1000/mo. If he wanted to get his wife care for 2-3 hrs/ week.</p>							
Update							
6/15/99: Now a member of Kaiser HMO. They must drive 30 miles each way, and this puts a strain on Mrs. Johnson.							
Comments							
Informed, articulate.							
Contacted							
4/30/99 by NSC, 5/24/99 by JCJ							
Given To							
Sacramento Bee: 5/3/99, Senator Smith: 5/25/99 for legislative hearing.							
Appeared							
Front Page, Sacramento Bee, 5/5/99. (Senator didn't use for hearing)							