Disclaimer: This presentation shall, in no way or interpretation, be construed to constitute legal counsel regarding educating, advocating, lobbying or lobbying activities at any level of government. Legal counsel should always be sought to ensure compliance before implementing a policy involving lobbying or lobbying activities.
**SOPHE Snapshot**

- **Mission:** To provide leadership to the profession of health education and the elimination of health disparities through advances in health education theory and research, excellence in practice, and the promotion of public policies conducive to health.
- **501c3 nonprofit:** founded 1950
- **Location:** Washington, DC
- **Members:** 4,000 members Nationally & in 20 chapters
SOPHE–CDC Cooperative Agreements

- Environmental health promotion
- TA to ACHIEVE Communities
- Educating state policymakers about chronic disease, including REACH
- Strengthening Minority Serving Orgs – NEW
Today’s Presentation

- Why YOUR advocacy voice is essential to work in health equity
- Selected milestones in building federal policy in health equity
- Update on federal health disparities legislation
That’s Me!
Advocacy Basics

Advocacy Boot Camp in 10 Minutes or Less!
What is Advocacy?

- A set of strategies used to create a shift in public opinion and mobilize the necessary resources and forces to support an issue, policy or constituency.
What is Health Advocacy?

“The processes by which the actions of individuals or groups attempt to bring about social and/or organizational change on behalf of a particular health goal, program, interest, or population.”

Why Get Involved in Advocacy?

- Open system of democratic government is designed to receive input.
- Policy makers assume information will come to them, they do not always seek it.
- YOU have knowledge, expertise, and experience = Authentic voice
What’s in a Name?

- **Educating** – provides basic information such as a program description, goals, current budget, people served, accomplishments and impacts, etc.
  - *Does not make value judgments or seek legislative action.*

- **Advocating** – conveys a value in a general sense. “Clean air is good, and we should protect the environment.”
  - *Makes a value judgment, but does not seek specific legislative action.*

- **Lobbying** – when you make an “ask” for legislative or executive official to take action to support/oppose a bill, amendment, regulation or policy.
Advocacy or Lobbying?

- Call Representative and ask her to vote for the bill
- Tell coalition members and other partners that this bill exists
- Inform state health director how the bill would provide needed service to those experiencing health disparities
Ten Essential Public Health Services

- Evaluate
- Monitor Health
- Diagnose & Investigate
- Inform, Educate, Empower
- Mobilize Community Partnerships
- Develop Policies
- Enforce Laws
- Link to & Provide Care
- Assure Competent Workforce
- Policy Development
- Assurance
How Can You be an Effective Advocate?

- Develop the “elevator” pitch than can be delivered in 60 seconds:
  - What you want
  - Why you need it
  - Who supports it (partners)
  - Impact on the State/Congressional District
Do Your Homework
Info You Should Know About Your Member

- Party affiliation: Republican, Democrat, or Independent  [www.cspan.org](http://www.cspan.org)

- Committee assignments, especially chairman/ranking positions

- Check their websites to read their bios, press releases, etc.  [http://thomas.loc.gov/](http://thomas.loc.gov/)
  - Personal info
Office Visit Basics

- Goal is to establish a relationship
  - Importance of your work to the district/state.
  - Local data, stories
  - How you or your organization can be a resource to the Congressional office

- Request Congressional action, such as a funding increase
Office Visit Basics

- Introduce yourself/group.
  - Offer your business card & ask for theirs.

- 1 minute overview of your local organization.
  - Thank, acknowledge past support.

- 2 minute overview of local accomplishments.

- 10 minute presentation of issue paper.
  - MAKE IT LOCAL – data, impact, need, etc.

- 3 minutes for questions, dialogue.
  - Ask for commitment
Office Visit Basics – Departure

- Thank them for the time.
- Offer to provide additional information, invite them for a tour of the program or do an event.
- Thank you note within a week (with follow-up information if requested).
- Continue to Email articles, studies, information relating to their interests.
Actions Back Home in the State

- Invite Members of Congress/staff to visit programs and participate in community events.

- Involve partners to show a broad base of local support.

- Generate local media coverage of your activities (news/press release, letters to the editor, op-ed, media events/interviews, etc.).
Power Of One, Power of Many

- Annual Advocacy Summit
- Coalition of 13 national organizations
- Priority – Health disparities
- 1 ½ days weekend training, Hill visits
- March 6–8, 2010
  www.healtheducationadvocate.org
National REACH Coalition

- Established 2004
- Advance the elimination of ethnic and racial disparities in health as a local, state and national priority.
- Provide coordination and leadership to advance & translate CBPR into evidenced-based practices, policies and community empowerment.
- National policy presence for REACH US
- www.reachcoalition.org
One Success Story

- 2007 REACH funding in jeopardy – multiple REACH programs including Boston PH Commission
- Worked in Coalition
- Organized sign on letter
  - Rep. Michael Capuano
- Key targets – Sen. Kennedy (Appropriations), Sen. Kerry
- Restored funding
Historical Highlights

Federal Legislation
Civil Rights Act – 1964

- P.L. 88–352
- Outlaws racial segregation in schools and public places (e.g. motels, hotels, movie theatres, restaurants)
- Prohibits any federal agency or department operating in violation of the Act from receiving federal funds.
- Outlaws employment discrimination based on religion, race, color, religion, sex or national origin
- Created the Equal Employment Opportunity Commission.
Released October 16, 1985

Secretary of Health & Human Services:
Margaret Heckler (1983 - 1985)

I. Executive Summary
II. Crosscutting Issues in Minority Health
III. Cancer
IV. Cardiovascular and Cerebrovascular Disease
V. Homicide, Suicide, and Unintentional Injuries
VI. Infant Mortality and Low Birthweight
VII. Chemical Dependency and Diabetes
VIII. Hispanic Health Issues; Inventory of DHHS Programs; Survey of Non-Federal Community
<table>
<thead>
<tr>
<th>Leading cause of death</th>
<th>Modifiable risk factors</th>
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</thead>
</table>
| CARDIOVASCULAR DISEASE                        | • Smoking  
• High blood pressure  
• High serum cholesterol  
• Obesity                                                                 |
| CANCERS                                       | • Smoking  
• Alcohol  
• Diet  
• Environmental hazards                                                                  |
| HOMICIDE, SUICIDE, AND UNINTENTIONAL INJURIES | • Alcohol and drug misuse  
• Handgun availability                                                                 |
| DIABETES                                      | • Obesity                                                                 |
| INFANT MORTALITY                              | • Low birth weight  
• Maternal smoking  
• Nutrition  
• Trimester of first care  
• Marital status, age                                                                     |
| CIRRHOSIS OF LIVER                            | • Alcohol  
1985 Task Force                                                                 |

1985 Task Force
1985 Task Force Recommendations

1) Implement an outreach campaign, specifically designed for minority populations, to disseminate targeted health information, educational materials, and program strategies.

2) Increase patient education by developing materials and programs responsive to minority needs and by improving provider awareness of minority cultural and language needs.

3) Improve the access, delivery, and financing of health services to minority populations through increased efficiency and acceptability.

MMWR, 2/28/86 Vol 35(8);109-12
DHHS Office of Minority Health – 1986
NIH Office of Research on Minority Health 1990, 1993
National commitment to eliminating health disparities – 1998
- Pres. Clinton
- Healthy People 2010 objectives
- Six focus areas
- Populations: African Americans, Hispanics, Asian/Pacific Islanders, American Indians/Alaska Natives
1998 – CDC Racial & Ethnic Approaches to Community Health 2010

Major Reports


Legislative Developments in the 110th Congress (2007–2008)

- **Minority Health Improvement and Health Disparity Elimination Act** (H.R. 3333/S. 1576) a/k/a “Kennedy–Jackson” bill
  - Proposed to codify the CDC REACH
  - Proposed creating a National Plan to Improve Minority Health and Eliminate Health Disparities; authorizing demonstration projects for health promotion and disease prevention activities, and health literacy education and services

  - Proposed establishing an Office of Minority Health within CDC, HRSA, SAMHSA, AoA, and CMS
  - Proposed creating health empowerment zones in communities disproportionately affected by disparities
Legislative Developments, 07–08, Continued

  - Would have required the Secretary of HHS to establish a cross-agency working group to discuss environmental health concerns, particularly those disproportionately affecting underserved populations; establish grant program for state or local communities for environmental health improvement activities

  - Would have created cross-agency environmental justice strategy to identify and address disproportionately high and adverse health or environmental effects of programs, policies, and activities on minority and low-income populations
Opportunities for Action

Federal Legislation
111\textsuperscript{th} Congress (2009–2010)  
The American Recovery and Reinvestment Act (ARRA)

- $650M for community–based prevention and wellness programs addressing chronic disease
  - $449.4M for intensive approaches in urban/rural areas:
    - Increase physical activity and improve nutrition;
    - Decrease overweight/obesity prevalence; tobacco use and exposure to secondhand smoke
  - $128M for state/local policy initiatives to expand tobacco quit lines and tobacco cessation PSAs
  - $32.5M for state–level chronic disease self–management targeted to older adults
  - $40M for a National Prevention Media Initiative
~ 30–40 state/local health depts. will receive 2–year competitive grant awards between $3 million (small city/rural area) and $20 million (large city) for:

**Tobacco Use Goals**
- 10% decrease in adult prevalence; 40% decrease in second-hand exposure
- 25% decrease in youth (2–18) smoking; 30% decrease in youth second-hand exposure

**Obesity/Physical Activity/Nutrition Goals**
- Stabilize or decrease (2%) adult and youth obesity
- 20% increase in adults and 35% increase in high school students physical activity
- Expand access to affordable health care coverage
  - Public option
- Expand access to health and medical care
  - School-based oral health programs
  - Increased support for community health centers
  - Scholarships/loans for training programs in underserved areas
- Improve health care quality
  - Standards to address health disparities, health data by race, ethnicity & language
Establish public health & wellness trust fund for public health and prevention programs

Infrastructure support – health disparities
- Expand/codify CDC REACH
- Cultural competence training for providers; online clearinghouse
- Standards for culturally/linguistically services
- Data collection on workforce diversity
Address social determinants of health
  ◦ Create National Public Health Council for inter-agency collaboration
  ◦ Support health impact assessments to determine effects of built environment, e.g. housing, transportation, parks – on population health.
Health Care Reform: 

America’s Affordable Health Choices Act 
(Tri-Committee Bill, H.R. 3200)

- Expansion of translation and interpretation services for Medicare (§§ 1221–1224)
- Increase understanding of and improving Health Literacy (§ 931)
- Cultural competency section aims to eliminate health disparities through activities (§ 2251)
- Data collection and reporting of race, ethnicity, age, gender, place of residence, and language to assess health disparities (§ 1442)
H.R. 3200, Continued

- Health disparities as an area of emphasis and focus in health promotion, prevention and wellness, including the creation of “Health Empowerment Zones” (§§ 3121, 3151)

- Requires the US Preventive Services and Community Services Task Forces to take into account health disparities among subpopulations (§§ 3141–3142)

- Training of culturally and linguistically competent health care professionals (§§ 2241–43, 2251)
Affordable Health Choices Act  
(Senate HELP Committee Bill, S. 1679)

Similar to Tri-Committee Bill Except:

- Lacks Health Empower Zones but has “Community Transformation Grants” (§ 321) and “Healthy Living, Aging Well” pilot program (§ 322)

- Defines “Area Health Education Center Program” and cultural competency (§ 402)

- National Strategy for Quality Improvement in Health Care (§ 931)

- Center for Health Outcomes Research and Evaluation (§ 937) rather than a Comparative Effectiveness Research Commission
Includes health promotion, prevention and wellness (Title II); no emphasis on health disparities

Requires data collection and reporting of race, ethnicity, gender, primary language, and disability to assess health disparities (Title I, Subtitle H)

Increases culturally/linguistically competent providers (Title III, Part IV)

National Workforce Strategy to increase providers in underserved areas (Title III, Part IV)

No public option
111th Congress, Cont’d

- Health Equity & Accountability (H.R. 3090) – Del. Donna Christensen (D-VI)
  - 57 cosponsors; none of the Massachusetts delegation
  - Addresses root causes of health disparities crisis by working to achieve health equity across lines of race and ethnicity, gender and geography.
  - Referred to Energy & Commerce, Ways & Means, Education & Labor, the Judiciary, Natural Resources, Armed Services, Veterans' Affairs, and Agriculture – *no hearings or mark-ups have been scheduled.*
FY 2010 Appropriations

- House, Senate bills both out of committee
- Awaiting floor votes
- House/Senate – $4 million increase for CDC REACH
- Anticipate Continuing Resolution 9/30
- Floor vote in December; conference committee
Call to Action

Call your 3 Members of Congress

- Find out who your Members of Congress are here:
- US Senate: 
  http://www.senate.gov/general/contact_information/senators_cfm.cfm

- US House:
  http://www.house.gov/house/MemberWWW_by_State.shtml
Call to Action

- Write Letters/emails supporting health disparity provisions, CDC REACH appropriations, cosponsor HR Bill 3090
- Write letters to the editor
- Schedule visit
  - October recess
  - Ask to have your visit with the Member or the Health Staffer
  - Arrange visit to your program/facility
Call to Action Resources

- SOPHE Toolkit
  www.sophe.org
- National REACH Coalition
  www.reachcoalition.org
- TFAH Health Reform:
  http://healthyamericans.org/health-reform/
- Health Disparities Workgroup:
  http://www.healthlaw.org/
- Partnership to Fight Chronic Disease:
  www.fightchronicdisease.org
- APHA Advocacy Tips:
  http://www.apha.org/advocacy/tips/
Summary

- Call to advocacy action
  - Authentic voice
- Establish/strengthen trusted relationship
- Power of local data
- Historical roots
- Contemporary Call to action
  - Health disparities in health reform
  - Appropriations FY2010
“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.”

– Martin Luther King, Jr.
Thank you

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