

2024 Advocacy and Policy Survey Report

Administered December 2024

The Advocacy and Policy Survey Report Summary is a yearly report published by APHA's Affiliate Affairs department. In this survey, Affiliate leaders answered questions about the advocacy and policy actions they took in 2024 and their plans for 2025. Fifty-one Affiliates responded to the survey; however, not every Affiliate answered every question.

Looking Back

Advocacy Engagement Overview

In 2024, the majority of APHA Affiliates actively participated in advocacy efforts. Specifically, 90.2% (46 out of 51) of APHA's Affiliates were actively engaged, showcasing a high level of commitment to advocacy initiatives, compared to 88% (44 out of 50) in 2023.

Of the five Affiliates that did not participate in advocacy, the following barriers prevented engagement:

- Staff constraints
- No dedicated advocacy role
- Limited support
- Rebuilding association
- Rebuilding membership trust
- Limited bandwidth

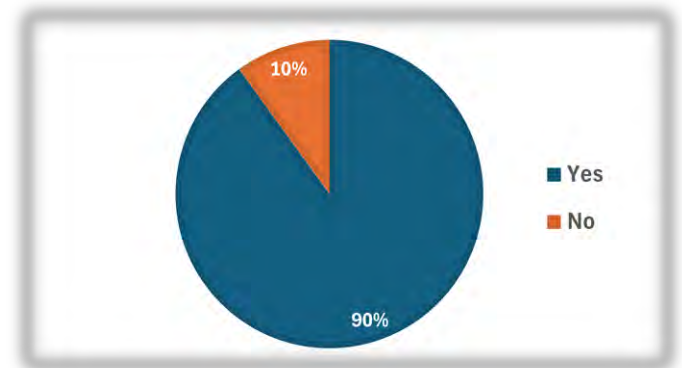


Figure 1. Affiliate engagement in advocacy initiatives

APHA-Provided Tools Utilized in 2024

APHA provided its Affiliates with resources to assist in their federal advocacy efforts. The respondents shared that they used the following tools:

Table 1. Awareness and Use of APHA Federal Advocacy Tools by Affiliates

APHA Tools	Number of Affiliates who used APHA tools	Number of Affiliates unaware of APHA tools
Advocacy sign-on letters	37	4
Events	36	2
APHA policy statements	31	3
Affiliate Online Community	31	2
National Public Health Week materials	28	3
Action Alerts	24	5
Legislative updates	24	6
Climate change materials	15	6
Public health authority resources	15	4
Speak for Health campaign materials	14	4
APHA legislative letter, comments, briefs and testimony	14	4
Media press releases/statements	12	9
Racism as a public health crisis declaration map/storytelling map	3	14
Public Health & Equity Resource Navigator	2	15
Intellectual/Developmental Disabilities Primer for Public Health Professionals	-	20

Forwarding of Advocacy Alerts

Fifty-five percent (28 of 51) of Affiliates forwarded APHA federal advocacy/action alerts to members in 2024, a 5% increase from 2023's 50% (25 out of 50).

Of the 45% (23 out of 51) of Affiliates that did not distribute APHA federal advocacy/action alerts, 17.4% (4 out of 23) did not find the advocacy/action alert topics to be relevant.

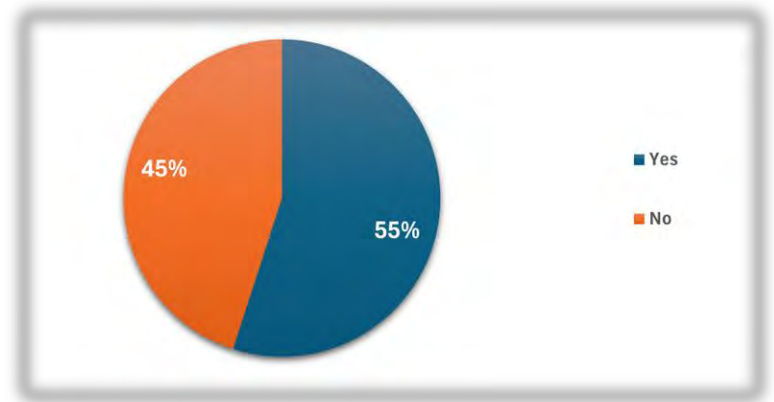


Figure 2. Affiliate distribution of APHA federal advocacy/action alerts to members in 2024

Legislative and Regulatory Recommendations

Forty-five percent (23 out of 51) of Affiliates developed legislative or regulatory recommendations, an 18% decrease from 2023. Some of the 2024 recommendations include:

- Public health workforce
- Local health funding
- Health equity
- Gun safety
- Reproductive & maternal health
- Opioid & substance use
- Legislative advocacy
- Environmental health
- Ballot & policy Initiatives

Lobbying and Non-Lobbying Advocacy

In 2024, 25.5% (13 out of 51) Affiliates paid for lobbyists while 74.5% (38 out of 51) did not.

Affiliates also engaged in non-lobbying advocacy at the federal, state and local levels, with most Affiliates focusing on the state level.

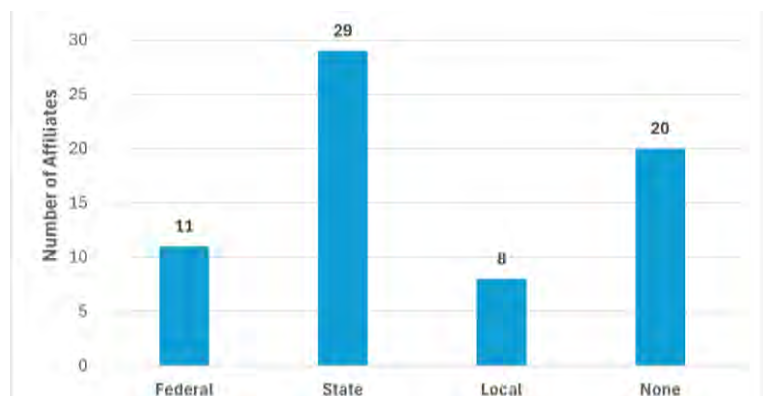


Figure 3. Affiliate engagement in non-lobbying advocacy with policymakers in 2024

Topics discussed by Affiliates in their non-lobbying advocacy included:

- Public health funding
- Rural health access
- Workforce development
- Pandemic preparedness
- Climate change action
- Violence prevention
- Health center support
- Substance use policies
- Immunization programs
- Housing and health equity

Outcomes of Advocacy Efforts

Forty-five percent (23 out of 51) of Affiliate advocacy efforts were successful. Strategies contributing to this success included:

- Relationship building
- In-person engagement
- Coalition advocacy
- Legislative partnerships
- Advocacy committees
- Strategic messaging
- Statehouse presence
- Policy coordination
- Memberships and networking
- Blocking bad bills

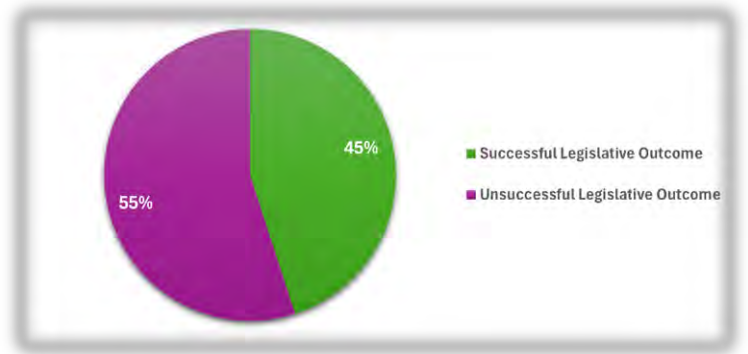


Figure 4. Affiliate advocacy legislative outcomes in 2024

Declaration of Racism as a Public Health Crisis

Approximately 29% (15 out of 51) of Affiliates made efforts to declare racism as a public health crisis in 2024. Of those, 25.5% (13 out of 51) of Affiliates were successful in their declarations.

Four percent (2 out of 51) introduced declarations, with one rejected and one still under consideration.

Nearly 12% (8 out of 51) are in the process of declaring. Twenty of the 51 Affiliates surveyed made no advocacy effort to declare racism as a public health crisis.

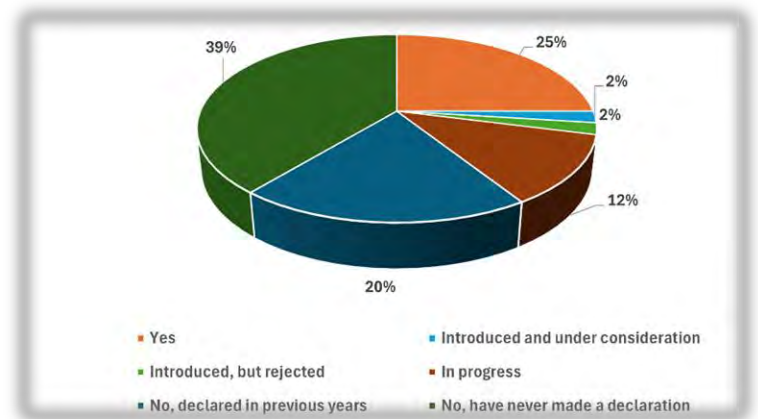


Figure 5. Affiliate declarations of racism as a public health crisis in 2024

Affiliates who were successful in declaring racism as a public health crisis were successful by using:

- Anti-racism policy statements
- Sign-on letters
- APHA resources from online communities
- APHA sample statements
- Success stories from other Affiliates
- The Establishment of health equity taskforces
- Affiliate-specific member resolutions

Affiliates who have never made a formal declaration of racism as a public health crisis requested the following:

- Template and guidance
- Actionable items and strategy
- Sample documents and materials tailored for conservative states
- Information sharing and learning
- Time and capacity
- Updated declarations
- Member support
- Community collaboration
- Funding opportunity

Affiliate Monitoring and Priorities

In 2024, Affiliates monitored public health-related legislation with 94.1% (48 out of 51) of Affiliates focusing on the state level. The regional level saw the least monitoring from Affiliates with 21.6% (11 out of 51).

Just over 84% (43 out of 51) of Affiliates monitored public health-related regulations or administrative activities at the state level, a slight decrease from 92% of Affiliates (46 out of 50) in 2023.

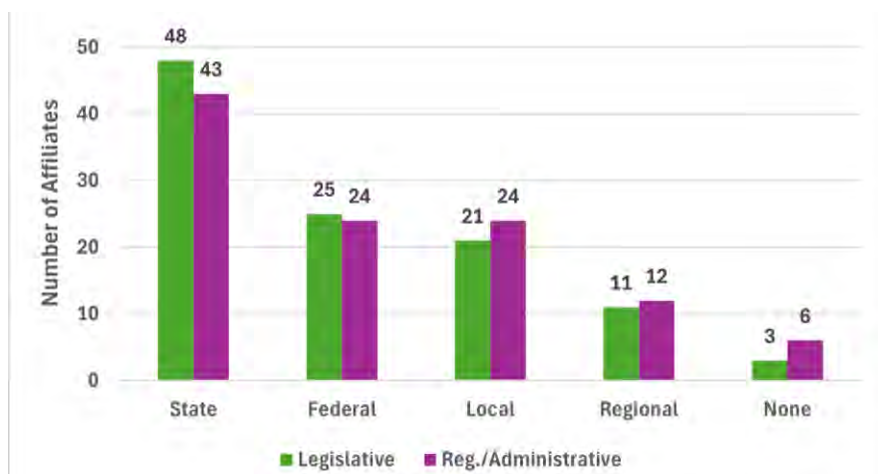


Figure 6. Affiliate monitoring public health legislation vs. regulation/administrative activities

Present and Looking Forward

Legislative Priorities and Public Health Issues

The top three public health concerns that Affiliates are currently addressing include:

1. Public health funding and workforce infrastructure (58.8%, 30 out of 51)
2. Strengthening the role of public health (39.2%, 20 out of 51)
3. Health equity (35.3%, 18 out of 51)

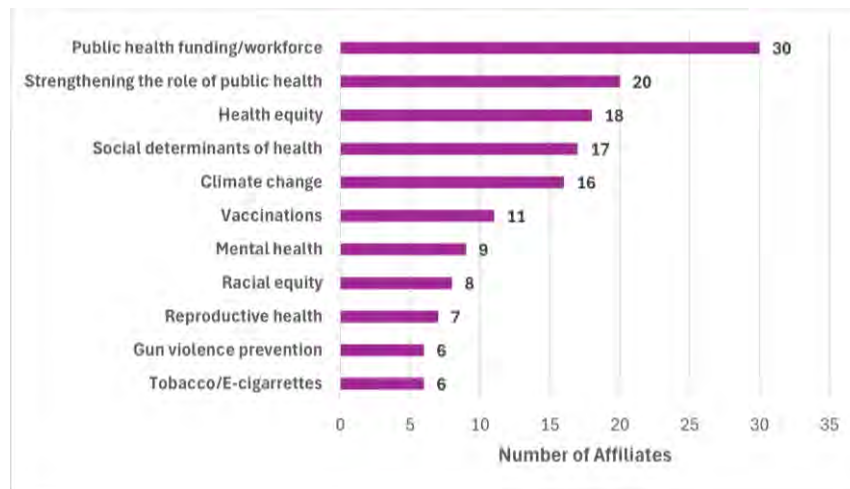


Figure 7. Public health issues being addressed by Affiliates

Status of Legislative Priorities

Affiliates are actively engaging in federal legislative priorities for 2025, with 31.4% (16 out of 51) currently in the development phase, representing an increase of 19.4% Affiliates compared to 12% (6 out of 50) Affiliates in 2023. Twenty-five percent (13 out of 51) are aligning with APHA's legislative priorities for the year, a drop from 45% in 2023. Twenty-two of the 51 Affiliates surveyed have opted not to establish their own priorities, a slight increase from 2023's 41% (21 out of 50).

Additionally, Affiliates have plans for state legislative priorities in 2025; of the 51 Affiliates, 27.5% (14 out of 51) have finalized their legislative priorities, an increase from 2023's 22% (11 out of 50). Nearly 59% (30 out of 51) are still developing their priorities, similar to 56% (28 out of 50) in 2023. Four percent (2 out of 51) will be adhering to APHA's legislative priorities for 2025 (10% in 2023), while 9.8% (5 out of 51) reported they had no intention of setting legislative priorities.

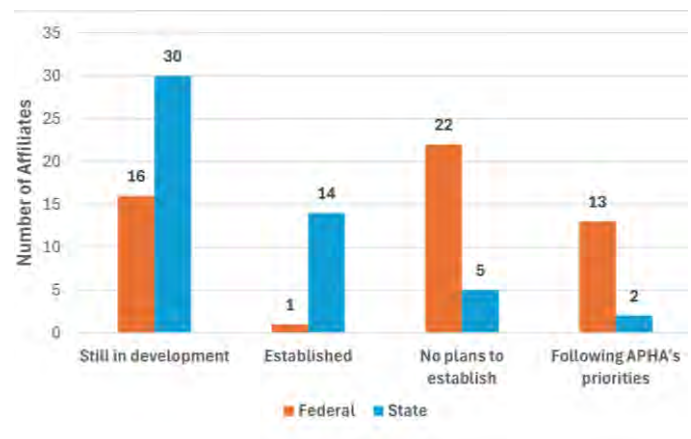


Figure 8. The status of Affiliates' 2025 legislative priorities (federal vs. state)

Some of the Affiliates' federal legislative priorities for 2024 include:

- Mitigating climate change
- Gender affirming care
- Reproductive healthcare
- Public health funding
- Public health authority
- Public health workforce
- Access to healthcare
- Immunization

Some of the Affiliates' state legislative priorities for 2024 include:

- Public health funding
- Housing and infrastructure
- Climate & environment
- Health literacy
- Tribal sovereignty

Relationships

Affiliates are working to develop relationships and communicate with members of Congress or their staff. Fifty-one percent (26 out of 51) of Affiliates have limited communication and 25.5% (13 out of 51) reported ongoing communication. One-third (17 out of 51) of Affiliates have no communication with member(s) of Congress or their staff.

Affiliates are working on building relationships with their state or local health departments. Over 56% (29 out of 51) of Affiliates have a close programmatic relationship, 43.1% (22 out of 51) have a policy and advocacy relationship and 9.8% of Affiliates no relationship, representing approximately a 2% decrease from 2023. Some Affiliates have their state/local health departments represented through their boards, committees and membership or sponsor/participate in/support brainstorming around community events.

Partnerships, Committees and Best Practices

Affiliates regularly engage or partner with various groups to advocate for or promote public health policies, legislation and regulations.

Table 2. Groups/organizations that Affiliates commonly engage or partner with

Groups/Organizations	Number of Affiliates
Public health-focused not-for-profit organizations	41
State or local public health officials and decisionmakers	37
State or local public health agencies	37
Cross-sectoral or non-traditional public health partners and organizations (health care, community, education)	37
Outside lobbying groups to advocate for or promote public health policies	20
Equity-focused organizations or advocates	25

This year brings evolving opportunities for APHA Affiliates. Over 31% (16 out of 51) of Affiliates have a lobbyist on staff and/or on contract to help support their advocacy or policy efforts in 2025, representing approximately a 4% decrease from 2023. Thirty-five of the 51 Affiliates surveyed have neither.

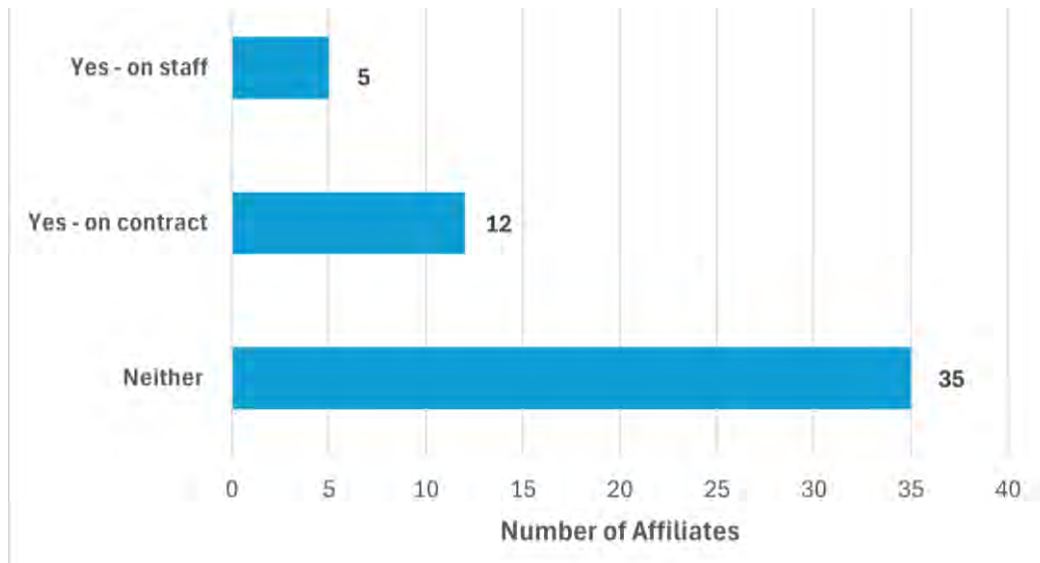


Figure 9. Number of Affiliates that have lobbyists

Affiliates develop their positions on various legislative regulatory issues in unique ways. A one size fits all approach does not apply. Affiliates developed their positions on legislative regulatory issues by:

- Reviewing and recommending policies through policy, advocacy, or legislative committees.
- Gathering input from annual member surveys to shape policy priorities.
- Consulting APHA policies, partner organizations, and subject matter experts for guidance.
- Collaborating with local health directors, advocacy groups, and other public health associations to align position.
- Holding regular advocacy meetings and establishing biennial or annual policy agendas.
- Revising policy frameworks based on past advocacy successes and challenges.

Nearly 98% (45 out of 46) of Affiliates have an advocacy or policy committee, subgroup or main contact person(s) that will coordinate their policy or advocacy-related activities for 2025, consistent with last year's responses.

Affiliate advocacy best practices include:

- Building relationships with health departments, lobbyists and coalitions.
- Using tools like VoterVoice to engage members.
- Partnering with local experts and public health groups.
- Educating through workshops and community forums.
- Finding common ground across divides.
- Meeting legislators face to face.
- Leveraging diverse expertise for stronger advocacy.
- Prioritizing Diversity, Equity and Inclusion in advocacy.
- Framing issues based on policymakers' context.

APHA Resources and Improvements

APHA provides a variety of tools and resources for their Affiliates to advance their policy and advocacy work. According to Affiliates, they need strategic guidance and support to better build relationships with non-traditional partners, including community partners, BIPOC communities or cross-sectoral partners.

Table 3. Support needed by Affiliates from APHA in order to assist in partner relationship development

Technical assistance needed	Number of Affiliates requesting
List of potential partners	29
Sample outreach strategies	28
Guidance on how to build inclusive and robust coalitions	20
Establishing communities of practice	19
Connections to partners	24

Affiliates suggested the ways APHA can better support federal advocacy efforts during the Speak for Health campaign. Some of these included:

- More training on federal-state advocacy and outreach strategies.
- Regular updates on APHA's federal efforts and state impacts.
- Stronger collaboration with Affiliates and shared best practices.
- Easy-to-use tools like webinars, templates, and messaging guides.
- Financial support for travel and advocacy events.

Advocates reported on advocacy training topics that would be most beneficial to their work. They highlighted a range of priorities, with the most popular topics including resources for effective advocacy, action alerts and communications strategies. The following table summarizes the responses.

Table 4. Advocacy training topics beneficial to Affiliates

Advocacy training topics	Number of Affiliates requesting
Ready to use resources for advocacy such as talking points, message framing, customizable graphics, etc.	29
Action alerts	28
Communications-related advocacy strategy	27
Practicing equity in advocacy	23
Lobbying vs. advocacy	23
Policy statements	23
Media advocacy	22
Legislative tracking	22
Advocacy strategies, tactics, or tools that can be used, ensuring that health equity remains a focus despite potential opposition or indifference	22
How-to guides	22

Other requested advocacy training topics include sign-on letters, advocacy tactics to build skills, partnership development, peer learning groups, webinars, grassroots advocacy, topic-specific advocacy (e.g., reproductive justice, environmental health), online courses, advocacy days, litigation tracking and lobbying.

Webinars (82%), fact sheets (63%), and infographics (61%) were the most preferred formats for advocacy training, followed by peer network support and in-person trainings (both around 37%).

Racism Declarations and Climate and Health

As demonstrated in the “Looking Back” section of this report, many Affiliates are currently working or have worked towards declaring racism a public health crisis. Two out of 51 Affiliates have engaged in advocacy efforts to support declaring racism a public health crisis at the federal level, 9.8% at the county level and 7.8% at the city level. Over 29% (15 of 51) of Affiliates have engaged in advocacy efforts at the state level, representing a slight decrease from 2023.

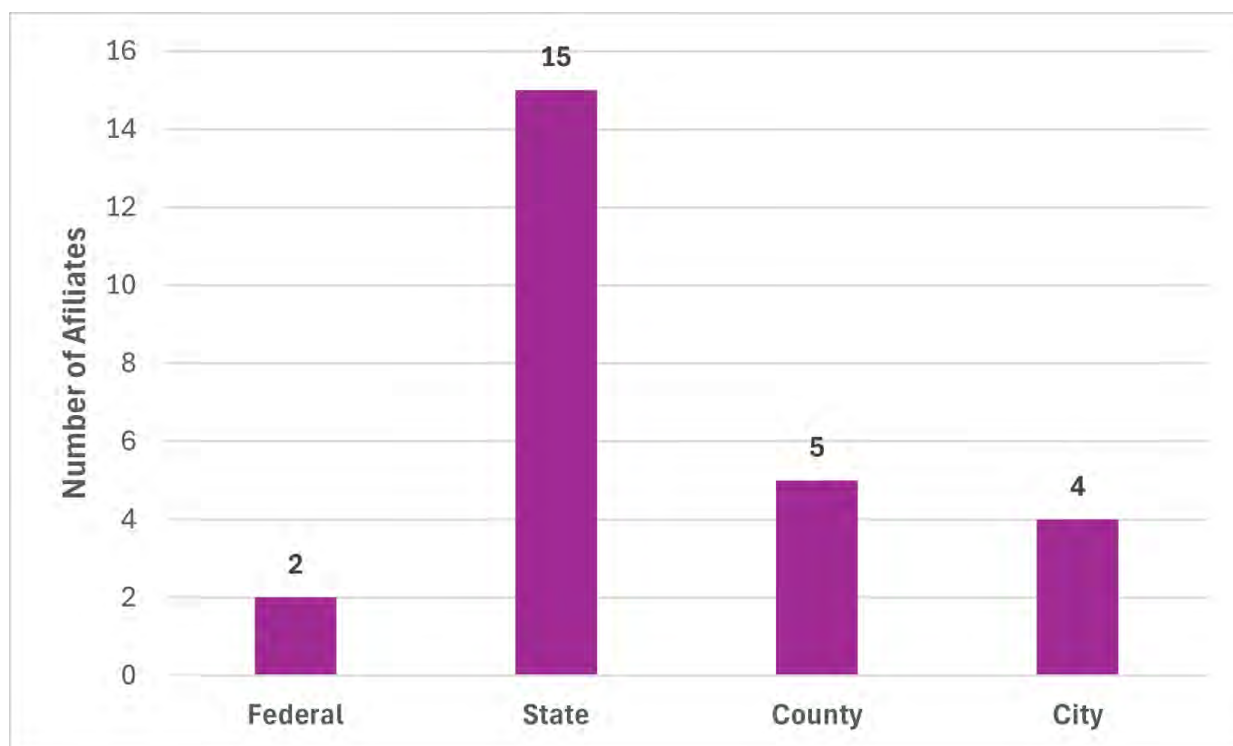


Figure 10. Affiliate declarations of racism a public health crisis by level

Climate change has also been a core topic for many Affiliates. Below is a list of tools and resources that have been most helpful to Affiliates in making connections between climate change and health inequities in their work and the work of their members.

Table 5. Climate change tools developed by APHA that would be or are most useful to Affiliates

APHA tools	Number of Affiliates used
Region-focused fact sheets on climate impacts	36
Social media shareables	31
Infographics	27
General fact sheets describing the health impacts of climate change	24
Sample language or talking points about the significance of climate change in members' respective areas of public health	21
Sample educational materials on climate health (PowerPoint slides, worksheets)	17
Media/advocacy training on the topic of climate change and health equity	14
Webinars on the health impacts of climate change	13
Advocacy resources (sign-on letters, action alerts,)	12
Strategic support on climate advocacy efforts (i.e., work plan development, partnership building, engagement planning, etc.)	11

Thank you to all Affiliates who participated in this survey!

- Alabama Public Health Association
- Alaska Public Health Association
- Arizona Public Health Association
- Arkansas Public Health Association
- California Public Health Association – North
- Colorado Public Health Association
- Connecticut Public Health Association
- Delaware Public Health Association
- District of Columbia Public Health Association
- Florida Public Health Association
- Georgia Public Health Association
- Hawaii Public Health Association
- Idaho Public Health Association
- Illinois Public Health Association
- Indiana Public Health Association
- Iowa Public Health Association
- Kansas Public Health Association
- Kentucky Public Health Association
- Louisiana Public Health Association
- Maine Public Health Association
- Maryland Public Health Association
- Massachusetts Public Health Alliance
- Michigan Public Health Association
- Minnesota Public Health Association
- Mississippi Public Health Association
- Missouri Public Health Association
- Montana Public Health Association
- Nevada Public Health Association
- New Hampshire Public Health Association
- New Jersey Public Health Association
- New Mexico Public Health Association
- New York State Public Health Association
- North Carolina Public Health Association
- North Dakota Public Health Association
- Ohio Public Health Association
- Oklahoma Public Health Association
- Oregon Public Health Association
- Pennsylvania Public Health Association
- Public Health Association of Nebraska
- Rhode Island Public Health Association
- South Carolina Public Health Association
- South Dakota Public Health Association
- Southern California Public Health Association
- Tennessee Public Health Association
- Texas Public Health Association
- Utah Public Health Association
- Vermont Public Health Association
- Virginia Public Health Association
- Washington State Public Health Association
- West Virginia Public Health Association
- Wisconsin Public Health Association
- Wyoming Public Health Association