



Improving Public Health through Policy Advocacy

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The Partnership for the Public's Health (PPH) supports community groups and health departments to work together to improve the health of their communities. Each local partnership has been asked to define something that it wants to change in the community to improve health. Making lasting improvements in your community often requires policy and/or systems change. The purpose of this issue of Community-Based Public Health: Policy and Practice is to highlight the importance of using policy advocacy to advance community health. This issue draws from the presentation, "Advocacy and Lobbying by PPH Collaborative Partners," delivered at the PPH Second Annual Conference by James B. Simpson, JD, MPH, General Counsel, Public Health Institute.

There is a void in the shaping of public policy in this country. It is the voice of real people, grounded in the reality of their communities, their health, and their values.

—Real Clout, page vii.

Policy decisions affect virtually every aspect of our society, from determining where we can smoke to increasing access to health care services. There are no policies more important than those that affect the health of our communities. Yet many times, those closest to and most expert in important public

health issues, such as community groups and public health departments, are left out of the policymaking process. Misconceptions regarding advocacy and lobbying restrictions often prevent involvement. Despite these perceived barriers, PPH grantees can generally freely advocate for governmental health policy issues, as long as they are not requesting action on a *specific* piece of legislation. In addition, although PPH grantees cannot lobby with PPH funds, they may be able to lobby with funding from other sources.

When contemplating the future of public health, the Institute of Medicine recognizes that communities—in addition to government—have an important role in policy development. "The solutions for assuring population health are not owned by government public health agencies; they can be found in communities and in community organizations and partnerships."¹ In fact, the involvement of both public health departments and community groups in shaping public policy is not only possible, but also critical to protecting and improving the health of our communities. "Partnerships between public health agencies and community-based organizations are essential if policy development is to be successful."² Such partnerships create a strong base from which to advocate collectively for policy change. When partnerships are formalized—through a Memorandum of Understanding or a formed coalition, for example—they lead to systems changes. Systems changes are significant and enduring changes in the way that multiple organizations work together – in this case, community groups and health departments. Through policy advocacy

This is the eighth in a series of policy briefs on the various components of Community-Based Public Health (CBPH) and associated issues. The series is being published by the Partnership for the Public's Health (PPH), a collaboration of The California Endowment and the Public Health Institute.



and systems change, local public health departments and community groups have the opportunity to raise critical policy issues, provide expertise for sound decision-making, and communicate needed policy recommendations to elected officials and other policymakers.

What is Policy?

Private and Public Policies

Policy is a plan or course of action selected from alternatives and intended to influence and determine decisions, actions, and other matters. Policies can have two sources—the private sector (internal) or the public sector (external). Public policy is simply a set of rules that the public must follow. Public policies are established by organizations and political units, such as boards of supervisors, city councils, municipal utility districts, and the state legislature. They can be documented and enacted through a statute (law), regulation,



executive order, court ruling, or official letter that explains a policy decided by federal, state, county or local officials. Examples of public policies include: an ordinance adopted by the city council restricting the use of alcohol in public parks; an ordinance passed by the county board of supervisors to prohibit firearms dealers

The involvement of both public health departments and community groups in shaping public policy is not only possible, but also critical.

from operating in or near residential areas; or a law passed by the California state legislature to require comprehensive sexuality education in public schools.

Often, public policies established by non-health-related agencies can have profound community health effects. For example, building codes related to greater efficiency in heating/cooling systems, led to sealed buildings without openable windows. Trapping the off-gases from cleaning solvents, carpeting glue and other office-related operations has led, in turn, to Sick Building Syndrome, including increased asthma attacks.

Private policies are implemented to address problems within private sector organizations, such as hospitals, community centers, business groups, and faith-based organizations. For example, health educators working in a community clinic might notice that parents of young children treated for chronic asthma are not aware of how best to identify and prevent asthma attacks. Using data to show that asthma is the most common cause of hospitalization among one-to-five-year-old children in the county, the health education department could try to persuade the community clinic board to create a policy that would educate parents of asthmatic children about how

The Public Health Role in Policy Advocacy

In the face of an anticipated 34-billion-dollar budget deficit, individuals and organizations across California are positioning themselves to be strong advocates to preserve funding for their “special issue.” Therefore, the involvement of public health organizations in the policy process has never been more important. Many proposed cuts are aimed at health and welfare services. Inevitably, advocacy organizations that understand the policy process best—which policymakers to contact, how to most effectively communicate concerns and recommendations, and how to best provide support for informed decision-making—will have the best shot at attaining their policy goals. Long-term involvement in the policy process is critical to being able to maintain a proactive presence in the policy debate. The Institute of Medicine urges public

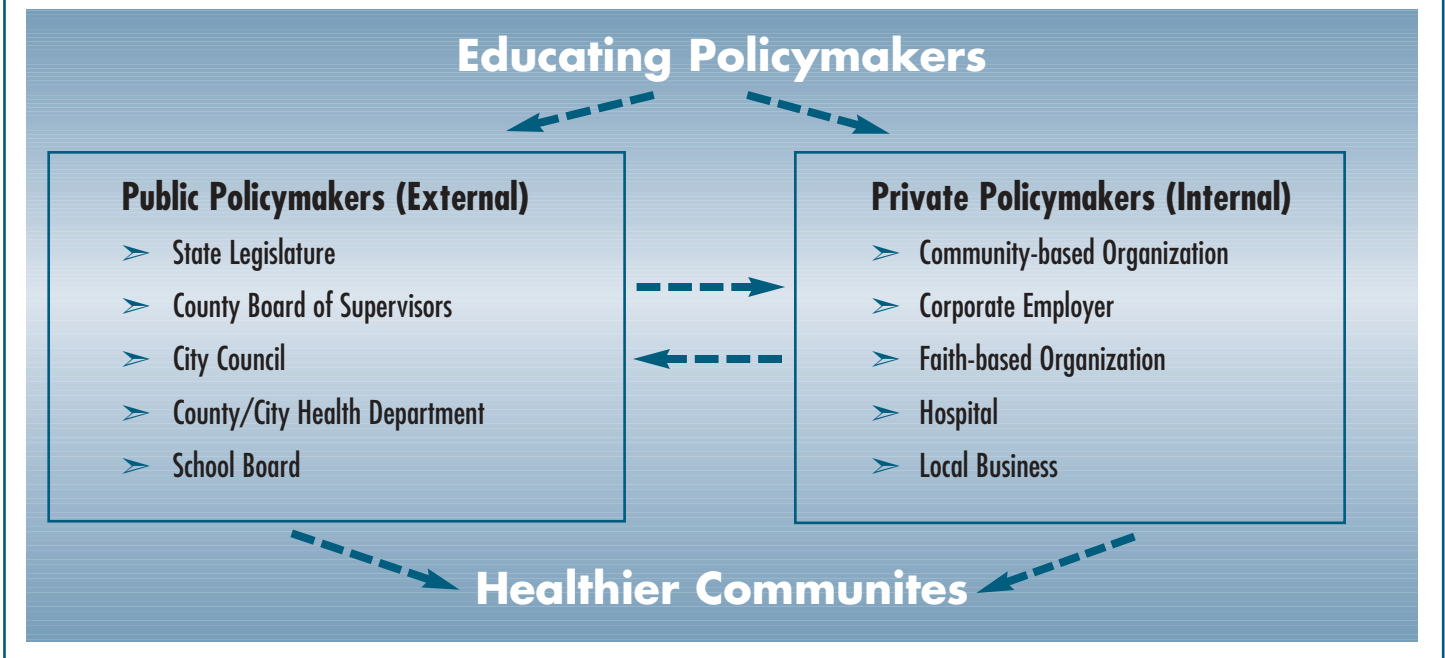
health organizations to play a special role in policy development by:

- ◆ Raising crucial questions that no one else raises
- ◆ Initiating communication with all affected parties, including the public at-large
- ◆ Considering long-range issues in addition to crises
- ◆ Planning ahead as well as reacting
- ◆ Speaking on behalf of persons and groups who have difficulty being heard in the process
- ◆ Striving for fairness and balance

Source: Institute of Medicine (1988). *The Future of Public Health*. Washington DC: National Academy Press. p. 8.



Diagram 1: Public and Private Policies Improve Community Health



to appropriately “self-manage” asthma by reducing asthma triggers, properly using medications, and following an action plan developed by a physician.

Together, public and private policies can have a significant and long-lasting impact on both individual and community health (see Diagram 1). For example, if a community is interested in reducing tobacco use among adolescents, it will reach this goal much faster if: its schools are educating against tobacco use; doctors are identifying smokers and those at risk of taking up the habit and providing them with cessation counseling; smoking is prohibited in public places like schools, workplaces, movie theaters, restaurants and bars; and, the price of a pack of cigarettes is higher. These are examples of many public and private policies working in concert in local communities and at the state level to reduce tobacco use.³

The Importance of Educating Policymakers

Individuals and organizations working to improve public health will want to be involved in discussions about *public* policy, especially. At any given time, policymakers at the federal, state and local levels are considering a list of subjects or problems that affect the public, such as transportation, the environment, housing, health and welfare, and the economy. However, not every issue under consideration will advance to the “policy agenda”—the narrow list of issues that actually becomes the serious focus of policymakers’ attention.⁴ Many different advocacy groups vie for the attention of elected

officials, who are faced with limited time and resources. Although crises, such as earthquakes or serious outbreaks of infectious diseases, can push certain issues to the top of the agenda, in general, ongoing effective communications with elected officials about pertinent public health problems and possible solutions is needed to help ensure that public health issues make it onto the radar screen.

Educating policymakers also helps to ensure that when health policies are formulated, they are based on science and promising community-based practices. The Institute of Medicine notes that “‘healthy’ public policy is an outcome of democratic and political processes, and these political decisions should be informed by evidence, such as data showing the powerful influence of social and economic factors on the health of the population, and the need to work with many partners to transform these factors.”⁵ Policies are less likely to be the best ones possible if public health experts, including community-based organizations, are left out of the discussion.

The Roles of Lobbying and Advocacy in Policymaking

Communicating with policymakers about public policy issues typically falls into one of two categories—lobbying or advocacy. Many people use the terms interchangeably, but in fact, they have different legal definitions. Depending on the types and amounts of activities you are doing and the sources of your funding, it is very important that you have an understanding of the differences. Sometimes, the line between the two can be blurred or confused. This sec-



Diagram 2: Lobbying Rules and Regulations

Lobbying Rules and Regulations that Apply to PPH Grantees

Non-profit Organizations

1. Internal Revenue Service (directly and as PPH grantees)
2. CA Fair Political Practices Commission

Local Government Entities

1. Internal Revenue Service (as PPH grantees)
2. Agency Guidelines
3. Hatch Act (federally supported activities)

Source: Simpson, Jim (2001). *Advocacy and Lobbying by PPH Collaborative Partners*. Sacramento: Partnership for the Public's Health.

tion offers definitions and examples to help clarify the differences, and highlights the extent to which PPH grantees can feel comfortable about engaging in these activities.

Lobbying

Lobbying is a particular kind of advocacy, which refers to activities in support or opposition to legislation (and sometimes administrative action, such as the issuance of regulations) that are governed by one or more federal, state, or local laws.⁶ Examples of lobbying activities include:

- ▶ Writing to your elected official asking him/her to vote in favor of a *specific bill*.
- ▶ Asking members of your organization or the general public to contact elected officials to vote in favor of a *specific bill*.
- ▶ Testifying about your position in support or opposition of a *specific administrative regulation*.
- ▶ Communicating your position supporting or opposing a *proposed ballot initiative* to a member of the general public.
- ▶ Engaging a lobbyist, public relations firm, or other individual or organization to undertake the activities listed above in support of a *specific bill on your behalf*.

Perhaps the most extreme form of lobbying entails participating in a political campaign on behalf of or in opposition to a candidate for political office. Lobbying can be a highly effective strategy to affect policy change; however, there are restrictions related

to lobbying that grantees should be aware of before engaging in such activities.

Lobbying Restrictions

The Internal Revenue Service (IRS) prohibits private foundations from giving money to other organizations for activities that the IRS defines as lobbying. PPH grants from the Public Health Institute are made with funds provided by The California Endowment, which is a private foundation, so grantees can't use PPH grant funds for lobbying as defined by the IRS. However, they may be able to use funds from other sources to lobby within the constraints of federal, state and local lobbying laws. The rules are different depending on whether your organization is a non-profit or public agency. (See Diagram 2 to see which lobbying regulations pertain to your organization.) Following is a summary of the major regulations:

1. **Internal Revenue Service (IRS):** Federal income tax law regulates lobbying by tax-exempt nonprofit organizations. There are limits on the amount of lobbying allowed, and lobbying activities must be reported to the IRS. IRS regulations define lobbying as attempts to influence federal, state or local legislative action through certain kinds of communications. "Legislation" means action by Congress, state or local legislative bodies, or by the public in a referendum, ballot initiative, constitutional amendment, or similar procedure. "Action" means the introduction, amendment, enactment, defeat or repeal of tax, bills,



resolutions or similar items. “Communications” means written or oral communications with legislative officials (“direct communications”) or the general public (“grass-roots communications”).⁷ As indicated above, all PPH grantees (nonprofits and public agencies) are prohibited by the terms of their grant awards from IRS-type lobbying with PPH funds. Nonprofit grantees engaging in lobbying with non-PPH funds would be independently subject to the IRS’ restrictions on the amount of permissible lobbying.

2. **California Fair Political Practices Commission (FPPC):** The California Political Reform Act applies to state-level lobbying by private persons and organizations (including nonprofits), but not to public agencies. FPPC rules don’t prohibit lobbying, but they require lobbyists and organizations that lobby to register with the FPPC and report their lobbying activities. The FPPC defines lobbying as any action (not just communication) whose

purpose is to “influence state legislative or administrative action.” PPH grantees can use grant funds for FPPC lobbying unless it is also IRS lobbying. However, most of the time, any action that qualifies under the IRS definition also qualifies under the FPPC definition and vice versa. A few local jurisdictions in California have registration and reporting requirements similar to the FPPC rules.

3. **Public Agency Lobbying Guidelines:** California law allows lobbying by local government, either directly or through paid lobbyists and associations. However, most local agencies allow only certain designated employees to initiate communications with legislators and legislative staff. Other employees may be permitted to respond to inquiries as long as they keep the legislative liaison office informed. Public agency PPH grantees should familiarize themselves with their agency’s guidelines for lobbying and legislative communications.
4. **Hatch Act:** The Hatch Act prohibits local government employees whose activities are supported by federal grants from engaging in partisan political activity, (e.g., running for public office in a partisan election; using official authority or influence to interfere with or affect the results of an election or nomination; and directly or indirectly coercing contributions from subordinates in support of a political party or candidate).⁸

Health Policy Coach: A Tool to Bring Policy Change to Your Community

So you know that you want to make an impact on your community through policy advocacy, but where do you start? *Health Policy Coach* is a helpful online tool that provides users with the policy ideas and implementation strategies necessary to protect and improve health through policy change. Health Policy Coach contains two main sections to help you through the process of creating and influencing public policies. The first section contains a menu of policies arranged according to five broad determinants of health—healthcare, education, work, safety and the environment. Policy topics range from traffic calming and firearm safety to nutrition and smoking cessation. Each of these prevention-focused policies is presented in the form of a “profile”—complete with background information, policy ideas, examples of effectiveness, references, and contact information for additional resources. The second section, “bringing policy change to your community,” coaches you step-by-step through the policymaking process. Users learn how to identify opportunities for change, use data to support their ideas, build a coalition, and much more. For more information, visit <http://www.healthpolicycoach.org>.

Advocacy

Advocacy is also an effective strategy that grantees can employ to affect policy change, and is perhaps the easiest avenue to pursue because it is much less restrictive than lobbying. In fact, both community groups and health departments can freely participate in many types of policy advocacy efforts. Advocacy refers to all (unregulated) activities designed to influence public policy that do not fall under the lobbying definition.⁹ The key difference between lobbying and advocacy is that advocacy entails communicating directly with policymakers and the public about an issue without requesting action on a specific legislative proposal.¹⁰ Examples of advocacy include:

- ▶▶ Inviting elected officials to participate in a community forum to discuss the problem of traffic safety.
- ▶▶ Developing a publication that explains the problem of poor oral health in young children and developing general recommendations for policymakers, communities and schools.
- ▶▶ Encouraging the community to call your organization for more information about the benefits of recycling and how to get more involved in preventing toxic dumping.
- ▶▶ Writing a press release explaining the high teen pregnancy rates in your county and how your program has succeeded in



developing a new school-based health center that offers free sexuality education counseling to teens.

- ▶▶ Inviting your elected official to visit your program.

Communicating regularly with policymakers through these and other types of advocacy efforts is highly recommended, so that you can establish credibility that will be key to influencing policy. According to the American Public Health Association and others, coalition building



is the one of the most effective vehicles for grassroots impact on a public health issue.¹¹ A coalition is a group of people and organizations working together to achieve shared goals. Coalitions often take on broad concerns that individual organizations could not address successfully on their own. Though they can require a significant time commitment, creating a coalition has many benefits, including facilitating community-wide efforts, developing a broader, more stable constituency base for an issue, and generating more political sway as a group than as a single organization.

Grantee Advocacy Efforts Create Policy Change

Some form of either lobbying or advocacy is essential for creating policy changes that improve the health status of our communities. State legislation and local ordinances do not get passed without people at the local level who can convey their concerns and interests directly to policymakers. Advocacy efforts raise critical issues that might otherwise be avoided, resist and challenge the status quo, and initiate action and innovative policy solutions.¹² PPH grantees across the state are currently engaged in advocacy efforts that exemplify how individuals and organizations committed to public health can impact the health of their communities through policy advocacy.

IMAGE Advocates for Parks and Recreation District

Educating policymakers and the public about the importance of policy change takes time, and getting the right message to the right person is key. Intermountain Action Growth and Education (IMAGE) in Shasta County has refined the art of communicating with policymakers and the public about one of their main goals—decreasing the incidence of obesity through increased physical activity.

Over the last year, IMAGE has worked with residents and community leaders to establish a new park. Throughout this process, both the public and key policymakers have been consistently educated about obesity and the importance of physical activity. For example, IMAGE made several presentations to the school board using county data to show that childhood obesity was a problem. IMAGE appealed to the school board because they had a parcel of unused land that could be used for the park. After five presentations, the school board agreed to donate land. As Cindy Dodds, IMAGE co-founder, explains her strategy, “We bored them silly with childhood obesity and they finally said yes.” Regular contact and a clear, consistent message made all the difference. In addition, IMAGE has provided information about the obesity problem and the benefits of physical activity to community residents who are solidly behind their efforts.

By getting the community residents and leaders invested in building a new park, IMAGE has laid the foundation for systemic pol-

Coalition building is the one of the most effective vehicles for grassroots impact on a public health issue.

icy change by raising general awareness about obesity and the importance of venues for physical activity, such as parks. IMAGE is now working with the community to advocate for a new parks and recreation district. Though the parks and recreation district technically exists as part of the water district, it has never been funded and is not operational. Establishing an official parks and recreation district will allow the county to access and apply for new state and federal funding sources so that they can increase the number of facilities available to the community. Funding for the parks and recreation district will probably be sought by the water district through a ballot initiative to institute a parcel tax assessment. Having worked with the community to establish the importance of park facilities, IMAGE expects widespread support for this initiative.

IMAGE recognizes that making the case for policy change is an important step in policy advocacy. “You have to talk to people where they’re at,” says Cindy Dodds. “If you’re talking to the



school board, you talk to them about childhood obesity. If you're talking to the water district, then we need to be talking about money. It's about trying to understand other people's lens on the world and address issues in a way that speaks to them."

IMAGE was formed in 1997 to maximize local resources and facilitate collaboration to effect social change in Eastern Shasta County. For more information about their advocacy efforts, please contact Cindy Dodds at (530) 335-4600.

Resident Advocates Make a Difference in Lennox

Oftentimes, policy advocacy is most effective when residents are encouraged to advocate for improvements in their own communities. In Lennox, an unincorporated area of Los Angeles County, residents were key partners in an effort to improve the community's trash collection services. Because Lennox lacks the infrastructure available to most cities (e.g., a city council), the community has experienced some unique problems, including the lack of a standardized trash collection system. For years, there have been no standards to regulate the quality and cost of trash collection services and no way to negotiate collectively for better services. As a result, each resident is forced to pay high prices for low-quality garbage collection services.

To address this rather dire situation, leaders in the community decided to pursue the creation of a garbage disposal district, which would allow the county to negotiate with trash haulers on behalf of the community. Many players worked together on the project, including the Board of Supervisors, community residents, the LA County Department of Public Works, the LA County Health Department, the Lennox Coordinating Council, which is led by community residents,

and the Inglewood / Lennox / Hawthorne Community Health Council (Health Council), a PPH grantee. Several steps were necessary to establish the new district, and residents were instrumental advocates. For example, when the Department of Public Works requested the Board's approval to begin analyzing options for restructuring the trash collection system, residents attended the meeting to provide support for the idea.



When a subsequent report was presented to the Board, residents attended to request an election to officially determine how to re-haul the system. And when the Board agreed to an election, resident advocates were critical to educating the public about the important benefits of establishing a new garbage disposal district and getting people out to vote.

The Health Council played an important role in facilitating resident advocacy by organizing residents to testify in front of the Board of Supervisors, holding public forums, and urging residents to vote. As Abhishek Tiwari, Project Manager of the Health Council, notes, residents were effective advocates, in part, because of their direct ties to the community. "We were lucky to work with a group of resi-



dents who were connected to the community, so besides our formal events to get the vote out, many informal conversations took place between residents. The residents are seen as leaders in the community, and people listen to them."

In the end, one fifth of registered voters responded, and 85% voted to establish the garbage disposal district—a major victory. "This has the potential to dramatically change the quality of life for residents," says Tiwari. "This is a huge policy change for this community."

Tiwari expects a garbage disposal district to be in place by mid-2003. Reflecting on the experience, he notes the importance of taking risks and engaging the community. "We have to be willing to take the risk to openly solicit people who have power. Policymakers are responsive, but the community has to take it upon themselves to take the initiative."

For more information about this project, please contact Abhishek Tiwari, MA, MPH, Project Manager, or Terry L. Smith, MPA, Deputy Director, at (323) 295-9372.

For More Information

On Advocacy and Policy Change

1. *Health Policy Coach*, Center for Health Improvement. This award-winning web site provides users with the policy ideas and implementation strategies essential to protect and improve health through policy change. <http://www.healthpolicycoach.org>
2. *The Partnership for the Public's Health Initiative Tool Box (Community Toolbox) for Support and Learning*. This web



site provides tools to support the work of PPH Grantees to improve community health and well-being. A special section on creating and shaping policy work offers tips on changing policy and the principles of advocacy. <http://ctb.ku.edu/services/pph/>

3. *APHA Advocates' Handbook: A Guide for Effective Public Health Advocacy*, American Public Health Association. This handbook serves as a guide to assist with individual and coalition advocacy efforts. The handbook features information on a variety of topics, including the legislative process, the regulatory process, how to work with the media, and tips for writing to policymakers. To order, go to <http://www.apha.org/media/abc1.htm>
4. *The Lobbying and Advocacy Handbook for Nonprofit Organizations*, Amherst H. Wilder Foundation. This guide will help you understand your role in shaping public policy, assess the benefits of lobbying to fulfill your mission, and show you how to develop and carry out an advocacy plan. To order, go to http://www.wilder.org/pubs/lobbying_handbook/index.html
5. "Advocacy 101", Center for Community Change. This web site provides some helpful articles on how to advocate, how to pick winning issues, and what you can and cannot do legally. To view the web site go to <http://www.communitychange.org/advocacy.htm>
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3. IRS regulations on taxable expenditures relating to lobbying, 31 CFR sections 4945-1 through 4945-6.
4. *The Nonprofit Lobbying Guide, 2nd Edition*, Independent Sector, 1999. <http://www.independentsector.org>

5. *Lobbying Disclosure Information Manual*, Fair Political Practices Commission, <http://www.fppc.ca.gov>

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- 3 Example adopted from Center for Health Improvement, *Health Policy Coach* (2002). Available online at <http://www.healthpolicycoach.org>
- 4 Kingdon, John. (1995). *Agendas, Alternatives, and Public Policies*. New York: Addison Wesley Longman, Inc. p.3
- 5 Institute of Medicine (2002). *The Future of the Public's Health in the 21st Century*. [pre-print version] Washington DC: Author. p.23.
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- 7 Ibid.
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- 9 Simpson, Jim (2001). *Advocacy and Lobbying by PPH Collaborative Partners*. Sacramento: Partnership for the Public's Health.
- 10 Simpson, Jim (2003, February 19). Personal communications with the Center for Health Improvement.
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About this Series

The policy brief series is part of PPH's commitment to its grantee partners; The California Endowment (that supports PPH); and the larger public health world. Each brief will define terms, identify challenges, share success stories and best practices, indicate issues for policy and systems change, and point towards key sources of further information. We encourage feedback and suggestions from our readers (please e-mail Adele Amodeo at aamodeo@partnershipPH.org).

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