

## Otrobalia Introduction

### Welcome to Otrobalia!

This advocacy case study is based on the fictitious Latin American country of Otrobalia. After you familiarize yourself with the history, culture, demographics, and socio-political climate of Otrobalia, you will engage in a series of exercises that enable you to learn and practice skills in public health advocacy.

### Learning Objectives

This assignment will give students the opportunity to practice and/or develop the following skills related to reproductive rights advocacy from the public health perspective. By the end of this case exercise you will be able to:

1. Analyze the key factors that affect advocacy strategy. These include, policies, demographics, stakeholders (allies, opponents and target audiences).
2. Select sound population-based scientific research.
3. Create an appropriate communication strategy for a specific audience, with an emphasis on shaping a persuasive advocacy message.
4. Recognize the importance of negotiating with stakeholders to achieve advocacy goals.
5. Assess own experiences and skills as an advocate.
6. Develop a road map for becoming a more effective advocate.

### Student Role

You are the Advocacy Director at La Fuerza, located in the capital of Otrobalia. La Fuerza is a non-governmental organization that has been serving Otrobalia for nearly 17 years. Its mission is to support and expand the access of sexual and reproductive health services to all women across Otrobalia, regardless of ethnic background, religion, or socioeconomic status. Two main areas of programming at La Fuerza focus on access to pre- and post-natal care for pregnant women and their infants, and access to affordable contraceptives and HIV/STI testing. At its annual strategic planning meeting late last year, the board of directors decided to add a third focus: safe abortion advocacy.

The dedication of significant time and resources to safe abortion advocacy while still maintaining its established programming with limited staff and resources will be a stretch. La Fuerza is modestly funded, with long-time donors and steady grantors across the country. Funding to keep the agency's doors open and staff paid is not a problem, however there isn't any "extra" money to significantly expand existing program areas or initiate new ones. Despite this, the board of directors and senior staff agree that reallocating funds to cover this advocacy project is vital to the lives of those they serve.

Over the past 3 years, La Fuerza has seen a 36% increase in the number of pregnant women seeking services at La Fuerza seeking abortions. With the recent legalization of abortion in Otrobalia, and Former Primera Dama Soledad Lotaca behind the scenes supporting women's health services, this is an opportune time to make some headway in

the expansion of abortion services in Otrobabilia, while at the same time, getting La Fuerza's name out in the community among potential stakeholders.

Based on what you know about Otrobabilia, La Fuerza, and Key Stakeholders, your task is to plan an advocacy campaign whose goal is to further expand the access to safe, legal abortion based on a broader interpretation of the grounds of maternal health.

## **Country Overview**

Otrobabilia is an island nation that established its independence from Mexican colonial rule in 1987. The country has been slow to stabilize under the long reign and conservative rule of the late President Ramón Lotaca, who was assassinated by rebel leftists. Since the death of President Lotaca in 2006, his elderly brother, Moisés Lotaca has presided over Otrobabilia. The late President Lotaca's wife, former Primera Dama Soledad Lotaca, is often known to aid, guide, and even advise her brother-in-law from behind the scenes with a much more progressive agenda that seeks to extend women's rights and curtail the country's high rates of maternal mortality and morbidity.

After Otrobabilia's independence, conservative leadership wrote Otrobabilia's constitution to include a definition of life which begins at the moment of conception. Anyone seeking, obtaining, advising, or facilitating an abortion could be jailed. After the unexpected assassination of the president, Moisés Lotaca loosened the restrictions, allowing for abortion to be permitted only within the context of life or health-threatening circumstances for the mother, in fetal abnormalities, or in cases of sexual violence. Only last year the constitution was updated to reflect the new law.

## **General and Economic Snapshot of Otrobabilia**

The Republic of Otrobabilia is home to a population of 34 million. Otrobabilia is the largest island country in Latin America off the west coast of Central America. Obtaining its independence from Mexico in February 1987, the country has been slow to stabilize under the long reign and conservative rule of the late President Ramón Lotaca, who was assassinated by rebel leftists. There is one official language in Otrobabilia: Spanish, although many indigenous languages are still spoken among tribal communities. The primary religion of the country is Catholicism and while there are pantheistic religions still practiced by indigenous tribes, these are denounced by the government and mainstream society. In recent years, as in other parts of Latin America, the country has seen the rise of evangelical Christianity, with new adherents to socially conservative sects among all strata of society, including those of extreme wealth. Although the government is officially secular, it is very much influenced by the Catholic Church, particularly in subjects of high controversy. Evangelical Christian groups have also wielded influence in the government in the past few years.

The primary industries of Otrobabilia are tourism, sugar, coffee, and tobacco. The capital city of San Jose is located on the northeastern coast of the island, and is well connected to Central America by well-established oceanic trade routes. San Jose is surrounded by rural farmland, while the southernmost areas of Otrobabilia are filled with dense rainforest. Mountains and highlands divide the northwestern and central parts of the country.

Nearly 40% of Otrobaliens live in the rural areas outside the capital, and about 23% of the population live on less than \$2 USD per day. The adult literacy rate (above age 15) is 58.4%. Although the rainforest and mountain areas represent the smallest percentage of people, they contain the highest maternal mortality and infant mortality rates in the country. HIV infection and deaths due to AIDS related illnesses are far greater in these areas. Infrastructure outside of the capital is bare-boned with access to clean water and adequate nutrition a problem.

Since the early 2000's, Primera Dama Lotaca worked hard with her husband to transform the structure of public health-care insurance in order to cover more citizens. The result was that more employees were forced to pay into their health plans, cutting into their already miniscule paychecks. The new system, established in 2006 with the limited legalization of abortion has certainly widened coverage, but many health disparities persist, seen most in the poorer communities by continued high mortality rates. Abortion is not covered by insurance, neither private nor public.

|  |                                  |
|--|----------------------------------|
| <b>Capital</b>                                   | San José                         |
| <b>Official Language(s)</b>                      | Spanish                          |
| <b>Government</b>                                | Presidential Democratic Republic |
| <b>President</b>                                 | President Moisés Lotaca          |
| <b>Area</b>                                      | 932, 512 km <sup>2</sup>         |
| <b>Population</b>                                |                                  |
| 2009 estimate                                    | 34,000,000                       |
| Density  | 37 people/km <sup>2</sup>        |
| <b>GDP (PPP)- 2009 estimate</b>                  |                                  |
| Total  | \$34.80 billion                  |
| Per Capita                                       | \$1,023.53                       |
| <b>Main exports/industry</b>                     | Tourism, Sugar, Coffee, Tobacco  |
| <b>Adult Literacy Rate</b> (% ages 15 and above) | 58.4 %                           |
| <b>Population Living Under \$2/Day</b>           | 23.4 %                           |
| <b>Population Rural</b>                          | 39.7 %                           |
| <b>Population Urban</b>                          | 59.3 %                           |
| <b>Currency</b>                                  | Otrobalian Lucra                 |
| <b>Drives on the</b>                             | Left                             |

### The Health Statistics for 2009

|  |  |
|--|--|
| <b>Population &amp; Medical Personnel</b>              |  |
| Doctors  | 1.1 doctors per 1000 population              |
| Nurses and Midwives                                    | 0.54 nurses and midwives per 1000            |
| Clinical Associates (Non-Physician Clinicians)         | 0.08 clinical associates per 1000 population |
| <b>Infant and Maternal Mortality</b>                   |  |
| Neonatal mortality rate (deaths/1000 live births)      | 38   |
| Infant mortality Rate (infant deaths/1000 live births) | 52   |
| Under 5 Mortality Rate (deaths/1000 live               | 64   |

|  |         |
|--|---------|
| births)  |         |
| Maternal mortality ratio (per 100 000 live births)       | 250     |
| Lifetime risk of maternal death                          | 1 in 68 |
| <b>Demographic and Reproductive Health</b>               |         |
| Total fertility rate                                     | 2.81    |
| Crude birth rate (births/1000 population)                | 34.68   |
| Life expectancy  | 56      |
| Male Life Expectancy (years)                             | 54      |
| Female Life Expectancy (years)                           | 58      |
| % married women 15-49 using modern contraceptive methods | 62.6%   |
| % Births attended by skilled health personnel            | 78%     |
| <b>HIV/AIDS and other epidemics</b>                      |         |
| HIV prevalence   | 2.02%   |
| % of HIV patients diagnosed with TB                      | 43%     |
| Malaria admission cases in hospitals                     | 35%     |
| % of Dengue admission cases in hospitals                 | 31%     |
| <b>Health Insurance Coverage</b>                         |         |
| % of Population on health insurance                      | 34      |
| % on Public health insurance                             | 30.6    |
| % on Private health insurance                            | 3.4     |

### Government & Reproductive Health

Otrobalia has a multiparty democracy and there is a limit of one six-year term for all elected officials. Since the death of President Lotaca in 2006, his elderly brother, Moisés has presided over Otrobalia . However, due to his failing health, Former President Lotaca’s wife, former Primera Dama Soledad Lotaca, is often known to aid, guide, and even advise her brother-in-law from behind the scenes. Dama Lotaca has a passion and concern in her country’s growing rate of maternal mortality, especially among adolescent girls. The effect that unintended teen pregnancy has on young women’s educational attainment has been a growing concern of hers for many years, growing stronger since her husband’s death.

Throughout the colonial period under Mexican rule and up until the time of President Lotaca’s death, Otrobalia had laws criminalizing abortion for any reason, even though Lotaca signed several international human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women and the American Convention on Human Rights.

After Otrobalia’s independence, conservative leadership wrote Otrobalia’s constitution to include a definition of life, which begins at the moment of conception. Anyone seeking, obtaining, advising, or facilitating an abortion could be jailed. President Lotaca, pressured on one side by his political leanings and conservative politics to remain staunchly anti abortion, and on the other side by his more progressive wife to consider the health data of his own country, chose to side with his political supporters within the government and church. After the unexpected assassination of the president

(conspiracy theorists link his assassination to Soledad and her desire for power and control,) Moisés loosened the restrictions, allowing for abortion to be permitted only within the context of life or health-threatening circumstances for the mother, in fetal abnormalities, or in cases of sexual violence. Only last year the constitution was updated to reflect the new law.

Over the years, the influence of not only the Roman Catholic church, but of increasingly popular evangelical Protestant denominations has been seen to impact politics, social policies, and funding priorities in Otrobolia.

The economy of Otrobolia shows a very strong segregation between those with money and those without. Otrobolia is a developing country economically with many resources and much wealth concentrated in the capital city. As the radius widens beyond the capital and into the mountain and outlying areas of the country, more poverty and higher rates of health disparities can be seen, as access to resources dwindles.

## **Reproductive Health in Otrobolia**

### **Background Information**

Otrobolia has a maternal mortality ratio (MMR) of 150 maternal deaths/100,000 live births; this figure is higher than the Latin American and Caribbean combined 2008 average of 130/100,000.

It was recently documented by the Pan American Health Organization (PAHO) that from 2006-2009, fewer than 3,000 legal abortions were conducted annually; only 20% in the capital city. There is only one organization that provides abortion services and care in the capital city, International Health Alliance (IHA). Supported internationally as the leader in abortion advocacy and provision of abortion services, IHA has a state of the art facility and mobile units that travel throughout the country to more rural areas. Despite these services, during the same time, it is estimated that as many as 450,000 clandestine abortions were carried out every year, accounting for the third major cause of maternal deaths.

Overall, Otrobolia has the 3rd highest rate of maternal mortality in all of Latin America, behind Bolivia and Peru. According to the World Health Organization, the most frequent causes of maternal mortality in Otrobolia are eclampsia (34%), hemorrhage (25%), unsafe abortions (18%) and septic shock (9.5%).

Otrobolia also has the highest rates of adolescent pregnancy, with a rise from 18% to 22% between 2001-2006 in teens aged 15-19 years. The rate of maternal mortality from preventable causes double in this age group when compared to adult women. Populations most affected by these rates of teen pregnancy are adolescents of lower socioeconomic status, many from indigenous communities. Access to education is limited due to this lower socioeconomic status, and, in most cases, is eliminated after becoming pregnant.

After the end of Mexican colonization, conservative leadership wrote Otrobolia's constitution to include a definition of life that begins at the moment of conception. Anyone seeking, obtaining, advising, or facilitating an abortion could be jailed. After president Lotaca's death in 2006, the constitution was changed to reflect a more liberal

perspective. Abortion would be legally permitted only in specific instances. As of 2006, Otrobalia permits abortion when the pregnancy threatens the life or health of the woman; when there is malformation of the fetus which is incompatible with life outside the womb; and when the pregnancy is the result of rape, incest, or insemination or in-vitro fertilization without consent.

For the first time, not only has Otrobalia permitted abortion after a long period of complete criminalization, but it has used the term “life or health” of the woman. At the present, “health-risk” is limited to extreme situations where the woman is at risk of dying. Health, however, could be more broadly interpreted to conform to the definition established in 1994 at the United Nations Conference on Population and Development, held in Cairo, Egypt which includes not only physical health, but mental, emotional, social, and economic health. It could encompass a woman’s total well being, taking into account her “life project” or personal goals for herself in her life.

Using the information provided to you about Otrobalia, your knowledge of advocacy campaigns, human rights, political mapping and networking, and professional experience

within the fields of public and sexual/reproductive health, your goal is to develop an advocacy campaign that expands the legal interpretation of women’s health in order to provide and facilitate a broader array of abortion services.

## **Interest Groups/Stakeholders**

### **Otrobalia Ministry of Health**

- **Mission:** To ensure the efficient and effective functioning of the health system in Otrobalia and to promote good health, prevent the spread of disease, and ensure equitable access to quality health care for all Otrobaliens.
- **Chief programmatic areas:** Malaria, TB, HIV, Dengue, Maternal and Infant Health.
- **Funding range:** Equates to \$2.3 million USD. Represents 18% of national budget.
- **Constituency:** General population, mostly those without health insurance or access to private health care. Majority of consumers are women and small children. Over 100,000 people served annually.
- **Political influence:** One of the largest public institutions in the country, funded by the government, and some international grants.
- **History:** Took major part in a campaign to raise awareness about the importance of prenatal care and to increase the number of pregnant women getting prenatal care. Leads efforts in Malaria prevention and clean water awareness.
- **Size of staff:** 342 people.
- **Leadership:** Director is a male from San José, Otrobalia. He is well liked and respected among the community and has served in this position for 23 years. Although he is sensitive to the health needs of women (he would say that, after all, he is married with 4 daughters and 2 grandchildren of his own), he is keenly aware that his funding would be cut or he would be fired if the MOH were to provide abortion services or referrals, or support the advocacy of such services.

## Local UNFPA- (United Nations Population Fund)

- **Mission:** To promote the right of every woman, man and child to enjoy a life of health and equal opportunity. To ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.
- **Chief programmatic areas:** Reproductive health, gender equality and population/development strategies.
- **Funding range:** Equates to \$7.23 million USD, internationally. Otrobalia receives \$300,000 USD to support reproductive health initiatives.
- **Constituency:** Majority of consumers are women and small children.
- **Political influence:** This program is supported by international funds from the United Nations and has great influence in funding, advocacy, and policy changes.
- **History:** Leads efforts (with international support) to promote prenatal and post natal care for infants and mothers, educate about sexually transmitted infections, and fight to end gender-based violence.
- **Size of staff:** 39 people.
- **Leadership:** Directed locally by a middle-aged Otrobalian woman with a large family of her own. She has been in the position for 8 years, and is a practicing Catholic. She does not support abortion, however she is aware that many women die due to botched abortions. Her agency works towards the “prevention of abortion and management of its consequences” and that makes sense to her.

## Women with Rights

- **Mission:** To ensure that all women have the freedom of sexual and reproductive choice, with full access to information, resources and services free from discrimination.
- **Chief programmatic areas:** Reproductive health and rights and gender equality
- **Funding range:** \$250,000.
- **Constituency:** Women of all ages and walks of life.
- **Political influence:** This NGO is considered a radical movement and wave maker. Representatives show up at various events across the country to protest or advocate for their mission.
- **History:** This is a relatively new organization (7 years old) that is gaining momentum in the country, particularly after the recent law changes in abortion services. Many funders wish to remain anonymous due to extremist backlash on both sides of the fence.
- **Size of staff:** 8 people.
- **Leadership:** Directed locally by an Otrobalian woman in her 40's, she has been living with her partner for nearly 13 years. She is either loved or hated. She is a strong proponent of abortion rights and will speak out about the importance of it at any opportunity.

## Coalition of Physicians and Medical Providers

- **Mission:** To serve as a system of support for anyone practicing medicine, nursing or other medical service intervention.
- **Chief programmatic areas:** HIV, Tuberculosis, Maternal health, cardiac and pulmonary health.

- **Funding range:** \$5,000, for programming, donated by 2 separate hospital funds.
- **Constituency:** A monthly gathering of local medical providers for awareness, education and fellowship.
- **Political influence:** The coalition has had very little political influence due to its unstable infrastructure. . The executive board is weak but there are a few faithful attendees that have connections to big money in the capital. The potential for political influence exists, especially with a strong leader in charge.
- **History:** This committee has been meeting for a few years. It began meeting at a Catholic church in the city, but has recently been relocated to a public hospital administration conference room. The committee has grown to about 45 attendees each month, coming from as far as 1 hour away.
- **Size of staff:** 4 executive committee volunteers.
- **Leadership:** The current chair of the board is the executive director of the hospital foundation. She has little experience in the medical field, but has influential contacts in the field. She's not sure how she feels about abortion, but understands it to be one of those things that happens and should thus be done safely.

### Religions for Choice

- **Mission:** To serve as a voice for those who believe that their religious tradition supports a woman's moral and legal right to follow her conscience in matters of sexuality and reproductive health. To help people and organizations confidently challenge the power of their religious hierarchy in matters of public health, including sexual and reproductive health issues.
- **Chief programmatic areas:** Discourse, advocacy and research on Abortion, HIV/AIDS, new reproductive technologies and Sex and Sexuality.
- **Funding range:** Equates to \$250,000 USD.
- **Constituency:** Mostly concerned Catholics, however many are women from other pantheistic faiths. About 15% of constituents are male.
- **Political influence:** This NGO is funded by, private, individual donations and grantors. It has one large fundraiser each year. A large anonymous donation comes each year in the amount of \$25,000 USD. It is rumored that this anonymous donor is the Former Dama Lotaca.
- **History:** With a mission based in advocacy, this international NGO has been at the forefront of abortion rights and demonstrations since its inception in the early 1970's. It has been active in Otrobalia since the late 1980s.
- **Size of staff:** 6 hired staff. Approximately 125 volunteers.
- **Leadership:** The director of Religions for Choice is a single, young Mexican female, aged 32. She has been in the position for 4 years and is a strong voice for abortion rights. She is a practicing Catholic, and is engaged to the local political leader's son. Her work (or her ethnicity) is never mentioned in his campaigns- it is the elephant in the room among politicians.

### Families United

- **Mission:** This is a Christian ministry dedicated to helping families thrive whose mission is to provide help and resources for couples to build healthy marriages and for parents to raise their children according to morals and values grounded in biblical principles. To support families as they seek to teach their children about God and protect them from the harmful influences of society.



- **Chief programmatic areas:** Marriage, parenting, life challenges and building faith.
- **Funding range:** Equates to \$750,000 USD. About 43% of their budget comes from the Catholic Church, while 39% comes from individual donations.
- **Constituency:** Married couples, most of who are parents with at least 2 children. About 10% of constituents who seek support here are single mothers.
- **Political influence:** This NGO is funded by, private, individual donations and grantors. This agency has a loud voice in politics and was pivotal in sustaining the criminalization of abortion for so long.
- **History:** This agency was established in the late 1950's and is a stronghold in Otrobalian society. It holds a major gathering once a year to call more people to its mission and to God. In recent years, Families United has focused much of their outreach efforts on teens.
- **Size of staff:** 17 hired staff.
- **Leadership:** Families United is lead by a powerful male in his 50's. He attended seminary to become a Catholic priest, but along the way, he met his wife. They have been married for 28 years and have 5 children. He became the director when he was 40, fulfilling his life's call to service in the ministry. Families United "opposes abortion under all circumstances, except in the rare instance when the mother's life is threatened by continuing the pregnancy." His second eldest daughter at 16 had an abortion after having sex with her first boyfriend. Her mother knows, but has not told her father. She went to Religions for Choice for referrals to services.

### International Health Alliance

- **Mission:** To increase women's ability to exercise their sexual and reproductive rights, to reduce abortion-related deaths and injuries and to expand the availability, quality and sustainability of abortion and related reproductive health services to women across the globe.
- **Chief programmatic areas:** Abortion care, Sexual Violence, Advocacy.
- **Funding range:** Works in 13 countries in Asia, Africa and Latin America. Global budget equates to \$4.3 million USD. \$1.2 million is allocated to Central America, and \$550,000 to Otrobalia.
- **Constituency:** Women of all ages who are in need of abortion or other reproductive health care services. 48% of women are 16-26 years old.
- **Political influence:** This international NGO is funded by, private, individual donations and grantors. After abortion was made legal in Otrobalia in 2006, International Health Alliance was soon setting up their organization inside the capital. This NGO has a negative stigma within Otrobalia, as many think it is a United States import of liberal anti-family, anti-Christian agendas.
- **History:** More than 3 decades old, International Health Alliance is on the forefront of not only advocacy, but the provision of abortion services (in Otrobalia since 2006). The agency and staff have endured many threats and acts of violence, the former director having been beaten to death outside his home as he left for work 4 years ago. Protestors gather each morning on the front stoop, and despite the law, police are slow to defend the agency against protestors.
- **Size of staff:** 5 hired staff.
- **Leadership:** The director is a young doctor in his late 30's who took over after the death of the previous director. He is from the United States. He came to Otrobalia to complete his residency, and met his wife, born and raised in

Otrobalia. He and his wife planned to return to the States but he stayed on to fill the director's place after his death. Six years into his tenure, he is feeling the pressure from his wife to step down from this high-risk position. They want to move to a more rural area to start a family. He's currently looking for other positions but has yet to tell his board of directors of his plan. He's grooming an employee with experience in the field to take his place.

### Voices for Change

- **Mission:** To establish, rebuild and/or strengthen the infrastructure of health systems around the world. To deliver emergency aid to people affected by conflict, epidemics, disasters and healthcare exclusion.
- **Chief programmatic areas:** Housing, safety, water and sanitation, human rights.
- **Funding range:** Works in 80 countries across 5 continents. \$1.5 million allocated to Otrobalia for water and sanitation projects.
- **Constituency:** All people from lower socioeconomic classes, mostly in northwest and southern parts of the country.
- **Political influence:** This program is highly respected internationally and welcomed locally across the board regardless of political and religious affiliations, due to its non-political, non-religious stance.
- **History:** Since 1970, Voices for Change has been providing help to more than 80 countries around the world. It has been pivotal in affecting policy change with regards to gender-based violence in war-torn countries, and clean water/sanitation after natural disasters.
- **Size of staff:** 34 hired staff in country.
- **Leadership:** The director is a 45-year-old woman who was born and raised in the mountain region of Otrobalia. She has had political leadership experience and she is well liked and respected by all. She is known for very diplomatically playing by the rules. She herself is pro-choice, although her agency takes no direct stance on the issue.

### Health Care for All

- **Mission:** To extend the nation's health care coverage to all Otrobaliens regardless of race, ethnicity, religion, socioeconomic status, political affiliation, sexual orientation and gender identity or expression.
- **Chief programmatic areas:** Advocacy.
- **Funding range:** \$100,000 USD.
- **Constituency:** Political leaders, NGO directors and all people without health care coverage.
- **Political influence:** This program is a small, grassroots NGO that has begun to speak out loudly regarding health disparities and the need to extend health care coverage by the federal government.
- **History:** Begun just 5 years ago, Health Care for All has teamed up with the Ministry of Health to advocate for health care coverage for all Otrobaliens.
- **Size of staff:** 3 hired staff.
- **Leadership:** A young Otrobalian woman in her mid 20's established and heads this small initiative. She went abroad for college and was exposed to the comprehensive healthcare system of a more developed nation. She returned to

her home country to try to establish a similar system for her own people. She is passionate and not afraid of resistance.

### **True Justice**

- **Mission:** To assist and advocate for political candidates with visions of a true and just Otrobalia.
- **Chief programmatic areas:** Health care legislation, marriage protection, government spending.
- **Funding range:** Budget is \$435,000 USD given almost fully by individual donations and conservative political leaders.
- **Constituency:** Wealthier residents of Otrobalia, mostly men. Women make up about 32% of the representatives. 95% of the constituents are evangelical Protestant Christians with very conservative political leanings.
- **Political influence:** Well supported by older residents of Otrobalia because of its conservative socio-political perspectives, its voice is loud in the political forum. It protested against the 2006 abortion law changes, and has been working to cut back healthcare coverage for Otrobalian citizens, citing too much government involvement.
- **History:** Established in 2004 when the political environment was changing—Dama Lotaca was working to change health care coverage, and talk of abortion legalization was beginning.
- **Size of staff:** 8 staff.
- **Leadership:** Headed by a wealthy Otrobalian-American man in his 50's. He began the organization and has led it since its inception. He is very involved in his evangelical church and has support from all over the country. He also has contacts in the United States from within the Tea Party movement.

## **Assignments**

### **Assignment 1: Analyze the issue/Political Mapping**

Analyze La Fuerza's

- Resources
- Ideological commitment
- Political positions
- Potential problem areas

### **Assignment 2: Define the advocacy goal**

1. What is/are your short-term goal(s)?
2. What is/are your long-term goal(s)?
3. In 3-5 paragraphs, explain why these are your goals and why you have selected these particular time frames for each.

### **Assignment 3: Choose your coalition**

Based on the known stakeholders in Otrobalia, you need to choose your coalition. Your coalition will be paramount in helping you move your advocacy campaign forward. You

must decide what information you need to know about your potential coalition partners in order to assess how they can best augment your specific institution and campaign effort.

Please include the following items in your write up:

1. Examine the benefits that each partner would bring to your campaign. What is each partner's contribution and how will it complement the coalition? Here are some examples:
  - economic resources
  - who they represent
  - specific expertise, e.g. w/ the media, public policy, scientific content etc
  - access to specific audiences
  - other
2. Outline the potential tensions/downsides/constraints that each partner may bring to the coalition and to the campaign. Here are some examples:
  - lack of credibility
  - mission conflict
  - competition
  - leadership
  - other
3. Select up to 4 coalition partners from data sources provided in the case narrative.
4. Explain your choices for each.
5. Describe any missing information and why such information would help you make your decision about coalition partners.

#### **Assignment 4 – Select target audience and evidence**

1. Which audience(s) are you targeting?
  - Where do think you can be most effective?
  - What are the characteristics of the members in your target audience, such as demographics, background, cultural, societal, understanding and attitudes toward science, media habits and/or media literacy, religious and economic standing or perspective in Otrabalia?
  - What does your target audience believe and support, related to the issue?
  - Who or what influences their votes or voice?
2. Select evidence or public health indicators from the Otrabalia narrative to which your target audience(s) can relate, and for which you speak with credible authority as a public health professional.

### **Assignment 5: Create your message strategy**

In this section you must narrow down your advocacy message and hone in on a specific audience. As you are developing your message plan, consider the following things:

1. What do you think are the general messages of your coalition partners?
2. Given your niche contribution, what is your general message? Given the audience(s), what communication strategy will you use to deliver your message?
  - Which media will be most effective in reaching your audience(s)? Such as print, electronic, audio, visual, etc
  - What communications tools will you use? Such as, direct marketing, PSAs, social networking, town hall meetings, etc
3. Include a rationale for selecting this communications strategy.

### **Assignment 6 – Develop the deliverable**

1. Design and present your advocacy message based on your audience, message, evidence and communication strategy. You are expected to synthesize all you have done so far and create a draft of a sample(s) of your actual advocacy message within the context of an outline for an advocacy campaign. This does not have to be a polished, ready-for-publication product, but a draft of a possible campaign. Examples include (but are not limited to):
  - Letter campaign: letter to the editor of at least 300 words
  - Social media campaign, such as Facebook and/or twitter: mock-up a complete profile and at least 4 different posts
  - Town hall meeting: talking points for meeting with legislators & at least 5 PPT slides etc,
  - Video campaign: storyboards & script (30 sec spot)
2. How will you assess the success of your advocacy campaign?