

A black and white photograph of the Statue of Liberty's head and crown. The statue is wearing a white surgical face mask. The background is a solid light gray.

Fighting for Public Health

Findings, Opportunities, and Next Steps from a Feasibility Study to Strengthen Public Health Advocacy

Accompanying report and appendices can be found here: <https://www.networkforphl.org/news-insights/fighting-for-public-health/>

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 **The Network**
for Public Health Law

Frey Evaluation: Methods Snapshot 2022



Insights from 46 Organizations

National Public Health Organizations

- American Public Health Association
- Association of State & Territorial Health Officials
- Big Cities Health Coalition
- CDC Foundation
- George Washington University Milken Institute SPH
- Johns Hopkins Center for Public Health Advocacy
- National Association of County & City Health Officials
- National Network of Public Health Institutes
- Public Health Accreditation Board
- Trust for America's Health

Legal, Policy & Advocacy Experts

- Community Catalyst Southern Region
- Cornerstone Government Affairs
- Population Health Partners, LLC
- Trister, Ross, Schadler & Gold Law Firm
- University of Montana School of Social Work
- YMCA of the USA

Groups from Related Fields

- Act for Public Health
- Center for Health Policy Law, Northeastern University
- Center for Public Health Law Research, Temple
- Network for Public Health Law
- Public Health Law Center, Mitchell Hamline School of Law

State or Local Organizations

- Confluence Public Health Alliance, Montana
- Georgia General Assembly
- Georgia Public Health Association
- Georgians for a Healthy Future
- Grady Hospital, Atlanta GA
- Healthier Colorado
- Montana Health Department
- Montana Medical Association
- Montana Public Health Inst
- Oklahoma Policy Institute
- Voices for Georgia's Children

Social Justice Orgs

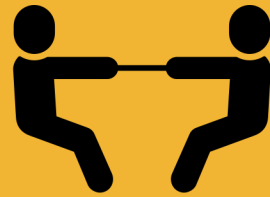
- Alliance for Justice
- Anonymous
- Demos
- Georgia Equality
- HealthBegins

Foundations

- de Beaumont Foundation
- Healthcare Georgia Foundation
- Montana Health Care Foundation
- Robert Wood Johnson Foundation

National Health Voluntary Associations

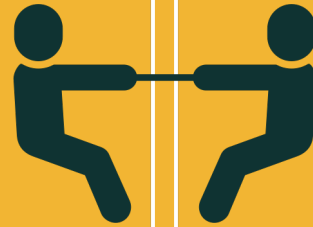
- American Heart Association (AHA)
- AHA Voices for Healthy Kids
- American Cancer Society Cancer Action Network



Tensions

Under attack...

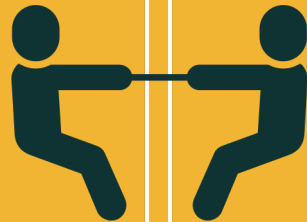
“Public health is under attack.”



“All government agencies are under attack.”

Equity...

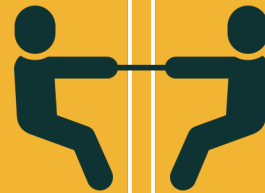
“Public health isn't effectively addressing the root cause of health disparities: racism.”



“Emphasizing health equity may have worsened the attacks on public health, especially in red states.”

Science...

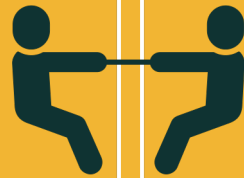
“The science should speak for itself.”



“The science can't/doesn't speak for itself. We can't expect politicians to make good health policy without first translating the science to them.”

Public Health...?

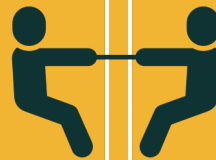
“Public health should be about creating the conditions for health.”



“People (still!) don't really know what public health is.”

Workforce needs...

“The public health workforce has been through hell and back with the pandemic. They need support!”



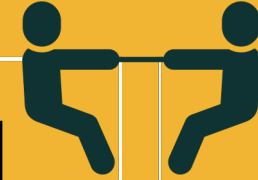
“A new generation of natural activists is entering the public health workforce and wants to lead with their values.”

It's complicated...



“Public health employees just need to learn what they can and can't do politically, and then they'll advocate.”

“Every state and even county has different rules about what public employees can and cannot do when it comes to politics.”



“This isn't why people go into public health in the first place, to be political.”

Both...

And...

1

Public health is **under attack**.



All govt agencies are **under attack**.

1

2

Public health isn't effectively addressing the root cause of health disparities: **racism**.



Emphasizing **health equity** may have worsened the attacks on public health, especially in red states.

2

3

The **science** should speak for itself.



The **science** can't/doesn't speak for itself. We can't expect politicians to make good health policy without first translating the science to them.

3

4

Public Health should be about creating the conditions for health.



People (still!) don't really know what **Public Health** is.

4

5

The public health **workforce** has been through hell and back with the pandemic. They need support!



A new generation of natural activists is entering the public health **workforce** and wants to lead with their values.

5

6

Public health employees just need to learn what they can and can't do politically, and then they'll **advocate**.



This isn't why people go into public health in the first place, to be **political**.



Every state/county has different rules about what public employees can and cannot do when it comes to **politics**.

6



Findings

Six Key Findings

“Good advocacy is like water on a rock, patiently drip, drip, dripping until the rock yields ...”

1 Public health advocacy ...
for what?

2 Public health needs
stronger advocacy

3 Exciting models exist

4 Advocacy messages need
tailoring

5 Public health messengers
are wary

6 Funding will not be easy,
but it *is* doable

Six Key Findings

“Good advocacy is like water on a rock, patiently drip, drip, dripping until the rock yields ...”

1 Public health advocacy ... for what?

To **rebuild trust**, build a modern public health system, address health equity, improve health outcomes, fight for public health laws & the role of public health, stabilize appropriations

2 Public health needs stronger advocacy

Strong consensus that the field of public health has lacked effective advocacy tools and **needs to do better**

3 Exciting models exist

Several **state models** offer paths to strengthening public health advocacy

4 Advocacy messages need tailoring

Framing and language are not one-size-fits-all; advocacy needs to be **tailored to each audience**, including red and blue states and red/blue areas within them

5 Public health messengers are wary

Public health's messengers are hampered by being **skittish about touching the “third rail”** — restrictions on advocacy and lobbying

6 Funding will not be easy, but it is doable

Unless and until we unlock adequate **funding for public health advocacy**, other public health goals will remain out of reach

1

Public health advocacy for ... what, exactly?

Restore trust with the American people.

Other advocacy goals flow from restoring trust:

- **Modernizing** the public health system to achieve better health **outcomes** for all
- Protecting (and, where necessary, restoring) public health **legal authority**
- Centering **equity** and recognizing racism as a threat to public health
- Ensuring **sustainable funding** at all levels (vs. cycles of panic and neglect)
- Supporting a workforce that leads with **values**

2 Public health needs and deserves stronger advocacy.

- Near-total **consensus**
- **One arm tied:** Public health relies on 501(c)3s; other advocates (e.g., gender equity, voting rights) wield C3s, C4s, PACs
- Advice from inside and outside public health: get much **smarter** and much more **assertive**
- **Understand how national and state advocacy goals (and fights) differ:** appropriations (national) and public health legal authority (states)
- Get serious about **visibility** and **funding**



“In 25 years as a state legislator, I never once received a visit from the public health official in my county.”

3

Exciting Models Exist; Learn from Them

National + State

- Research- and advocacy-focused national organization supporting state and regional chapters
(Center for Budget & Policy Priorities, Community Catalyst Southern Partners)
- Advocacy-focused national organization with state chapters and grassroots component
(Am Heart Association's Voices for Healthy Kids, National Voluntary Associations such as YMCA, AARP, Am Cancer Society)
- Advocacy coalitions for appropriations
(American Public Health Association (APHA), Trust for American's Health, Association of State and Territorial Health Officials, National Association of City and County Health Officials, and Big Cities Health Coalition and their members)

State-level

- Statewide commission with focus on public health authority
(Indiana Public Health Commission)
- State-based affiliates
(APHA chapters/State Associations of County & City Health Commissioners)
- Align and combine with adjacent advocacy groups
(Montana Confluence)
- Nonpartisan state-level 501(c)3, 501(c)4, & PAC with endowment
(Healthier Colorado)
- Form coalition of groups (e.g., hospitals) invested in shared state public health outcomes





4

**AUDIENCE-
SPECIFIC,
CLEAR,
CONSISTENT**

MESSAGES

Public

- PH = Creating the conditions for everyone to live healthy lives
- Show up for PH workers; support them

Workforce

- You belong
- Stay; we'll fight for you and support you with tools and advocacy
- Advocacy is your tool for change, too

Policy Makers

- PH saves \$\$\$\$
- Stories!
- Friends in high places
- Support earns endorsements (and vice versa)
- Speak to red, blue, and purple

MPH Students & Recruits

- We need you!
- Bring your values to work
- Gain skills to fight for conditions for optimal health for all

Funders & Donors

- Impact requires investments
- Effective programs need a policy foundation and scaffolding
- Join the fight

Other Sectors

- Public health is about creating conditions for everyone to live healthy lives
- I.e., affects everyone, across sectors (including yours!)



5 The Messengers are Skittish

Members of the public health workforce (at all levels) are trained to act as if **politics is off limits.**

As a result, their voices and expertise are missing from the **public discourse**, leaving the field wide open to anti-public health views.

Other public and private workers (firefighters, teachers, law enforcement) advocate for their roles and their fields without crossing anti-lobbying lines. **Why not public health?**

*“Nobody at CDC wants to ... involve themselves in politics, because [if] **you touch the third rail, you get burned**. And I would always try to say that it’s the third rail that makes the subway go. And **if you don't figure out how to engage the third rail, you're not going to get much power.**”*

– Ed Hunter

6

Funding this work will not be easy, but it *is* doable

- Advocacy by national public health organizations is largely focused on **federal appropriations**, rather than **state laws and appropriations**.
- Most public health organizations aren't coming close to reaching **lobbying limits**
- Voluntary health organizations are invaluable partners because they have “**boots on the ground**” — volunteers and donors in every state
- Small amounts of **seed money** for advocacy (e.g., APHA to MT Confluence) make a big difference
- New trends in **philanthropy and individual giving** (e.g., more mid-level donors aren't itemizing deductions, large donors supporting advocacy) represent new opportunities

Findings & Opportunities

Public health advocacy ... for what?	1	Develop and advocate for “pro-health” policies
Public health needs <u>stronger</u> advocacy	2	Cultivate “friends of public health” at all levels
Exciting models exist	3	Strengthen and build state-level public health advocacy organizations
Advocacy messages need tailoring	4	Develop and disseminate messages to equip “friends of public health”
Public health messengers are wary	5	Train current and future workforce to engage in advocacy
Funding will not be easy, but it is doable	6	Unlock funding to do this work

Six Opportunities (1-3)

ADDRESSING KEY GAPS



1

Develop and advocate for “pro-health” policies: Legislative tracking, monitoring, and evaluation; pre-emption work; model legislation; state-specific lobbying and guidance; lawsuits (fight + defend); bipartisan topics (e.g., opioids, gun safety, mental health)



2

Cultivate “friends of public health” at all levels (bipartisan): A key role for state public health associations; city and county officials associations, school districts, etc.; grassroots advocates/ voters; champions



3

Strengthen and build state-level public health advocacy organizations: Learn from and replicate the existing models to stretch the advocacy and lobbying capacity of 501(c)3s, establish c4s and c6s where appropriate to expand capacity to fight for “pro-health” laws and support candidates for elected office, issue campaigns, polling, and voter education, including advertising

Six Opportunities (4-6)

ADDRESSING KEY GAPS



- 4** **Develop and disseminate messages to equip “friends of public health”:** focus on social media strategy and toolkits; cadre of public health “influencers” using consistent messages



- 5** **Train current and future workforce to engage in advocacy:** Under/Graduate students via Schools of Public Health; public health workforce training and toolkit on cultivating relationships with elected officials




- 6** **Unlock funding to do this work:** Dues-paying membership organizations add an “advocacy” checkbox; individual donors; some philanthropic organizations have increasing interest in funding advocacy work; stretch c3 advocacy and lobbying budgets to their limits

Six Opportunities

ADDRESSING KEY GAPS

- 1 Develop and advocate for “pro-health” policies:**
Legislative tracking; preemption work; model legislation; state-specific lobbying guidance
- 2 Cultivate “friends of public health” at all levels (bipartisan):**
A key role for state public health associations and city and county officials’ associations
- 3 Strengthen & build state-level public health advocacy organizations:** Replicate existing models to expand advocacy & lobbying capacity of 501(c)3s, establish c4s and c6s
- 4 Develop & disseminate messages to equip “friends of public health”:**
Social media strategies; build a cadre of public health “influencers” using consistent messages
- 5 Train current & future workforce to engage in advocacy:**
Under/Graduate students via Schools of Public Health and toolkits for cultivating elected officials for current workers
- 6 Unlock funding to do this work:**
Membership organizations add an “advocacy” checkbox; cultivate individual donors; stretch c3 advocacy budgets to their legally-allowed limits



“We almost always overestimate
what we can do in a year,
and underestimate what we can
do in a decade.”

Sequencing of efforts to strengthen public health advocacy

Opportunity	Year One Actions	First Decade Actions
1. <i>Develop and advocate for pro-health policies</i>	<ul style="list-style-type: none"> Continue / expand Act for Public Health, the public health law collaborative supporting PH officials Monitoring, evaluation, tracking to learn more about what works, where to fine-tune 	<ul style="list-style-type: none"> Develop, disseminate, and promote adoption of model laws to friends of public health and 501(c)3s and (c)4s, as well as PACs
2. <i>Cultivate friends of public health</i>	<ul style="list-style-type: none"> Strengthen the advocacy skills and capacity of state public health associations and state/local associations of health officials 	<ul style="list-style-type: none"> State public health associations and SACCHOs train public health officials in outreach and advocacy (current workforce) Connect to advocacy components of other non-public health sectors and disciplines Use findings from messaging/ communications research to engage the public in advocacy Share lessons learned
3. <i>Strengthen and build state-level advocacy organizations</i>	<ul style="list-style-type: none"> Conduct state-by-state scan of existing public health advocacy talent and capacity to identify opportunities Strengthen 501(c)3s to do more advocacy Encourage current public health (c)4s and (c)6s to share their lessons learned Devise structural backbone(s) to support and reinforce state-level efforts 	<ul style="list-style-type: none"> Build state-level public health advocacy efforts, including building (c)4s and PACs

Sequencing of efforts to strengthen public health advocacy

Opportunity	Year One Actions	First Decade Actions
4. <i>Develop and disseminate messages</i>	<ul style="list-style-type: none"> Conduct consumer research on how to engage the public in public health Develop tailored messages for different audiences 	<ul style="list-style-type: none"> Provide training on messaging for different groups Develop a variety of messengers and platforms to reach different audiences Evaluate and adapt messages based on ongoing consumer research Share successful campaigns, advertisements, etc. for broader reach
5. <i>Train the workforce</i>	<ul style="list-style-type: none"> Disseminate advocacy curricula for undergraduate / graduate MPH programs (e.g., Johns Hopkins SPH) Plan for scan of advocacy curricula of SPHs and professional development within State Health Departments 	<ul style="list-style-type: none"> Develop, implement phases of advocacy training for all levels and sectors of the public health workforce, including messaging, relationship-building Work with PHAB and CEPH to develop minimum advocacy training standards in PH education and core competencies
6. <i>Unlock funding</i>	<ul style="list-style-type: none"> Educate funders / develop fundraising strategies for working with foundations, corporations, and individuals 	<ul style="list-style-type: none"> Implement fundraising strategies to support both state and national advocacy for public health Re-assess annually and for subsequent decade



What's Next?

- **November 8: Midterm elections**
- **November 2022: Initiate planning for subsequent Convenings**
- **December 2022/January 2023: Launch 50-state scan of public health advocacy capacity**
- **February 2023: Convenings of public health and advocacy leaders on next steps**
- **Spring/summer 2023: Begin to take collective action**