Communicating Effectively with the Media

A How-To Guide for Chapters
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Introduction

The purpose of this handbook is simple – to assist you in becoming effective in communicating with the media and to highlight the resources available at the ACC to assist in publicizing your accomplishments. Each section focuses on the components of becoming effective at communicating your message through a variety of mediums. The handbook is organized to walk you through the necessary steps to complete the specific activities featured.

- Chapter 1 offers general tips for communicating with the media.
- Chapter 2 explains the most widely used written forms of communicating with the media.
- Chapter 3 highlights how to best handle interactions with reporters.
- Chapter 4 explains the process by which a bill is passed.
- Chapter 5 features the resources available from the ACC to publicize your accomplishments.

Ultimately, this handbook was developed to strengthen the role of cardiologists in the field of health care; we hope it is an effective tool for achieving your media goals. Please feel free to adapt this handbook to your chapter’s needs. The ACC is dedicated to serving your communication and advocacy needs on all levels, but your active participation is essential to the success of the profession.
Chapter 1: Tips You Can Live By

An Ounce of Prevention

More than 200 years ago, Benjamin Franklin opined that an ounce of prevention is worth a pound of cure. The same holds true today, both in health care and in working with the media. This is especially true when the issues are of a political nature.

There are measures you can take today to prepare your chapter for positive media coverage, whether your objective is generating publicity or managing a media crisis. Much like building a bridge, effective media strategies require a basic infrastructure. Without this foundation, your relationship with the media will be unnecessarily complicated and ineffectual. Follow these seven simple steps to lay the ground work of an effective media strategy.

1. Designate one person to be the point of contact for your chapter with the media. This serves two purposes. First, the reporter does not have to spend valuable time working his or her way through an organizational bureaucracy trying to determine whom within the chapter has the information they seek. Second, having one individual as the point of contact guarantees a consistent message. The designated person must be knowledgeable about how the media works, and sensitive to deadlines, and armed with a group of physician volunteers who are willing to speak to the media on behalf of your chapter. This can be the chapter president or another designated person.

2. Develop a media list that is targeted to reporters and media outlets – local, statewide and national – that cover the issues of concern to your chapter. Make sure this list is updated regularly.

3. Develop a one-page fact sheet about your chapter that can be provided to reporters as background. Also prepare one-page bios of key personnel within your chapter.

4. Send an e-card to an electronic list or a Rolodex card by mail announcing your availability to the media. Include concise information about your areas of expertise and how to contact you.

5. Determine how reporters want to receive their information. Most reporters today prefer e-mail, but you should never assume. Also, make a note of each reporter's deadline. For example, print reporters usually have earlier deadlines than radio or television reporters.

6. Provide professional media training for your designated spokesperson. This is not a place to cut corners. Not only will an articulate, media-savvy spokesperson serve your chapter better, but reporters will seek out well-spoken representatives that make a good impression on their readers or viewers.

7. Get to know the reporters. Whether by telephone or in person, it is important to introduce yourself and establish rapport. A word of caution: Don’t call when a reporter is facing a deadline, and don’t drop by without an appointment. Contacts should be brief and to the point. Don’t waste their time with needless chatter.

With these building blocks in place, you also will be able to respond rapidly and effectively to any media-related crisis, whether it’s bad press or a hot story about issues that directly affect your chapter.
All the News That’s Fit To Print

This credo on *The New York Times* masthead – “All the news that’s fit to print” – could serve as a guideline for your chapter. In other words, don’t waste a reporter’s time with frivolous news releases or irrelevant story ideas. When contacting a reporter to pitch an idea, make sure the issue is pertinent and timely.

To increase the chances that the media will pursue your idea, public relations guru Cindy DiBiasi offers the following tips:

- **Find fresh angles.** Reporters are always looking for new angles on old subjects. If you have information that is new and interesting, use it to your advantage. For example, if Congress is holding a hearing on issues of interest to your chapter or a news item crops up that has a natural link to your chapter’s goals, this provides an excellent opportunity to pitch story and editorial ideas.
- **Keep all forms of communication short and simple.** Write your message in 25 words or less. Use plain words the audience can understand.
- **Show impact and humanize it.** How many people will be affected? Provide anecdotal evidence about individuals who would be affected.
- **Think visually.** For television interviews, suggest locals that would make the story come to life. For print media, provide provocative photos that illustrate your message.
Chapter 2: The Written Word:  
Communicating via Print

Build It and They Will Come – Media Specific Materials

Now that you’ve built your infrastructure for communicating with the media, how do you get their attention? In general, there are four methods for generating free media publicity: news releases, letters to the editor, editorials and opinion pieces.

News Releases
A news release is nothing more than an item – usually an announcement or a reaction to an event – articulating your chapter’s point of view that is written by you for distribution to the print and broadcast media. It is printed on your letterhead and circulated to your targeted media list. When faxing or e-mailing a news release, a quick follow-up phone call to the reporter may make the difference between whether your information is published or ends up in the trash can. Many small town newspapers that have very limited resources will print your news release with few, if any, changes if the information is interesting and relevant.

Letters to the Editor
Letters to the editor are just that: letters written by you or members of your chapter to the editor of selected newspapers. You may write letters in response to news articles or editorials that have appeared in the paper, or you may submit letters about issues that have not been covered but that you think are of interest to the paper’s readers. Be careful to follow published guidelines when submitting letters. Editors almost always limit letters to a specified number of words, usually about 150 to 200 words, and require writers to sign their letters. Be sure to include a phone number and address where the editor can reach you. Most editors want to verify that you are, indeed, the writer of the letter before they publish it. Letters to the editor are often scoured by elected officials to keep in touch with their constituents’ points of view. It is not uncommon for organizations to draft letters to the editor for members of their organization to send to their local newspapers. This is an effective way to generate grassroots support for your chapter’s policy goals.

Editorials
An editorial is an article in a publication expressing the opinions of its editors or publishers. This is the most difficult avenue for an organization to pursue but, if successful, can have a sweeping impact. Getting an editorial published that supports your organization’s position is akin to selling cars. It’s your job to convince the editors and publishers that this is what they want. Joel Blackwell, a political consultant and author of Personal Political Power, reports that editorials are among the top 10 influences on legislators. Follow these steps in your pursuit of a published editorial:

1. Articulate in one sentence what you want the editors and publishers to support. For example, support a specific bill being considered by the legislature or support a policy position, such as a patients’ bill of rights.
2. Develop a one-page fact sheet that supports your position.
3. Contact the editor to discuss the issue. Ask for a meeting with the editorial board to pitch your position.
4. Be prepared to provide real-life examples of how the issue affects not only the members of your organization but also the readers of the newspaper.
5. When a positive editorial is published, always send a thank-you letter to the editors and publishers and send copies of the editorial to your legislators.
6. Do not be surprised or disappointed if the editorial board declines to support your position with an editorial. Watch for the next opportunity and try again.

**Opinion Pieces**

An opinion piece, in contrast, is an editorial written by you for distribution to newspapers. While it does not require a meeting with the editor or publisher, the newspaper has total discretion over whether or not to publish it. Probably your best chance of seeing your opinion piece in print is in response to an editorial or opinion piece with which you disagree. Most newspapers are fair and balanced in their coverage and will provide space for opposing points of view. Again, keep word restrictions in mind when preparing your opinion piece.

**Evaluating Your Coverage**

To be really effective in conveying your message, you'll need a working knowledge about what’s going on in the media sphere at any given time. This requires that you not only monitor but critically evaluate media coverage related to your issue. Regular monitoring will help you in a variety of ways. It can:

- Assist you in determining a writing style to emulate, or how to best frame your letter-to-the-editor or opinion piece given the newspaper you’re writing for.
- Alert you to when an article has been published on your topic area, giving you a perfect moment to respond.
- Improve your media skills by developing intimate knowledge of what your media consider newsworthy.
- Keep you up-to-date on public events and meetings related to your issue.

Don’t forget to think critically when reading articles related to your topic. Although it might not appear on the surface to relate, a deeper reading might indicate that, indeed, it does. Remember: You must know the media to effectively use it.
Chapter 3: Interviews, Press Conferences and Other Forms of Oral Communication

Nothing To Fear but Fear Itself – Interviews

In addition to all of the written media, there are other ways to communicate with the press, mainly, interviews with reporters. The reporter commonly initiates interviews after he or she is familiar with your chapter and recognizes your expertise and ability to deal with the media. A word of caution about interviews, whether print or broadcast: Nothing is ever off the record. Don’t say anything you don’t want published or broadcast. As former presidential press secretary Marlin Fitzwater wrote in his book, *Call the Briefing*, “Treat reporters like professionals and they will be your friends. Treat them like your friends and they will betray you every time.”

Perhaps nothing is more intimidating than a television interview, especially a live television interview. But there are techniques for managing an interview that will make you more comfortable while still getting your point across.

First and foremost, adopt the Boy Scout motto: “Be prepared.” Cindy DiBiasi offers these suggestions:

- **Answer the five W’s:** Who? What? Where? When? Why?
  - Who is the reporter, and what do you know about his or her background and reputation?
  - What is the angle of the story, and what is the format of the program on which your interview will be aired?
  - Where will the interview take place, and will it be live, taped or over the phone?
  - When do they want to do the interview – immediately, today, next week, next month?
  - Why have you been selected to be interviewed?
- **Define your objective.**
  - What’s in it for you or your organization?
- **Develop message points.**
  - Write your main message in 25 words or less. Don’t waste precious time during an interview stumbling around searching for the right words.
  - Use plain words the audience can understand. Don’t use jargon!
  - Write three main points you want to make during the interview.
  - Use facts and anecdotes to back up your main points.
- **Anticipate questions you might receive and practice your answers in advance.**
- **Stay calm. Don’t get defensive.**
- **Don’t answer hypothetical questions.** If a reporter asks you a hypothetical questions, call him or her on it by saying, “That’s a complete hypothetical, but what I can tell you is...” and refer to one of your three message points.
- **Challenge inaccurate questions.** If a reporter says something that is inaccurate, set the record straight immediately, but do it in a positive way such as, “Let’s make sure we understand this clearly because it’s a very important point...” then state the information correctly.
Your appearance matters. You want the audience to remember what you said, not what you wore. Smile and look your best. Leave large prints, plaids, and big or shiny jewelry at home. For men, wear dark gray or navy suits with pastel shirts (no white). Do not wear ties with bold patterns. Dresses and suits are best for women. However, do not wear bright red, white or black.

Press Conferences
A form of interview, a press conference is only used for very important, breaking news. This news should be immediately applicable to the public. Formatting-wise, press conferences usually involve a representative or two from your chapter delivering the news to reporters, who then have an opportunity to ask questions.

Reporter Roundtables
Reporter roundtables feature representatives from the chapter getting together with selected reporters to discuss a pre-specified topic. The purpose of the roundtable is to foster a more well-rounded discussion than might be possible at a one-on-one interview or at a press conference. Both the reporters and the chapter representatives, who should be of various backgrounds and specialties, should be handpicked for their connection to the topic at hand.

Summing It Up
The goal of any organization’s media strategy is to create a positive image and advance its causes. Seasoned media professionals Ken Vest, vice president of Powell Tate, a respected public relations firm, and John Cos, executive director of the American Association of Pharmaceutical Scientists, offer some basic principles for building strong relationships between associations and the media – principles that can made the difference between good coverage, bad coverage or no coverage for your chapter.

- Make yourself available to reporters. Do not dodge their calls. Every media call is an opportunity to pitch your message.
- Tell stories that illustrate your point of view. This puts human face on the story and establishes an emotional connection with the readers or viewers.
- Accentuate the positive. A positive message reflects more favorably on the chapter than a negative message. Reduce your message to three positive points.
- Be confident. Don’t detract from your message with statements such as “I may not be an expert, but...”
- Always provide accurate information. Don’t guess or embellish. If you don’t know the answer, admit it and let the reporter know you’ll get back to them within a specified time frame.
- Don’t use the media to attack your legislators, even if you are on opposing sides of an issue. Personal attacks are best left to political campaigns. Confine your comments to the issue at hand. Otherwise, the story that gets reported will be your attack on the legislator rather than your chapter’s message.
Chapter 4: It All Comes Back to Advocacy

Now that you have a solid background in communicating with the media, it’s time to make sure you have a solid grasp of the legislative process. Do not try to explain to a reporter why it’s important to support a bill if you don’t understand the legislative process or who the key players are. Below is a brief overview of the legislative process and the different ways in which a bill can become a law.

Understanding the Legislative Process: The Basics

State legislatures are where things really get done. Former Speaker of the U.S. House of Representatives Tip O’Neil was famous for saying, “All politics is local.” This is really the heart of the matter because all politics relates to local jurisdictions and how political decisions affect individuals on a personal level. In addition to addressing numerous issues, most state legislatures meet for only a short period of time each year. Some sessions are as short as 30 days, and others are year-round; however, most are three to five months long, with a few states meeting every other year. With such a short time period to consider legislation, conflicts of power, bargaining, and compromise are inevitable in the making or changing of public policy. Clearly, your legislators’ job can be complex and they can benefit from your advice.

Sources of Legislation
Legislative proposals originate from many sources, including the media, trade and professional associations, public interest groups, law firms, labor unions and the business community. Many of these organizations are based in your state and frequently are the dominant information and lobbying source for your legislator.

Sources of legislation include –
- Legislators;
- Individual constituents or constituent groups;
- Coalition groups and lobbyists representing constituent groups; and
- Legislative committees.

Although legislators are bombarded with information, they appreciate the input of groups and people from their home district that represent a broad cross-section of interests and offer thoughtful, constructive and balanced options. This is particularly useful while the legislation is in the formative stage at the subcommittee or committee level. Such an organized approach is welcomed by lawmakers and can be highly effective in influencing legislation.
Centers of Power

In addition to constituent input, there are other powerful forces at work in the legislative process. The process also may be heavily influenced by two major power structures with the state legislature: political party leadership and committee leadership.

Party leadership is a long-standing power center within state and federal legislatures. The political party dominating the majority of the chamber’s legislators generally controls that chamber. Both the House and the Senate elect majority and minority leaders who coordinate the conduct and manage legislation on the floor. These leaders are elected by their political party’s caucus; they are elected principally for their party standing and leadership ability. These leaders develop strategy regarding how a bill will move through the various checkpoints of the legislative process.

The speaker of the house is the presiding officer of that chamber and is also the leader of the majority party. The speaker is the party’s chief strategist and devotes a great deal of time to promoting the legislative policies of that party. The speaker also influences the fate of legislation by deciding, when, or if, a bill will be debated.

The majority leader of the Senate is known as the Senate president. Like the speaker of the House, the president acts as the principal legislative strategist for the majority party and influences decisions regarding committee assignments. The Senate president and the speaker of the House are arguably the most powerful individuals within state legislatures.

Committee leadership is the next layer in the power structure and includes the standing committee chairs. Committee chairs derive their power from control over bills referred to their committees and may determine whether bills will be considered. Committee chairs can delay, block or expedite action on measures with few restrictions. The chairs also select subcommittee chairs under their jurisdiction or choose to serve as subcommittee chairs themselves.

Increasingly, ad hoc groups or caucuses, composed of lawmakers who share common views, are informal power structures that have developed within the legislative decision-making process. Such groups serve as information and control centers on issues and can block bills they oppose.

Given this system, it might seem that party leaders and committee chairs have more influence over the course of legislation than do the constituents back home. That is not the case. Constituents are still a lawmaker’s priority and can have a tremendous impact.
How a Bill Becomes a Law

It is important to remember that the process by which a bill becomes a law has many points of access. To enact a bill into law, its proponents must succeed at every one of these points, but opponents of a bill need succeed only once. In other words, it is generally much easier to kill legislation than it is to pass it.

Bill Introduction
To introduce a bill into either the House or the Senate, a member of that body must sponsor it. Often, the member will send a “Dear Colleague” memo to all other chamber members to seek additional cosponsors. A bill may be introduced in either chamber or in both chambers simultaneously, depending on the state’s legislative rules. Because state sessions are short, many states allow for a process calling prefiling. Prefiling allows for a bill to be introduced as an outline before the session begins. This allows administrative procedures to take place before the session begins, maximizing the time the bill has to be debated and moved through the chambers. Often, prefiled bills are called “shell bills,” meaning the content of the bill is still being debated among the sponsors. This is another opportunity to influence the process, seek out sponsors and offer your opinion.

Once the bill is ready to be introduced, the bill must be given a bill number by the chamber leadership. Generally, a bill originating in the House is designated by “H.B.” followed by a number. “S.B.” followed by a number designates a Senate bill, but these designations can vary from state to state.

Committee Assignment
Upon formal introduction of a bill, the speaker of the House or the president of the Senate refers the bill to the committee with proper jurisdiction. Each committee has jurisdiction over issues in several areas. The bill might be subsequently referred to a subcommittee.

Committee Action
Committees are perhaps the most important phase of the legislative process. They carry out the central functions of state legislatures, including –

- Processing bills that have been introduced;
- Investigating the need for new legislation; and
- Overseeing state agencies within their jurisdiction.

Committee action generally falls into one of two categories:

1. Hearings – Members of state legislatures, public officials, business and professional people, private citizens, experts and other interested groups are invited to offer their opinions on a particular issue being considered by the committee. The purpose of a hearing can be to:
Determine the possible impact of proposed legislation;
Seek and obtain information;
Test public opinion;
Build support for proposals;
Delay action on a bill; or
Provide a forum for stakeholders to be heard.

2. Reporting bills – The full committee may report a bill as it was introduced, with amendments, or as a “clean” bill – a substitute bill encompassing all of the amendments made.

If a committee fails to report a bill, then the measure is dead; with few exceptions it cannot proceed to the full House or Senate for consideration. This is the stage where most bills die, as few are reported from committees.

Committees and subcommittees are considered the “working level” of state legislatures. This is where the decisions are made and the content and language of a bill are hammered out. It is at the subcommittee and committee level that laws are formulated and should be balanced with public comment. Once a bill has reached the House or Senate floor for a vote, it is more difficult for it to be reshaped or defeated because the majority of members will defer to the “experts” on the committee who studied and reported the bill. Again, input on a bill’s content should occur before it reaches the main floor of the chamber.

Scheduling
If a bill receives a favorable recommendation from a committee, then it most likely will be scheduled for a floor vote. Depending on the state, the legislative leadership may decide when to send a bill to the floor or, in some states, the bill is sent to a special committee that decides its fate.

Floor Vote
At this stage, legislators vote on the bill. This is a critical time for all members to be informed of your chapter’s position on the bill. At this time, legislatures may accept or decline any of the committee amendments, permit additional debate and consider other amendments.

Second Chamber Action
If the bill passes, then it is sent to the second chamber, where the same procedure is followed. If the second chamber amends the bill, then the original chamber must concur with the amendments. If identical bills are not passed, then the second chamber may either withdraw its amendments or request a conference committee. If identical bills are passed in both chambers, then it is sent to the governor for his or her signature.
Conference Committee
A conference committee is appointed when the two chambers pass different versions of the same bill. Conference committee members include both majority and minority members from each chamber, usually members of the committee that reported the bill. It is their job to resolve the differences between the two bills. Input from stakeholders may be useful here in trying to review problems in the bill. You should contact all conference committee members while they are working on a compromise.

Conference Report
If the conference committee is able to resolve differences in the bills, then it will issue a conference report that is signed by a majority of the members of the conference committee. Both chambers must then vote on the final version of the bill. The chamber where the bill originated votes first. If the conference committee reaches no agreement, then the bill is usually dead. If the bill passes both chambers, then it is sent to the governor for his or her signature.

Action by the Governor
After a bill is received by the governor, he or she has a limited time in which to act on the legislation. The governor can sign the bill into law, allow it to become law by not signing it, or veto it and return it to the legislature with an explanation of the veto. Depending on the state’s legislative rules, the legislature can override the veto with a majority vote.
Chapter 5: Making the Most of Your Dues: Using the ACC as a Resource

The ACC has many publications available to help you educate members across the country. In addition, most chapters have newsletters to which you can submit articles to educate on a statewide basis. This section offers a brief description of ACC’s publications to help you determine which can work the best for you and your message.

Vehicles for Getting Your Message Across

*ACC News*
ACC News is an e-newsletter to ACC members that is published bi-weekly on Wednesday. Content for this newsletter includes: ACC announcements and news; advocacy updates and alerts; and membership deadlines. On the weeks when ACC News is not published, the College updates “Advocacy Weekly,” which features news and updates in four key areas: legislative, regulatory and payer, quality and state. If you have experienced a key legislative victory in your state, then Advocacy Weekly is a great place for you to publicize at the national level.

*The Q Report*
The Q Report is a bi-weekly e-newsletter focused on quality-related news that is published on Fridays. Content for this newsletter includes: regulatory and payer news; information about pilots; recently released guidelines, appropriateness criteria and data standards; legislative news; and updates in imaging. This newsletter is received by a select group of members who are especially interested in quality issues, including the Board of Trustees and Board of Governors.

*Cardiology*
Cardiology is the College’s member magazine, which is printed monthly and mailed to all ACC members. The content features:

- ACC and professional news
- Trends and science
- Advocacy news
- ACC communities
- Practice management
- FIT, member and CCA news

Much of the magazine is written by ACC members, making it an ideal place to spread the word about your chapter’s efforts. The deadline for submission is the 10th of the month prior to the publication month.
Chapter Affairs Extranet
The Chapter Affairs Extranet, formerly known as OSCAR, is your one-stop shop for everything chapter related. This site, available at http://members.acc.org/caextranet, features information about awards, grants and funds available to chapters from the ACC; chapter member data; quality and advocacy programs; and payer issues.

BOG Updates
The Chapter Affairs Extranet features a weekly Board of Governors (BOG) Update, which is also sent as an e-Newsletter. The Update contains a letter from the BOG chair on a noteworthy issue or event, and features a section of “Action Items” that itemizes events with deadlines that need attention. It also has a section entitled “For Your Information,” which lists items that all governors and chapter executives should be aware of but do not require action. In addition, the date and time for upcoming BOG Steering Committee calls is noted on each BOG Update. BOG Updates are sent to all current Governors, all Governors-elect, all Chapter Executives and select ACC staff.

Chapter Newsletters
Almost all chapters have a newsletter that goes out to members in that state. The newsletters vary in formatting and frequency, but all feature content that is important or interesting for chapter members to know. This newsletter is one of the best options that chapter members have for publicizing their efforts within the membership. Chapter executives or governors are the best people to contact to determine the specifics of your chapter’s newsletter and how to publish articles in it.
Chapter 6: That’s All, Folks

It looks like our job here is finished. With your new knowledge of how to write and speak to reporters and a basic understanding of advocacy, you are now ready to take your first steps at effectively communicating with the media. However, for those who want to be truly media-savvy, this might not be enough. Below, you’ll find sample writing materials, sites to visit for more information on media strategy and a list of state Legislature Web sites. Finishing off the appendices is an assortment of Web sites on related topics that you might find interesting.

If after all that, you still haven’t had enough, or if you want to find out more about something at the ACC, contact Helen Smith at hsmith@acc.org or 202-375-6269. Helen is the Associate Director of Chapter Affairs, and your go-to for most things chapter related. She can direct you to the right person at the ACC to answer all your questions.
Writing Samples

Letter-to-the-Editor

Dear Editor:

Across the country, physician and patient satisfaction levels are dramatically decreasing as a result of misaligned incentives, lack of coordination in care, medical liability concerns and inconsistent quality. Combine that with 47 million uninsured Americans, and you have a system primed for reform.

The medical community has an opportunity to proactively address this need for reform and transform the health care system from the inside out. At the American College of Cardiology (ACC), we are committed to rebuilding the health care system in a manner that moves beyond process to focus on outcomes.

We are working with payers, Congress and other like-minded organizations to develop and implement policy alternatives that recognize the unique opportunities that exist at the point of patient care. Pilot programs, facilitated through legislation or payers, would lead to strengthened quality measures, better understanding of outcomes, greater coordination of care, and expedited application of clinical guidelines. We believe these tools can be models for reform and can help reduce costs while providing patients with the highest value care.

The health care problems we are experiencing today will only grow steadily worse. Congress needs to work with health care providers and focus on this issue now – and get it right. The future viability of the health care system is at stake.

Sincerely,

[Your Name], M.D., F.A.C.C.
[Your Address]
[Your Phone Number]
Opinion Piece

Look in any newspaper, on any given day, and you’ll most likely find at least one story about health care reform. It’s a topic on everyone’s mind, but most especially – and not surprisingly – it’s a topic that weighs heavily on the minds of health care providers like me.

One of the problems with the current health care system is that the national fee schedule used to provide cost updates to physicians does not keep up with inflation. This means that physicians are paid less and less each year for providing the same care.

For years, the members of the American College of Cardiology (ACC) and others have been calling upon our elected officials to develop a reimbursement policy that reflects doctors’ cost of delivering care – but lawmakers just haven’t gotten the job done. Now, the problem simply grows worse and is rapidly reaching a point where the quality of care is in jeopardy.

That said, payment reform is just one part of a larger, much-needed health system reform.

Our current system offers patients uncoordinated, inconsistent care, and gives physicians misaligned incentives to offer more care, not higher quality care. Access to quality care for minorities is especially an issue, with African Americans and Hispanics tending to receive lower quality of care across a range of disease areas. In addition, physicians across the country continue to struggle with high medical malpractice premiums. Meanwhile, the rising cost of providing care is outstripping society’s ability to pay. Combine these factors with 47 million uninsured Americans, and you have a system primed for reform.

To address the need for quality-based health system reform, the ACC has launched a campaign called Quality First, with the goal of transforming health care from the inside out. The College, as do I, firmly believes that health care providers should be the key players in driving reform because we know what’s best for the health of patients, and we know the cost of providing high-quality care.

In recent meetings with my lawmakers in Washington, D.C., there was much discussion of key principles that should be part of any reform effort. Universal access to basic care and some sort of public/private financing system to help stabilize the ever-increasing costs of health care are givens. According to the Kaiser Family Foundation, the cost of health care has grown 2.5 percentage points more each year since 1970 than the country’s gross domestic product. Health care in 2007 accounted for 16% of the GDP.

Payment reform is also necessary. The federal government and insurers need to devise better ways of compensating physicians for providing quality care. The current reimbursement method and its focus on process just isn’t working.
Additionally, reforms need to be driven by a focus on quality and outcomes. The ACC is already leading the way in this area. Not only does the College boast the largest national cardiovascular data registry, it is also a leader in the development of clinical guidelines and appropriateness criteria to guide cardiovascular professionals in their treatment decisions. In addition, the ACC continues to build on these efforts and is working with payers, Congress and other like-minded organizations on pilot programs, legislation, strengthened quality measures and expedited guidelines. The ACC believes that by providing quality cardiovascular care, we can maximize the value of federal dollars spent on Medicare.

The ACC’s preemptive efforts at improving patient care can and should be viewed as models for reform. The entire health care community must play a critical role in shaping the future system. We know what’s best for patients, and we know what it costs to provide high-quality care.

If we aren’t involved now, reform will happen “to” us, rather than “with” us. The problems we are experiencing today with the health care system will only grow steadily worse. Congress needs to focus on this issue now – and get it right. We can help! The future viability of the health care system is at stake.

[Your Name], M.D., F.A.C.C.
[Your Address]
[Your Phone Number]

News Release

Contact:
Amy Murphy
(202) 375-6476
amurphy@acc.org

The American College of Cardiology Applauds Governor Kaine’s Support for Health IT and Centra’s Commitment to Quality Cardiovascular Care

March 17, 2008 - The American College of Cardiology (ACC) appreciates Governor Kaine’s and the state of Virginia’s support for the pilot program at Centra.

Jack Lewin, M.D., Chief Executive Officer of the American College of Cardiology, said, “As the professional home of our nation’s cardiologists, the ACC is in a unique position to provide our members with reliable information and assessment of their clinical performance. We appreciate Centra’s medical expertise and their strong commitment to quality and Governor Kaine’s support of this important pilot project.”
The ACC’s NCDR™ (National Cardiovascular Data Registry), the recognized leader in hospital-based registries, is launching this new program exclusively for office-based practices.

The ACC’s “Improving Continuous Cardiac Care” (IC3) Program™ is the first office-based assessment program designed to provide physicians with the tools to collect the most current, nationally recognized measures of quality.

This pilot program partnership with Centra will create a national data model for strong health information with a national repository that will be accessed to trigger relevant clinical decision support aides.

The pilot project made possible through a Virginia grant will allow the ACC to provide Centra’s physicians with the tools to collect the most current, nationally recognized measures of quality. The ACC will also be able to take advantage of the strong medical expertise of the Centra physicians and their commitment to quality cardiovascular care.

About the American College of Cardiology
The American College of Cardiology is leading the way to optimal cardiovascular care and disease prevention. The College is a 34,000-member nonprofit medical society and bestows the credential Fellow of the American College of Cardiology upon physicians who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and is a staunch supporter of cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care.

Media Strategy Resources

Internet News Room
http://www.internetnewsbureau.com/tips/
This Web site, an online press release service for businesses and journalists, offers other sites to visit for information on writing electronic and print press releases and speaking with journalists.

All About Public Relations
http://www.aboutpublicrelations.net/mediarel.htm
Published by Steven R. Van Hook, a PR guru who has worked campaigns for media giants CBS, BBC, among others, this Web site features a media relations guide, “Toolkit: How to PR.”

Fenton Communications
http://www.fenton.com/pages/5_resources/nowhearthis.htm
This report, “Now Hear This,” details how Fenton, a public interest communications firm with offices in Washington, D.C., New York, and San Francisco, approaches managing advocacy communication campaigns.
Media Terms

Advertising
Making known; calling public attention to a product, service or company by means of paid announcements so as to affect perception or arouse consumer desire to make a purchase or take a particular action

Advertorial
An advertisement that resembles a newspaper editorial or a television program but promotes a single advertiser’s product, service or point of view

Campaign
The total planned, coordinated effort on behalf of a specific issue, often multi-faceted in nature and run over a period of time

Embargo
An agreement or request that a news organization refrain from reporting certain information until a specified date and/or time, in exchange for advance access to the information

Letter to the Editor
Short letter written to the editorial staff of a newspaper to comment on or clarify recently printed news, usually about 200-300 words long

News
Information that is NEW, relevant, timely, interesting and of significance to a wide audience

Op-Ed (opinion-editorial)
A written expression of views on a particularly newsworthy topic relevant to the publication’s audience, usually 500-750 words

Press Release
Sometimes known as a news release or press statement; a written communication directed at members of the news media for the purpose of announcing something claimed as having news value

Target Audience
The audience most likely to be interested in a certain issue; effective outreach is planned with the target audience clearly in mind

Video News Release (VNR)
A pre-filmed broadcast version of a press release that producers can air whole or edit into their own news pieces; usually accompanied by B-roll, a compilation of video clips that does not contain voiceover
## State Legislatures – Web Sites

Below is a chart of the main Legislature pages for all 50 states, Puerto Rico and Washington, D.C. For more specific information, such as where to find bills or statutes, visit the National Conference of State Legislatures’ Web site at [http://www.ncsl.org/public/leglinks.cfm](http://www.ncsl.org/public/leglinks.cfm), which has a searchable form that provides links to these pages.

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<thead>
<tr>
<th>State</th>
<th>Web Site</th>
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<tr>
<td>Alabama</td>
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<td><a href="http://legis.state.nm.us/lcs/default.asp">http://legis.state.nm.us/lcs/default.asp</a></td>
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<td>Oregon</td>
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<td>South Carolina</td>
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<td>South Dakota</td>
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<td><a href="http://www.capitol.state-mo-wy.tx.us/">http://www.capitol.state-mo-wy.tx.us/</a></td>
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<td><a href="http://www.leg.state.vt.us/">http://www.leg.state.vt.us/</a></td>
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<td><a href="http://www.leg.wa.gov">http://www.leg.wa.gov</a></td>
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<td>West Virginia</td>
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<td>Wyoming</td>
<td><a href="http://legisweb.state.wy.us/">http://legisweb.state.wy.us/</a></td>
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## A Glossary of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AAMC</td>
<td>Association of American Medical Colleges</td>
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<tr>
<td>ABC</td>
<td>Association of Black Cardiologists</td>
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<tr>
<td>ABIM</td>
<td>American Board of Internal Medicine</td>
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<tr>
<td>ACC.08</td>
<td>American College of Cardiology 57th Annual Scientific Session</td>
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<tr>
<td>i2 Summit</td>
<td>American College of Cardiology’s Innovations in Intervention: i2 Summit</td>
</tr>
<tr>
<td>NCDR</td>
<td>American College of Cardiology National Cardiovascular Data Registry (note use of registered symbol)</td>
</tr>
<tr>
<td>ACCEL</td>
<td>American College of Cardiology Extended Learning</td>
</tr>
<tr>
<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
</tr>
<tr>
<td>ACP</td>
<td>American College of Physicians-Internal Medicine</td>
</tr>
<tr>
<td>AED</td>
<td>automatic external defibrillator</td>
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<tr>
<td>AHA</td>
<td>American Heart Association or American Hospital Association</td>
</tr>
<tr>
<td>AHIC</td>
<td>American Health Information Community</td>
</tr>
<tr>
<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
</tr>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
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<tr>
<td>AMA PRA</td>
<td>American Medical Association Physician’s Recognition Award</td>
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<tr>
<td>AMC</td>
<td>academic medical center</td>
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<tr>
<td>AMGA</td>
<td>American Medical Group Association</td>
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<tr>
<td>AMI</td>
<td>acute myocardial infarction</td>
</tr>
<tr>
<td>ASD</td>
<td>atrial septal defect</td>
</tr>
<tr>
<td>ASE</td>
<td>American Society of Echocardiography</td>
</tr>
<tr>
<td>ASNC</td>
<td>American Society of Nuclear Cardiology</td>
</tr>
<tr>
<td>BOG</td>
<td>Board of Governors</td>
</tr>
<tr>
<td>BOT</td>
<td>Board of Trustees</td>
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<tr>
<td>CABG</td>
<td>coronary artery bypass graft</td>
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<tr>
<td>CAD</td>
<td>coronary artery disease</td>
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<tr>
<td>CAN</td>
<td>The ACC’s CardioAdvocacy Network</td>
</tr>
<tr>
<td>CCA</td>
<td>Cardiac Care Associate (the College’s membership category for registered nurses, nurse practitioners, clinical nurse specialists, physician assistants and CV pharmacists)</td>
</tr>
<tr>
<td>CCHIT</td>
<td>Certification Commission for Healthcare Information Technology</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CHD</td>
<td>congestive heart disease</td>
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<tr>
<td>CHF</td>
<td>congestive heart failure</td>
</tr>
</tbody>
</table>
CME continuing medical education
CMR cardiac magnetic resonance
CMS Centers for Medicare and Medicaid Services
CT computed tomography
CV cardiovascular
D2B door-to-balloon
DES drug-eluting stent (note use of hyphen)
DICOM Digital Information and Communications in Medicine
DVT deep venous thrombosis
EECP enhanced external counterpulsation
EBCT electron beam computed tomography
ECG electrocardiogram (Use “ECG” instead of “EKG,” the initialism used originally because the procedure was developed in the Netherlands and called an “electrokardiogram.”)
ESC European Society of Cardiology
F.A.C.C. Fellow of the American College of Cardiology
FDA Food and Drug Administration
FIT Fellow in Training (a complementary membership category for junior cardiovascular specialists)
GAP Guidelines Applied in Practice
GME graduate medical education
HMO health maintenance organization
HPI history of present illness
HITSP Healthcare Information Technology Standards Panel
HL-7 Health Level Seven
HRT hormone replacement therapy
IASC InterAmerican Society of Cardiology
ICAEI Intersocietal Commission for the Accreditation of Echocardiography Laboratories
ICANML Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories
ICAVL Intersocietal Commission for the Accreditation of Vascular Laboratories
ICD implantable cardioverter defibrillator
IDS integrated delivery system
IHE Integrating the Healthcare Enterprise
IPA  individual practice association
ISFC  International Society and Federation of Cardiology
IVUS  intravascular ultrasound
JACC  Journal of the American College of Cardiology
JAMA  Journal of the American Medical Association
JCAHO Should be referred to as the Joint Commission
LAD  left anterior descending
LVAD  left ventricular assist device
M.A.C.C.  Master of the American College of Cardiology
MDI  Medical Director’s Institute
MedPAC  Medicare Payment Advisory Commission
MGMA  Medical Group Management Association
MI  myocardial infarction
MRI  magnetic resonance image
NASPE-HRS  North American Society of Pacing and Electrophysiology—Heart Rhythm Society
NCD  National Coverage Determination
NEJM  New England Journal of Medicine
NHLBI  National Heart, Lung, and Blood Institute
NIH  National Institutes of Health
NINDS  National Institute of Neurological Diseases and Stroke
NLM  National Library of Medicine
NRMI  National Registry of Myocardial Infarction
P4P  pay for performance
PA  physician assistant (note: physician’s assistant is incorrect)
PAC  pulmonary artery catheter OR political action committee
PAD  peripheral artery disease
PAR  Performance Assessment, Recognition, Reinforcement, Reward, and Reporting Committee
PCI  percutaneous coronary intervention
PE  pulmonary embolus
PPMC  physician practice management company
PPO  preferred provider organization
PQRI  Physician Quality Reporting Initiative
PTCA  percutaneous transluminal coronary angioplasty
QCARE  Quality Care through Continuous Application of Standards, Reporting, Evaluation and Education
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>QSDC</td>
<td>Quality Strategic Directions Committee</td>
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<tr>
<td>RBM</td>
<td>Radiology Benefits Management or Managers</td>
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<tr>
<td>RCT</td>
<td>randomized clinical trial</td>
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<tr>
<td>SAP</td>
<td>self-assessment program</td>
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<tr>
<td>SCAI</td>
<td>Society for Cardiovascular Angiography and Interventions</td>
</tr>
<tr>
<td>SNM</td>
<td>Society of Nuclear Medicine</td>
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<tr>
<td>SPECT</td>
<td>Single-Photon Emission Computed Tomography</td>
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<tr>
<td>STS</td>
<td>Society of Thoracic Surgeons</td>
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<tr>
<td>TEE</td>
<td>transesophageal echocardiography</td>
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<tr>
<td>TTE</td>
<td>transthoracic echocardiography</td>
</tr>
<tr>
<td>VHA</td>
<td>Veterans Health Administration</td>
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<tr>
<td>VTE</td>
<td>venous thromboembolism</td>
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<td>WHF</td>
<td>World Heart Federation</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>YIA</td>
<td>Young Investigator Award</td>
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## General Resources

### Politics – General

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<td>GovSpot</td>
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<td>Politics1</td>
<td><a href="http://www.politics1.com">http://www.politics1.com</a></td>
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<tr>
<td>Project-Vote Smart</td>
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### Federal

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<td>Federal Government</td>
<td><a href="http://www.usa.gov">http://www.usa.gov</a></td>
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<td>Library of Congress</td>
<td><a href="http://www.loc.gov">http://www.loc.gov</a></td>
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<td>Thomas: Legislative Information on the Internet</td>
<td><a href="http://thomas.loc.gov">http://thomas.loc.gov</a></td>
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<td>U.S. Senate</td>
<td><a href="http://www.senate.gov">http://www.senate.gov</a></td>
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<td>The White House</td>
<td><a href="http://www.whitehouse.gov">http://www.whitehouse.gov</a></td>
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### Associations – General

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<tr>
<th>Resource</th>
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<tr>
<td>American League of Lobbyists</td>
<td><a href="http://www.alldc.org/">http://www.alldc.org/</a></td>
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<tr>
<td>American Society of Association Executives</td>
<td><a href="http://www.asaenet.org">http://www.asaenet.org</a></td>
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<tr>
<td>Greater Washington Society of Association Executives</td>
<td><a href="http://www.gwsae.org">http://www.gwsae.org</a></td>
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# Associations – Health Care

<table>
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<td><a href="http://www.aafp.org">http://www.aafp.org</a></td>
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<tr>
<td>American Academy of Pediatrics</td>
<td><a href="http://www.aap.org">http://www.aap.org</a></td>
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<tr>
<td>American Association of Orthopaedic Surgeons</td>
<td><a href="http://www.aaos.org">http://www.aaos.org</a></td>
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<td>American Cancer Society</td>
<td><a href="http://www.cancer.org">http://www.cancer.org</a></td>
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<tr>
<td>American College of Obstetrics and Gynecology</td>
<td><a href="http://www.acog.org">http://www.acog.org</a></td>
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<td>American Health Association</td>
<td><a href="http://www.americanheart.org">http://www.americanheart.org</a></td>
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<td>American Society of Anesthesiologists</td>
<td><a href="http://www.asahq.org">http://www.asahq.org</a></td>
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<td>American Stroke Association</td>
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# Media

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<td>The Hill</td>
<td><a href="http://www.thehill.com">http://www.thehill.com</a></td>
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<td>Politico</td>
<td><a href="http://www.politico.com">http://www.politico.com</a></td>
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<td>Newspapers online</td>
<td><a href="http://www.newspapers.com">http://www.newspapers.com</a></td>
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<tr>
<td>Roll Call</td>
<td><a href="http://www.rollcall.com">http://www.rollcall.com</a></td>
</tr>
</tbody>
</table>
State Organizations

State and Local Government
http://www.statelocal.gov

Association of State and Territorial Health Officials
http://www.astho.org

Coalition of Northeastern Governors
http://www.coneg.org

Council of State Governments
http://www.csg.org/

Midwestern Governors’ Conference
http://www.midwesterngovernors.org/

National Association of Attorneys General
http://www.naag.org

National Association of Insurance Commissioners
http://www.naic.org

National Governors Association
http://www.nga.org

New England Governors’ Conference
http://www.negc.org/

Southern Governors’ Association
http://www.southerngovernors.org

Western Governors’ Association
http://www.westgov.org

State Legislative Organizations

American Legislative Exchange Council
http://www.alec.org

National Conference of State Legislatures
http://www.ncsl.org

Political Parties

Democratic Party
http://www.democrats.org/local.html

Republican Party
http://www.gop.com/Connect/States.aspx

Democratic Governors Association
http://www.democraticgovernors.org

Republican Governors Association
http://www.rga.org/

Third Parties
http://www.politics1.com/parties.htm