



# **Fighting for Public Health: How Do We Strengthen Public Health Advocacy at Local, State, and National Levels?**

February 23, 2023 | 1 – 2:30 p.m. EST

## Moderator



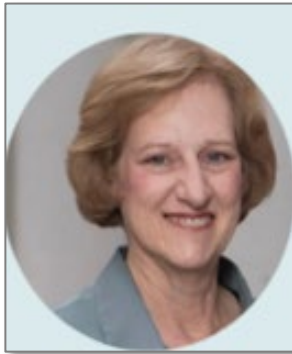
**Dawn Hunter**, J.D., M.P.H.,  
Director, Network for Public Health  
Law—Southeastern Region Office

## Presenter



**Iyanrick John**, J.D., M.P.H., VP of  
External Affairs, ChangeLab  
Solutions

## Presenter



**Martha Katz**, Health Policy  
Consultant

## Presenter



**Maddy Frey**, President, Frey  
Evaluation

## Presenter



**Jake Williams**, CEO, Healthier Colorado



## Presenter



**Lisa Dworak**, Executive Director,  
Confluence Public Health Alliance  
of Montana



## Today's Agenda

1. Quick Overview of the Basics about Advocacy & Lobbying:  
**Iyan John, VP of External Affairs, ChangeLab Solutions**
2. Update on F4PH Feasibility Study & Next Steps  
**Martha Katz, Health Policy Consultant**  
**Maddy Frey, President, Frey Evaluation**
3. State Advocacy Example: Healthier Colorado  
**Jake Williams, CEO Healthier Colorado**
4. State Advocacy Example: Confluence Public Health Alliance of Montana  
**Lisa Dworak, Executive Director, Confluence Public Health Alliance of Montana**





1. Quick Overview of the Basics about Advocacy & Lobbying:  
**Iyan John, VP of External Affairs, ChangeLab Solutions**





# Our mission

Healthier communities  
for all through equitable  
laws & policies.



# DISCLAIMER

The information provided in this discussion is for informational purposes only, and does not constitute legal advice. ChangeLab Solutions does not enter into attorney-client relationships.

ChangeLab Solutions is a non-partisan, nonprofit organization that educates and informs the public through objective, non-partisan analysis, study, and/or research. The primary purpose of this discussion is to address legal and/or policy options to improve public health. There is no intent to reflect a view on specific legislation.

©2021 ChangeLab Solutions

# What is Lobbying?

- 1. Communication with a**
- 2. Government official or employee** who participates in forming legislation that
- 3. Reflects a point of view** (i.e. attempts to influence) on
- 4. Specific legislation**

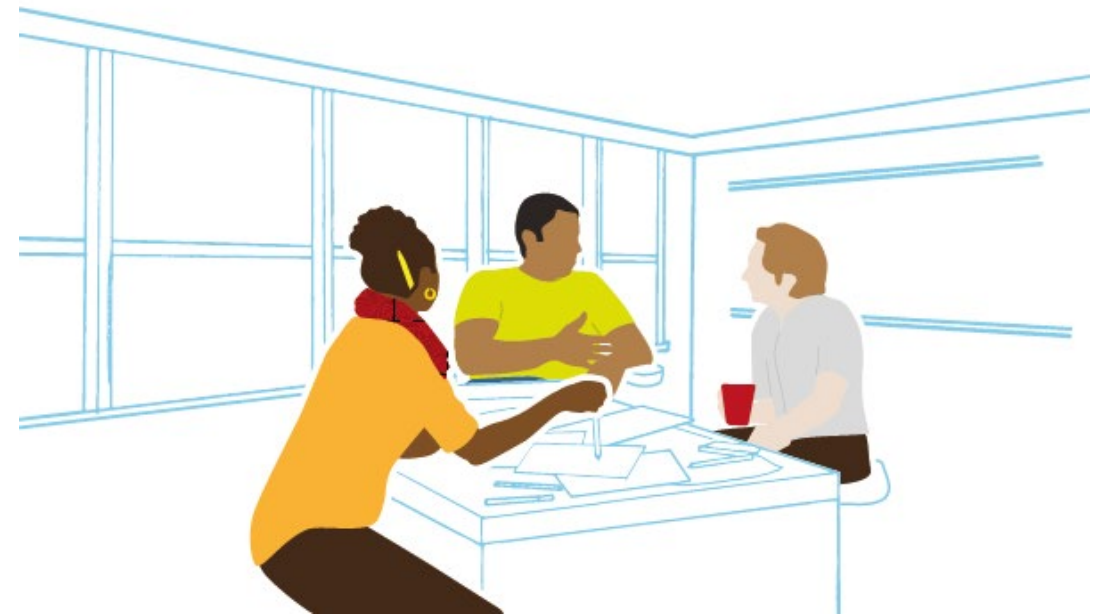
# 501(c)(3) Organization

- Tax-exempt and operated for charitable purposes
- Contributions are tax-deductible by the donor
- May engage in some limited lobbying activities if insubstantial to overall activities
  - 501(c)(3) private foundations generally not permitted to lobby but may fund grantees with general support that grantees can use for lobbying
- IRS measures lobbying in two ways:
  - Substantial Part Test
  - Expenditure Test
- Prohibited from engaging in any political campaign activity (endorsing or opposing candidates, supporting political parties, etc.)



# 501(c)(4) Organization

- Tax-exempt and operated for social welfare purposes
- Contributions are NOT tax-deductible by the donor
- Unlimited lobbying permitted
- Political campaign activities are permitted as long as they are not the organization's primary activity





# Political Action Committee (PAC)

- Organized and funded to support or oppose a candidate, ballot measure, proposed bill, or political issue
- Not a non-profit, tax-exempt organization
- Must be registered with the Federal Election Commission



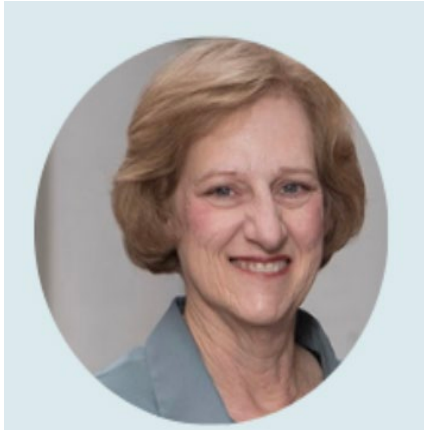
# What is NOT Lobbying?

- Coalition building
- Sharing best practices and stories with government officials
- Broadly sharing evidence-based policy analysis and approaches
- Providing data and analysis on a particular issue area
- Communicating to influence regulations or administrative actions
- Conducting non-partisan activities (voter education, voter registration)

# Guidance and Resources on Lobbying Activities

- Webinar/background materials from ChangeLab Solutions: <http://changelabsolutions.org/publications/webinar-complying-anti-lobbying-rules>
- Feldesman Tucker (private law firm specializing in federal contracts): <https://www.feldesmantucker.com/>
- A Guide to the Hatch Act for Federal Employees: <https://osc.gov/Documents/Outreach%20and%20Training/Handouts/A%20Guide%20to%20the%20Hatch%20Act%20for%20Federal%20Employees.pdf>
- National Conference of State Legislatures' Chart on Laws that Limit Public Funds to Lobby: <http://www.ncsl.org/research/ethics/50-state-chart-limits-on-public-funds-to-lobby.aspx>
- National Council of Nonprofits – Everyday Advocacy: <https://www.councilofnonprofits.org/everyday-advocacy>
- Alliance for Justice: Bolder Advocacy: [bolderadvocacy.org](http://bolderadvocacy.org)

## 2. Updates on Report about Rebuilding Public Health Advocacy:



**Health Policy Consultant,  
Atlanta, GA**



**Frey Evaluation LLC  
Atlanta, GA**

A black and white photograph of the Statue of Liberty's head and crown, with a white surgical mask covering the lower face. The statue is set against a light background.

# Fighting for Public Health

*Strengthening Public Health Advocacy -- Feasibility Study Results (2022)*

*NPHL Webinar: February 23, 2023*

# Frey Evaluation: Methods Snapshot 2022





# Insights from 46 Organizations / 90 People

## 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

Both...

And...

1

Public health is **under attack**.



All government 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



# 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

# 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




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

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

# Phase 2: Advocacy Convening(s)

## April 2023

- Bring together a small group of community leaders, advocates, legal experts, funders, and leaders from public health and health-related organizations for deep consideration of and reaction to the six opportunities identified in the report.
- Begin building consensus and visualize critical next steps needed to create equitable systems that improve outcomes for all by strengthening and aligning public health advocacy efforts.

# Phase 2: State-Level Scan





## What's Next?

- Advocacy Convening – April 2023
- State-level Scan – Complete in May 2023
- Phase 3:
  - Share the findings of the convening and state-level asset scan with a wider group of leaders
  - Implement steps to strengthen advocacy for the public's health



### 3. State Advocacy Example: Healthier Colorado Jake Williams, CEO Healthier Colorado







**HEALTHIER<sup>TM</sup>**  
**COLORADO**

# What do we do?

Healthier Colorado is a nonpartisan, nonprofit organization dedicated to raising the voices of Coloradans in the public policy process to improve the health of our state's residents. We seek to improve physical, mental and social health from an equity perspective.



**HEALTHIER<sup>™</sup>**  
**COLORADO**

# **We Utilize the Full Range of Advocacy Tools**



**Candidate Election Engagement**  
**(hard side and soft side, mostly state)**



**Lobbying**  
**(direct/grassroots, local/state, bills/ballot measures )**



**Education Activities**  
**(non-lobbying, 501(c)(3) compliant)**



**HEALTHIER™**  
**COLORADO**

# Some of Our “Greatest Hits”

- Passed the nation’s 2nd sugary drinks tax, local ballot (2016)
- Expand access to free school lunch, statewide bill (2018)
- “Reinsurance” statewide bill to drastically reduce health insurance premiums (2019)
- New nicotine tax that funds universal access to preschool, statewide ballot (2020)
- “Colorado Option,” quasi-public health insurance, statewide bill (2021)
- Seal criminal records of non-violent offenders, statewide bill (2022)



# No Permanent Friends, No Permanent Enemies, Only Permanent Interests



- During legislative session, we mobilize people to testify, run earned and paid media.
- We score every legislator on our agenda, broadly categorized on issues in which both Democrats and Republicans are rewarded.
- In example at left, a Republican Representative has posted our recognition on his campaign website ([voteperrywill.com](http://voteperrywill.com))





# Carrots and Sticks Accountability



- The scorecard is a primary tool in candidate financing decisions.
- In the 2022 election, we supported 45 state legislative candidates with direct contributions, 44 of them won (both Ds and Rs).
- We also provide “soft side” contributions to caucus entities, other 3rd party IEs, and our own IEs.





## **Who's got the juice? | 2022 IN REVIEW**

**Healthier Colorado was behind some of the state's biggest legislation this year. The group was one of the core financial donors behind two successful ballot initiatives: Proposition 123 to dedicate taxable income for affordable housing and Proposition FF to provide free meals for public school students. In addition, 26 of the 32 bills Healthier Colorado lobbied in support of in the state legislature were signed into law, including implementing universal preschool, automatically sealing some criminal records and several changes to the behavioral health care system.**



**HEALTHIER<sup>™</sup>  
COLORADO**



# How did we get here?

- Launched in 2014 with a small 501(c)(4) endowment from the Colorado Health Foundation.
- Initial tactical focus was on mobilizing mass action, especially online.
- Created a 501(c)(3) at the end of 2015.
- In 2017, launched a fundraising canvass for both fundraising and grassroots connection, still happening today.
- In 2019, we launched Healthy Air & Water Colorado, focused on climate.
- In 2021, we launched both Colorado's Health Capitol and Open Answer, which generate earned revenue on the C3 and C4 side, respectively.
- Today, we actually raise/spend more on the C3 side than on the C4 side.



# Our Universe Continues to Expand ...



Colorado's Health Capitol Lobby



Open Answer Canvass Crew

# ... But We're Still Organized in 2 Primary Legal Structures

*While TFHC is effectively a subsidiary of HC, these two entities are governed by two separate boards. Operational expenses are shared between the two as legally allowable.*



Flagship structure launched in 2014, 501(c)(4), home of our endowment, able to engage in election and unlimited lobby activity.



A 501(c)(3) public charity launched in 2015. Able to engage in limited amount of lobbying activity and no candidate election activity.

# Parting Thoughts, Part 1:

1. To be successful in politics, you need people, or money, or preferably both.
2. You can compensate for having less money by having the *right type* of money.
3. You can compensate for having fewer people by having salient voices.



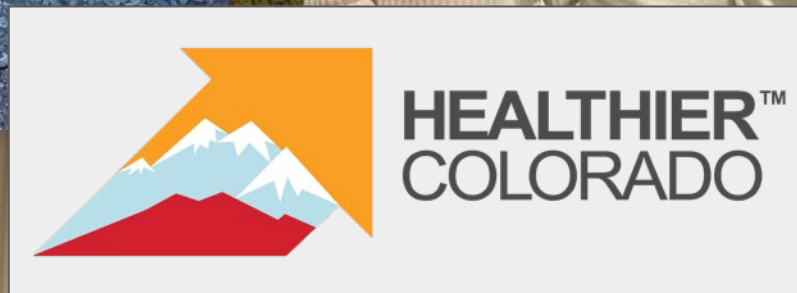
## Parting Thoughts, Part 2:

1. Don't get hypnotized by the c4, the c3 has significant utility.
2. Experience and talent matters in organizing and campaigns.
3. Political power takes longer to develop than the acquisition of its building blocks.



HEALTHIER<sup>™</sup>  
COLORADO









**4. State Advocacy Example: Confluence Public Health Alliance of Montana:**

**Lisa Dworak, Executive Director, Confluence Public Health Alliance of Montana**



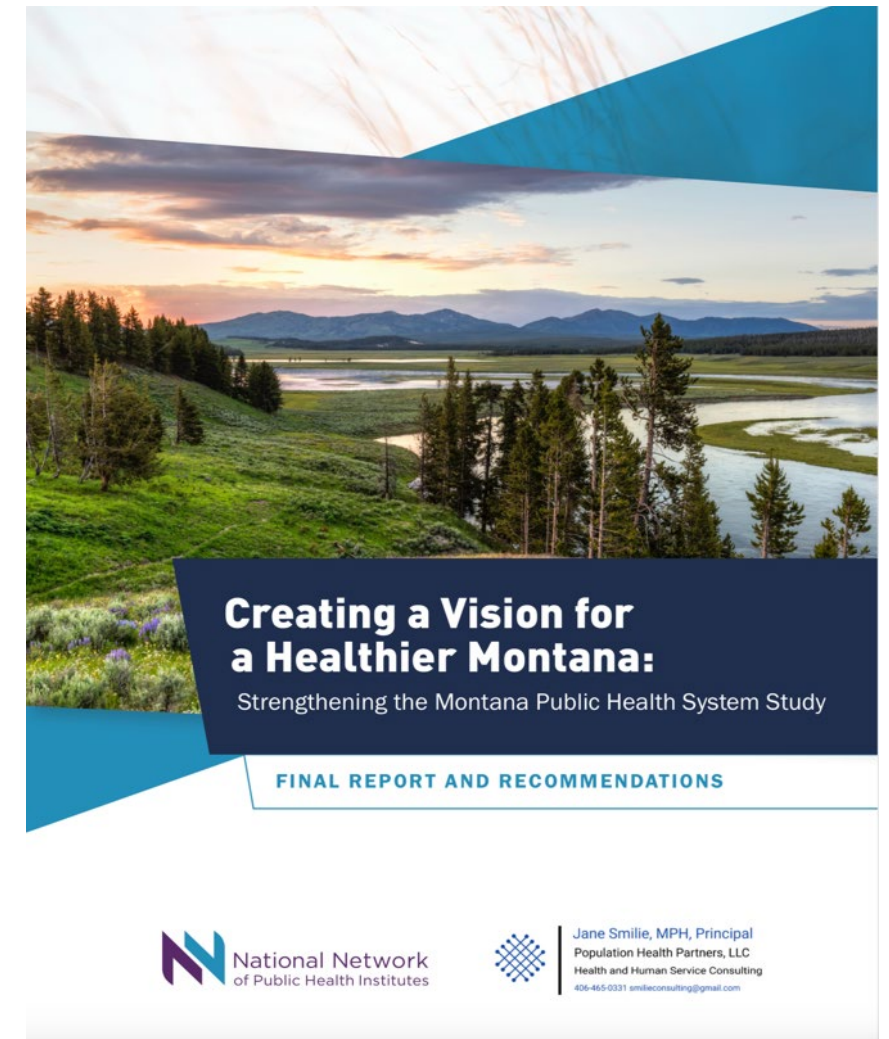
# Confluence Public Health Alliance

---



# ORIGIN

- Long history
- Culture change
- **Study Objective: Explore options for increasing collaboration, coordination, and the capacity of the public health system.**
  - 1.Strengthen existing organizations and improve coordination with health leadership groups.**
  - 2.Feasibility of a Montana public health institute**
- Realignment strategy for better capacity and collaboration
- Strengthen relationships with local elected officials, their associations and key health leadership groups



*Funded by the Montana Healthcare Foundation*

# ACCOMPLISHMENTS

- Year 1 – Trust building
- Maximize lobbying and advocacy capacity
- Friends of Public Health – Grassroots Advocacy Infrastructure
- Membership and workforce engagement – 2023 Montana State Legislature
- Strategic communication toolkits – Public Health Authority and Vaccines
- Coordination with health leadership and county commissioner groups
- Unified strategic plan
- <https://www.cphamt.org/>

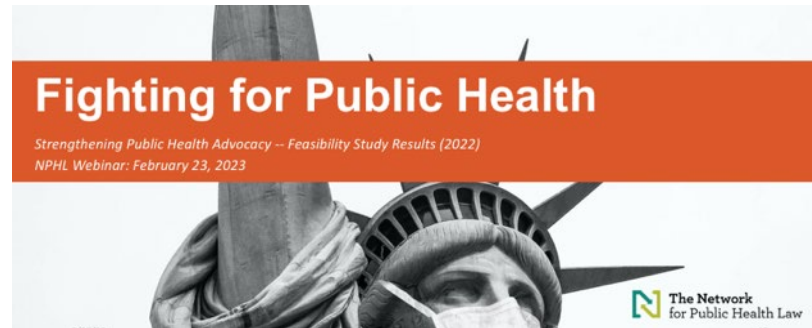
# POTENTIAL

- Maximize lobbying and advocacy capacity
- Intersection policy and politics
- Trusted source of information
- Strong community support for the work of local health departments

**“Statewide, non-profit, efficient, accountable, sustainable, influential and with organized advocacy, well-staffed, with trained leadership and a business plan, providing high value to members and responsive to all disciplines and roles in the public/environmental health system.”**

*- Public Health Alignment Committee*

## Questions & Comments?



**Thank you for attending**

**For a recording of this webinar and information about future webinars, please visit [networkforphl.org/webinars](https://networkforphl.org/webinars)**