



# ADVOCACY TOOLKIT

*For the Public Health Professional*



# INTRODUCTION





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“All politics is local,” a former well-known politician once remarked. How true! All politicians, regardless of whom they represent or where they come from, are ultimately dependent upon their local constituents for their survival. And, that survival depends on how the political decisions of your elected representatives affect you, your family, your community, or your profession. Therefore, the way you influence and respond to those decisions plays an important part in the survival process.

This toolkit is designed to be a basic reference to get you started on becoming part of the political process and playing a role in influencing your lawmakers. Conveying your concerns as a constituent about issues that affect you and your profession to your legislators can have a positive impact on policies affecting those working in the public health system. Constituent contact is also one of the most effective means of building ties of friendship and mutual understanding with public officials.

It is these ongoing relationships that ensure that the Mississippi Public Health Association has a voice and plays a positive role in the legislative process. But, for these relationships to be forged, each and every member of MPHA must participate. Think about it this way: one voice might be lovely to listen to, but a chorus of lovely voices resonates. That’s what grassroots advocacy is all about: getting hundreds of voices together singing the same song.

Please take the time to review this material and keep it as a reference as we move forward together to have a stronger voice for public health.

Buddy Daughdrill  
Executive Director

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The Mississippi Public Health Association (MPHA) was founded in 1937 to promote public and personal health in the State of Mississippi and to promote the professional development of public health workers. MPHA actively serves the public, its members, and the public health profession through its scientific and practice programs, publications, annual meeting, educational services, and advocacy efforts.

MPHA is an active affiliate of the American Public Health Association (APHA), the oldest and largest organization of public health professionals in the world representing more than 50,000 members. As the Mississippi affiliate of the APHA, MPHA has modeled many of its advocacy activities around models found within APHA and on best practices that utilize evidence-based science.

The MPHA Advocacy Toolkit will serve as a guide for public health workers who seek to become more involved in advocacy efforts in Mississippi. There are many practical ideas and tips found in the Toolkit that hopefully will be useful in creating strategies and activities for becoming public health advocates.

Getting involved in the policy-making process is what will make a difference for public health. Individual actions such as sharing your public health knowledge and experience will not only raise awareness of the issue, but will also increase the likelihood that action will be taken. Contributions from individual citizens in your community, local associations, and boards can make a real difference and a big impact on the issue on which you are advocating.

Public health needs to be visible in the eyes of the policy-makers at the local, state, and national levels. MPHA and its members can benefit public health initiatives you are championing in many ways. A document detailing activities and accomplishments of MPHA is located in the Appendix section of this toolkit. As you become more involved with advocacy efforts in your community and statewide, MPHA will be your partner in the legislative process. Get involved – be an advocate for public health!

# WHAT IS ADVOCACY AND WHY DO IT?

Advocacy is the active support for policies and programs that can improve health in families and communities. Members of the Mississippi Public Health Association are in a great position to advocate for what is known to be effective in promoting health. Often, public health professionals are the first line of implementation in communicable and chronic disease, natural disasters, and preventive health services. By advocating for systems change, MPHA can encourage changes that help large sectors or populations and set the context in which individual decisions and actions are made.

Public health advocacy is taking a stance about laws, rules or behaviors that can impact individual and community health. Advocacy has been effective in recent years in reducing exposure to tobacco smoke, increasing safety, and improving nutrition.

Advocacy is participating in the democratic process by taking action in support of a particular issue or cause. Advocacy includes activities such as participating in a town meeting or demonstration, conducting a public forum or press activity, or developing an issue brief for your state or local policymakers on a particular public health issue. These types of activities do not constitute lobbying as long as you are not urging a policymaker to take a position or action on specific legislation. (ASTDN Public Policy Guidebook, 2009)

## WHAT IS LOBBYING AND HOW IS IT DIFFERENT FROM ADVOCACY?

One important question is, “How is lobbying different from advocacy?” Although most people use the two terms interchangeably, it is important to understand the difference between advocacy and lobbying.

What then, is lobbying? To be considered lobbying, a communication must refer to and express a view on a specific legislative proposal that has been introduced before a legislative body (federal, state, or local). This means working to influence the outcome of specific legislation—trying to get a bill passed or defeated—by communicating your organization’s views or position to those who participate in the formulation of the specific legislation—your Members of Congress, your state legislators, your local elected officials, or the staff of policy-makers.

MPHA, like our national partner, APHA, has been granted tax-exempt status by the Internal Revenue Service, and must follow specific laws pertaining to advocacy and participation in political campaigns. These tax-exempt organizations are allowed to engage in lobbying and advocacy activities related to specific issues, legislation, and regulations, but are not allowed to intervene in a political campaign on behalf or in opposition to a certain candidate or policy-maker. As an organization, MPHA is involved in advocacy around evidence based issues and improving public health.

# TOP TEN RULES OF ADVOCACY

- ▶ Get to know legislators well - their districts and constituencies, voting records, personal schedules, opinions, expertise and interests. Be sure to have a good understanding of the legislator and his/her concerns, priorities and perspectives.
- ▶ Acquaint yourself with the staff members for the legislators, committees and resource officials with whom you will be working. These people are essential sources of information and have significant influence in some instances in the development of policy.
- ▶ Identify fellow advocates and partners in the public health community to better understand the process, monitor legislation, and assess strengths and weaknesses. Finding common ground on an issue sometimes brings together strange bedfellows but makes for a stronger coalition.
- ▶ Identify the groups and other legislators with whom you may need to negotiate for changes in legislation. Do not dismiss anyone because of previous disagreements or because you lack a history of working together. Yesterday's opponent may be today's ally.
- ▶ Foster and strengthen relationships with allies and work with legislators who are flexible and tend to keep an open mind. Don't allow anyone to consider you a bitter enemy because you disagree.
- ▶ Be honest, straightforward and realistic when working with legislators and their staff. Don't make promises you can't keep. Never lie or mislead a legislator about the importance of an issue, the opposition's position or strength or other matters.
- ▶ Be polite, remember names and thank those who help you - both in the legislature and in the public health advocacy community.
- ▶ Learn the legislative process and understand it well. Keep on top of the issues and be aware of controversial and contentious areas.
- ▶ Be brief, clear, accurate, persuasive, timely, persistent, grateful and polite when presenting your position and communicating what you need/want from the legislator or staff member.
- ▶ Be sure to follow up with legislators and their staff. If you offer your assistance or promise to provide additional information, do so in a timely and professional manner. Be a reliable resource for them today and in the future.

# WHAT IS POLICY DEVELOPMENT AND THE CONNECTION TO PUBLIC HEALTH?

Policy development is included in three of the ten *Essential Public Health Services*<sup>1</sup>. Public health advocates in Mississippi know about community-based research, use of local resources, and partnerships that improve health in all 82 counties. Educating and advocating about evidence-based<sup>2,3</sup> health interventions can make a difference in the design of programs and the policies that encourage healthy lifestyles and access to services<sup>4</sup>.

Public health policies are also important to Mississippi because they connect people with personal health services, including preventive health and health promotion services, either in their communities or neighboring communities. They also advocate for needed services or programs that reach underserved populations and continuously monitor the accessibility and quality of services.

Public Health professionals who are comfortable sharing their knowledge and hands-on experiences with policy-makers are important to the advocacy of public health policy initiatives. This being said, it

is important to answer some of the key questions about advocacy and lobbying efforts and what is permissible to the public health professional.

Within the context of public health, policy development includes the advancement and implementation of public health law, regulations, or voluntary practices that influence systems development, organizational change, and individual behavior to promote improvements in health. Such policies can be executed within the health sector—for example, using Medicare conditions of participation or reimbursement to influence health care delivery, or using the tax code to encourage employer-provided health insurance. However, public health goals can also be achieved working in other sectors like education, agriculture, or employment, among others.

The following page describe the results of policy development where the steps for a bill to become law are explained.

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<sup>1</sup> Centers for Disease Control and Prevention. "The Essential Public Health Services" Retrieved February 29,2008 from <http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>

<sup>2</sup> *The Guide to Community Preventive Services: What Works to Promote Health?* / Task Force on Community Preventive Services; edited by Stephanie Zaza, Peter A. Briss, Kate W. Harris. New York: Oxford University Press; 2005

<sup>3</sup> Campbell KP, Lanza A, Dixon R, Chattopadhyay S, Molinari N, Finch RA, editors. *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage*. Washington, DC: National Business Group on Health; 2006

<sup>4</sup> *The Guide to Community Preventive Services : What Works to Promote Health?* / Task Force on Community Preventive Services; edited by Stephanie Zaza, Peter A. Briss, Kate W. Harris. New York: Oxford University Press; 2005



# HOW A BILL BECOMES LAW

"*There ought to be a law,*" is a phrase public health professionals have uttered more than once. How does a good idea become a policy solution? For most of us, the legislative process is seen as a tangled web. Not knowing what to say, to whom, and when, has stopped many of us from taking action.

This handbook provides you with the information you need to be confident in communicating with your policy-maker. This section provides you a brief overview on how a good idea becomes law.

There are approximately eight distinct steps involved in a bill becoming a law.

- ▶ **Step One:** A bill may be introduced in either the assembly or senate, where it is read by the chief clerk – first reading.
- ▶ **Step Two:** A committee studies the bill and often holds public hearings on it.
- ▶ **Step Three:** The committee votes and reports the bill out of committee. The bill is then most often referred to the rules committee. The rules committee can either place the bill on the calendar for second reading and debate before the entire assembly, or take no action.
- ▶ **Step Four:** At the second reading a bill is subject to debate and amendment before being placed on the calendar for the third reading and final passage.
- ▶ **Step Five:** After passing one house, the bill goes through the same procedure in the other house.
- ▶ **Step Six:** If amendments are made in one house, the other house must concur.
- ▶ **Step Seven:** When the bill is accepted in both houses, it is signed by the respective leaders and sent to the governor.
- ▶ **Step Eight:** The governor signs the bill into law or may veto all or part of it. If this happens, the legislature may override the veto with a two-thirds vote in each house. If the governor fails to act on the bill, it may become a law without a signature.

# WHY MPHA MEMBERS SHOULD BE ADVOCATES

There are a lot of excellent reasons why MPHA members should participate in the public policy development process. First, members understand how and why public health programs work (or could be improved) at every level. Members are educated about policies that can change systems and improve health (i.e. safety belt use, tobacco-free air laws.) Second, professionals are already a resource to the communities they live and work in. Neighbors, friends, and even decision-makers call upon members of MPHA for advice and up-to-date resources about lots of health issues. Decision-makers on local school boards, boards of supervisors, city councils, planning boards, and the legislature can learn from public health expertise and experience in the field.

Your individual actions can and do make a difference. Who you share your public health knowledge and experience with, creates a synergistic effect. It not only raises awareness of the issue, but increases the likelihood that action will be taken. Next time you are faced with a public health issue, look to influential community leaders and policy-makers as partners in the policy-making process. Engage your community leaders and policy-makers to support your advocacy activities. Think of the contributions your individual citizens, local associations and boards can make, not only on local matters, but also on regional and state issues that have a local impact.

MPHA leaders work with committees to identify a set of priorities for advocacy each year. These policy targets are linked to science and have support from leaders who can effectively champion these issues. MPHA is a voice for public health workers,

for healthy communities and for families whose health depends on high quality public health.

MPHA has made strides in advocacy activities over the last year and some examples are listed below.

- ▶ Legislative Committee developed annual policy issues and statements.
- ▶ Hired a Legislative Policy Intern to track legislation and updated members regularly through Action Alerts.
- ▶ Conducted advocacy campaigns on the need for adequate public health funding, a comprehensive state-wide smoke-free air law, restricting texting while driving for all drivers in Mississippi, policies aimed to reduce infant mortality in Mississippi, protecting immunization requirements for children in Mississippi, public health workforce development in Mississippi, and improving access to health insurance in Mississippi.
- ▶ Strengthened partnerships with the Mississippi State Department of Health, The Center for Mississippi Health Policy, The Bower Foundation, the Mississippi Public Health Institute and The Mississippi Rural Health Association.
- ▶ Submitted Guest Editorials to Mississippi newspapers on the role of public health.
- ▶ Sponsored Legislative Breakfast and Participated in Health Awareness Day at the Mississippi state Capitol.

As an advocate, you are exercising your right to take part in the democratic process. Being an advocate for public health gives you the opportunity to influence the way policy-makers and the public think and act regarding public health policies.

# EXAMPLE LETTER TO THE EDITOR

April 19, 2009

**clarionledger.com**  
MISSISSIPPI'S #1 WEB SITE

Supporting public health important to all

Each day, every day, and in more ways than you may realize, public health is an important part of your life. When you wake up in the morning and brush your teeth with clean, safe, and often, fluoridated water, public health is there. Later, when you drop your children at a licensed and inspected day care center, public health is there.

As you drive to work wearing your seat belt, eat lunch in a licensed – and hopefully smoke-free – restaurant, and visit a friend or family member in a licensed hospital or nursing home, public health is there.

There are public health workers who record your birth and your death and review those and other statistics to help make plans for future health care initiatives. Each day you and your family live without fear of polio and at greatly reduced chances of measles, mumps, chicken pox, whooping cough, and other illnesses that once plagued our children, public health has played a role.

The Mississippi Public Health Association encourages everyone to support the critical work of public health. Your county public health department is more than just a place to get immunizations for your children and flu shots for yourself. There are programs that provide screening for breast and cervical cancer, encourage testing and provide treatment for sexually transmitted diseases, and provide specialized treatment and counseling for children born with genetic and physical disorders or who are developmentally delayed.

Public health is also on the front line in creating a healthier environment through regulation of water supplies, individual septic systems, restaurants, hospitals, nursing homes, day care centers, laboratories, and many others. During natural disasters and epidemic outbreaks, public health professionals work tirelessly to help restore services and protect you and your family from further risk and hazards.

Regardless of need or socioeconomic status, public health professionals work to protect the health of you and your family every day.

The role and work of public health extends beyond those required and provided through governmental entities. Our colleges and universities educate doctors, nurses, nutritionists, social workers, engineers, health educators and many others who will go on to play a role in protecting the public's health. Organizations that work to educate the public and provide resources to reduce diseases and conditions such as asthma, diabetes, cancer and many others also play a crucial role in the public health system.

The work of public health and the importance of public health professionals are often overlooked or taken for granted in America, but the work of public health is never done. MPHA asks that each of you support the importance of public health in your community, in Mississippi, and in America through contacting your local, state, and national leaders and encouraging them to fully support the resources – financial, physical, and human – needed to continue to protect the health of every Mississippian.

Public health is the foundation for a healthy America, and we need your help to grow and strengthen that foundation for a healthy future for all Americans.

Charles D. Daughdrill  
Executive Director  
Mississippi Public Health Association

## AS PUBLIC HEALTH EMPLOYEES, ARE WE ALLOWED TO ADVOCATE? LOBBY?

This question comes up often. If you are a state or federal employee, do not automatically assume that you cannot take part in advocacy activities. As a federal or a state employee, you are subject to regulations concerning communication with state and federal legislators, and this should be taken seriously. **Be sure to investigate your agency or organization's policies and follow the rules as expressed by your agency and the state's ethics office.** That being said, the bottom line is that it is important for all employees, regardless of who your employer is, to fully investigate and become thoroughly familiar with workplace rules and guidelines so that you can successfully fulfill your role as an advocate.

You can influence your legislators and be an effective advocate for public health by following certain guidelines:

The First Amendment protects your right to be an advocate. If you adhere to the regulations regarding advocacy, you can participate in the policy-making process and advocate public health with your legislators and their staff.

Be sure to identify yourself primarily as a concerned constituent presenting your personal views. You may identify your official state or federal capacity, or other employment position, as long as you make it clear that you are speaking on behalf of yourself as a constituent, an MPHA member, or public health advocate. If you are writing to express your personal views, clarify that you are in no way representing your agency or organization for whom you work or any of your workplace colleagues.

State or federal funds cannot be used directly or indirectly to pay for any of your advocacy activities. This includes salary, staff, or office equipment or supplies (e.g. copier, postage, telephone, computer, fax, etc.) even after working hours. Personal funds may be used. Be sure to use MPHA's letterhead only if it is approved.

Advocacy activities must be conducted during personal time. You should take annual or personal leave to cover any time spent on advocacy activities conducted during regular working hours. You can participate in advocacy activities after hours and on weekends without taking annual leave.

**Most importantly, check your agency or organization's policies to learn more about employee rules and guidelines for advocacy.**

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## THINGS MPHA MEMBERS CAN DO AS PUBLIC HEALTH ADVOCATES

*Learn about the legislative process – national and state*

- ▶ *Participate in MPHA advocacy listserv and action alerts*
- ▶ *Participate in coalitions*
- ▶ *Write letters to your local congressman or legislator*
- ▶ *Make telephone phone calls*
- ▶ *Testify before congressional or legislative committees when requested*
- ▶ *Make in-person visits to Legislators and other policy-makers. Relationships count!*
- ▶ *Write Letters to the Editor*
- ▶ *Participate in public hearings*

*You are a terrific resource for state and local health policies. MPHA and Mississippi need your voice!*

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# DOS AND DON'TS OF ADVOCATING FOR PUBLIC HEALTH

Although there are limitations and parameters within which federal and state employees must operate, we must not be discouraged from our rights as citizens to participate in the democratic process of advocacy. Here are some DOS AND DON'TS to remember when exercising your individual rights:

## DOS

- ▶ **Do** follow the positions taken by MPHA when representing MPHA.
- ▶ **Do** get involved with advocacy efforts in the state – MPHA, coalitions, or other organizations that support the mission of public health.
- ▶ **Do** speak on your own time and as yourself the individual.
- ▶ **Do** use your own resources, or pool together with other organizations or individuals.
- ▶ **Do** use personal emails and telephones for correspondence.
- ▶ **Do** commit to make a difference.
- ▶ **Do** exercise your personal rights under the First Amendment!

## DON'TS

- ▶ **Don't** abuse your role.
- ▶ **Don't** speak for your agency unless that is your assigned job.
- ▶ **Don't** use company or agency resources including telephones and computers.
- ▶ **Don't** use agency time.
- ▶ **Don't** have your own agenda when representing MPHA.
- ▶ **Don't** lose your rights as a citizen!

# SHAPING THE MESSAGE

To be an effective advocate for public health, we must create a message that is worth listening to. We often times ask ourselves, “Why don’t they understand this issue?” Or, “Why don’t they understand the importance of this issue to public health?” More often than not it is a lack of information rather than a lack of concern. We might then need to ask the question, “Have I clearly presented the facts about this issue and provided sufficient information?”

## KNOW THE FACTS

Knowing the facts about a specific issue is critical when preparing your message. Having the appropriate background information, understanding how the issue will impact the public, and what the impact will be (in terms of human cost, business and economic costs) is important prior to communicating with a policy-maker. Whatever the issue, be sure to keep it short!

## KNOW WHAT WE WANT TO ACCOMPLISH

Being prepared is vital when presenting the facts about a specific issue. Advocates must be able to provide solutions, suggestions, or ideas that address the issue. Solutions, suggestions, or ideas need to be grounded in best-practice research as often as possible.

Some tips to keep in mind while preparing your position on an issue:

- ▶ What are the short and long term impacts of my proposal in terms of cost-benefit, human cost, economic or business impact, and quality of life? Policy-makers are technically hired by their constituents to get the job done within their term, therefore our proposal must define

short and long term effects, (i.e. when asking for money, be able to explain where the money is going and what it is going to buy.

- ▶ What will happen if nothing is done? What are the risks of not doing anything? We must stress the facts that will quantify our position on an issue. If the money is not allocated, the issue will worsen and affect the public’s health in a negative way, and will also affect constituents.
- ▶ What have other communities done to address this issue? Be able to give examples of how other communities in Mississippi or another state have addressed the issue. Be able to demonstrate positive outcomes from those examples.

## STATING YOUR POSITION

When discussing this issue, you have to be prepared to provide suggestions, ideas, and solutions that address the issue. Make sure it is grounded in best-practice research. You need to have good data to support your position. That data can be community surveys, done by a non-biased source, data from CDC, data from proven impacts in other communities or states, etc. Look at the issue from both a short-term and long-term impact. Talk about results. What are the strengths and weaknesses or limitations of the proposal? Talk about them. Don’t let the Legislator be blind-sighted later on, making you look non-credible.

## MAKE IT PERSONAL

You have to personalize your message. Why is it important to you? What is your story? Facts can back you up, but it is your personal experience that reinforces the power of the issue. If you don’t

have your own story, find someone's story and use it – just get permission first. A personal story provides more context than facts ever will, but it is important to use both.

## PREPARE YOUR TALKING POINTS

Now take all of the points above and put it to paper. Compose a one-page summary or bulleted

fact sheet (whichever works best for you) that outlines the issue and your solution. This sheet will assist you when you meet with your legislator or policy maker or the media. Read it through until you know it back and forth. It will be helpful for you to practice the delivery and get feedback from several people—one who doesn't know the issue, and one who is familiar with it.

# DELIVERING THE MESSAGE

## KNOW HOW TO DELIVER THE MESSAGE

You have an issue that you think needs to be shared with a policy-maker. Yet, you are concerned about the best way to approach someone who is so busy. You may ask yourself, "Is this person even going to listen to me? How can I get my point across in a limited amount of time in a way that they will understand?" This section outlines some considerations to keep in mind when communicating your message to your policy-maker.

## WHO ARE YOUR LEGISLATORS AND HOW DO YOU REACH THEM?

The best and most current accessible information is through the Mississippi Legislature via their website: <http://billstatus.ls.state.ms.us>. This website provides information on members of the Mississippi Senate and House of Representatives, contact information, committee assignments, and counties represented as well as status of active pending legislation.

## COMMUNICATING WITH POLICY-MAKERS

Policy-makers are ordinary people. Be friendly, sincere and honest when you are meeting or

talking with them. It is also important to try and avoid being intimidated by them. To be effective in communicating your ideas and issues, it is important that you establish a relationship with your policy-maker. If you have not already introduced yourself to a policy-maker, take a moment to stop by their office or call them on the phone. Remember that relationships are created over time through numerous interactions.

Your ultimate goal is to have policy-makers directly contact you for local input on public health related issues. Therefore, always treat your policy maker with respect, even if they have opinions that differ from yours. While they may not support you on this issue, you may find them to be your ally on issues in the future. Another way of influencing your legislator is working with their staff. It is key to get to know aides and staff members for state and national legislators. Aides and staff members can greatly influence the development of policy as they are sources of information to legislators.

Keep in mind, policy-makers respond best to people from their own districts. It is more effective to have a person from the policy-makers district communicate the message personally, or

accompany you on an office visit. Be sure to recognize your legislator's efforts even when they do not directly involve your own priorities. Drop them a post-card, letter, or better yet, pick up the telephone and acknowledge their contribution personally. After you have gathered your thoughts, it is time to approach your policy-maker. There are a number of methods available in communicating your public health policy message. The following section provides an overview of the various methods and points to keep in mind when selecting a method.

## COMMUNICATING WITH YOUR LEGISLATOR

### By Telephone

Use telephone calls selectively and only for the most urgent issues. When calling:

- ▶ Plan exactly what you want to say before you call. Prepare an outline to cover the major points.
- ▶ Ask to speak to the staff person who handles the issue you wish to discuss.
- ▶ If no one is available to talk, leave a message with your main point as part of the message.
- ▶ Begin and end by stating your name and identifying yourself as a public health professional, as a member of MPHA, and as a constituent.
- ▶ Deliver a brief and simple message
- ▶ Be courteous even if you disagree with a position.
- ▶ Leave a phone number where you can be reached; offer to provide more information if requested.
- ▶ Follow up with a letter.

### In Writing

Keep these things in mind when writing to a legislator:

- ▶ State the purpose of your letter in the first paragraph.
- ▶ Address only one issue per letter.
- ▶ Identify the issue our bill you are addressing.
- ▶ Keep your letter to one page in length.
- ▶ Identify any connection with the legislator's district.
- ▶ Make your point clearly in a courteous and respectful manner.
- ▶ Support your position with research or other reliable information and with your own experiences.

- ▶ Provide local examples of how the legislation will impact public health
- ▶ Be constructive. If the legislation deals with a problem you admit exists but you think the bill is the wrong approach, explain what you believe to be the right approach.
- ▶ Personalize your letter. Legislators pay more attention to these than to ones mass produced. Form letters and response cards should be used only if you have no other alternative for expressing your opinions.

Address your letter correctly.

**Senators:** The Honorable John Doe  
United States Senate  
Washington, DC 20510  
Dear Senator Doe:

**Representatives:** The Honorable Jane Smith  
U. S. House of Representatives  
Washington, DC 20515  
Dear Representative Smith:

### By Personal Visit

It is often very effective to visit legislative offices. Here are some tips on making legislative visits:

- ▶ Prepare. Do research beforehand. Know who your legislator is.
- ▶ Know the issue.
- ▶ Deliver the message. Provide reliable information. Nothing destroys credibility faster than inaccurate information.
- ▶ Be concise, stick to basics, and stay focused.
- ▶ Most legislators do not have a healthcare background. Make no assumptions about their level of knowledge of health care systems, financing, or delivery. You may not be able to answer all of the legislator's questions, but offer to find the answers whenever possible.
- ▶ Frame your message in terms of local effect.
- ▶ Maintain a professional appearance and attitude.
- ▶ Follow up. Send a follow-up letter to show your appreciation for the time the legislator spent with you and reiterate the key points of your message and the action you are requesting the legislator to take.
- ▶ Finally, send any additional information that you said you would provide.



# BUILDING COALITIONS & WORKING WITH COALITIONS

Advocacy initiatives are almost always a team effort. Coalitions can help us expand the scope and effectiveness of MPHA's public policy work. A coalition is defined as a group of interdependent people focused on advancing or opposing a particular issue (ASTDN, May 2009). Since coalitions present a united front representing many members, they have a greater ability to affect public policy than does a single person advocating for the same cause.

Coalition-building involves relationships that are strategic in nature; that is interested in the same issues. MPHA is cultivating these relationships as the organization does more and more toward advocacy building. In order to form a coalition, members must be informed and engaged on the issue(s), so it's important to have strong internal consensus between partners before devising policy and developing strategies for advocacy. The Association of State and Territorial Directors of Nursing (ASTDN) sites three advantages of joining and/or forming coalitions, and they are relevant to the advocacy efforts of MPHA as well. The advantages of MPHA joining and forming coalitions include:

- ▶ Creating a greater base of support for our public policy goals. New allies can assist with generating financial support, volunteers, other resources for achieving goals;
- ▶ Access to a larger audience. MPHA can provide useful information to more people and organizations than only through our own contacts; and

- ▶ Greater leverage with decision-makers. By demonstrating the buy-in for an initiative by multiple organizations, policymakers and others are more likely to join, support, and protect MPHA's goals.

Coalitions may not always be the best strategy for advocacy and can have drawbacks. Advocacy efforts can at times be more effective when done privately, without the involvement of a large group. There may also be times when the groups involved are not in a position to make certain compromises that are required to advocate as part of a group. Coalitions have a consensus building function that takes time. If MPHA is advocating for a public health issue that requires immediate action, there may not be time to join, build, or agree on a common agenda within a coalition; therefore we would need to act alone.

A coalition is effective only when its issue has merit and the coalition members are organized, informed, truly in agreement as to goals, and dedicated to communicating the importance of the effort. (ASTDN). Contacts that work well together must be established when building a coalition. Through coalitions, MPHA can raise greater awareness of the public health issues the organization is advocating for and build on relationships with government entities, and help shape laws and policies that affect our mission.

# SUCCESS STORIES

Public health programs are effectively improving lives in Mississippi communities, and their successes must be shared with policy-makers. MPHA is a great conduit for articulating public health successes and bring about positive change. Success stories will benefit public health initiatives by:

- ▶ Educating policy-makers about programs that work
- ▶ Showing decision-makers that resources are well invested
- ▶ Supporting the MPHA communication and policy effort
- ▶ Serving as program examples for other communities.

## TELLING THE STORY AND BELIEVING IN THE CAUSE

Believing in a cause will generally prompt policy-makers to act. Personal stories of how an issue affected a family member, a specific individual or a community within a policy-maker's jurisdiction can be a powerful tool for affecting change or supporting the cause.

- ▶ It is usually more beneficial to tell why an issue is important to you rather than just stating your position.
- ▶ Be sure to obtain permission from the individual(s) you will be using as you illustrate your point.



# MPHA ADVOCACY ACTIVITIES & EVENTS

MPHA is the most visible organization representing public health and the policy issues at the forefront. MPHA has committed to greater advocacy efforts drawing greater visibility and awareness of public health over the past few years with successes on a number of fronts. We have devoted resources to these efforts including having an established legislative agenda each year, hiring a policy intern, hosting breakfasts and other events at the state Capitol, and communicating regularly on policy issues and Action Alerts.

The appendix section documents some examples of the advocacy efforts and accomplishments of MPHA over the past several years including a brief history of the association and a recent MPHA success story. A copy of our approved 2014

Legislative Agenda that describes the background of each issue, details why the issue matters, and explains why MPHA supports the issue is included. Also contained in the Appendix is a guest editorial entitled "Public Health: A Positive Return on Investment (ROI)" along with a funding comparison document that details state funding in relation to other southeastern states that was provided to each state Legislator and provided a basis for MPHA's successful support of funding for the Mississippi State Department of Health.

MPHA is involved in many other on-going advocacy efforts on behalf of public health and the citizens of Mississippi and these only serve as examples of the documents and work that is taking place.

## CONCLUSION

MPHA will assist members with policy development, talking points, and communications to make sure our message is consistent and we are speaking with one voice. We encourage you to use these tools and resources to help make a difference for public

health in your community and promote better public health policy in the state of Mississippi.

It's up to you to help make a difference and have your voice heard.

# TOOLS AND RESOURCES

## LEGISLATIVE RESOURCES

Mississippi State Legislature  
P. O. Box 1018  
Jackson, MS 39215

For individual legislator contact information visit  
Telephone

<http://billstatus.ls.state.ms.us>  
601-359-3770

For Mississippi Legislative Bill Tracking visit  
United States White House/Administration  
United States Senate Committee on Appropriations:

<http://billstatus.ls.state.ms.us>  
[www.whitehouse.gov](http://www.whitehouse.gov)  
[www.appropriations.senate.gov](http://www.appropriations.senate.gov)

## ADDITIONAL RESOURCES

Advocacy efforts that are effective take advantage of materials that are available. There are many good resources available to use that do not have to be re-create but simply built on. Some advocacy resources are listed on the MPHA website ([www.mpha.org](http://www.mpha.org)) and may be useful for planning advocacy messages or events.

Other resource links include the following:

American Public Health Association:	<a href="http://www.apha.org">www.apha.org</a>
Centers for Disease Control and Prevention:	<a href="http://www.cdc.org">www.cdc.org</a>
Association of Southern States:	<a href="http://www.southernhealth.net">www.southernhealth.net</a>
Association of Chronic Disease Directors:	<a href="http://www.chronicdiseasedirectors.org">www.chronicdiseasedirectors.org</a>
Center on Budget and Policy Priorities – Section on Health:	<a href="http://www.cbpp.org/pubs/health.htm">www.cbpp.org/pubs/health.htm</a>
Robert Wood Johnson Foundation:	<a href="http://www.rwjf.org">www.rwjf.org</a>
Wisconsin Public Health Association:	<a href="http://www.wpha.org">www.wpha.org</a>
Association of State and Territorial Directors of Nursing:	<a href="http://www.astdn.org">www.astdn.org</a>
Mississippi State Department of Health	<a href="http://www.msdh.state.ms.us">www.msdh.state.ms.us</a>
Center for Mississippi Health Policy	<a href="http://www.mshealthpolicy.com">www.mshealthpolicy.com</a>
Mississippi Public Health Association	<a href="http://www.mspha.org">www.mspha.org</a>
Mississippi Public Health Institute	<a href="http://www.msphi.org">www.msphi.org</a>

# APPENDICES

## ABOUT THE MISSISSIPPI PUBLIC HEALTH ASSOCIATION

The Mississippi Public Health Association was founded in 1937 to promote public and personal health in the State of Mississippi and to promote the professional development of public health workers. MPHA actively serves the public, its members, and the public health profession through its scientific and practice programs, publications, annual meeting, educational services, and advocacy efforts.

MPHA is an active affiliate of the American Public Health Association (APHA), the oldest and largest organization of public health professionals in the world representing more than 50,000 members. MPHA membership is available to all public health professionals in Mississippi. Current members include professionals from state and local government, non-profit organizations, the academic community, retirees, hospitals, and other professionals concerned with promoting and protecting the public health of Mississippi. Physicians, nurses, environmental health specialists, social workers, nutritionists, administrators, clerks, nurse aides, public health educators, epidemiologists, disease investigators, professors, students, and many others comprise the membership base.

## AN MPHA SUCCESS STORY

In 2012, the Mississippi Legislature considered cutting the budget of the Mississippi State Department of Health. As of FY 2010-2011, Mississippi already ranked 48th nationally in public health spending – investing only about \$8.72 per person as compared to neighboring states, like Alabama and Arkansas, who invest significantly more – \$70.19 and \$51.37 per person. This is \$6 to \$8 for every one dollar Mississippi spends.

Mississippi's public health system simply could not sustain further cuts without making dangerous cuts in services it provided.

MPHA – in partnership with other partners – began an advocacy and lobbying campaign to persuade lawmakers to maintain funding at full levels. Through personal contact and marketing materials, MPHA successfully prevented any cuts to the public health budget.

## 2014 APPROVED LEGISLATIVE AGENDA MISSISSIPPI PUBLIC HEALTH ASSOCIATION

### 1. Fund the Mississippi State Department of Health (MSDH) at the requested level.

*Background:*

MSDH provides the foundation for the public health system in Mississippi. However, funding levels recommended by the Legislative Budget Office in December 2013 for fiscal year 2015 were 1% below the prior year's state general funding levels. Mississippi's state general funding for public health is already one of the lowest in the nation, ranking 48th out of 50 states.

*Why it matters:*

Cuts to MSDH's essential funding translates to reduced capacity for all 81 county health offices statewide. That means less capacity to provide basic services that ensure clean water, restaurant food safety and disease outbreak control. These cuts threaten basic public health protections that Mississippians take for granted.

*Why MPHA supports this initiative:*

Adequate state funding for the lead public health agency better enables the MSDH to fulfill its mission to promote and protect the health of Mississippians.

### 2. Enact a comprehensive statewide smoke-free air law in Mississippi.

*Background:*

Mississippi is one of a few states with no type of statewide smoke-free air policy. Research indicates Mississippi communities with smoke-free air policies see declines in heart attack hospital admissions shortly after policy enactment. Also, secondhand smoke exposure alone was estimated to cost the state Medicaid program \$36.2 million dollars in fiscal year 2013.

*Why it matters:*

Many Mississippians are not protected by law from tobacco smoke exposure. Additionally, Mississippians are not protected currently from exposure to vapors

associated with the use of electronic cigarettes and other unregulated tobacco devices.

*Why MPHA supports this initiative:*

A statewide smoke-free air law will protect Mississippians from the ill health effects caused by exposure to tobacco smoke and save more lives.

### 3. Restrict texting while driving for all drivers in Mississippi.

*Background:*

Texting while driving affects driving performance negatively. Death rates related to texting while driving are increasing nationwide. Currently, Mississippi bans distracted driving only for persons with a learner's permit, intermediate license, or school bus drivers. Mississippi is one of a few states with no comprehensive texting while driving legislation.

*Why it matters:*

Automobile injuries are the leading cause of injury-related deaths and the top cause of death for Mississippians under 45 years of age. Research shows texting while driving is a common event for 3 out of 4 Mississippi adults.

*Why MPHA supports this initiative:*

Laws limiting texting while driving will ensure increased the safety levels of Mississippi roads.

### 4. Support Policies Aimed to Reduce Infant Mortality In Mississippi.

*Background:*

Mississippi has the highest rates of infant mortality in the nation at 8.9 per 1,000 live births. The state also has the highest rates of premature and low birth weight babies, both of which are top risk factors for poor newborn health outcomes.

*Why it matters:*

Poor infant outcomes cost the state an estimated \$336 million per year in economic costs for medical

care, disability services, special education, and lost household and labor productivity. Too many of Mississippi's families suffer the loss of their newborn children.

*Why MPHA supports this initiative:*

Policies and programs supporting the reduction of infant mortality and associated risk factors raise the potential for each new life in the state to become a healthy, productive resident.

## **5. Protect immunization requirements for children in Mississippi.**

*Background:*

Immunizations against many childhood diseases are currently required for children to enter schools and childcare centers in Mississippi. This requirement contributes to Mississippi's top nationwide ranking for the average rate of children immunized.

*Why it matters:*

A large body of research shows the benefits of immunizations outweigh the risks from being immunized. Meanwhile, lack of complete immunization coverage increases the risk of disease for everyone, including those who have been immunized.

*Why MPHA supports this initiative:*

Laws protecting childhood immunizations will help families stay active, healthy, and productive.

## **6. Promote Public Health Workforce development in Mississippi.**

*Background:*

Public health professionals serve as the first line of defense for Mississippians from many threats to their health and safety. Throughout the state, these professionals provide the following health services among others on a regular, ongoing basis:

- ▶ inspect the safety of food served to the public in restaurants and other dining establishments,
- ▶ ensure public water supplies are safe for drinking,

- ▶ help the injured and sick during severe weather emergencies and disease outbreaks,
- ▶ assure provision of safe care to nursing home residents and kids in childcare services,
- ▶ screen newborns for over forty diseases that threaten good health when not revealed early in childhood development, and
- ▶ provide a safety net to ensure availability of prevention and primary care for vulnerable and at risk populations.

*Why it matters:*

Without an adequate public health workforce protecting Mississippians health every day, average life expectancy would decline to levels shown nearly a century ago, before regular provision of protective health services such as basic sanitation.

*Why MPHA supports this initiative:*

Legislation supporting a robust public health care workforce helps Mississippians to continue to receive protective services essential for good health and long life.

## **7. Improve Access to Health Insurance in Mississippi.**

*Background:*

Nearly 1 out of 5 Mississippians lacks any health insurance coverage. Residents without health insurance are typically younger, low-wage workers who do not have access to employer-sponsored coverage, do not qualify for public coverage, or are not eligible for the state Medicaid health insurance program due to eligibility limitations.

*Why it matters:*

Lack of health insurance coverage increases the delays in receipt of health care services, particularly health care services which support the maintenance of good health.

*Why MPHA supports this initiative:*

Laws enabling Mississippians to gain insurance coverage can improve access to health services to maintain the health of residents.

## PUBLIC HEALTH: A POSITIVE RETURN ON INVESTMENT (ROI)

The Mississippi Public Health Association and public health professionals across the country celebrate National Public Health Week April 1-7. The 2013 theme is “Public Health is ROI: Saves Lives, Saves Money,” and we solicit your support in recognizing the return on investment public health makes in improving our lives.

Every day, public health professionals work to ensure everyone has the opportunity to lead a healthy life. As the country’s leading voice for prevention and health equity, public health professionals work in every corner of our communities — the places where health happens and prevention comes to life.

The value of a strong public health system is quite literally all around us — it’s in the air we breathe, the water we drink, the food we eat, and the places where we all live, learn, work and play. It’s in the thousands of people whose lives are saved by seat belts, the young people who say ‘No!’ to tobacco and the children given a healthy start thanks to vaccines. It is no stretch to say that we are all living examples of the public health return on investment.

We take the benefits of public health that touch the daily lives of every citizen, for granted. We undervalue and underfund public health and prevention. As an example, the Mississippi State Department of Health, the backbone of our public health system, ranks 48th in state funding support or about \$10.90 per person.

### DID YOU KNOW?

Studies across the country have shown:

- ▶ Investment of \$10 per person, per year in proven community-based programs that help people increase their physical activity, eat better, and avoid smoking and other tobacco use could save the country more than \$16 billion annually within five years. **This is a return of \$5.60 for every \$1 invested.**

- ▶ If every state without a comprehensive smoke-free policy adopted one, they could reduce smoking-related deaths by 624,000. They would also **save more than \$316 million** in lung cancer treatment and more than **\$875 million** in heart attack and stroke treatment over five years.

- ▶ Despite high immunization rates in the U.S., about 42,000 adults and 300 children die every year from vaccine-preventable disease. **Every dollar spent on childhood immunizations alone saves \$18.40.**

- ▶ **Up to \$11.80 in benefits can be gained for every \$1 invested in bicycling and walking opportunities.** States with the highest levels of biking and walking also have the lowest levels of costly chronic disease, such as high blood pressure, obesity and diabetes.

- ▶ Falls are the leading cause of injury-related deaths among people ages 65 and older. Each year, one out of every three adults 65 and older experiences a fall. **In 2010, falls resulted in \$30 billion in direct medical costs.**

- ▶ If 10 percent of adults began regularly walking, **\$5.6 billion in heart disease costs could be averted.** Also, a **sustained 10 percent weight loss** could reduce an overweight person’s **lifetime medical costs by up to \$5,300** by lowering the costs linked to hypertension, diabetes, heart disease, stroke and high cholesterol

- ▶ Primary care physicians help save lives and money. Adding 1 primary care physician saves 3.5 lives for every 10,000 people, and results in a **spending reduction of \$684** per Medicare beneficiary.

Good health doesn’t happen by chance. Good health is shaped and nurtured — it’s connected to the environments in which we live, work and play; it’s



tied to the resources available in our communities; and research shows that it's undoubtedly linked to a person's access to health care.

**Health Association urges you to ask our state and community leaders to support public health activities... A POSITIVE RETURN ON INVESTMENT.**

**We must all value, support and fund our public health system in Mississippi. The Mississippi Public**

## **FUNDING PUBLIC HEALTH: COMPARING MISSISSIPPI TO OTHER SOUTHEASTERN STATES**

### **Mississippi's public health system is already fragile and in urgent need of support.**

As the backbone of our Public Health system, the Mississippi Department of Health (MDH) cannot sustain any further cuts to its funding without putting thousands of Mississippi lives at risk. For that reason and those outlined below, we recommend fully funding MDH's budgeting request of \$32.5 million.

### **Public Health affects our lives every day – often without notice.**

Public Health develops programs, sponsors public education initiatives and conducts research to prevent illness at a community level. This can include the following:

- ▶ Safe food supply
- ▶ Vaccinations
- ▶ Clean water
- ▶ Traffic safety laws
- ▶ Air quality
- ▶ Restaurant safety standards
- ▶ Preventing the spread of disease
- ▶ Emergency preparedness

### **It pays to fund Public Health.**

According to a July 2011 study published in Health Affairs, researchers found that for each 10% increase in local public health spending, there were significant drops in infant deaths (6.9%), cardiovascular deaths (3.2%), diabetes deaths (1.4%) and cancer deaths (1.1%).

Based on Mississippi's 2010 statistics, this means today there would be:











- ▶ 27 more infants celebrating their 2nd birthday
- ▶ 314 more families not affected by cardiovascular disease
- ▶ 13 more Mississippians with a manageable or nonexistent case of diabetes
- ▶ 69 more cancer survivors

### **Other states are making Public Health a priority.**

In 2010, other states recognized the importance of Public Health – as shown by the amount of funding allocated to Public Health on a per capita basis:

- ▶ Alabama (8th nationally): \$70.19 per person
- ▶ Arkansas (12th nationally): \$51.37 per person
- ▶ Louisiana (14th nationally): \$49.70 per person
- ▶ Tennessee (17th nationally): \$43.87 per person

# STATE FUNDING FOR PUBLIC HEALTH: COMPARING MISSISSIPPI TO OTHER SOUTHEASTERN STATES

		POPULATION U.S. CENSUS (millions)	STATE FUNDING PER CAPITA RANK (FY 2010-11)	STATE FUNDING PER CAPITA (FY 2010-11)	STATE FUNDING FOR PUBLIC HEALTH FY 2010-11 (millions)
	Mississippi	2.9	48	\$8.72	25.9
	Alabama	4.8	8	\$70.19	335.5
	Arkansas	2.9	12	\$51.37	149.8
	Florida	19.0	31	\$23.49	441.7
	Georgia	9.8	38	\$16.81	162.8
	Kentucky	4.3	16	\$44.44	192.9
	Louisiana	4.5	14	\$49.70	225.3
	North Carolina	9.6	43	\$13.85	132.1
	South Carolina	4.6	36	\$17.56	81.2
	Tennessee	6.4	17	\$43.87	278.4





[MSPHA.ORG](http://MSPHA.ORG)