



*Protect, Prevent, Live Well*

## **The Voice of Public Health**

### APHA and Public Health Advocacy

APHA is the primary voice for public health advocacy, leading the way to protect all Americans, their families and their communities from preventable, serious health threats and striving to assure that community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. Advocacy is a valued principle and critical part of APHA's mission.

Due to the many interests and broad agenda that fall under public health, it is important for APHA to maximize its effectiveness and make the most of existing resources to be successful in improving public health policy. APHA's advocacy positions and actions are based on an extensive repository of science-based policy adopted by the association. APHA has two full-time government relations staff dedicated to advocacy; their legislative portfolios and contact information are provided below.

Advocacy activities do not begin or end with APHA's staff in Washington. APHA can and does request action in support of advocacy priorities from its members and Affiliates. At the same time, APHA members and Affiliates can and do request support for their priority issues at the federal, state and local level. APHA's advocacy efforts will be most effective if they are coordinated to maximize their impact.

The membership and Affiliates of APHA, through their representation on the Governing Council, determine the association's overarching policy priorities. Specific advocacy efforts to address the policy priorities are then determined by staff and the Executive Board of APHA. Each year, several legislative priorities are established for primary focus. In addition, APHA also acts on many other critical public health advocacy issues including some raised by its membership, Affiliates, and partner organizations.

It is hoped that this document will clarify the priorities and processes for engaging in advocacy within the organization in order to have the most beneficial results for public health. For more information on APHA advocacy resources and activities, please visit [www.apha.org/advocacy/activities](http://www.apha.org/advocacy/activities).

## FREQUENTLY ASKED QUESTIONS

### 1) How does APHA define public health advocacy?

*An advocate* is a person who argues for a cause - a supporter or a defender. *To advocate* is to act in support of a particular issue or cause. Being a public health advocate gives you the opportunity to influence the way the public and policy-makers think and act on public health policies.

APHA engages in both education and advocacy campaigns. Public and policymaker education campaigns communicate information about specific issues without the expectation of policy action. Advocacy campaigns encompass efforts to engage the public, members, or target groups to directly encourage policymakers to consider policy action on a specific public health issue.

Advocacy is often confused with lobbying. Lobbying consists of direct communication with policymakers regarding specific legislation and expressing views on behalf of an organization. APHA's government relations staff lobbies on behalf of the organization and comply with federal laws by submitting regular reports detailing their activity.

*Anyone can be an advocate.* As a public health advocate and constituent, you are exercising your right to participate in the democratic process. You are free to speak on behalf of yourself and as an APHA member.

### 2) How are APHA policy priorities determined?

APHA's overarching, association-wide policy priorities are determined by its Governing Council. APHA's policy priorities are:

- Access to care
- Reducing health disparities
- Supporting the public health infrastructure

### 3) How are APHA advocacy priorities determined?

APHA has prioritized its advocacy activities to help focus its efforts and capitalize on available resources to give the Association the opportunity to be a leader on critical public health issues. Each year, APHA identifies several advocacy priorities which relate to the policy priorities listed in question number 2 above. These advocacy priorities are the primary focus of APHA's advocacy efforts. APHA government relations staff provides opportunities for members and Affiliates to take action on these priorities through action alerts and other coordinated efforts. Early in each Congressional session, APHA staff considers the following questions in order to assess the potential of various advocacy priorities:

- What is APHA's position on a particular policy initiative?
- Does APHA have a unique perspective to offer?
- What is the timeline and likelihood for congressional or agency action?
- Is there expertise within the staff or other APHA leadership to support APHA taking a leadership role?
- What is the advice of the Executive Board and other staff and member leadership?

**4) What are APHA's advocacy priorities for 2010?**

For 2010, the 2<sup>nd</sup> Session of the 111<sup>th</sup> Congress, APHA's primary priorities for federal legislation are:

- Health Reform
- Climate Change
- Transportation Reauthorization
- Public Health Funding (CDC/HRSA/HHS)
- Food Safety
- Child Nutrition Reauthorization
- Public Health Workforce and Infrastructure

**5) What kinds of advocacy does APHA do?**

There are a variety of advocacy actions that APHA will do in response to or to initiate support of public health actions. These actions include but are not limited to:

- Writing letters to Congress or the Administration in support of or opposition to various issues
- Signing on to joint letters with other like-minded organizations
- Organizing and participating in meetings with legislative staff or members of Congress
- Organizing and participating in legislative briefings
- Writing and signing-on to op-eds
- Sending out advocacy alerts to mobilize action
- Delivering or submitting testimony for the record
- Issuing press releases or signing on to joint press releases
- Creating or joining coalitions
- Submitting comments on regulatory issues
- Signing on to Amicus briefs
- Creating fact sheets and issue briefs

**6) Can Sections, Special Primary Interest Groups (SPIGs) and Forums act on behalf of APHA?**

Sections, SPIGs and Forums can only act on behalf of APHA after discussing the issue with APHA government relations staff and receiving authorization for a specific request. It should be noted that any use of APHA's name and/or logo requires pre-approval by APHA staff. While not guaranteeing staff approval, the inclusion of the appropriate APHA government relations staff (list below) in the advocacy effort discussion can expedite and strengthen the effectiveness of the final outcome.

**7) What kinds of advocacy activities can Sections, SPIGs and Forums request APHA take?**

Typical actions that Sections, SPIGs and Forums can request APHA take are listed in question number 5 above.

**8) Can state and regional Affiliates act on behalf of APHA?**

State Affiliates, like Sections, can act on behalf of APHA only after discussing with APHA government relations staff and receiving authorization or a specific request. The same is true for the Caucuses.

Unlike Sections, SPIGs and Forums, state and regional Affiliates and the Caucuses are independent entities and are not bound by the same rules as membership units. State and regional Affiliates can act independently of APHA and do not need to ask APHA before taking a position and participating in a federal advocacy activity on behalf of their own Affiliate. However, if Affiliates or Caucuses decide to weigh-in on federal issues, APHA requests that the Affiliate or the Caucus share their actions and documents with the APHA Government Relations staff.

If an Affiliate would like APHA to take action on a state or local issue, the Affiliate representative should contact APHA government relations staff via phone or email with the specific request at least **two weeks** before the deadline for action. If APHA has current policy that aligns with the request, staff will do their best to support the Affiliate's action.

**9) What kinds of advocacy activities do Affiliates and Caucuses take?**

APHA's 53 state, regional and local public health associations can take any of the typical advocacy actions listed in question number 5 above. They can also request APHA take any of the typical actions listed above. The same process applies to APHA's Caucuses.

**10) Can an individual APHA member request APHA action on an APHA policy?**

Any APHA member, representative of a state or regional Affiliate or Caucus member can request that APHA take action on an advocacy activity. Such a request is strengthened by the endorsement of the relevant membership unit (Section, SPIG, Forum), Caucus or Affiliate. Partner organizations can also request APHA take action. Each request will be considered on an individual basis and staff will determine the appropriate action, if any, for APHA to take.

**11) Can an individual APHA member act on behalf of APHA?**

An individual member can act on behalf of APHA only after discussing the issue with APHA government relations staff and receiving authorization or a specific request from APHA.

**12) What is the process for requesting APHA action on an advocacy issue?**

The APHA member or representative of an affiliated organization such as a state or regional Affiliate or a Caucus should contact APHA government relations staff via phone or email with ample lead time (preferably at least **two weeks** before an answer is required, if not earlier). APHA government relations staff will review the requested action to determine if APHA can participate. When making this decision, APHA staff will first determine if the issue aligns with existing APHA policies ([www.apha.org/advocacy/policy/policysearch/](http://www.apha.org/advocacy/policy/policysearch/)). If so, then the following questions will also be considered:

- Is it an issue of top priority for the Association?
- What is the political and strategic value of APHA's input?
- What has APHA done on this issue previously?
- Does clear support exist within the Association membership, particularly among Sections, Forum or SPIGs with relevant expertise for the specific approach or initiative
- Is there adequate staff capacity to support the effort?
- What other organizations are weighing in?

**13) What if APHA does not agree to a member or Affiliate request?**

In any advocacy process, there may be differences of opinion about actions and priorities. This is natural to the process of advocacy. If there is a difference of opinion, both sides will work to find a mutually agreeable solution. In certain circumstances, APHA may decline a request. In that case, the reasons for declining will be clearly communicated.

## *APHA Government Relations Staff Legislative Issues*

LEGISLATIVE ISSUE AREA	Staffer	APHA SECTION	Staffer
Access to Care	<i>Don</i>	Alcohol, Tobacco & Other Drugs	<i>Don</i>
Aging	<i>Don</i>	Chiropractic Health Care	<i>Don</i>
Alcohol, Tobacco & Other Drugs	<i>Don</i>	Community Health Planning & Policy Development	<i>Jesse</i>
Disabilities	<i>Jesse</i>	Community Health Workers	<i>Jesse</i>
American Indian, Alaskan/Hawaiian Natives	<i>Jesse</i>	Disabilities	<i>Jesse</i>
Environment	<i>Don</i>	Environment	<i>Don</i>
Family Planning & Reproductive Health	<i>Jesse</i>	Epidemiology	<i>Jesse</i>
Food Safety	<i>Jesse</i>	Food & Nutrition	<i>Don</i>
Health Disparities <i>(racial/ethnic, immigrant &amp; rural health)</i>	<i>Jesse</i>	Gerontological Health	<i>Don</i>
Health Insurance Programs:		Health Administration	<i>Jesse</i>
<i>(a) Medicare</i>	<i>Don</i>	Health Informatics Information Technology	<i>Don</i>
<i>(b) Medicaid/SCHIP</i>	<i>Don</i>	HIV/AIDS	<i>Jesse</i>
Health Reform	<i>Don &amp; Jesse</i>	Injury Control & Emergency Services	<i>Don</i>
HIV/AIDS, TB, & Other Infectious Diseases	<i>Jesse</i>	International Health	<i>Jesse</i>
Influenza	<i>Don &amp; Jesse</i>	Maternal & Child Health	<i>Jesse</i>
Injury, Emergency Health Services & Preparedness	<i>Don</i>	Medical Care	<i>Don</i>
International (Global) Health	<i>Jesse</i>	Mental Health	<i>Don</i>
Mental Health	<i>Don</i>	Occupational Health & Safety	<i>Don</i>
Nutrition, Phys Activity, & Obesity	<i>Don</i>	Oral Health	<i>Don</i>
Prescription Drugs <i>(Medicare &amp; re-importation)</i>	<i>Don</i>	Podiatric Health	<i>Don</i>
Public Health Education & Promotion	<i>Jesse</i>	Population, Reproductive and Sexual Health	<i>Jesse</i>
Public Health Service Funding <i>(Budget &amp; Appropriations)</i>	<i>Don &amp; Jesse</i>	Public Health Education & Health Promotion	<i>Jesse</i>
School Health	<i>Don</i>	Public Health Nursing	<i>Jesse</i>
Workforce Development	<i>Jesse</i>	School Health Education & Services	<i>Don</i>
		Social Work	<i>Jesse</i>
		Statistics	<i>Don</i>
		Vision Care	<i>Don</i>

***Please feel free to contact APHA Government Relations staff as issues arise:***

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