



Chapter 2

Policy and the Role of Public Health Professionals



Chapter Learning Objectives

After reading this chapter section, users will be able to:

- Define advocacy.
- Describe differences among advocacy, education, and lobbying.
- Summarize the different levels of advocacy and lobbying laws and rules.
- List at least three ways to effectively communicate with state policymakers.
- Provide an overview of the legislative process.

Roles for Public Health Professionals

As noted in , public health professionals must play a vital role in effectively communicating about organizational and governmental policies that support population health. Public health professionals can:

- Identify, define, and anticipate public health problems or opportunities.
- Apply the science and evidence base to inform policy decisions.
- Inform and educate policymakers and stakeholders.
- Train others in persuasive policy communications.
- Develop and implement media communications strategies targeted to various audiences about health policies.
- Assess current public health law against evidence-based recommendations.
- Build coalitions of stakeholders.
- Evaluate the return on investment of current and proposed policies.

(Caira, et al, 2003)

As discussed in , professionals seeking certification as health education specialists must demonstrate competency in communicating health policy issues.

Education, Advocacy, and Lobbying

Education, advocacy, and lobbying are a spectrum of activities conducted to shape public policy. At a minimum, all public health professionals are called to inform and educate the public, policymakers, and others about the scientific evidence related to the influence of policy on health outcomes.



This Guide focuses on educating policymakers and uses the following descriptions regarding interactions with government officials about policy. (Descriptions are adapted from Center for Lobbying in the Public Interest, n.d.; Galer-Unti et al, 2009; Phillips et al, 2011; W.K. Kellogg Foundation, 2008.)

Education is any activity designed to deliver factual information without expressing a value judgment and without reference to a specific policy or legislative action. Examples: provide data about program participants, brief lawmakers about the evidence base for policy options, or organize a nonpartisan discussion about a social issue.

Advocacy is any activity that:

- Supports or opposes a generalized policy (e.g., require physical education in schools).
- Seeks to influence a legislative action or resource allocation decision.
- Aims to influence a rule or regulatory action in the executive branch.

One type of advocacy activity is lobbying, but many other advocacy efforts are not considered lobbying.

Checklist

1. Review potential roles for public health professionals.
2. Study definitions for education, advocacy, and lobbying in your jurisdiction.
3. Participate in training offered by your employer or trade or professional association about rules for interacting with policymakers.
4. When in doubt, consult with appropriate expertise (e.g., legal counsel, ethics officer).

Resources

Advocacy Toolkit (SOPHE):

<http://www.sophe.org/AdvocacyToolkit.cfm>

Alliance for Justice:

<http://www.afj.org/for-non-profits-foundations/>

Center for Lobbying in the Public Interest:

<http://www.clpi.org/nuts-and-bolts>

Community Tool Box (Univ. of Kansas):

<http://ctb.ku.edu/en/table-contents/>

Effective Advocacy at all Levels of Government (W.K. Kellogg Foundation):

<http://ww2.wkkf.org/advocacyhandbook/index.html>

Top Ten Rules of Advocacy (APHA):

<http://www.apha.org/NR/rdonlyres/B333E66A-5E83-408B-9871-9808EFAA209D/0/TopTenRulesofAdvocacy.pdf>

Education, Advocacy, and Lobbying :: continued

Lobbying is any activity designed to influence action by providing a view with regard to:

- A particular piece of pending legislation at the federal, state, or local level.
- Executive branch policies (i.e., rules, regulations, and executive orders).
- Asking other groups or persons to lobby.

Examples: Ask a legislator to vote against SB 123: The End Medicaid Act; ask county commissioners to increase a budget; or write to members of the House Health Committee in support of an amendment to a bill.

Differentiating Education, Advocacy, and Lobbying

Education provides information that is factual and objective. Educational efforts do not express a value or judgment about a legislative action. For example, you may share scientific data on the effects of tobacco taxes on tobacco sales; all public health professionals should be engaged in this activity.

In contrast, advocacy actions may express a view such as support or opposition for a public policy or legislative action. Advocacy encompasses a broad range of activities to influence actions in executive, legislative, and even judicial branches.

Lobbying can use advocacy techniques and seeks to influence specific legislation by interacting with legislators and their staff.

In general, lobbying restrictions do not apply when you interact with non-governmental entities to influence their policy decisions.

(Center for Lobbying in the Public Interest, n.d.; W.K. Kellogg Foundation, 2008)

Caveat

Be sure to understand the boundaries not only for yourself, but also for your partners. For example, government employees may have different boundaries than staff in non-profits or corporations. Also, organizations that have federal contracts or grants may not use this federal funding for lobbying or advocacy.

Education, Advocacy, and Lobbying :: continued

Do Your Homework

Federal, state, and local laws and regulations may have different definitions, requirements, and restrictions. Learn what specific definitions apply to your circumstances. Also, proactively monitor legal definitions because laws and regulations about education, advocacy, and lobbying constantly evolve. For example, in late 2011 Congress tightened restrictions on the use of funding from the US Departments of Labor, Education, and Health and Human Services (HHS). One provision prohibits the use of funds for activities “designed to influence the enactment of legislation, appropriations, regulation, administrative action or Executive Order proposed or pending before the Congress or any State government, State legislature, or local legislature or legislative body” (Consolidated Appropriations Act, 2012).

If your organization receives state funding, check the individual state agency’s administrative code for restrictions on lobbying. If you have federal funding, watch for forthcoming guidance.

Training Tool

has a case study activity about education, advocacy, and lobbying.

Resource

The National Conference of State Legislatures maintains an up-to-date listing of state definitions of “lobbying” and “lobbyist” at:

<http://www.ncsl.org/legislatures-elections/ethicshome/50-state-chart-definitions-of-lobbying-and-lobbyi.aspx>

Journal Articles
on Public Health
and Advocacy

Advocacy 101: Getting
Started in Health Education
Advocacy (Health Promotion
Practice (HPP):

<http://www.sophe.org/chron-icdiseasepolicy/doc/Advocacy%20101.pdf>

Guerilla Advocacy: Us-
ing Aggressive Marketing
Techniques for Health Policy
Change (HPP):

<http://www.sophe.org/chron-icdiseasepolicy/doc/Gue-rilla%20Advocacy.pdf>

Lobbying and Advocacy for
the Public’s Health: What
Are the Limits for Nonprofit
Organizations (American
Journal of Public Health):

<http://ajph.aphapublica-tions.org/doi/pdf/10.2105/AJPH.89.9.1425>

Education, Advocacy, and Lobbying, continued

You and Education, Advocacy, and Lobbying

If you are educating policymakers on behalf of an organization, make sure you understand its guidelines for interacting with policymakers. These guidelines should help you differentiate between education, advocacy, and lobbying and know what is necessary to adhere to applicable laws, rules, and regulations. For example, many states require lobbyists to register and attend ethics training.

Your Role as a Private Citizen

As a private citizen and on your own time, you may voluntarily express your views with lawmakers about specific policies. If you are an employee of state and local government or an organization that receives federal funding, then play it safe.

- Take a vacation day from your office.
- Use your own personal mobile phone, computer, tablet, or stationery.
- Communicate with your elected officials during personal time, not during work.
- Identify yourself as a constituent in your elected official’s district.
- Record when, where, and what you did as a private citizen to communicate with elected officials.

Ready to Learn More?

Attend SOPHE’s annual health education advocacy summit in early March. To learn more, go to: <http://www.sophe.org/meetings.cfm>

Policy and Policymakers

Policy is a “law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions,” as defined by CDC (CDC, 2011).

Policymakers are decision makers who have the ability to make policy changes. Policymakers are found in all sectors of society and our economy. Figure 2-1 provides examples of policymakers in different community sectors.

Figure 2-1. Examples of Policymakers by Sector

Sector	Examples of Policymakers
Government	<ul style="list-style-type: none">• Elected: governors, legislators, city council, school board• Appointed: cabinet secretaries, advisory committees, judges• Career: agency section heads, legislative staff, school administrators
Corporate	<ul style="list-style-type: none">• Executive suite: CEO, COO, CFO• Boards of directors• Human resource directors• Medical directors for a hospital, nursing home, health plan• Editorial boards• Property owners or managers
Nonprofit	<ul style="list-style-type: none">• Executives• Boards of directors• Faith-based leaders• Agency directors• College deans• Leaders in PTAs and other formally organized voluntary groups

Policy and Policymakers :: continued

Types of Policy Decisions

Federal, state, and local governments have a similar structure with legislative, executive, and judicial branches. Policy decisions vary by branch, as briefly highlighted below.

Legislative branch:

- Develop laws
- Adopt a budget for that level of government
- Oversight powers

Executive or administrative agencies

- Sign or veto legislation (lead executive)
- Implement and enforce laws
- Promulgate rules and regulations
- Issue executive orders
- Transmit guidance documents (e.g., a letter that helps clarify a rule or regulation)
- Submit legislative proposals

The judicial branch interprets and applies existing laws. The federal and state court systems are separate entities but interact with each other. Court decisions become part of case law.

Most of your efforts to educate policymakers will be focused on the legislative and executive branches. However, sometimes governments, corporations, nonprofits, or private citizens voluntarily submit an unsolicited friend-of-the-court brief to provide information to a court on an issue it is considering.

Policy and Policymakers :: continued

Who Are State Administrators?

Governors appoint the heads of many state agencies in the executive branch. Other agency leaders are elected, and some are hired. Many states have agencies for health as well as other agencies whose decisions may impact health, such as education, transportation, human services, environmental protection, labor, parks and recreation, and commerce.

State health agency structures vary. Some states have a stand-alone public health agency, and others have a “super” health department with public health as a major component. “Umbrella” state agencies also exist with both health and human services in their jurisdiction. In addition, states often have health-related boards, commissions, and other structures, such as those overseeing licensure of clinicians. The sidebar lists some questions to guide your efforts to help understand state-level governance structures.

Another consideration is the state—local public health relationship. A few states lack local health departments, while others maintain centralized control over local health departments. Some states share public health responsibilities with local governments, and others have decentralized control (ASTHO, 2008).

Typical Public Health Authorities

State health agencies collect health data and manage vital statistics. Most can declare a public health emergency, conduct health planning, and license health professionals. They typically administer the state Medicaid program, provide or arrange for the delivery of immunizations and other clinical preventive services, assist residents with managing chronic conditions, and promote health behaviors (ASTHO, 2008).

State health agencies are at the forefront of implementing changes related to the Affordable Care Act. Public health professionals have a duty to inform state policymakers about the scientific evidence base for implementation options. They also can advocate with federal elected officials to help protect the act’s prevention and wellness provisions (Galer-Unti, 2012).

What to Learn

Early in your policy education effort, find out who:

- Appoints or hires the agency head and other leadership positions.
- Establishes taxes.
- Places public health levy on ballot (if applicable).
- Approves health agency budgets.
- Promulgates health regulations.
- Establishes fees.
- Oversees medical policy.

APHA Legislative Advocacy Handbook - A Guide For Effective Public Health Advocacy (APHA):

<http://www.iowapha.org/resources/Documents/APHA%20Legislative%20Advocacy%20Handbook1.pdf>

Policy and Policymakers :: continued

Who Are State Legislators?

According to the National Conference of State Legislatures, state legislators typically are:

- Middle aged, with 48% between 50 and 64 years of age.
- Male, with just 24% of legislators who are female
- White, with 8% African American and 3% Hispanic.

(National Conference of State Legislatures, n.d.)

Their main occupations are diverse. Only 16% are full-time legislators. Thus, many state legislators have dual occupations. Some of the most common occupational fields include attorneys, retired from a previous profession, business leaders, consultants, non-profit professionals, farmers, educators, and health professionals (National Conference of State Legislatures, n.d.).

State legislators travel to the state capital for legislative sessions, which may last just a few months. They then return to their hometowns. Their out-of-session time entails meeting with constituents, learning about issues, and campaigning (Jones et al, 2006).

Given short legislative calendars, state legislative staff often are the ones who research issues, draft legislation, and review policy proposals. Some states have a central legislative services commission that performs this function. Other legislative staff who perform these functions include both staff who support a specific legislative committee and those who directly work for a specific elected official.

To learn more about state legislators and the legislative process, go to the National Conference of State Legislatures: <http://www.ncsl.org>

Policy and Policymakers :: continued

Who Are Local Policymakers?

Generally there are three key governmental entities at the local level: municipalities, counties, and regional commissions. Across jurisdictions, organizational names and titles of policymaking positions vary as do government structures.

Municipalities

Cities and towns tend to be governed by a mayor and city council. A manager serves at the pleasure of the city council. Municipalities are generally organized around a population center. Note that both counties and municipalities have responsibilities for schools and social services.

County

Counties tend to be governed by an elected commission that hires a county administrator or executive. Remember that many county-level officials—not just those in the health department—make policy decisions that affect community health. Consider connecting with local policymakers about transportation, schools, parks, and environmental services.

Regional Commissions

Regional commissions address or coordinate issues across jurisdictional boundaries. They develop multi-year plans that have the buy-in of member counties and municipalities. It is common for regions to establish commissions on:

- Comprehensive planning.
- Transportation planning or systems.
- Economic development.
- Workforce development.
- Services for the elderly.

Commissions that coordinate economic and workforce development may be fruitful for exploring partnerships.

CDC defines local boards of health as “any officially constituted local body that establishes general public health policies for a local jurisdiction or that provides advice about the development of such policies to those responsible for policy development” (CDC, 1997).

Local boards of health develop and implement public health policies and programs for their jurisdiction.

For more information, visit the National Association of Local Boards of Health:

<http://www.nalboh.org/>

Communicating with Legislators and Staff: Do’s & Don’ts

Hill Visits: Do’s and Don’ts (APHA):

<http://www.apha.org/NR/rdonlyres/D6608F76-4494-4424-B4C3-7381AAD01414/0/HillVisits-DosandDonts.pdf>

Educating Policymakers: Altogether Different

Educating policymakers is different than other efforts you may have engaged in.

Short-term interests dominate state and local policymakers’ priorities, often because of two- and four-year election cycles. Also, when they request information from you, they need it almost immediately.

What motivates policymakers? Votes and media are two key motivators. Constituents and media attention matter, and they want to hear from you. They may be very receptive if you connect your issue to the issue of the day or major election issue (e.g., high school graduates are less likely to rely on public assistance and more likely to contribute to a productive economy).

Because policymakers are in the public eye, you have to stick your neck out to connect with them. You may have to do things that you have not done before. As you gain experience interacting with policymakers, your confidence will grow.

Federal Policymakers’ Sources of Information

In the U.S. Congress, senior managers and staff indicated their preferred ways for obtaining information prior to a Member’s decision were:

- In-person issue visits from constituents.
- Contact from a constituent who represents other constituents.
- Individualized postal letters.
- Individualized email messages.

(Congressional Management Foundation, 2011)

In the same survey, respondents indicated that constituent visits in the Capitol or district office can be a useful way to inform a Member’s views (Congressional Management Foundation, 2011).

Educating Policymakers :: continued

State Policymakers’ Information Sources

Because of short legislative calendars, state legislators heavily rely on staff as a trusted source of information. State legislators and their staff have limited time to digest the volumes of information that enter their offices. Among state legislators, legislative staff, and state health agency heads:

- 53% indicate that they skim information.
- 35% never get to it.
- 27% read for detail.

(Sorian, 2002)

When probed to see what makes material “relevant” to their purposes:

- 67% of these policymakers focused on the relevancy of information to current debates.
- 25% cited its impact on “real” people.

(Sorian, 2002)

Other factors included “information about states like mine” and an “easy-to-read” format using short bulleted paragraphs instead of lengthy paragraphs. Similarly, respondents preferred the use of charts or graphs to illustrate key points (Sorian, 2002).

State legislators also view executive agencies, legislator colleagues, and interest groups or lobbyists as key information sources. The media’s role in providing information to legislators and setting the agenda also has been well documented. Other sources—Internet, ethnic media outlets, and grassroots organizations—are just beginning to be studied. Abbreviated legislative sessions and frequent re-election cycles at the state and local levels make establishing trusted relationships and providing timely information even more challenging (Jackson-Elmoore, 2005).

Resources

State health policy makers: What’s the message and who’s listening? Health Promotion Practice (SOPHE):

<https://www.sophe.org/chronicdiseasepolicy/doc/State%20Health%20Policy%20Makers.pdf>

Researchers and policymakers: Travelers in parallel universes, American Journal of Preventive Medicine (Washington University):

https://publichealth.wustl.edu/people/Documents/AJPrevH_2006_v30n2.pdf

Public health decision-makers’ informational needs and preferences for receiving research evidence, Worldviews Evidence Based Nursing 4(3):156–163.

Tip

Remember the WHY.

- The Passion.
- The reason you have a career in public health.
- Stories from home.
- The real impact on real people.

With the WHY, the WHAT and the HOW are easier.

They will hear and remember the WHY.

Educating Policymakers :: continued

Getting Policymakers' Attention

Adhere to the three golden rules of educating policymakers

Rule #1: Short and Simple

Short and simple is the top rule in getting policymakers’ attention. If you want your:

- Messages heard, keep them brief. Use plain language.
- Materials read, keep them short. Simplify.

See [this link](#) for guidance on effective policy briefs.

Rule #2: Relevant

To make your information relevant, consider:

- Local context—essential.
- Influence of the source.
- Receptivity of the audience.
- Capacity and culture of the organization.

Also, make yourself relevant by introducing yourself as their constituent.

Rule #3: Sticky

Stories are a highly powerful communications tool. According to Prevention Speaks, stories engage audiences through emotions, and their reactions help them understand your issue and care. Stories can eclipse facts in shifting audiences’ views (Stamatakis et al, 2010). People remember stories.

[See this link](#) to learn how to develop and use compelling stories. See [this link](#) for story examples.

Educating Policymakers :: continued

Meeting with Policymakers: Steps for Success

1. Do your homework on the policymaker and your issue.
2. Identify up to four main points to convey about your issue.
3. Prepare your own [agenda](#).
4. Make an appointment.
5. Dress professionally and arrive early.
6. Have an effective meeting (see Tips sidebar).
7. Send a written “thank you” afterwards plus any information you promised to provide.
8. Stay in touch.

Outline for Meeting or Calling a Policymaker

- Introductions
- Quick issue overview and your story
- A startling statistic about or implication for their district
- Other main points
- The “ask” (i.e., what you specifically want them to do)
- Question/answer
- One closing line about why action is important
- Information sheet with additional facts and your contact information

Tips on Meetings with Congressional Staffers

- Meeting duration of 10-15 minutes; sometimes by standing in a hallway.
- Common: interruptions, tardiness, cancellations, and rescheduled visits.
- Neutral reactions to or apparent disinterest in the information presented.
- Cues that the meeting is over:
 - » “Thank you for coming in.”
 - » “We’ll take a look at it.”
 - » “I’ll talk to my boss.”
 - » Closing his/her notebook.

Legislative Process

Congress and most state legislatures follow a similar legislative process. It is complex. In educating policymakers, consider the stages of the legislative process in your scan of the policy landscape (see _____).

1. Bill introduction

2. Referral to committee(s)

3. Committee hearings

4. Committee mark-up

5. Committee report

6. Scheduling legislation

7. House: special rules, suspension of the rules, or privileged matter

8. Senate: unanimous consent, agreements, or motions to proceed

9. Floor debate

10. Floor amendment

11. Vote on final passage

12. Reconciling differences between the House and Senate

13. Amendments between the chambers, or
14. Conference committee negotiations

15. Floor debate on conference report

16. Floor vote on conference report

17. Conference version presented to the president or governor

18. President or governor signs into law or allows bill to become law without his/her signature

19. President vetoes bill

20. First chamber vote on overriding veto

21. Second chamber vote on overriding veto

22. Bill becomes law if 2/3 vote to override is achieved in both chambers

23. Bill fails to become law if one chamber fails to override

Other Audiences to Engage

Policymakers have many groups competing for their attention. Effectively educating policy audiences necessitates engaging two other audiences—the media and stakeholders—in the work of informing policy.

Media Audiences

For more information on traditional and social media targets,

Tips

- Learn about policymakers’ issues and priorities.
- Respect their hierarchies and organizational structures.
- Reach out to community leaders who are not health professionals, such as a retired military officer or the county judge.
- Recognize that partnerships and good policy require both or all parties to give and take, compromise.
- Educate the leaders and members about your issue.
- Avoid technical jargon and acronyms.
- Build long-lasting relationships with leaders and members to facilitate later support.

Stakeholders as Partners

Use the examples of groups and community leaders in Figure 2-2 as a checklist of potential partners and stakeholders to engage in educating policymakers about health. The next subsections describe some of these stakeholders.

Figure 2-2. Examples of Potential Stakeholder Groups

Stakeholders	Examples of Groups
Public Health, Health Care, & Human Services	<ul style="list-style-type: none">• Providers of services, health plans• Voluntary health organizations• “Think tanks”• Universities• Advocacy groups for vulnerable populations• Associations serving this sector
Community Groups	<ul style="list-style-type: none">• Faith-based organizations• Civic groups (e.g., Rotary Clubs, sports leagues)• School boards• Parent/student or parent/teacher associations
Business Community	<ul style="list-style-type: none">• Local employers• Industry, trade, or professional associations (e.g., Chamber of Commerce, county bar association)
Private Citizens	<ul style="list-style-type: none">• Vocal neighborhood advocate or homeowners’ associations• Informal social groups that become involved in public issues (e.g., book group)• Popular bloggers• Someone who has the ear of the local health board or school principal• Voters

Stakeholders

The business, education, and faith sectors are underutilized resources in public health. By strengthening relationships with these partners, we can benefit from their support in advancing policies.

Business

Most businesses’ mission and product line is not related to health, but most are concerned about rising health care costs and about the health of workers in terms of absenteeism, productivity, and retention. Make use of those concerns to make an initial connection. Explain how they will benefit from the partnership, and be clear about your coalition goals and potential return on investment (ROI) to them.

Communicating with the Business Sector

- Keep communications short, succinct, and to the point; one-page briefs are best.
- Make the business case.
- Provide sources of evidence that they will trust.
- Make information easy to read.
- Eliminate jargon and technical terms.
- Offer practical information, especially implications for their bottom line, action steps, and prompts.
- Timeliness is essential—respond to phone calls and e-mails without delay.
- Report the ROI from your work or your coalition’s efforts.

Questions to Ask Before Partnering

- What do I want from schools?
- What can I offer schools?
- How is my agenda related to what’s important to education leaders?

Resources

- ASCD Healthy School Communities (ASCD):
<http://www.ascd.org>
- ASCD Whole Child Initiative (ASCD):
<http://www.wholechildinitiative.org>
- How Schools Work and How to Work with Schools (NASBE):
<http://www.nasbe.org>

Stakeholders :: continued

Education

Nearly all young people are in school, so reaching this population necessarily requires connecting with the education sector. Educators are primarily focused on educational outcomes, so you must frame your message to highlight how health contributes to academic performance. In turn, students’ academic success (e.g., obtaining a high school or post-secondary diploma) correlates with health and longevity as adults.

Education is a state responsibility, but local districts control many policies. National authority is limited. At the local level, principals are facilitative leaders.

Communicating with the Education Sector

- Recognize their mission is not health, but education and academic achievement.
- Support the mission and values of schools.
- Focus on the educational impact of health and frame arguments in educational terms (e.g., the link between health and absenteeism and academic achievement).
- Use current education terminology.
- Develop communications that are short, succinct, and to-the-point and that address the educational mission.
- Understand that the success of the school and the community are inextricably linked.

Tip: If you want the school district to alter its health education policies and practices, remember that prepared curricula, with links to required elements, are more likely to be used. Teachers do not have time to develop new materials.

Stakeholders :: continued

Faith Communities

Faith communities can be natural partners on your issue, even if they have not traditionally been involved. Some of the major denominations in the US—Christian, Jewish, and Muslim—have formal policies that advance health, human services, equity, or a combination of these. Some policies call for personal responsibility, and others encourage collective efforts to advance health at various levels of society.

Partnerships with faith communities provide access to new segments of the public and community leaders. Keep in mind that this sector is very diverse in their beliefs and even a single community can have heterogeneous members.

Communicating with Faith Communities

- Keep a humble, respectful, and neutral demeanor.
- Understand the strengths of faith-based groups and their potential to provide access to people.
- Remember that trust is built over time.
- Respect what they value (e.g., religious obligations, trust, integrity, honesty, equity, and fairness).
- Ground your partnerships with faith communities on sound science and well-defined issues.
- Understand and clearly communicate the rules, guidelines, and legal boundaries.
- Distinguish between public health and religious issues.
- Foster a connection without creating the impression that the government is sponsoring, endorsing, or inhibiting religion or favoring a particular religion

References

Association of State and Territorial Health Officials (ASTHO). (2008). Innovations in Public Health: Understanding State Public Health. Washington, DC: Author. Available from: <http://www.rwjf.org/files/research/20080911understandingastho.pdf>

Brownson RC, Dodson EA, et al. (2011). Communicating evidence-based information on cancer prevention to state- level policy makers. Journal NCI 103(4): 1-9. Available from: <http://jnci.oxfordjournals.org/content/early/2011/01/06/jnci.djq529.full.pdf>

Caira NM, Lachenmayr S, et al. (2003). The health educator’s role in advocacy and policy: Principles, processes, programs, and partnerships. Health Promotion Practice 4: 303- 313. Available from:

<http://www.sophe.org/chronicdiseasepolicy/doc/The%20Health%20Educator’s%20Role%20in%20Advocacy%20and%20Policy.pdf>

CDC. (1998). Notice to Readers. CDC’s national profile of local boards of health, September 1997. MMWR 47(27):573. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00053937.htm>

CDC, Office for State, Tribal, Local, and Territorial Support. (2011). Policy at CDC. Available from: <http://www.cdc.gov/stltpublichealth/policy/index.html>

Center for Lobbying in the Public Interest. (n.d.). Nuts and Bolts. Washington, DC: National Council of Nonprofits. Available from: <http://www.clpi.org/nuts-a-bolts>

Center for Lobbying in the Public Interest. (n.d.). Lobbying and Advocacy: Similarities and Differences. Washington, DC: National Council of Nonprofits. Available from: <http://caeyc.org/main/caeyc/proposals-2011/pdfs/AnneBrousard.pdf>

References :: continued

Congressional Management Foundation. (2011). Communicating with Congress: Perceptions of Citizen Advocacy on Capitol Hill. Washington, DC: Author. Available from: http://congressfoundation.org/storage/documents/CMF_Pubs/cwc-perceptions-of-citizen-advocacy.pdf

Consolidated Appropriations Act of 2012, Pub. L No. 112-74. Section 503a, 503b, 503c (2012). Available from: <http://www.gpo.gov/fdsys/pkg/PLAW-112publ74/html/PLAW-112publ74.htm>

Dobbins M, Jack S, et al. (2007). Public health decision-makers’ informational needs and preferences for receiving research evidence. Worldviews Evid Based Nursing 4(3):156–163.

Galer-Uni RA. (2009). Guerilla advocacy: Using aggressive marketing techniques for health policy change. Health Promotion Practice 10: 325-327. Available from: <http://www.sophe.org/chronicdiseasepolicy/doc/Guerilla%20Advocacy.pdf>

Galer-Uni RA. (2012). The Patient Protection and Affordable Care Act: Opportunities for prevention and advocacy. Health Promotion Practice 13: 308-312.

Jackson-Elmoore C. (2005). Informing state policymakers: Opportunities for social workers. Social Work, July.

Jones E, Kreuter M, Pritchett S, et al. (2006). State health policy makers: What’s the message and who’s listening? Health Promotion Practice 7: 280-286. Available from: <http://www.sophe.org/chronicdiseasepolicy/doc/State%20Health%20Policy%20Makers.pdf>

National Conference of State Legislatures. (n.d.). Legislator Demographics. Available from: <http://www.ncsl.org/legislatures-elections/legisdata/legislator-demographics.aspx>

References :: continued

Phillips M, Ricks C, Rodriguez M. (2011). Nonprofit Advocacy Rules and Regulations. Washington, DC: National Council on Aging. Available from: <http://www.ncoa.org/assets/files/pdf/2011-aging-in-america-presentations/Nonprofit-Advocacy-Rules-and-Regulations.pdf>

Prevention Speaks, Wisconsin Clearinghouse for Prevention Resources. (2011). Speak to Inspire: Tips for Telling Powerful Stories. Madison, WI: Author. Available from: <http://preventionspeaks.org/tell-stories>

Sorian R, Baugh T. (2002). Power of information: Closing the gap between research and policy. Health Affairs 21:264–73. Available from: <http://content.healthaffairs.org/content/21/2/264.full>

Stamatakis KA, McBride TD, Brownson RC. (2010). Communicating prevention messages to policy makers: The role of stories in promoting physical activity. Journal of Physical Activity and Health, 7(Suppl 1): S99-S107.

Vernick JS. (1999). Lobbying and advocacy for the public's health: What are the limits for nonprofit organizations? American Journal of Public Health 89(9): 1425-1429. Available from: <http://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.89.9.1425>

W.K. Kellogg Foundation, Center for Lobbying in the Public Interest. (2008). Effective Advocacy at all Levels of Government. Battle Creek, MI: W.K. Kellogg Foundation. <http://ww2.wkkf.org/advocacyhandbook/index.html>

Zollinger B. (2003). Survey of Kansas Legislators and Commissioners on Public Health Awareness and Attitudes. Topeka, KS: Kansas Health Institute. Available from: http://media.khi.org/news/documents/2009/10/28/survey_of_ks_leg_comm__ph.pdf

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