



ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

Meeting with Your Congressional Delegation at Home

2017 TOOLKIT

www.astho.org



Acknowledgements

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Dear State and Territorial Health Officials, ASTHO Alumni, and ASTHO Affiliates:

Developing solid, long-standing relationships with your federal congressional delegation is important to ensure that our nation's public health enterprise remains strong and secure. Members of your federal delegation don't often get the chance to learn what public health means for their constituents, so it can be particularly valuable to hear from state and territorial public health officials, former health officials, or other dedicated public health staff. Without the input of public health professionals, members of Congress would have limited knowledge about public health emergencies, chronic disease prevention, environmental health risks, and many other issues that impact your state.

This toolkit provides ASTHO's members, alumni, and affiliates with information to engage with congressional officials in their states.

We hope you will use this toolkit to interact with policymakers in your jurisdictions and to emphasize the vital role of public health in keeping all Americans healthy and safe. Please contact Carolyn Mullen (cmullen@astho.org), ASTHO's chief of government affairs and public relations, or Carolyn McCoy (cmccoy@astho.org), ASTHO's senior director of government affairs, if you have questions or require additional information.

Sincerely,

Michael Fraser, PhD, MS, CAE, FCPP

Executive Director

Association of State and Territorial Health Officials

Why educate elected officials?

“If not us, then who? If not now, then when?” – Rep. John E. Lewis (GA-5)

Funding for public health is well below 2010 levels. President Trump’s proposed budget for fiscal year (FY) 2018 would further shrink available funding for public health and other domestic programs by \$54 billion, or at least 11 percent. Within that request, the President proposes cutting the budget for the U.S. Department of Health and Human Services by 16 percent. While it is highly unlikely that cuts of this magnitude would be enacted by Congress, the threat of sequestration returns in FY18 and would reduce available funding for these programs by \$3 billion (or a 3–4% across-the-board cut in a level funding environment). Current legislative proposals to repeal the Prevention and Public Health Fund would cut public health funding by another \$1 billion in FY19—or as early as FY18—which, absent Congressional action, would result in a 12 percent cut to the Centers for Disease Control and Prevention.¹

There is a saying in Washington: “If you’re not at the table, you’re on the menu.” Competition for increasingly scarce resources is intense. State and territorial public health officials, health department staff, and ASTHO alumni must continually educate elected officials about the importance of their work to let Congress know that investing taxpayer dollars in public health yields enormous benefits now and for future generations.

Public health professionals need to be more transparent with and accountable to both elected officials and the public about what they do every day—largely behind the scenes—to protect and promote the health, safety, and well-being of all Americans. As stewards of taxpayer dollars, public health officials should communicate to policymakers how health departments are working 24/7 on their behalf. Part of effective policy communication is helping elected officials and the public understand how states use taxpayer dollars to improve public health and, conversely, what states *cannot* do with depleted funding.

Policy Communication

Such education about what state and territorial public health does, who it helps, and the consequences of an austere federal funding environment is related to but distinct from “advocacy” and “lobbying.” According to the IRS, advocacy involves “promotion of an idea that is directed at changing a policy position or program at an institution.” Lobbying is an attempt to influence a legislative body through communication with a member or employee of the legislative body or with a government official who participates in constructing legislation. Lobbying can include written or oral communication for or against specific legislation.² Many state personnel are expressly prohibited from engaging in lobbying activities as part of their official duties. The example below is designed to illustrate the distinct, but related pillars of policy communication.



Education

Providing information, education, research, and analysis. Does not include value judgements or legislative action.

Example: “In our state, the opioid epidemic is causing thousands of deaths per week.”



Advocacy

Communicating with policymakers and the general public about specific issues without taking a position. This conveys a value without taking a position.

Example: “State health departments are helping address the opioid epidemic through [XX] interventions.”



Lobbying

Conducting activities in support or opposition of legislation or regulations.

Example: “We are asking you to support [XX] bill that would increase funding for public health programs.”

Rules about lobbying vary by state, so public health officials may not be able to cross over from “education” to “advocacy” to “lobbying.” Please check your agency or organization’s policies and grant requirements regarding educational, advocacy, or lobbying activities and follow these rules. At a minimum, however, every public health professional can and should educate elected officials in the interest of improved transparency and accountability.

Making the Case for Public Health: We Need You³

For too many years, the public health community has done more with less. Further cuts—both proposed and real—will leave us no choice but to do less with less, which will impact the lives of the American public. Policymakers spend time outside of Washington, D.C. for “recess” or “district work periods.” These times provide a unique opportunity to meet face-to-face with representatives and tell them more about the valuable work state and territorial public health does and how it benefits their constituents.

Upcoming Recess or District Work Periods

Members of Congress will be in their states during the month of August. ASTHO urges state health officials to take advantage of this time to meet with their congressional delegations. August is the best time to get a member of Congress to visit state health departments.

ASTHO strongly encourages state and territorial health officials, alumni, and affiliates to partner with their county and local health departments and conduct these meetings together so elected officials get the full picture about the role of federal funding for state, county, and local health departments. Please contact Ian Goldstein (igoldstein@naccho.org), government affairs specialist at the National Association of County and City Health Officials, for assistance connecting with county or local health officials.

How to Schedule a District Office Meeting⁴

Below are instructions for requesting a meeting, as well as a sample request meeting email. ASTHO suggests sending a scheduling meeting request approximately three weeks in advance of the desired meeting date.

- 1.** Visit <http://whoismyrepresentative.com> and use your zip code to identify who represents you in the U.S. Congress. The website will provide you with the names of both Senators and Representatives, as well as the contact numbers for their district offices.
- 2.** Call the district office closest to the state health department or your home and ask the staff to provide you with the name and contact information for the scheduler who handles the Representative's or Senator's district schedule. Also inform the staff that you are a constituent.
- 3.** Send an email (see examples on next page) with several options for meeting times. Remember to request meetings when Congress is out of session because members are more likely to be in their districts at that time.
- 4.** If you do not receive a response immediately, that is normal. However, if you have not received a response within two weeks, follow up with the scheduler to ensure receipt of your request.
- 5.** On the day of the meeting, be prepared to discuss how the health department is strengthening public health in the state and the challenges you face due to the current federal budget climate.

Sample Email Invitation for a District Office Meeting

Dear Senator/Representative (INSERT NAME),

I would like to request a meeting with you during the upcoming August district work period at your district office. I am available during the following (INSERT DATES and TIMES). The purpose of this visit is to discuss with you our community's unique public health challenges, including (INSERT SOME OF THE PUBLIC HEALTH CHALLENGES IN YOUR STATE), and how our agency uses federal and state resources to improve the public's health.

Please let me know by (DATE) if you will be able to attend. To follow up, please contact me at (INSERT YOUR EMAIL ADDRESS AND CELL PHONE NUMBER) as soon as possible.

Sincerely,
(INSERT YOUR NAME)

Sample Email Invitation for a Meeting at the State Health Department

Dear Senator/Representative (INSERT NAME),

I would like to invite you to visit the (INSERT HEALTH DEPARTMENT NAME) during the upcoming August district work period. I am available during the following (INSERT DATES AND TIMES). The purpose of this visit is to discuss with you our unique public health challenges and how our agency uses federal and state resources to improve the public's health.

During the visit, you will meet key members of my staff to gain a better understanding of what we are doing to strengthen public health in (STATE) and also the challenges we face in the austere budget climate. We invite you to tour our facilities so you can see public health programs in action.

Please let me know by (DATE) if you will be able to join us. To follow up, please contact (INSERT STAFF NAME) by (INSERT EMAIL) or (INSERT PHONE NUMBER) as soon as possible so we can begin planning this meeting and a tour of our facilities.

Sincerely,
(INSERT YOUR NAME)

Sample Health Department Visit Agenda

Provided below are sample agendas for a meeting with a member of Congress at the state health department. Please remember to take a lot of pictures so ASTHO can promote this interaction in communications and through social media.

9 - 9:30 a.m.

Welcome and Overview of the State's Critical Public Health Issues

(Facilitated by state health official and senior deputies)

9:30 - 10 a.m.

Emergency Preparedness and Response

(Tour emergency operations center)

10 - 10:30 a.m.

Infectious Diseases and Food Safety

10:30 - 11 a.m.

Chronic Disease, Maternal and Child Health, Immunizations

11 a.m. - 12 p.m.

Working Lunch

12 - 2 p.m.

Public Health Laboratory

(Travel to tour public health lab)

Factsheets

ASTHO developed a set of federal policy priorities to promote and protect public health funding. Please go to the appendix to review this document. For background information, including a detailed analysis about the Prevention and Public Health Fund and its importance to state public health departments, please view the factsheets and analysis from the Trust for America's Health at:

<http://tfah.org/reports/prevention-fund-state-facts-2017>.

Please print some of these documents, including information about the health department, and distribute them during the meeting with a member of Congress.

Sample Talking Points

Below are talking points that can be used to discuss the importance of federal funding for public health, as well as the impact of recent cuts on communities. While these talking points can be used during meetings with members of Congress, they are merely a guide and will need to be further refined with input and specific examples from state and territorial health officials.

Note: to request more detailed talking points, please contact ASTHO's government affairs staff.



Good morning/afternoon! Thank you for taking time to meet with me. I am excited to talk to you today about the important role that public health departments play in keeping our communities safe and healthy. In fact, to truly improve health, you need strong and sustained investments across the agencies and programs that are responsible for a wide range of public health issues.



In our state, we receive [XX] in federal funding from [XX] federal agencies. With this funding, we do [XYZ] to help people. *(Also provide examples of public health accomplishments in your jurisdiction as a result of federal investments.)*



Unfortunately, we're continually forced to do more with less. As a result of budget cuts, since 2011 we've had to... *(Describe limitations and resource constraints, and explain consequences.)*



I'm fearful that continued public health cuts will further hinder my ability to help your constituents and will compromise the health of your district/state.



For example, if our funding from CDC (or other federal agencies) is further cut we may be forced to [XYZ].



Thank you for taking time out of your schedule today to meet with us! Please feel free to contact us if you need a resource or information about public health.

Facts About Federal Funding⁵

-  Funding for most public health programs is well below 2010 levels.
-  The President's budget proposal for FY18 would further shrink available funding for public health and all other domestic programs, cutting the HHS budget by 16 percent.
-  Proposals to repeal the Prevention and Public Health Fund as part of the American Health Care Act would cut public health funding by roughly another \$1 billion.
-  Sequestration returns in FY18 which will reduce funding available for non-defense programs like public health by another \$3 billion.

Follow-Up



As with any meeting with a high-ranking official, it is important to follow up with him or her and the staff after the district office. If the member requested more information on a certain program, be prompt and provide this information. Hand-written thank you notes are ideal, but don't forget to use social media! Members of Congress engage electronically and enjoy sharing their work in the district. Use the photos from the visit and tag the member of Congress on social media.

Also, be sure to provide prompt feedback and debrief with ASTHO's government affairs staff. It will inform their advocacy efforts with Congress and the Administration.

References

1. Coalition for Health Funding. "Public Health Recess Toolkit." Available at https://www.apha.org/~media/files/pdf/advocacy/phact/170418_chf_recess_toolkit.ashx. Accessed 7-7-2017.
2. National Association of County and City Health Officials. "The NACCHO Advocacy Toolkit." Available at <http://www.naccho.org/uploads/downloadable-resources/gov-advocacy-toolkit.pdf>. Accessed 7-7-2017.
3. Coalition for Health Funding. "Public Health Recess Toolkit." Available at https://www.apha.org/~media/files/pdf/advocacy/phact/170418_chf_recess_toolkit.ashx. Accessed 7-7-2017.
4. Ibid.
5. Ibid.



Appendix



ASTHO Factsheet

FY 2018 Federal Funding Recommendations

(\$ in millions)

Agency	Program	FY17 Final (omnibus)	FY18 ASTHO Recommendation
HRSA Overall		7,480	7,480
CDC Overall		7,200	7,800
CDC	Preventive Health and Health Services Block Grant	160	170
CDC	Section 317 Immunization Program and Program Operations	606.8	650
CDC	Public Health Emergency Preparedness Cooperative Agreements	658	705
ASPR	Hospital Preparedness Program	255	350
CDC	Opioid Prescription Drug Overdose and Illicit Opioid Use Risk Factors	125	125
Zika Response*			
CDC	Birth Defects, Developmental Disabilities, Disability and Health	137	152
CDC	Emerging and Zoonotic Infectious Diseases	584	630
HRSA/MCHB	Title V Maternal and Child Health Services Block Grant	640	650

*Includes funding request for \$705 million from CDC PHEP

Preventive Health and Health Services (Prevent) Block Grant

Programs funded by the Prevent Block Grant cannot be adequately supported or expanded through other funding mechanisms. States use these flexible dollars to offset funding gaps in programs that address the leading causes of death and disability. These funds also enable states to respond to unanticipated or emerging public health threats.

Section 317 Immunization Program

Vaccinations are one of the most cost-effective public health approaches to reducing healthcare costs because they prevent diseases before they occur and spread through our communities. For each birth cohort vaccinated, society saves \$13.6 billion in direct healthcare costs. In addition, 42,000 lives are saved and 20 million cases of disease are prevented. In contrast, vaccine-preventable disease outbreaks are costly. A 2008 measles outbreak in San Diego amassed costs of \$176,980. The county and state investigation and containment efforts totaled \$10,376 per case.

Public Health Emergency Preparedness (PHEP) Cooperative Agreements

The PHEP program provides critical funding to state and local health departments to enhance and improve their capabilities to prepare for and respond to a range of public health threats. The federal dollars delivered through PHEP help develop emergency-ready public health departments that are flexible, adaptable, and resilient.

Hospital Preparedness Program (HPP)

HPP promotes a sustained national focus to improve patient outcomes, minimize state and federal resources during emergencies, and enable rapid recovery. HPP prepares the healthcare system to save lives by developing and sustaining regional healthcare coalitions (HCCs) that incentivize diverse and often competitive healthcare organizations with differing priorities and objectives to work together. Ninety-eight percent of HPP awardees say that HPP has been critical to healthcare system preparedness.

Opioid Prescription Drug Overdose and Illicit Opioid Use Risk Factors

CDC's role in opioid overdose prevention is focused on strengthening surveillance, improving prescribing practices, and working to identify and disseminate effective interventions. CDC's work is focused on three pillars, including: improving data quality, data timeliness, and tracking trends to monitor the epidemic; strengthening state efforts by scaling up promising and effective public health interventions; and supplying healthcare providers with data, tools, and guidance for evidence-based decisionmaking that improves population health.

Zika Response

The current Zika outbreak is unprecedented and remains a significant public health threat, especially to pregnant women and their unborn fetuses. Funding from CDC's Public Health Emergency Preparedness Program, CDC's National Center on Birth Defects and Developmental Disabilities, CDC's National Center for Emerging and Zoonotic Diseases, and HRSA's Title V Maternal and Child Health Services Block Grant will support essential public health services targeted at Zika, including preparedness and response planning, public outreach and prevention education, disease surveillance and epidemiologic investigation, vector surveillance and control, laboratory testing and reporting, as well as birth defects monitoring through the establishment of a national registry.