



# **ADVOCACY** for **Public Health Policy Change**

**AN URGENT IMPERATIVE**

Harry M. Snyder, JD  
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American Public Health Association  
800 I Street, NW  
Washington, DC 20001-3710  
www.apha.org

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Georges C. Benjamin, MD, Executive Director

Printed and bound in the United States of America  
*Book Production Editor:* Blair Reynolds  
*Typesetting:* The Charlesworth Group  
*Cover Design:* Alan Giacarella  
*Printing and Binding:* Sheridan Books

Library of Congress Cataloging-in-Publication Data

Names: Snyder, Harry, author. | Iton, Anthony, author.  
Title: Advocacy for public health policy change : an urgent imperative / Harry M. Snyder, Anthony B. Iton.  
Description: First edition. | Washington, DC : American Public Health Association, [2020] | Includes bibliographical references and index. | Summary: "This book on advocacy provides both data and stories to illustrate the effectiveness of public health practitioners engaging directly in making public health policy. Practitioners will learn how to develop and utilize advocacy skills to translate public health knowledge and science into appropriate protective public policy"-- Provided by publisher.  
Identifiers: LCCN 2020036613 (print) | LCCN 2020036614 (ebook) | ISBN 9780875533131 (paperback) | ISBN 9780875533148 (adobe pdf)  
Subjects: LCSH: Medical policy--United States. | Medical care--United States.  
Classification: LCC RA395.A3 S692 2020 (print) | LCC RA395.A3 (ebook) | DDC 362.10973--dc23  
LC record available at <https://lcn.loc.gov/2020036613>  
LC ebook record available at <https://lcn.loc.gov/2020036614>

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# Preface

## HEALTH EQUITY DEPENDS ON ADVOCATING FOR PUBLIC HEALTH POLICIES

*[I]n the absence of a strong political voice from the less fortunate themselves, it is incumbent on health care professionals, especially physicians, to become champions for population health.*

Steven A. Schroeder, MD<sup>1</sup>

Public health is political. We learn that every time we work to improve or protect policies that enhance the health of our communities. In September of 2018, the American Public Health Association Press contacted us and asked us to write a book on advocating for health policy; we both immediately said, “Yes.” We wanted to provide the data and stories that illustrate the effectiveness of public health practitioners engaging directly in making public health policy. We wanted to describe where and how public health students and practitioners can develop and utilize potent advocacy skills to translate public health knowledge and science into appropriate health-protective public policy. In addition, we wrote this book to encourage our readers to initiate and join others in campaigns for better health policies.

On Monday, March 16, 2020, Santa Clara County, California, Health Officer, Sarah Cody, MD, along with six other San Francisco Bay-area health officers, issued a dramatic public health legal order prohibiting all nonessential gatherings of any number of individuals, barring all nonessential travel, and mandating that nearly all 7 million residents of the Bay Area take shelter in their homes for three weeks with the possibility of further extension. Santa Clara County had seen a number of early COVID-19 cases as the virus began to get a foothold in California. This public health order was unprecedented in scope in modern US history. In the ensuing days, the governor of California and the leadership of several other states, counties, and cities across the nation followed suit. Cody’s assertive public health leadership triggered a wave of actions across the country and likely internationally. The pushback was swift and fierce as mayors, city councils, and chambers of commerce from the 78 cities across the Bay Area began to contemplate the impact on their local economies. Cody and her colleagues had to advance the public health justification for their actions repeatedly in many settings, often in front of TV

cameras and microphones. Over and over, Cody and her colleagues had to tap into their innate advocacy skills to establish and reaffirm the primacy of public health goals during this crisis.

In the wake of this dramatic public health order and the ensuing collapse of the economy and stock market, advocates went to work to protect vulnerable populations by pushing for a moratorium on evictions, a rent freeze, continued school meals for low-income schoolchildren, hotel vouchers for the homeless, health coverage for the undocumented, paid leave for low-wage workers, and income protections for domestic workers, among other protective policies. Many of the arguments and evidence that were marshalled in support of these policies came from the public health literature. To illustrate their cases, they told stories of impacted vulnerable Californians and invoked higher values of collective responsibility and solidarity to tap into our sense of shared fate and connectedness in this COVID-19 crisis. Their skilled approach beautifully illustrates many of the tenets of effective advocacy that we lay out in this book.

In April 2020, the media was filled with stories of our nation's lack of appropriately maintained stockpiles of medical supplies and essential equipment, supply chain failures, inadequate communications infrastructure and protocols, inequality of government responses, and reliance on profit-driven market mechanisms to solve government population-scale problems. Further impairing life-saving responses to the pandemic was an emerging narrative from the White House that placed greater weight on bolstering the economy than on saving lives. This narrative relies on a denigration of science to further the interests of a few at an adverse cost to the health of many.

The challenges that have made this crisis unnecessarily devastating are likely to remain after the pandemic has been brought under control and we return to a new status quo. Well-trained public health advocates are the change makers, and we need to *go forward, not backward*, to build the durable infrastructure, plan equitable actions, and create decision-making guidelines and narratives so that the government is prepared to serve the nation when the next inevitable disaster strikes.

As we write this preface, our nation is gripped in an ongoing raft of protests sparked by the vicious police murder of George Floyd in Minneapolis, Minnesota. Across the country, while the coronavirus is moving like a heat-seeking missile tearing through Black and Brown communities, we are forced to witness Floyd, an African American man, callously murdered by a White police officer, slowly, casually, hands in pockets, normalized, captured clearly on video. Modern American policing traces its roots directly back to slave patrols in the American South that were established to terrorize Black slaves and quell any slave revolts. This anti-Black racist lineage includes the horrific and terroristic lynching of Black men by government-sanctioned White militias including the Ku Klux Klan. Our nation's history of racism is carried forward today. America's police forces are the shock troops of American structural racism—"structural" in that it is the core

operating system of our key institutions like law enforcement and incarceration, the judiciary, schools, health care, and our neighborhoods.

The power of racism was acknowledged and embedded in our Constitution by our White property-owning founding fathers. It was papered over by the 14th Amendment's promise of "equal protection of the laws."<sup>2</sup> Reactions to police violence have repeatedly attempted to hide the truth with statements of legal rights that are not enforced. But the continuing failure to end police violence is the raw proof that racism trumps decency in our public and private policymaking as well as in how we treat and value each other. In order to retain votes and protect profits, racism is protected.

Differences by race in our opportunities for health care, education, housing, employment, access to food, transportation, personal safety, air and water quality, and all other determinants of health encourage health inequality. Access to these necessities of life are determined by political actions, and in politics, nothing happens by accident. As Malcom X said, "If you see somebody winning all the time, he isn't gambling, he's cheating."<sup>3</sup> Or as Charles M. Blow said, "We will have to come to see and accept that this system of oppression has been actively, energetically designed and deployed over centuries, and it takes centuries of equally active and energetic efforts to dismantle it."<sup>4</sup>

COVID-19 will mutate in an attempt to survive. The virus of racism will mutate, trying to hide and protect those who are privileged and benefit from racist policies. Public health leaders are on the front lines of both of these battles. Their agile use of effective advocacy skills will determine how successful we are in blunting the disproportionate impact of COVID-19, as well as ending once and for all the ugly and pernicious system of racism that has created and maintained health inequity in the United States.

There are many evidence-based and common-sense inferred policy solutions to prepare for pandemics and to prevent or at least begin to mitigate the harm racism causes individuals and society every minute of every day. Public health professionals can stand with communities and advocate for ending those harms.

As advocates for public health, we know that better health outcomes and <sup>g</sup>reater health equity will be achieved if more people with skills, training, talent, connections, and commitment know how to use those attributes to advocate for the systemic policy solutions their evidence shows is necessary. That is the same reason we have taught graduate students health policy advocacy at the University of California, Berkeley, School of Public Health for the past 15 years.

Because advocacy skills are transferable to any policy issue, in addition to public health, nursing, medicine, and dentistry, our course attracts students from many other disciplines at Berkeley including business, public policy, economics, law, journalism, sociology, environmental design, and city planning. Graduate students enroll because they want to enter their professions with the skills to use their training to the fullest.

## METHODOLOGY

We begin this book with a description of the theoretical underpinning for the necessity of directly engaging in policy advocacy to achieve public health goals. Then we describe the elements of advocacy, which are the same elements public health professionals deploy for the most successful outcomes in anything they do professionally or personally. To reach our goals, we all marshal the facts, make a plan, communicate effectively, and convince others. In other words, advocacy builds on skills you already have.

Our aim is to show how these skills are used to protect and improve policies of governments and the private sector to affect population health. We use instructive language describing “how to” use your skills to change policies affecting health and to bring about health equity. To help you engage as a policy advocate in what may be new forums to you, we provide stories to show how other advocates for public health have done it. Our reference contains cites to resources, checklists, model documents, and other examples of how this work is done.

We rely on real-life, practice-based examples showing that policy advocacy is an essential professional skill set for leadership and professional achievement in public health. Throughout this book, we discuss the reasons people, especially some public health professionals and academics, think they should not or cannot advocate for what they know will improve health.

There may be organizational imperatives that proscribe the manner in which advocating for better health policies can take place, but there are no absolute prohibitions to directly working to improve policies affecting community health.

## HOW TO USE THE BOOK

The stories, boxes, other examples of advocacy campaigns, and Pro Tips show how health policy is made. In addition to inspiration and proof that it can be done, public health practitioners and others seeking systemic improvement in public health need practical tools to help them construct their work for change. To provide those tools, we describe the specific steps that comprise successful health policy advocacy. We decided to write this book ourselves rather than compile the work of others. That gave us the opportunity to make it practice based, personal, and relevant with hard-nosed guidance to show how to get on with the work. Advocacy campaign stories lead each chapter, and others are woven in with the instructions on what you can do at each step of an advocacy campaign. Our goal is to create an engaging and clear way for you to learn potentially challenging material and advocate for better health policy.

The content is structured to allow the readers to go directly to the information they need when they need it. Chapter 1 is a description of how determinants of public health are values based and political and, therefore, why public policy advocacy is an essential



tool for protecting and improving community health. Chapter 1 also raises the critical importance of using prosocial values and political awareness as foundations for any campaign. Chapters 2 through 5 describe the four elements of any advocacy effort and specific instructions on how to use data (Chapter 2), strategically plan (Chapter 3), communicate (Chapter 4), and build support (Chapter 5) for your campaign. Chapters 6 through 11 describe the strategies and tactics used to advocate in the forums where policies are made or enforced: legislative bodies (Chapter 6), administrative agencies (Chapters 7 and 8), ballots (Chapter 9), courts (Chapter 10), and private organizations and corporations, both domestically and internationally (Chapter 11).

If you and others want to prevent or correct a health problem that you have identified, Chapters 2 through 5 will guide your planning and help you decide what policymaking forum (legislative, legal, regulatory, ballot, or private sector) seems the best to accomplish your policy goals. You can then use the chapter that describes how to advocate in that forum to solve the problem. For example, if you have determined that you need to pass a law or ordinance, read Chapter 6. If that confirms your thinking and strategy, you might read other chapters to compare how effective passing a law is to advocating in other forums such as filing a lawsuit or getting an agency to adopt a regulation to reach your goal, but it is not essential. Sooner rather than later you should become knowledgeable about all the ways that you can change health policy to maximize your effectiveness, but it may not be necessary to start. To be clear, we strongly encourage reading and knowing the entirety of this book, but some may be anxious to start their campaign to end a serious health problem once a strategy has become clear.

Chapter 12 describes personal and professional principles that are essential for advocates and organizations that advocate for better health to build power and credibility so that they can sustain their work over time. Chapter 12 also discusses funding for advocacy for health policies and practices.

The appendix contains reference resources that expand on the many aspects of the material in this book. There is extensive literature on the fields of effective communication of data, coalition building, media, lobbying, administrative advocacy, impacting organizational and corporate decision making, using the ballot box to pass laws, professional principals, and ethics. We have sorted and sifted this literature to provide our list of supplementary reliable information. Several of the materials we recommend, particularly the manuals provided by The California Endowment, contain worksheets, checklists, and sample documents to help you as you design and implement your campaign. These materials have been field tested and used in practice by communities and individuals in successful advocacy campaigns.

The content of this book is the same as the content of our graduate class at University of California, Berkeley, School of Public Health and a mirror of the tools used by advocates for public policy. We have added Pro Tips for your consideration of tactics that we have found (through our experience and sometimes the hard way) useful to ease the

work and avoid pitfalls. We have included Box stories that are both personal and instructive as teaching lessons. The Boxes provide data from the field and contain descriptions of how to advocate and what to avoid. The charts and graphs illustrate the material from a different perspective.

Chapters 1 and 12 are essential for understanding the cultural context in which health policy advocacy takes place and ways in which you can successfully navigate as an advocate in that context. Chapter 1 is a sobering corrective for the common notion that “My job is to provide the data proving the problem in a scientifically rigorous manner. If I publish the work, appropriate policy will be made. Directly engaging in making policy is not my job.” Chapter 1 clarifies that, to make change, we must go beyond documentation and recommendations and explains why progress toward health equity can be very hard. Chapter 12 describes the personal and professional skills needed to be a successful advocate and how, if necessary, to raise grant funds for your campaigns. We hope Chapters 1 and 12 add both enthusiasm for and realism to your work advocating for better health.

As you read on, you may recognize our different voices, strategies, and viewpoints and those of others who have advocated for good health policies. There is no one way; everyone uses the style they are comfortable with. Success requires being who you are. Being authentic is essential to being believable and trustworthy.

The different lengths of chapters reflect the priorities of what we think you need to know. You will find that we have repeated a few key points. This is intentional. Have we not all had a “Wait, what . . .” moment that is a fork in the road of our taking action or metaphorically turning the page? Mentioning this a few times is to encourage you to be mindful of what you want to and can do when you see a problem and then make a conscious choice to act or not. Not everyone who experiences that problem has that choice to take action. We wrote this book because we think you have that choice.

## REFERENCES

1. Schroeder SA. We can do better—improving the health of the American people. *N Engl J Med*. 2007;357(12):1221–1228.
2. National Constitution Center. The 14th Amendment of the US Constitution. Available at: <https://constitutioncenter.org/interactive-constitution/amendment/amendment-xiv>. Accessed June 17, 2020.
3. X M, Haley A, Shabazz A. *The Autobiography of Malcolm X: As Told to Alex Haley*. Reissue ed. New York, NY: Ballantine Books; 1992.
4. Blow CM. Allies, don’t fail us again. *New York Times*. June 7, 2020. Available at: <https://www.nytimes.com/2020/06/07/opinion/white-privilege-civil-rights.html>. Accessed June 16, 2020.

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# Acknowledgments

*We criticize and separate ourselves from the process. We've got to jump right in there with both feet.*

—Dolores Huerta<sup>1</sup>

We acknowledge the critical role that three visionary leaders, Rhoda Karparkin, LLB (former president of Consumers Union), Robert Ross, MD (president of The California Endowment), and Stephen Shortell, PhD, MPH, MBA (former dean of the University of California, Berkeley, School of Public Health) have played in promoting strategic civil society engagement for the public good. They each put themselves and the influential institutions they have led on record that learning, teaching, and engaging in advocacy to protect and achieve prosocial policies is essential for the welfare of us all. They enabled us to be advocates and to encourage others to be advocates for their own communities and for issues they care about. We were able to write this book because of the opportunities they gave us to learn, practice, and transmit the stories and tools contained here.

This book would not have been possible without many colleagues, contributors, and reviewers starting with the drafting and organizational help of Laurie True; Tatyana Roberts, who supported us as we prepared our work for publication; and Carl K. Oshiro, Ruth Holton, Jim Shultz, Maya Ribault, Levis Owens, Vivian Snyder, Barbara Masters, e.Arnon, Meredith Minkler, Robert Seidman PharmD, MPH, Diana Marie Lee, Lauren Ornelas, Ann Lopez, PhD, Kaveh Danesh, David Roe, Andrew McGuire, Leonard Schaefer, Nancy Metcalf, Frank “Omowale” Satterwhite, PhD, MS, Shiree Teng, Judith Bell, Henry Abrons, MD, MPH, the Louis and Anne Abrons Foundation, Antonio Velasco, MD, Charles Clements, MSc, MD, MPH, Jeff Oxendine, Gail Hillebrand, Matt Iverson, The California Endowment, Eustace-Kwan Family Foundation, Carol Rivas Pollard, Minerva P. Novoa, Evaluz “Ven” Barrameda, Michael Halperin, Patrick Sales, Lolis Ramirez, Harold Goldstein, Carolyn Ortega, Myn Adess, Lori Dorfman, DrPH, MPH, and Berkeley Media Studios.

*Note:* The contributors' royalties will all go to fund the Advocacy Initiative at the University of California, Berkeley, School of Public Health to teach students health policy advocacy skills and engage them in action learning advocacy placements.

Anthony Iton, MD, JD, MPH

Harry Snyder, JD

## REFERENCE

1. García MT. *A Dolores Huerta Reader*. Albuquerque, NM: UNM Press; 2008.

## Advocacy Is Central to Public Health Practice

*Medicine is a social science and politics is nothing else but medicine on a large scale.*

—Rudolf Virchow, MD<sup>1</sup>

One hundred seventy-two years ago, Rudolf Virchow, MD, a newly minted physician in Berlin, was dispatched to Upper Silesia on behalf of the Prussian government to investigate an outbreak of typhus. Upper Silesia, which is in modern-day Poland, was an outlying and somewhat neglected region of the Prussian Empire. The region was heavily industrialized with mining being the primary economic enterprise. The population was ruled by a handful of oligarchs in tight league with the Catholic Church. The vast majority of Upper Silesians were peasants who worked in the drudgery of the mines for very low wages and lived in hellishly crowded villages littered with sewage and refuse. Virchow, being from an educated family, could not confine his analysis of the typhus outbreak merely to microbiological vectors and contemporary disease theories of the time. Instead, he saw social and political structure as the root cause of the poor health status in Upper Silesia. He went on to publish a report recommending political reform as his primary solution for preventing disease in Upper Silesia.<sup>2</sup>

### Tony's Galvanizing Moment

Thirty-five years ago, in September 1985, after spending my formative years growing up in Montreal, Canada, I arrived in East Baltimore, Maryland, to begin my studies at The Johns Hopkins School of Medicine. Routinely considered to be among the best medical schools in the world, Johns Hopkins's medical school is situated in the heart of East Baltimore, one of the United States' most neglected and notorious slums. The population of East Baltimore at the time was almost exclusively African American and poor. Baltimore has a long and storied history of racial zoning, redlining, racially restrictive covenants, racial steering, and racial harassment.<sup>3</sup> African Americans in East Baltimore were exposed to a seemingly endless constellation of health injurious privations, including dilapidated housing, lead exposure, poor-quality schools, high unemployment, low levels of health insurance, crime, mass incarceration, a saturation of gun violence, concentrations of liquor stores, fast foods, a dearth of green space, crack cocaine, a burgeoning HIV epidemic, and aggressive militarized policing. A few miles up the road, I saw sprawling mansions nestled on the

manicured lawns in Baltimore's Roland Park neighborhood. Like Virchow in Upper Silesia 135 years before, I found myself aghast at the blatant social inequity. The role that social policy and structure was playing in diminishing the life trajectories of East Baltimore residents was glaringly obvious to me. I saw only a narrow role for traditional medicine to play in remedying the health challenges in East Baltimore. In fact, I started to see the absurdity of trying to treat social ills with pills. I began to question whether, in the United States, when it comes to your health, does your zip code matter more than your genetic code?

## Harry's Galvanizing Moment

In 2000, Consumers Union, my employer, contracted with a professor of health economics at University of California, Los Angeles (UCLA), to provide an expert valuation of a nonprofit hospital association. This was part of our work at Consumers Union to protect the public assets of nonprofit health maintenance organizations (HMOs) and hospitals converting to for-profit corporate ownership. As the professor and I sat in his office in Westwood on the edge of the UCLA campus, we somehow got onto the topic of quality of care and how quality of care can lower morbidity and lower costs. I asked him for an example, and he described how New York State requires hospitals and surgeons to report the outcomes of heart bypass (CABG) surgeries and that the reports are publicly available. He told me that New York's program had already saved lives. In the first six years of reporting, adjusted death rates following CABG procedures fell from 3.52 deaths per 100 to 2.52. Public information enabled referring doctors and patients seeking surgery to choose the better-performing hospitals and surgeons. I asked, "How is it working in California?" He said, "We don't have it in California." I was more than astonished. Here was a public health professional who knew of evidence-based policy that could save lives and costs and yet he did not think about how he could spread the adoption of that policy. That discussion showed me the professional disconnect between knowing there is good public health policy and taking the actions necessary to implement that policy. It led me to want to teach policymaking skills to those who know how to assess a problem and recommend solutions to achieve the evidence-based solutions they recommend. We enacted California's outcomes reporting law eight months after that discussion at UCLA.

As both of our stories indicate, policy, or the absence of appropriate protective policy, underlies many fundamental health issues. Harry is a lawyer who comes from the world of consumer advocacy where an innate understanding of power imbalance between corporations vis-à-vis consumers is the fundamental paradigm that frames consumer policy advocacy. Forged by decades of battles on behalf of struggling consumers against insurance companies, agribusiness, hospital chains, pharmaceutical companies, and other corporate giants, Harry's instincts are to relentlessly pursue equity in the face of corporate abuses of power. Tony's background is medicine, public health, and law. His experience working with Harry as a staff attorney and health policy advocate at Consumers Union opened his eyes

to the incredible efficacy of advocacy skills when applied to health equity and the social determinants of health. These skills have proven invaluable in developing cutting-edge local public health practice. It is no accident that Harry gravitated to a public health school to teach advocacy—consumer advocacy and public health advocacy are natural bedfellows.

## WHAT IS HEALTH POLICY ADVOCACY? HOW IS IT DONE? CAN YOU DO IT?

This book will help public health professionals, consumer advocates, community leaders, and others interested in bringing about health equity understand the world of health policy advocacy, how advocacy is done, and what part you can play. The good news: there is a system, a methodology that can be employed to change policies in both public and private sectors. Just as you learned to gather, evaluate, and analyze data; diagnose the cause of illness and prescribe treatment; or manage health systems, you can learn and master the practice of improving health policy.

There is more good news: you already have many, if not all, of the skills needed. You have technical expertise, facts and stories from on-the-ground experience, personal contacts, the ability to persuade, credibility, the willingness and ability to learn, and leadership and commitment to serving others. Here are some key terms pertaining to health policy advocacy:

- *Health policy* consists of the rules governing health issues—for example, requirements for culturally and linguistically appropriate health services, worker safety practices, or limits on air pollution. These rules or public policies decide how a diverse population receives appropriate health care, what worker safety protections will be required, and how much pollution can be released into the air.
- *Policy* can be as huge as passing the Affordable Care Act (ACA) or as local as installing a stop sign at a dangerous corner.
- *Policy change* is a shift in the rules that allows new ways of doing things—for example, implementing *promotora* and community health worker programs, adopting stronger measures to prevent repetitive stress injuries, or establishing midnight basketball programs in neighborhood parks.
- *Policy advocacy* is a way to change health policy rules as well as the resource allocation decisions of governments and private institutions.

## WHAT IS ADVOCACY?

At a 2014 academic forum on public health advocacy held at Johns Hopkins Bloomberg School of Public Health, the following working definition of advocacy was proposed:

Advocacy aims to influence policy and practices in ways that benefit people's health and well-being and the societies in which they live. Advocates within government, civil society and academia use evidence and other rationales to improve the social good by:

- Encouraging positive changes to the law, and to government and service policies;
- Improving access to scientific data and evidence;
- Increasing financial support for interventions that improve health; and
- Altering or shifting public attitudes and behaviors.<sup>4</sup>

While this academic working definition touches on the technical elements of advocacy, it ignores, perhaps intentionally, the profound social justice foundation of public health. The authors of this book prefer a definition of advocacy created by Cohen et al. in 2001:

**Advocacy** is the pursuit of influencing outcomes — including public-policy and resource allocation decisions within political, economic, and social systems and institutions — that directly affect people's current lives. Advocacy consists of organized efforts and actions based on the reality of "what is."

These organized actions seek to highlight critical issues that have been ignored and submerged, to influence public attitudes, and to enact and implement laws so that visions of "what should be" in a just and decent society become a reality. Human rights — political, economic, and social — is an overarching framework for these visions. Advocacy organizations draw their strength from and are accountable to people — their members, constituents, and/or members of affected groups. Advocacy has powerful results: to enable social justice advocates to gain access and voice in the decision making of relevant institutions; to change the power relationships between these institutions and people affected by their decisions, thereby changing the institutions themselves; and to result in a clear improvement in people's lives.<sup>5</sup>

If thoughtfully designed and executed, advocacy campaigns to improve any aspect of health can have the added benefit of building the power and capacity of communities to identify and document local health problems and devise and implement strategies to solve those problems. These projects can include improving the quality of substandard housing and increasing access to affordable housing, better access to healthy food, or changes in incarceration policies or policing practices—all of which can contribute to improving the conditions for community health. Building enduring community power to effect change should be built into every advocacy campaign. Centering the people who are most impacted and prioritizing community engagement and leadership will strengthen a campaign and create capacity for future campaigns. Building community capacity to change policies inevitably results in closer working relationships between communities and the agencies that serve them.

The study of public health is a process by which students learn the fundamentals of epidemiology, biostatistics, maternal and child health, health planning, health policy, communication, organizational management, and more. However, most core public health master's and doctoral programs do not specifically focus on teaching advocacy skills. Students are taught policy analysis and research, but the process of working with others to change policy is often glossed over or neglected altogether. In fact, public health school deans have been known to shy away from advocacy as unseemly or suspiciously partisan. Academic public health instead cleaves closely to the larger medical culture, which rewards



research and publication and other forms of “pure science,” which are believed to be “objective,” “evidence-based,” and “peer-reviewed.” However, the tools and skills of advocacy can be objectively taught, are evidence-based, and are almost always subject to peer review by experienced advocates. Yet schools of public health rarely teach advocacy skills.

According to the Centers for Disease Control and Prevention, among the most impactful public health victories over the past 50 years have been tobacco control, seat belts, motorcycle and bicycle helmets, drunk-driving regulations, needle exchange, comprehensive sex education, food safety regulations, and clean water and clear air laws.<sup>6</sup> Every single one of these victories has been the product of public health advocacy. Public health research, data, policy analysis, and communication played a critical role in achieving these impactful changes in social policy. All of these important traditional public health skills are critical to advancing healthy social policy. However, while these traditional public health skills are necessary to changing social policy, they are not sufficient. Well-honed and proven advocacy techniques and strategy are essential to successful policy change.

## THE CRITICAL ROLE OF ADVOCACY IN ADVANCING HEALTH EQUITY

Upon encountering social conditions in Upper Silesia, Virchow did not merely remark on disease vectors, nor did he limit his critique to a narrow set of specific social policies. Virchow went further and made radical recommendations about Upper Silesian political and social *structure*. Virchow saw social *inequity* as the root cause of poor health status, not just a handful of health or social policies. Virchow’s critique was anchored in an understanding of health equity. The World Health Organization defines equity as “the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.”<sup>7</sup> Virchow called out the obvious social stratification he saw in Upper Silesia. However, Virchow was naïve; he thought that writing a report to his superiors in the Prussian government back in Berlin would lead to radical social reform in Upper Silesia. Instead, as might have been expected, Virchow’s report, particularly his recommendations about reform of political and social structure in Upper Silesia, was largely ignored by his superiors. He returned to Berlin to resume his medical training and pathology research.

American schools of public health now purport to be interested in advancing health equity. At its core, inequity is about imbalances in power. Achieving health equity will require building social, political, and economic power in a critical mass of low-income people, particularly low-income people of color that have been injured by generations of racialized structural inequity often mediated by government policy. Health equity will not be achieved solely by public health research, epidemiology, biostatistics, or policy analysis, even though those important tools and skills largely aid in descriptive and transactional public health work. Achieving health equity will require transformational work. For

instance, our commitment to universal health care and access to high-quality education, living wage, and paid leave cannot be ensured through journal articles or poster presentations. It will require political organizing, public mobilization, and social movement. Health inequity is an injustice that is created and maintained by the abuse of power and false and exclusionary narratives that dehumanize certain populations. At the heart of the political work required to advance health equity are fundamental advocacy tools and skills.

Conventional wisdom in American health asserts that health is some combination of behavioral, genetic, and transactional (the product of access to high-quality physicians, medical technology, and pharmaceuticals) inputs. Each of those paradigms is primarily focused on individual health and none is sufficient alone or in combination to explain the dramatic patterns of inequity that characterize the American health landscape. The authors of this book believe that health is political. This assertion is arguably the foundation of social epidemiology. One definition of politics is that it is the struggle over the allocation of scarce and precious social goods. Some may dispute the characterization of social goods as “scarce”; nevertheless, social epidemiologists going back to Virchow and beyond have accurately described the relationship between social policy and population health status.<sup>8</sup> Note that this definition of politics does not imply partisanship; it simply acknowledges that politics is the process by which important social goods are allocated. It also notes that this process is a *struggle*, which by implication involves differing interests arrayed against each other. Public health history is replete with testaments to this powerful association between policy and health.<sup>9–11</sup> It follows that if health is political, then improving health must involve political action. Changing policy, either health policy, or other social policy that has health impacts, is by definition political. Advocacy is the study of how change happens.

## **Iton-Witt Health Equity Framework**

In 2003, leaders at the Alameda County Public Health Department realized that the tools of the traditional “medical model” approach to public health practice were not sufficient for the challenges facing modern public health. Chief among those challenges is health inequity. Recognizing that health outcomes are strongly influenced by the social and environmental conditions that many low-income people are forced to contend with on a daily basis, they created a health equity framework to visualize and organize public health interventions and strategies across a spectrum from downstream to upstream. Very simply put, the Iton-Witt health equity framework (Figure 1-1) is an integration of the medical model and the socio-ecological model with a specific eye toward situating types of interventions along the upstream–downstream continuum.<sup>12</sup> The framework illustrates how a dominant discriminatory narrative (e.g., racism, classism, sexism, ableism, homophobia, anti-immigrant bias) shapes institutional policies and practices that in turn create inequitable conditions and resultant poorer health for those who are the targets of that discriminatory narrative.

The basic idea underlying the Iton-Witt framework is that upstream inequity creates downstream disparity. The framework brings into clear focus the tension between the

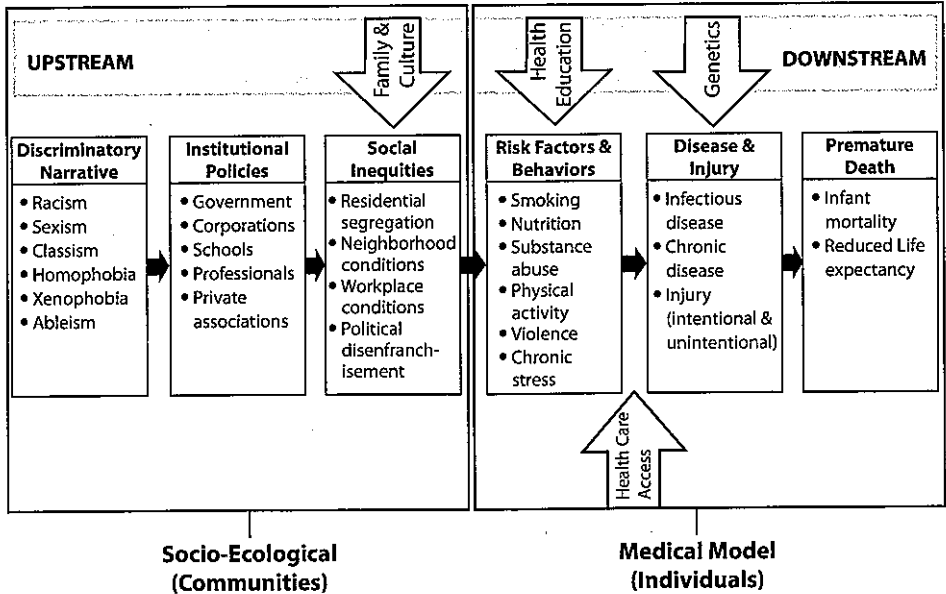


Figure 1-1. Iton-Witt Framework for Reducing Health Inequities

downstream “technocratic” paradigm and the upstream “democratic” paradigm. The framework asserts that inequity is a product of the failure of democracy rather than merely a technical problem that can be solved with programs or services. The medical model focuses on preventing premature death by treating and managing disease and injury that is the product of risk factors and risk behaviors like smoking, poor diet, and lack of exercise. The medical model is grounded in the simplistic assumption that autonomous individuals are making independent behavioral choices from a broad array of options, some healthy and others not. The tools of the medical model are health care services, health education, and, to a limited extent, genetic analysis and modification. The medical model currently costs \$3.65 trillion per year (\$11,212 per capita) or 18% of the gross domestic product.

Meanwhile, upstream, the socio-ecological model recognizes that social inequities (e.g., inner cities, barrios, reservations) are the legacy of past and current policy (e.g., redlining, racially restrictive covenants, housing, education, and tax policy), which ultimately derives from a narrative that values different people differently as a result of a set of well-entrenched “-isms.” A simple example is how a narrative of racism produces policies like slavery, racial segregation, job discrimination, lack of educational opportunities, and others that lead directly to resource-deprived inner cities, a stark and outrageous social inequity. A more recent illustrative example is President Trump’s frequent invocation of exclusionary rhetoric against immigrants that leads to draconian border policies and practices that lead to young children being locked up in cages like animals. The trauma-induced psychological and physical health consequences for these children will be lifelong and may well be passed on to their children.

The Iton-Witt framework acknowledges that within the medical model we have defined interventions for each of the three boxes: emergency departments to prevent death, clinical care to treat and manage disease, and health education to help change behaviors. However, within public health practice, we have no organized interventions to improve neighborhood conditions, change unhealthy policies, or change the overarching narrative about health. Public health advocacy skills are absolutely critical in advancing policies to create equitable upstream conditions to prevent significant and predictable downstream morbidity and mortality.

## A RECOGNITION OF POWER

Medical care delivery system stakeholders including health insurance companies, HMOs, hospitals, professional associations, pharmaceutical conglomerates, and medical device manufacturers all play a powerful role in shaping and vigilantly protecting policies that serve their interests. The same is true of private or public organizations that have a dramatic effect on health—for example, chemical companies, car and food manufacturers, homeowners' associations, unions, or transit systems, which will also work to further and protect their interests. Addressing the “upstream” factors affecting health outcomes requires a recognition of the role of institutional power in shaping policies, political narratives, and ultimately neighborhood and work conditions, particularly for low-income communities.

Building social, economic, and political power (people power) in affected communities must be central to improving health conditions both upstream and downstream. There is a burgeoning body of public health research illuminating the role of empowering communities to shape health-related decision making.<sup>13</sup> This means both facilitating community organizing around health concerns as well as challenging the underlying power dynamics within health systems.<sup>14,15</sup> What I saw and learned in Baltimore allowed me to see the need to work with the power of the communities I served as a public health professional to bring about the improvements they needed to advance their own health equity agenda and future.

Advocacy can be done in many ways, including seeking changes in government agency policy or practice, working with private businesses or health care institutions, changing laws and regulations, introducing ballot initiatives, taking direct group action, and, when necessary, litigation. Often, one or more of these strategies is used to bring about better health or to protect what is now working effectively. The same four steps to make change happen are used in every place where health policy decisions are made, whether the policy is huge like the ACA or local like a new stop sign or reducing the paperwork to qualify for Medicaid. However and wherever health advocacy work is done, these four steps will be part of the campaign:

1. Define the problem and make your plan.
2. Get the facts.

3. Build support.
4. Communicate a clear and compelling story of what is wrong and what should be done.

## HOW CAN YOU BE AN ADVOCATE?

The skills that already make you successful as a trained public health professional—knowing what is important to your work, working with others, planning your efforts, and communicating what needs to happen—are the same skills used for advocacy. People and organizations providing public health services often work to change the rules so they can serve people more effectively or increase their reach. Researchers and health policy analysts identify causes and potential solutions to save lives, reduce disease, or make health care more efficient. Many people do not recognize that they are already advocates when they work to improve the delivery of health care or to get more money for a budget.

Each person uses his or her own style to advocate within the mission of their organization. They use the style they are comfortable with and that has been effective for them in their work. They get the sign offs needed within their corporation, nonprofit, or government agency. And they hew to the style of presentation that their organization relies on in all of their other public and private efforts.

You do not need to go to court or hold a demonstration to be advocating, and you do not need to be a “health policy advocate” to advocate. Advocacy is working on behalf of others to make systems better or to protect what is now working. To be effective, advocacy involves a broad range of people with different skills and commitment of time, from academics to community activists (Box 1-1).

### Box 1-1. How Claritin Went Over the Counter

**Robert Seidman, Health Maintenance Organization Chief Pharmacy Officer, Becomes an Advocate for Safer, Cheaper Drugs**

In 1997, Robert Seidman, chief pharmacy officer for WellPoint health maintenance organization, became aware that since the initial US Food and Drug Administration (FDA) approval of Claritin as a prescription drug in 1993 through 1997, WellPoint experienced a 600% increase in antihistamine-related prescription drug costs, a significant contributor to an increase in drug benefit cost. As chief pharmacy officer, Seidman, a licensed pharmacist, was tasked with the complex challenge of directing WellPoint's pharmacy program and ensuring affordable patient access to safe and effective pharmaceutical therapies.

Claritin, the brand name for the antihistamine loratadine, was approved by the FDA as a prescription drug for the treatment of upper-respiratory allergies in 1993. Claritin and the later-approved Allegra and Zyrtec had benign side-effect profiles resulting in rapid physician and patient acceptance. At the time of the FDA's approval of Claritin as a prescription drug, the FDA had already approved more than 100 different antihistamine and antihistamine-combination products for over-the-counter (OTC) sale. Although considered safe and effective by the FDA, all OTC antihistamine and antihistamine combinations at the time were nonselective and had a significant sedative and anticholinergic side-effect profile with appropriate warnings listed in the FDA-required labeling.

(Continued)

## Box 1-1. (Continued)

The second-generation, much safer antihistamines were available only as a prescription. As a public health issue, WellPoint believed that positioning these safer antihistamines as prescription drugs was not in the best public interest. Direct-to-consumer advertising for Claritin marketed it as having side effects similar to a sugar pill. WellPoint believed that requiring the time and cost burden of a physician's office visit, a written prescription, and visit to the pharmacy to fill a prescription for these much safer antihistamines, while more dangerous antihistamines were available without a prescription, deprived the vast majority of allergy-suffering patients ready and easy access to the best-quality pharmaceutical care.

Not only were these drugs a threat to global pharmacy benefit affordability, but they were also a significant individual patient cost burden. Seidman and WellPoint believed that the continued prescription drug status for these second-generation antihistamines was a significant health care inefficiency. Their prescription status placed an undue burden on patients to access a safer antihistamine and a financial burden on both patients and the health care system.

With Seidman's leadership, WellPoint made the decision to petition the FDA to convert the second-generation antihistamines from prescription to OTC status.

Conventional responsibilities of the chief pharmacy officer include the management of clinical pharmacy programs, pharmacy and therapeutics committee process, benefit design, networks, and pharmaceutical manufacturer discount programs commonly referred to as rebates. Changing government policy by petitioning the FDA was not part of Seidman's formal job description nor his academic and professional preparation. But Seidman also had a strong professional desire to empower patients to make better health care decisions, maximize pharmaceutical value, and obtain optimal outcomes for themselves.

In June of 1997, Seidman and his colleagues at WellPoint began exploring the Code of Federal Regulations to determine if there was a regulatory pathway to convert Claritin and the other second-generation antihistamines to OTC status. They found that the FDA uses several criteria for evaluating a change in status:

- Drugs must be safe and effective without the supervision of a licensed practitioner.
  - Claritin, Allegra, and Zyrtec were safer than the already available FDA-approved OTC antihistamines and already available without a prescription in Canada and the European Union.
- Drugs must have a low potential for misuse and abuse.
  - Claritin was marketed as having side effects similar to taking a sugar pill while the list of OTC FDA-approved antihistamines in 1998 all had warnings related to significant sedation and anticholinergic side effects.
- The conditions treatable by the drug should be common, benign, and self-diagnosable by the average person.
  - The FDA had already set precedent with its current list of FDA-approved more-dangerous OTC antihistamines for the treatment of allergies.
- The labeling must be understandable to the average person using the drug.
  - FDA labeling for the more-dangerous OTC antihistamines was already established.

The WellPoint FDA petition to convert the safer antihistamines from prescription to OTC status was born. In June of 1998, WellPoint submitted its citizens' petition to the FDA requesting that the FDA convert Claritin, Allegra, and Zyrtec from prescription to OTC status.

Two FDA advisory committees held a joint meeting on May 11, 2001, to consider the WellPoint citizens' petition and voted overwhelmingly that Claritin, Allegra, and Zyrtec could be safely used OTC without physician supervision. In November of 2002, the FDA approved Claritin for OTC use.

Upon the FDA's approval of Claritin for OTC sale, Seidman designed and WellPoint implemented a coupon program ensuring that patients would not pay more than their previous drug copayment for prescription Claritin. Almost all other insurers copied these WellPoint prescription drug benefit policies.

The WellPoint petition to the FDA resulted in having \$5 billion in US health care inefficiencies removed from the health care system. Generic OTC Claritin is now available for \$.03 per pill.



## REFERENCES

1. JRA (with acknowledgments to Siân Anis). Virchow misquoted, part-quoted, and the real McCoy. *J Epidemiol Community Health*. 2006;60(8):671.
2. Virchow RC. Report on the typhus epidemic in Upper Silesia. 1848. *Am J Public Health*. 2006;96(12):2102–2105.
3. Pietila A. *Not in My Neighborhood: How Bigotry Shaped a Great American City*. Chicago, IL: Ivan R. Dee; 2010.
4. Rimón O, Fredrick B, Jernigan D, Hinson L, Zuccaro J. White paper on advocacy in public health. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health; 2014.
5. Cohen D, de la Vega R, Watson G. *Advocacy for Social Justice: A Global Action and Reflection Guide*. Bloomfield, CT: Kumarian Press; 2001.
6. US Department of Health and Human Services, Centers for Disease Control and Prevention. CDC winnable battles final report. 2016. Available at: <https://www.cdc.gov/winnablebattles/report/docs/winnable-battles-final-report.pdf>. Accessed January 16, 2020.
7. World Health Organization. Equity. Available at: <https://www.who.int/healthsystems/topics/equity/en>. Accessed January 16, 2020.
8. Krieger N. Historical roots of social epidemiology: socioeconomic gradients in health and contextual analysis. *Int J Epidemiol*. 2001;30(4):899–900.
9. Gray AM. Inequalities in health. The Black Report: a summary and comment. *Int J Health Serv Plan Adm Eval*. 1982;12(3):349–380.
10. Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report. Geneva, Switzerland: World Health Organization, Commission on Social Determinants of Health; 2008.
11. Lalonde M. New perspective on the health of Canadians: 28 years later. *Rev Panam Salud Publica*. 2002;12(3):149–152.
12. Alameda County Public Health Department. Social and health equity. Available at: <http://www.acphd.org/social-and-health-equity.aspx>. Accessed January 20, 2020.
13. Freudenberg N. Community capacity for environmental health promotion: determinants and implications for practice. *Health Educ Behav*. 2004;31(4):472–490.
14. Minkler M. Ethical challenges for the “outside” researcher in community-based participatory research. *Health Educ Behav*. 2004;31(6):684–697.
15. Minkler M. Community-based research partnerships: challenges and opportunities. *J Urban Health*. 2005;82(2 suppl 2):ii3–ii12.



## Planning: Goals, Strategy, and Tactics

*If you don't know where you are going, you might wind up someplace else.*

—Yogi Berra<sup>1</sup>

The winter of 2003–2004 was not a particularly cold or snowy one, but for some public health officials in Washington State, Oregon, and California, it was a very memorable one. On December 9, 2003, a skittish, recently postpartum Holstein cow, identified as M-2229095, hesitated down the ramp toward the slaughterhouse at Vern's Moses Lake Meats in Washington State. It was late in the day and something about the anxious look it had in its eyes prompted Dave Louthan, the slaughterer, to kill it in the trailer outside the slaughterhouse lest it stampede in the other direction. By US Department of Agriculture (USDA) regulation, any cow killed outside a slaughterhouse had to have its brain tissue tested for mad cow disease, officially known as bovine spongiform encephalopathy (BSE). This regulation was designed to capture samples from any cows that could not walk into the slaughterhouse on their own legs, or so-called “downer” cows. Downer cows were presumed to be sick and possibly infected with BSE.

Two weeks later, on December 23, 2003, Agriculture Secretary Ann Veneman announced that that cow had tested positive for BSE. This was the first time that the incurable, fatal, degenerative brain disease, which can spread to humans who eat infected cow parts, was detected in the United States. By the time of Secretary Veneman's announcement, the cow's meat had been processed and distributed to food stores in at least eight states.

On January 2, 2004, as the Alameda County Health Officer, I (Tony) received a phone call from the California Department of Public Health (CDPH) notifying me that meat directly traceable to that BSE-infected skittish Holstein had been distributed to stores and restaurants in Alameda County. The meat was subject to a late-starting and slow-moving USDA voluntary recall. Typical USDA press releases on recalls describe the meat product, where it was processed, and the states that received it, but no specific names of grocery stores or restaurants are included, despite that information being known to USDA. On the call, I was told that before I could learn of the locations where the tainted meat had been sold, I had to agree to sign a statement that I would not

publicly identify the stores and restaurants or their locations. This was pursuant to a USDA memorandum of understanding (MOU) that read, in part,

USDA will share “proprietary distribution lists of recalled product” with California Department of Health Services (CDHS) as long as CDHS “will protect such information from unauthorized disclosure. The intent of this MOU is to improve public health protection by allowing for more effective and timely verification that recalled products are removed from commerce. It also will enhance cooperation and improve communication among food safety and public health agencies.”<sup>2</sup>

Despite knowing exactly which stores and restaurants received the contaminated product, USDA did not want that information made public. As such, USDA was enforcing a “gag clause” in its MOU with the state of California. It had been 24 days since the cow was slaughtered and its meat entered into the stream of commerce. People had already eaten some of this meat. As far as I could discern, the overriding public health objective at that point was to notify the public and provide them as much detailed information as possible concerning the locations where the tainted meat may have been purchased or consumed so that people could take whatever steps necessary to discard or destroy any remaining meat from the contaminated lot. More than three weeks after the meat had entered the distribution system, it was possible that some was still sitting on store shelves but more likely it might be in people’s freezers in their homes. So not notifying the public and providing detailed information about where the tainted product had been sold seemed preposterous. When I told the CDPH officer this, he informed me that, pursuant to the USDA “gag clause,” if I did not agree to keep the retail locations confidential, I would not be able to receive the retail locations that would allow our Alameda County health inspectors to visit the establishments and inspect and remove any remaining tainted meat products. I declined to accept those conditions. I hung up the phone and immediately called the *San Francisco Chronicle*. The second call I made was to Consumers Union.

The January 3, 2004, front-page *San Francisco Chronicle* headline read “State can’t say who sold beef. Rules bar telling which stores, restaurants had tainted meat.”<sup>3</sup> Consumers Union, who had been working on issues of food safety and improving food recalls for decades, was engaged and thus began a many-month advocacy process to change the law, undo this “gag clause” MOU, and prevent this from ever happening again.

Every advocacy campaign to improve health, whether it is on a national, state, or local level, or is an internal organizational matter, requires a plan—a series of steps through which you identify the problem you see, the solutions that will be most successful in addressing that problem, and how to get from the problem to the solutions. Changing organizational practices, laws, regulations, and other policies that affect health and the social determinants of health requires work, “a campaign” consisting of implementing

the steps in your plan to create the systemic change needed. Here are some activities and planning steps to help develop your advocacy campaign:

- Making a plan: how to frame your issue, define your objectives, and choose your forum for change.
- Basic planning steps for an advocacy campaign.
- Identifying your stakeholders and creating a Strategy Guide: who is making the decision and how does it affect our campaign?
- Dealing with the opposition and other pitfalls.

Our experience makes us only too aware that in most advocacy campaigns for health policy, serendipity and unpredictability play a part. The supportive chair of a key committee gets sick or has a change of heart. A trusted ally makes a deal for his or her organization and becomes a critic. Promised funding support is delayed or disappears. A plan provides preparation and a direction to adjust to such contingencies.

An advocacy campaign might be focused locally—for example, to encourage a hospital to provide appropriate cultural and linguistic health services—or it might be focused on something as broad as creating universal health care. Big or small, health advocacy campaigns are the means of achieving better health outcomes. The success of any campaign depends on the following elements being spelled out in your plan:

1. A clearly defined problem using a public health framework.
2. A clearly defined solution and interim goals toward achieving that solution.
3. An assessment of resources available to accomplish the goals.
4. A clear strategy focusing on the appropriate decisionmakers to reach the solution.

In the mad cow USDA gag clause example, the problem was the public being kept in the dark about how to protect themselves from contaminated food that could cause death. People who unwittingly bought meat or soup bones from the contaminated lots and had yet to consume them were being denied basic information that could literally save their lives. The solution was to ensure a mechanism whereby consumers would be able to get access to detailed and timely information about contaminated or recalled food that would enable them to clearly identify and return or discard the tainted product. Knowing the retail establishment where the food was sold is critical information for the consumer to be able to use in identifying whether they might have purchased the food in question. The resources we had at our disposal were the Health Officers Association of California and Consumers Union, the nonprofit publisher of *Consumer Reports* magazine. Both advocacy organizations have relationships with legislators, many of whom were outraged after reading the *San Francisco Chronicle* story about the USDA gag clause. Both organizations also had the resources to mount a campaign. What we had to do was develop a strategy that would deliver the outcome that we sought.

Developing a campaign requires a series of tasks: planning, fact finding, communication, and building support. The development of your plan, the first step in a campaign, also requires a series of specific tasks that translate to a list of activities. Although discussed here sequentially, these tasks do not necessarily follow one after the other; many are done in tandem or parallel with the others. Planning, implementation, and completion of various tasks and timelines can and will overlap. The exception, however, is defining the problem. It is essential that the community affected by a health issue define and agree on the problem they think needs to be fixed. The substance, trajectory, and effectiveness of your efforts depend on this first step. A clear definition of the problem must occur at the beginning of your work. That definition will guide the outcomes you seek and the steps you take to reach those outcomes.

## 1. DEFINE THE PROBLEM

Every effort to change health policy starts because someone—a researcher, survivor, or a community—becomes aware that there is a problem affecting health. Defining the problem—that is, having a specific agreement on what needs to be fixed—sets the stage for planning everything that follows: what additional data and examples need to be collected; what the public, decisionmakers, and the media need to hear; what the potential solutions are; what agency or organization can implement the solutions; who needs to be persuaded; who will join with you and who may oppose you; and what resources will be needed.

Clarifying the problem may not be as easy as it initially seems. Take as an example the problem of asthma. When people in a community come together to address the problem, one person might define the problem as environmental pollutants causing asthma attacks while another may see it as inadequate care and lack of medications to prevent and mitigate such attacks. Although both concerns are important, and both address the problem of asthma in the community, how to focus action to solve the problem will differ enormously depending on which definition of the problem is adopted. Those differences in where focus for action lies must be resolved through developing community consensus on the exact problem to be solved.

A public health approach involves trying to get as close to the root cause of the problem as possible; however, many public health problems have multiple determinants and different populations may be impacted differently. Enlisting the participation of the people most affected by the problem to help craft the solution is a key principle of health equity. Strategies such as community-based participatory research may be very helpful for engaging the community in defining the problem. Once there is agreement about the problem to be addressed, the community can develop a united position of working together to reach that goal. Without agreement on the problem, such a position may be impossible to reach.

The process of defining the problem is itself a way of bringing people together and testing whether they can work together. Having your problem clearly in focus helps you stay on task and communicate to others exactly what must be fixed. In this case, the community might agree to state the overarching problem as “Too many children in our community are suffering from asthma. The children in our school district miss an average of 15 days of class each year compared to the state average of six days per year. They need treatment for asthma in the emergency department at twice the rate as children in our state.” Then they may decide to address one issue related to asthma at a time, agreeing, for example, to focus first on reducing air pollution and then on improving access to treatment in a subsequent campaign.

One complication that arises in trying to define a problem is that some public health professionals may not be comfortable making a straightforward declarative statement that is lacking in nuance, considerations, contingencies, and data. However, the test of a problem statement should be whether the problem we have stated is true for what it says—that is, does it communicate the problem and do we have the data and analysis to back it up? In this case, such data may be community statistics that illustrate the human cost of children having asthma and individual stories that translate the data into the human impact that asthma is having on the community’s children. Can you show a probable causal relationship to the problem—in this case, to air pollution or lack of care? The challenge is to be able to convey to the public and decisionmakers that “We have a problem and we have to fix it.” That is the first step (Box 2-1).

Having the data and research findings to back up your statement of the problem is important, but it is just the beginning of the process. Those data will not, of themselves, generate needed change. As renowned Duke and Harvard public health researchers Kelly Brownell and Christina Roberto stated in *The Lancet*,

Only a small proportion of research has the policy impact it might have. . . . The communication of scientific findings occurs within the academic community but rarely outside it. . . . Little is done to systematically link scholarship to policy.<sup>4</sup>

Just as translational research in medicine is designed to take knowledge derived from basic bench science and apply it to medical therapies to improve health, public health

#### Box 2-1. Pro Tip: Keep the Solution in Your Back Pocket

Introducing your proposed solution before the community is convinced that there is a problem inevitably leads to a debate on what is the best solution—a huge distraction that can derail consensus. Have a possible solution developed but hold it in reserve until the people ask, “OK, what can we do about this problem?” Then you are ready to pull it from your back pocket!

advocacy is about taking public health knowledge and applying it to policy and law to ensure prevention, improve health, and advance health equity. There is a vast gulf between “what we know” in public health science and “what we do” in health and social policy. Effective advocacy helps close that gap.

To bring about policy change, you need a plan to address the problem that has been defined and documented and a concerted effort to make the needed changes. The facts, data, and personal stories illustrating the problem are the foundation for your plan. The way to translate the data and build an effective campaign on that foundation is by using a public health frame.

## 2. USE A PUBLIC HEALTH FRAMEWORK

We live in a very individualistic society that has dominant norms and values that often shape how we understand problems. As a result, when there is a health problem in the community, many people tend to default to a focus on individual behavior change as the solution. As discussed in Chapter 1: Advocacy Is Central to Public Health Practice, the behavioral paradigm of health is a dominant one, particularly in the media and among the lay public. Medical providers, policymakers, and news media will often want to know why people cannot simply change their behavior to improve their own health.

Be prepared to resist this common tendency to address individual health behaviors as the solution. You and your colleagues can head off this tendency by working with community members to reframe the problem. Walk them back a few steps, looking for root causes and population-level solutions that prevent rather than merely treat the problem.

For example, to deal with asthma, it may be thought that parents should vacuum their homes more thoroughly with higher-quality filters, use different cleaning products, and teach their kids to take their medication promptly or use inhalers correctly, or even stay indoors to avoid asthma triggers in the air. This personal responsibility framework usually engenders a solution focused on better health education: print more brochures in more languages, broadcast more public service announcements, put up billboards, hire more counselors to teach individuals how to deal with their problem.

In reality, however, most public health problems have a more systemic origin and are more amenable to collective solutions that are outside of the reach of individuals. It is well understood that asthma may be related to air pollution, building materials, pesticides, the quality of housing stock, or food additives. None of these issues are directly within the control of individuals. Often in public health advocacy efforts, the essence of the battle will be which frame is most persuasive, individual or collective

responsibility (more on framing in Chapter 4: Communicating the Message). As a public health advocate, you will face industry groups, corporations, and ideologues who will aggressively advance personal or parental responsibility or consumer choice as core values that should be sacrosanct, even in the face of demonstrable human injury or health risk. As we said, identify the root causes, the policies and practices out of any individual's control, and think through the best ways to communicate the actual problem. For example, "There is a major freeway interchange that abuts the grammar school, and auto and diesel emissions permeate the classrooms and playground. The school heating and cooling system needs to be retrofitted with high air filtration systems to protect children, teachers, and staff from breathing air that is causing asthma attacks, missed school days, and emergency department visits. That is how XYZ School District has solved this same problem."

In most cases, the solutions to these systemic problems require public health approaches that seek policy change to address the broader problems. Working to change policy will require advocacy on behalf of the population as a whole to seek far-reaching, systemic solutions.

Despite a wealth of scholarship and substantial scientific literature in social epidemiology and the social determinants of health, many frontline public health practitioners remain deeply rooted in the "medical model" and do not embrace working for systemic change because it requires going beyond individual counseling and treatment to broader action and "getting political"—entering an arena in which they do not feel comfortable. You will hear "This isn't part of my job," or "I can't get involved in politics." To counter such resistance, you may need to offer some education about emerging public health science, health equity, and general prevention philosophy. Describing how public health professionals have engaged in other campaigns will help show it can and should be done. There are many organizations that can help with trainings and resources on these topics (Box 2-2). Local and state foundations may provide funding for such trainings. In the end, framing the issue from the perspective of specific structural inequity rather than personal responsibility is often essential for getting everyone to agree on the approach, even if it takes additional time and preparation to get everyone on board.

#### Box 2-2. Resources for Framing Your Problem

- The Praxis Project: <https://www.thepraxisproject.org>
- Frameworks Institute: <http://www.frameworksinstitute.org>
- Prevention Institute: <https://www.preventioninstitute.org/tools>
- Berkeley Media Studies Group: <http://www.bmsg.org/resources/framing-101>

### 3. IDENTIFY THE SOLUTION AND INTERIM GOALS

After defining the problem from a public health framework, the next step is to decide what solutions will meet community needs for improved health. In this step, you identify the outcome being sought that will solve the problem, then establish clearly defined short-term goals that will deliver that outcome.

To answer the question “What should we do about this problem?” start by seeing if there are evidence-based solutions that can be adapted locally. Explaining how other communities or jurisdictions solved a similar problem helps set a feasible course.

Using the example of asthma, the community might decide that it first wants to address the high levels of air pollution it has been able to document. In that case, there may be more than one solution for which to advocate: for the state to adopt laws that will lead to a significant reduction in the materials that cause air pollution and for school districts to retrofit schools that adjoin heavily polluting freeways with high-efficiency particulate air-filter systems. In another campaign to improve health services, the community might advocate for the county to provide comprehensive preventive and treatment services through asthma clinics. In these cases, it would be essential to define “significant reduction” and clearly describe “comprehensive” services, as well as to set timelines for implementation.

Clear goals and objectives help define a bottom line so the campaign coalition can be sure that the campaign continues until it achieves the fundamental change being sought and so that all participants will know when you get there.

For many public health campaigns, there is a common set of activities that form short-term goals. These activities include helping build the understanding of the underlying science about the problem among community members and organizing them to work for a solution, forming a coalition of community and other interested groups that will work together on the campaign, conducting surveys and other research to document the problem, meeting with elected officials to make the case for change, and using the media and social media to impart information, build support including foundation grants if extra resources are needed, and create public pressure for change. These activities can all be broken into tasks that add up to measurable short-term goals that allow the coalition to see that it is moving forward toward the twin objectives of, in this case, decreased pollution and creation of new clinics.

Meeting these interim goals will demonstrate to the community and to the broader public both that this campaign is serious about diminishing the impact asthma is having on the community and that there is a plan and a group of people who are committed to mitigating and preventing childhood asthma by carrying out that plan.

Your plan should include specific points at which the campaign will review its progress toward the interim goals so that the coalition can both have a sense of accomplishment and make changes, if necessary, about how to go forward. Regular evaluation of how things are going is a way to ensure that the coalition is working toward success. It



encourages others to join the campaign and local foundations to help provide general support grants for communities to protect their health.

## 4. ASSESS YOUR RESOURCES

You start every campaign with a priceless resource for getting attention and changing policy: your credibility. Combining competently produced data and credible community voices with the authority of health professionals scales the impact of your campaign. But there are also inherent challenges: when working in coalitions it can be difficult to control the message, particularly to resist the urge to inflate facts. You will need to have direct, clear, and regular conversations with all of your campaign colleagues about each member's commitment to stay within agreed parameters and follow procedures for sign offs necessary for written materials, speaking engagements, and authority to make decisions. We will discuss how to maintain your personal and professional integrity and the credibility and force of your campaign in great specificity at several points in this book.

Part of the planning process is to assess the resources of the community and potential coalition members. One element is the ability of members of the group to work together. Is there a history of working together or working separately, or divisiveness on previous issues? Can there be agreement on leadership? Are there enough people with the skills and experience to succeed? For a discussion of forming and maintaining coalitions, see Chapter 5: Building Support: Coalition Building and Community Organizing.

In addition to leadership, you need people with the skills to do surveys and to gather facts, stories, and information that can be used to document the problem. Someone will need to be able to get people out for meetings as well as for news conferences and other community events. You will need speakers who can represent the community or coalition. You may need funds to pay for supplies and out-of-pocket expenses, places to meet, and computers to use. You will need phones to call the media and to call the community for meetings. Someone will need to manage emails and a website. Perhaps an agency that is part of your coalition can provide some of this help. Few if any campaigns start with all they need, but there need to be enough resources to start and to add elements as you go. Consider asking those who have common interests and the capabilities you need to join the campaign.

Most of the logistical needs (such as meeting spaces, copying, telephones for phone banking, newsletters, and transportation to meetings) can be provided by local churches, community organizations, and individuals. But people's time for the factual research and community surveys, for organizing and communicating, for drafting notices of meetings, for showing up to talk with officials, and so on must be assessed realistically. The actual out-of-pocket dollar costs can be minimal, from zero to a few hundred dollars for telephones and copying. It is the "people time" that is needed most.

It is possible to find funds for advocacy campaigns. Individual donors may be willing to contribute to an effort to solve a community health problem. Where there is heightened

awareness of the problem, public fundraising efforts can be initiated to pay for a campaign such as placing an initiative on the ballot or buying advertising space. You can consult with foundations interested in systems change, civil society, environmental justice, or other aspects of health policy work about their willingness or interest in funding elements of an advocacy campaign or ongoing health advocacy work. There are many proven ways for foundations to fund work to change policies. Foundations can make general operating support grants to organizations whose mission includes advocating for good public health (see Chapter 12: Advocacy Sustainability, Personal Principles, and Procuring Funding). Often, coalition members, such as labor organizations, can contribute needed funds for a campaign. Be very clear-eyed in assessing whether a potential source of funds may taint your effort. Having support from an interest that stands to gain financially or creates other questions can end a campaign designed for a public good.

Depending on the strategy you choose, you may need one or more individuals with special skills, such as lawyers, experienced lobbyists, webmasters, fundraisers, campaign managers, or media experts. Usually, one or more of the institutional coalition members who have worked as advocates will have staff with these special skills. The strategy you decide on will depend, in part, on the resources you can count on for your campaign.

After you have defined the problem and gathered together the facts and your analysis and a working coalition is in place with the resources you need, the next step is deciding your course of action: will you create public pressure, meet with government officials, or take another route? One thing to consider in choosing your strategies is how much time the entire process will take. Can you act within the time that people—the community, the media, and government officials—expect to see action? Can you expect a decision within a time frame you think is reasonable?

You need to think about other issues as well: Is the coalition more comfortable starting off by talking to those who might have the power to make change—a company, if one is involved, or an agency that might be able to act—before creating public pressure? Is health at imminent risk, requiring immediate strong action, such as a public demonstration? Can you keep up with the work required to handle the follow-through steps, including presenting your facts and arguments at meetings and hearings in the capital if legislation is introduced? If you go to court, will the coalition take a back seat to lawyers? If you do not go to court, will the coalition be perceived as weak?

## **5. DECIDE ON A STRATEGY: WHICH FORUM FOR DECISION MAKING YOU WILL ADDRESS**

A crucial strategic part of the initial planning process is deciding where the campaign will focus its efforts to change the rules—that is, on which place where decisions are made will you focus to bring about change (see Figure 1-2 in Chapter 1).

A useful way to guide which forum to choose is by analyzing the strengths and weaknesses of your allies and potential opponents. By assessing the likely opinion of the

decisionmaker(s) you need to convince—such as your county supervisor, an elected official, a hospital administrator, a corporate chief executive officer, or legislators—and the strength of their opinion, you can gauge how difficult or straightforward a campaign will be. Listen carefully for signals from potential decisionmakers. Administrative agency personnel may let you know they are sympathetic but need public pressure to act. Legislative staff will tell you that the relevant committee chair will be a difficult opponent. Assessing the positions of likely stakeholders and the strength of their likely support or opposition will help you use your resources where they will be most effective. We often do this instinctively, but by using a disciplined approach and effective tool to be sure we have been thorough and analytic, we will have a better chance of choosing the best forum for change.

Identifying your stakeholders and creating a Strategy Guide is a deliberate process that can help you figure out where and how to focus your campaign starting with the policymaking forum you choose. It will also guide how and what you prepare and present to different stakeholders and which audiences you have the best chance to convince. We can use the Strategy Guide (Figure 2-1) to see how this works.<sup>5</sup> Having a coalition meeting, virtually or in person, to brainstorm and fill in the chart is an effective way to get everyone's thinking, even speculation, front and center for all to see. At the end of the process, you will be able to gauge visually the power and position of individuals and organizations likely to be involved in the campaign.

On the vertical axis, list those with the most to least power to affect the decision. Then place each person along the horizontal axis based on how active their support or opposition to your campaign might be.

**To help focus your campaign resources, create a realistic picture of your stakeholders. Outline your potential supporters, opponents, and those in between to determine where to concentrate your efforts.**

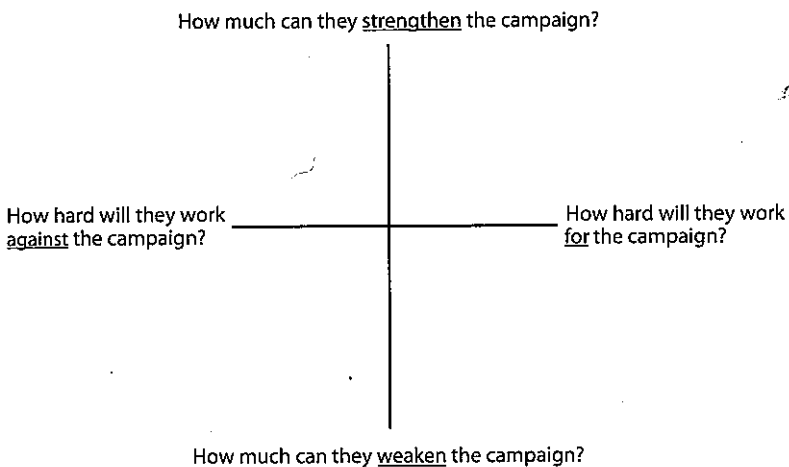


Figure 2-1. Strategy Guide

For example, if you are thinking of passing a state law to address a problem, you want to know if the governor will sign the bill. That is a lot of power, so she would be high up, perhaps at the top of the Strategy Guide. How far to left or right of the vertical axis she falls depends on your judgment about her support or opposition. That position tells you how difficult or reasonable getting your bill signed would be. Adding in the other decisionmakers, such as legislators and stakeholders, provides a concrete view of whether or not your campaign should be focused on passing a law.

You can engage in the same process to assess the likely outcome of using a different forum to see which would be the best route to take.

For each possible decision-making forum, ask your coalition to brainstorm and rate all the possible players—including critical allies and key opponents—along these axes. Brainstorming is best when all the ideas go up on the graph without criticism. When everyone's suggestions are on the chart for all to see and think about, go through a detailed review of each entry. Discuss why you think a particular person will oppose and who can influence her, or why a particular person would support, how strong that support would be, and how much you could count on him to influence others. Everyone can and should weigh in on these questions. Move the entries accordingly and add notes for follow-up action. This is a valuable way to build your coalition working relationships and gives a road map for the work that needs to be done, including creating a list of who needs to hear from whom.

The result of this exercise will allow you to deploy your resources to influence the people most important to reaching your goals. The primary person or people are those who actually make the decisions, while you secondarily want to gain the support of the stakeholders, staff, and others who influence the key decisionmakers. A Strategy Guide will help you avoid wasting time or resources trying to convince players with very little influence—or those with entrenched opposition.

## **DEFEATING THE US DEPARTMENT OF AGRICULTURE GAG CLAUSE**

USDA is a federal cabinet-level agency. President George W. Bush had appointed Ann Veneman as his secretary of agriculture. The USDA gag clause was contained within an MOU that had been signed between USDA, a federal agency, and California Department of Health Services, a California state agency. Therefore, both state and federal law were involved in this issue. We immediately recognized that we would have no success in working through Congress or the executive branch to try to undo this MOU gag clause. Bush was a Republican from Texas and both he and USDA Secretary Veneman strongly supported the dual and often conflicting USDA mission to support and promote the beef industry *and* to ensure the safety of food products. The MOU was designed because food processor distribution lists are considered proprietary business documents that have value to companies that operate as

meat producers, wholesalers, distributors, and retailers. Guarding the sales and supply relationships from competitors is viewed as crucial to many of the actors within this industry. They therefore asked USDA to protect this business information in the event of a food recall. By publicly identifying the retailers who had received the contaminated beef, competitors could obtain distribution network information and use it to undercut the competition.

So we saw that the likelihood of being able to get Congress to pass legislation to undo the USDA MOU was unlikely given that Bush would never sign it. However, we realized that there were two sides to the agreement, and we did have some control over the California side. While the congressional forum was largely closed to us, we could battle this out in the California legislature. We had another forum where the odds of success were much more favorable and the intended outcome could be achieved. So we engaged a formidable California legislator, Senator Jackie Speier, who authored a bill in the California legislature that required any California companies that were notified of a USDA recall to inform the state health department who would then be mandated to inform locals and the press. This way the MOU became moot and the public would be notified whenever tainted meat subject to a recall was in California (Figure 2-2).<sup>5</sup>

In choosing which forum for decision making to work with, remember that you can decide later to seek policy change in additional forums to increase pressure, maintain momentum, continue media and public interest, and enhance your organizing and



*Photo Credit: Lorie Leilani Shelley, Senate Rules Photography.*

**Figure 2-2.** Former California State Senator Jackie Speier (Now US Congresswoman), With Four California Health Officers at Press Conference on Senate Bill 611 Regarding US Department of Agriculture Meat Recalls

**Box 2-3. Pro Tip: Walk and Chew Gum But Stay on Message**

When you are working in different forums and speaking to different audiences, be certain to be consistent in using your data, stories, analysis, and framing in both forums and the media. Be prepared for both forums to claim that you have chosen another forum and to use that as an excuse to declare that they will not take the time and energy to work with you.

**Box 2-4. Proposition 186: Fail to Plan, Plan to Fail**

In the late 1980s, California's health consumer and labor activists coalesced into an organization called Health Access. The coalition spent years trying to pass health reform bills in the legislature, but was foiled repeatedly by the powerful health insurance lobby. When Bill Clinton's 1992 election catapulted health care reform into a top issue, Health Access supporters saw an opening and decided to go big.

With strong support from their own hard-core progressive base of community, union, and senior organizers, they gathered enough signatures to put a single payer initiative on the 1994 ballot. But beyond a successful effort to gather the million qualifying signatures and a catchy "Health Security" slogan, the campaign lacked coherent strategy and had virtually no budget. They did no pre-ballot public opinion polling or message testing and ran a patchwork, grassroots campaign. "We were intoxicated, we believed our own bumper stickers," said one campaign leader. An independent poll put out shortly before the election showed little public awareness of the issue and weak support. Attacking government-run health care, the \$5-million industry-funded opposition campaign was successful in defeating Proposition 186 by 73% to 27%—a decisive outcome that put single payer on the back burner for many years.

Source: Based on Shultz.<sup>5</sup>

coalition building. You can pursue more than one forum at the same time. For example, if you have a bill pending in the legislature, you could organize local city councils to pass resolutions in support of it. Or you may decide that a lawsuit is needed because your bill is stuck in the legislature. This can put pressure on the legislature and governor to retain control by passing a bill and avoiding the uncertainty of a court or jury decision.

If you are working in multiple advocacy arenas simultaneously, it is essential that the work in different places where decisions are made be well planned and coordinated so that scarce resources are used efficiently, decision makers are held accountable, and the campaign presents a focused and forceful presence (Boxes 2-3 and 2-4).<sup>5</sup>

## **PREPARING FOR THE OPPOSITION AND OTHER POTENTIAL PROBLEMS**

Opposition is one obstacle to achieving your goal that you can count on, almost always. There may be economic interests, cultural values, or political expedencies. Sometimes it is as simple as "not invented here" or personal egos. The need for change often is an indicator that something or someone is not right—a problem or community is being neglected—and calling out a need for change is taken as criticism. Let's face it: often it is criticism.

When you are anticipating opposition, discuss and decide on what tone the campaign will have—aggressive and confrontational or conciliatory and collaborative or one of the many postures in between or on the farther edges. Consider that you do not want to make an unnecessary opponent on one hand and that you may need to call out a problem in strong values-based language to get public support on the other. This process will be informed by your Strategy Guide. Who are the most powerful opponents and how can we best overcome their likely arguments? Equally, if not more important, is the collaborative comfort level of the members of your coalition. We will discuss specifics of communication strategy in Chapter 4: Communicating the Message, but it is important to agree on the tone with which you want to start the campaign. Remember, you can always agree to use a stronger tone if that is needed and to gain attention and to raise the stakes if the opposition uses false or misleading data and tactics. In some cases, an organization that is not part of the coalition may take a stronger position or more confrontational tone. Be sure to clarify that they are on the same side, but they are not part of the coalition.

## REFERENCES

1. Mitchell H. Yogi Berra dies at 90: here are some of his greatest quotes. *Los Angeles Times*. May 12, 2015. Available at: <https://www.latimes.com/sports/sportsnow/la-sp-sn-yogi-berra-turns-90-quotes-20150512-story.html>. Accessed May 28, 2020.
2. US Government Accountability Office. Food safety. USDA and FDA need to better ensure prompt and complete recalls of potentially unsafe food. 2004. Available at: <https://www.gao.gov/assets/250/244381.pdf>. Accessed May 10, 2019.
3. Russell S, Asimov N, Chronicle Staff Writers. State can't say who sold beef / Rules bar telling which stores, restaurants had tainted meat. *SFGate*. January 3; 2004. Available at: <https://www.sfgate.com/health/article/State-can-t-say-who-sold-beef-Rules-bar-telling-2832619.php>. Accessed February 11, 2020.
4. Brownell KD, Roberto CA. Strategic science with policy impact. *Lancet*. 2015;385(9986):2445–2446.
5. Shultz J. *The Initiative Cookbook: Recipes and Stories From California's Ballot Wars*. San Francisco, CA: The Democracy Center; 1996.

## Getting the Facts: Effective Application of Data and Research

*Public decisions affect the lives of millions of people in deep and lasting ways. For this reason it is essential that these decisions be based on accurate information and solid analysis, not assumptions or half-truths. Far too often, this is not the case in public life. Important public debates become driven by misconceptions that take on the power of truth only because they have been repeated so often.*

—Jim Schultz<sup>1</sup>

In the early 1950s, Consumers Union, the nonprofit publisher of *Consumer Reports* magazine, reported that the evidence connecting smokers to lung cancer was “suggestive” and recommended that people reduce their cigarette consumption. In 1954, the American Cancer Society adopted a resolution recognizing the link between smoking and cancer. In 1957, Surgeon General Leroy Burney stated that “the weight of the evidence is increasingly pointing in one direction: that excessive smoking is one of the causative factors in lung cancer.”<sup>2</sup> In 1964, Surgeon General Luther Terry issued a pivotal report on smoking and health in which he noted that lung cancer was almost 1,000% higher in smokers than nonsmokers. The following year, the Federal Trade Commission voted to mandate clear and prominent health warnings on cigarette packs.

Despite the new recognition of the lethal effects of smoking, the extension of that harm to nonsmokers via secondhand smoke (SHS) was much slower to develop. In 1971, United Airlines, under advocacy pressure from its flight attendants’ union, was the first airline to designate smoking and nonsmoking sections in its airplanes. It took almost 20 years of effort by consumer and public health advocates for Congress to ban smoking on all domestic air travel. In 1986, the National Research Council reported that SHS exposure increased nonsmokers’ lung cancer risk by 30% and injured the lungs of children. That same year, the surgeon general stated that SHS is a cause of lung cancer in nonsmokers. In 1992, the Environmental Protection Agency classified SHS as a class A carcinogen. Despite the designation of SHS as a class A carcinogen, it took many more years of public health advocacy for legislatures to act decisively to protect nonsmokers from exposure to this carcinogen in public places.

To improve community health, you need to be able to show that there is a problem with the status quo—for example, lack of health insurance coverage, lack of needed services or critical information, or the presence of environmental hazards like SHS.



Defining the problem requires getting and thoroughly understanding the facts. Public health is a science. One definition of science is “knowledge of facts or principles gained by systematic study.”<sup>3</sup> While advocacy is the art of persuasion, public health advocacy relies heavily on demonstrable facts to illustrate how health can be improved. Public health advocacy is the marriage of art and science. Good public health advocacy must both demonstrate a thorough understanding of the facts and accurately describe the human health impact of the problem. It also must understand how to weave those facts into a compelling values-based narrative because that is how humans (i.e., media, voters, legislators) learn and are persuaded.

Getting the facts and the analysis you need to change health policy is often pretty straightforward. As a trained public health professional, you will probably have much of the basic information already, as well as the contacts and connections to do any additional research or data collection. Like public health science, public health policy issues are often interconnected and iterative. A good illustration of this is how public health policy developed around SHS.

In the early 1970s, public health advocates began advancing clean air restrictions in workplaces in states and localities. Despite having passed one of the earliest clean indoor air laws in the country, Connecticut found itself embroiled in decade-long debate about clean indoor air laws in the early 2000s, stemming from the state’s decision to pass a watered-down statewide “preemption” law in 1993 that prohibited local cities and towns from adopting strict indoor air laws the way that cities and localities in other states had done.

While generally known as the insurance capital of the United States, Connecticut, like Kentucky and Virginia, is a tobacco state. The known history of tobacco farming in Connecticut dates back to before the 1600s, when European settlers in Connecticut first encountered Podunk Indians growing tobacco along the fertile banks of what is now known as the Connecticut River. Connecticut is renowned for its high-quality shade tobacco, which is used to wrap high-end cigars. This labor-intensive industry has imported farmworkers for the delicate work of tobacco leaf harvesting for generations. As a college student, Martin Luther King worked more than one summer as an imported tobacco worker. His experiences as a 15 year old in the relatively racially unrestricted north astonished him as he noted in his autobiography, “After that summer in Connecticut, it was a bitter feeling going back to segregation.”<sup>4</sup> Other notable African Americans who spent summers in Connecticut harvesting tobacco are Thurgood Marshall, Mahalia Jackson, and Arthur Ashe. For many years, tobacco was the top-grossing agricultural product in Connecticut and today remains in the top five. So the tobacco industry in Connecticut has been a formidable and influential political interest group in Connecticut state politics.

In the early 1990s, public health advocates began pushing the state legislature to adopt a broad clean air bill that would ban smoking in government buildings, retail stores,

hospitals, nursing homes, schools, and childcare centers. Notably absent in this bill were any restrictions on bars and restaurants. Nevertheless, the tobacco lobby vehemently opposed this bill. But soon, fearing that cities and towns might choose to go after smoking in restaurants and bars the way that California cities were doing, they agreed to withdraw their opposition in exchange for an amendment that would preempt Connecticut towns from adopting any local ordinances that were more restrictive than the state law. In 1993, the Connecticut legislature passed what a *Hartford Courant* columnist called “a deal with the devil - otherwise known as Big Tobacco - stripping municipalities of their authority to regulate secondhand smoke in exchange for the tobacco lobby’s acceptance of a ban on smoking in state-owned buildings.”<sup>5</sup> The law, rife with loopholes, exempted 70% of the restaurants in the state. This watered-down piece of law marked the battle lines for the next decade.

In the early 2000s, Connecticut had a popular and business-focused Republican governor, John Rowland. It had a popular Democratic state attorney general, Richard Blumenthal, who had led the national attorneys’ general fight against Big Tobacco and is now a US senator. In 2001, after years of advocacy from public health groups around Connecticut, the state Senate passed a bill to end preemption. Unfortunately, the Speaker of Connecticut’s House of Representatives did not put the bill to a vote in either 2001 or subsequently in 2002, even though it had passed out of the House Public Health Committee both years and a majority of the House membership had indicated their support of the legislation. The Speaker stated that a bill to repeal preemption “was not a priority” and that banning smoking in restaurants and bars would make bar and restaurant owners “go ballistic.” Many advocates pointed to her dependence on Philip Morris lobbyists as a major sponsor for the midsession gathering of legislators hosted by the Speaker and the fact that she was the biggest recipient of tobacco industry campaign contributions in the state. She, however, denied that she was influenced by that and instead stated that her concern was for restaurant and bar owners, particularly those in Stamford, because they would lose business to neighboring New York State, less than a 10-minute drive away. The Speaker’s name was Moira Lyons and her district was Stamford. I (Tony) was the health director in Stamford.

In 2002, a delegation of public health advocates came to meet with me in Stamford. They noted that the American Lung Association had graded Connecticut an “F” for smoke-free air. They insisted that the only way to move this clean air policy forward was to find a way to move Speaker Lyons so that she would allow the bill to come to a full floor vote. If the bill could come to a floor vote, they were confident that it would pass. They were not sure of the governor’s signature, but the goal was to get it out of the legislature and onto his desk.

As Stamford’s health director, under state law, I had “all the power for preserving the public health and preventing the spread of diseases.”<sup>6</sup> I was also responsible for inspecting all food-service establishments on a quarterly basis. The dominant narrative was that restaurant and bar owners were strongly opposed to banning smoking in their establishments.

Their industry group, the Connecticut Restaurant Association, stated, “(w)e believe very strongly that the market should decide the smoking policy inside each restaurant and bar, not the government.”<sup>7</sup>

Advocates need to use solid, reliable information to change public policy. Comprehensive knowledge and solid data will build the credibility and clout you have more powerfully than emotional rhetoric or innuendo. As stated by Anthony Fauci, MD, “You stay completely apolitical and non-ideological, and you stick to what it is that you do. I’m a scientist and I’m a physician. And that’s it.”<sup>8</sup> For example, recent data show that rates of unauthorized immigration are the lowest in a decade. Studies showing links between autism and immunizations were discredited and withdrawn by scientific journals years ago. Rates of juvenile e-cigarette use have increased because kids are buying flavored brands that are designed to appeal to them.

In Connecticut, we ran through our analysis of the problem. We recognized that while bar and restaurant patrons were being injured by SHS, often overlooked were the bar and restaurant workers themselves. Their constant exposure to SHS during their shifts was an issue that had not been fully acknowledged in the public debate. They also constituted a large number of workers in Connecticut. So we recognized that, because as health director I oversaw the inspection of restaurants and bars, we could simply survey the workers and ask them if they preferred a smoke-free workplace to one that exposed them to SHS! We conducted the survey and the results were published on the front page of the *Stamford Advocate*, one of the Connecticut’s leading newspapers. Overwhelmingly, waiters, bartenders, and bar owners supported smoke-free environments. “Waitstaff, owners support smoke-free eateries” was the headline.<sup>9</sup> This simple study changed the narrative of the Connecticut SHS debate. Within three weeks, the Connecticut legislature passed and the governor signed legislation banning smoking in restaurants and bars.

A good rule of thumb to know you are on to an important health problem is when you say or think, “Wait, what did I just hear, read, or see?”<sup>10</sup> In that “Wait, what . . .” moment, some data or story has combined with your training, experience, and intuition and you become aware that there seems to be a public health problem that needs fixing. This can be an exciting opportunity to design and carry through a strategy to bring about systemic improvement in your community’s health. Often such systemic improvement will require changing public or private policies such as coverage, services, environmental hazards, or lack of information.

## BUILDING AN INFORMATION FILE

Once you have facts that carefully define the problem and potential solutions, begin to build a facts file on your issue. You want to be up on what the public, pundits, and potential decisionmakers are saying about the problem. This provides information on what is being said, by whom, and what data are being used and by whom. Save time and energy

by tapping existing sources first. Start with the print, online, and TV news. Media reporting on your issue will illuminate key biases, conflicting opinions, and repeating themes that will come in handy as you hone your description of the problem—your message. Collect the best media stories via Google News or LexisNexis. An in-depth magazine story or short documentary will often include leads for further information and feature experts you can reach out to. Get in touch with reporters for more background. Reporters are more available than you might think. Reporters are looking for stories and credible sources for their work. Your position, expertise, and data are resources reporters are looking for. We will cover more about working with the media in Chapter 4: Communicating the Message.

Assess what data may be needed to validate your evidence and what is needed to respond to data and arguments against taking action. Move further to look for data and research that others have already compiled. Federal, state, and local government agencies are a great place to start, but think tanks and advocacy groups often take reams of dense public data and package it in more understandable formats. For example, if you need some facts about maternal mortality among African American women in Los Angeles, you could start with the County Public Health's raw data (<http://publichealth.lacounty.gov/mch/fhop/FHOP2013/FHOP13.htm>),<sup>11</sup> but you would save a lot of time by going straight to LA Best Babies, the local experts and advocacy group. They have already “sliced and diced” the data into handy charts, graphs, and analysis: <http://www.labestbabies.org/data/perinatal-indicator-maternal-mortality>.<sup>12</sup>

Sometimes your only task will be to take existing data that are lying dormant in the public records of a corporation or public agency, make some sense out of it, display it in a clear and understandable way, and make some noise about it—it is that simple! Start your description with a compelling, plain-language version and then back it up with your data and a story of an individual as an example (Box 3-1).<sup>13</sup>

#### Box 3-1. Why Is Pfizer Hiding Its Effort to Kill the California Corporate Criminal Liability Act?

California Association of District Attorneys, working with Consumers Union of United States and others, supported a bill to create criminal liability for corporate wrongdoers. Fines, monetary damage awards, and public shaming had been insufficient to prevent corporations from making economic decisions that concealed great physical danger to consumers and workers. Ford Motor Company's decisions to make a cost-benefit analysis that led Ford to hide the fact that their Pinto automobile gas tank exploded in some cases of rear-end collisions was used as an example of what was wrong. Allowing dangerous products and labor conditions to continue existing was just a cost of doing business. Companies could build the cost of injuries and death they caused into the price of their product or service. The bill created criminal liability for individual managers and companies that failed to report a “Serious concealed danger, used with respect to a product or business practice, means that the normal or reasonably foreseeable use of, or the exposure of an individual to, the product or business practice creates a substantial probability of death, great bodily harm, or serious exposure to an individual, and the danger is not readily apparent to an individual who is likely to be exposed.”<sup>13</sup>

Making individuals criminally responsible is a policy intended to encourage accountability by those who might face jail time for knowingly endangering others. When California's Corporate Criminal Liability Act (CCLA) of 1991 became law (Cal. Penal Code Sec. 387), it was labeled the "Be a Manager, Go to Jail Bill" by a prominent newspaper. It was and is the only law like it in the nation.<sup>14</sup>

In 1996, Assembly Bill 675 was introduced in the California legislature with language that would have gutted the CCLA. The sponsor was unknown and unnamed by the firm energetically lobbying for its passage. The author of the bill said he did not know who was behind the bill but he thought it was necessary to protect corporations from overly zealous prosecutors. Consumers Union needed to do three things to fight the bill. They needed to prove that the law was not a burden on corporations and the economy, find out who was sponsoring the bill, and, lastly, determine why they were sponsoring it. By examining California's Division of Occupational Safety and Health and other state records, Consumers Union determined that from 1991 through 1995, only 13 cases under CCLA had triggered consideration of prosecution by prosecutors, and only five prosecutions were filed, all for egregious instances of workplace dangers—three involving preventable deaths of employees and two involving preventable amputations. By examining the records of the California Secretary of State, they determined that Pfizer had paid \$100,000 to the lobbying firm and for campaign contributions to representatives they thought would support their bill. Further research found that a Pfizer California subsidiary, Shiley Inc., had produced the Convexo-Concave heart valve that had been implanted in 80,000 patients worldwide between 1979 and 1986. In 1986, after 360 people had died when a strut in the valve failed, it was taken off the market. In 1994, Pfizer settled with federal investigators who accused the company of making false claims and withholding testing data about problems with the heart valve to receive quick US Food and Drug Administration approval to market it and to keep it on the market. In 1994 Pfizer agreed to pay the federal Justice Department \$20 million in fines and costs to settle the case. Consumers Union turned their facts and their story into a 12-page report, "Concealed Danger: Who Is Really Behind the Bid to Kill The California Corporate Criminal Liability Act" and called a news conference to release the report on April 24, 1996.<sup>15</sup> AB 675 was killed, and CCLA is still the law in California (Box 3-2, Figure 3-1).

When you have to analyze raw data yourself, your job is to check for accuracy, interpret the numbers, and repackage the data in a compelling way. Who collected the statistics, how was the information collected, and how big was the sample? If comparisons are

#### Box 3-2. Pro Tip: What Do You Need to Know and Who Has It?

Get creative and think like an investigative reporter when you need data: "what am I not seeing; what do I need to understand this phenomenon; and where can I get it?"



Publisher of Consumer Reports

FOR IMMEDIATE RELEASE  
April 24, 1996

# NEWS

CONTACT: Elisa Odabashian or  
Harry Snyder  
(415) 431-6747

## Defective Heart Valve Manufacturer Behind Bill To End Criminal Liability For Dangerous Products

**SACRAMENTO, CA** - Pfizer Inc., which reached a multi-million dollar settlement with the government for hiding information from the FDA about the dangers of its heart valve, is pushing lawmakers to gut consumer protections that make companies and managers criminally liable for concealing dangers in their products, according to a report released today by Consumers Union's West Coast Regional Office\*\*. Over 80,000 patients worldwide have received Pfizer's heart valve implants; more than 360 people have died suddenly when a tiny strut in the valve failed. Pfizer has set aside \$500 million in an open-ended settlement of claims against them into the future.

Source: Courtesy of Harry Snyder. Consumer Reports News Release.

Figure 3-1. "Defective Heart Valve Manufacturer Behind Bill to End Criminal Liability for Dangerous Products" News Release: April 24, 1996

made, are they accurate and meaningful? Be sure the data you use is the most recent available and that it comes from a credible source, preferably a public agency that has made it available to all in some format (usually online). You must be able to accurately cite any fact you use in your informational materials via footnotes or simply by linking it to the online source. Encourage a recognized expert in the problem to provide a statement and to testify when appropriate. Think of it as gathering all of the strength and support you can for your strategy for changing policy (Box 3-3).<sup>16,17</sup>

### Box 3-3. Baby-Friendly Hospitals—The Data Are the Story

Local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) nutritionists were frustrated with stagnant breastfeeding rates and knew that inadequate hospital maternity care was part of the problem. In 2011, the California WIC Association (CWA) discovered that hospital infant feeding data were being gathered as part of the state's genetic disease newborn screening protocol. They convinced state staff to publish these obscure data online, showing the breastfeeding rates for every maternity hospital in the state, but it was so hard to find and understand that nobody used it. In 2012, CWA worked with University of California, Davis, experts to crunch and publish the hospital data in a compelling annual "report card," ranking the data to highlight the top and bottom performers. The report carefully laid out the methodology and made evidence-based policy recommendations for improvements in hospital practices. County-level hospital rankings were also created, allowing local advocates to generate media coverage, with tremendous impact. After years of data-driven advocacy, the number of "Baby-Friendly" California hospitals rose from 10 to 80. In 2013, CWA and allies finally passed Senate Bill 402, requiring all California hospitals to implement Baby-Friendly policies.

Source: Based on data from California Department of Public Health<sup>16</sup> and California WIC Association.<sup>17</sup>

Present your data in the most accessible and compelling way. Policymakers and reporters do not have time to read journal articles or wade through dense charts and spreadsheets. Skillful use of easily grasped graphics such as bar charts, trend lines, or pie charts can tell the story better than text. Mapping data is a particularly effective way to show problem areas or “hot spots” that are hidden in aggregate statistics. Mapping has been the most powerful way to demonstrate health inequities, exposing much higher rates of health problems occurring in low-income neighborhoods compared to affluent ones.

When you are ready to share the data and information you have, keep it as short and simple as possible. You need to communicate to smart people who do not know as much as you about the problem. Busy staffers and their policymaker bosses do not have time to read long, detailed reports. You have all of the data ready to back up everything you are saying, but you should not lead with it. Here are the easiest formats to work with:

- **Fact sheets:** A one-page document that uses bullet points and maybe a few charts to state the problem, propose a solution, and “make an ask.” They can be updated as the issue evolves.
- **Decks:** Multislide presentations are a good way to quickly flip through a data-heavy issue using easily grasped graphics, punchy text, and moving illustrations or photos. Decks can easily be shared with your communications targets using tablets or phones, or simply by sending a link.
- **Policy briefs:** A longer four-page brief is handy to summarize a complex issue and solutions, with room for a few stories with photos, a “case history” illustrating a successful solution, action recommendations, and footnoted research citations for curious staffers.
- **Quick videos:** It is now easy to compile a very brief video (1–2 minutes) that narrates over a series of slides and includes a few “talking heads,” and ends with an action request. Then you just need to post it online and publicize it on social media.

You do not need a randomized, double-blind, placebo-controlled experimental study that would be published in a peer-reviewed journal to move policy. It rarely does.<sup>18</sup> Just briefly describe how you got the data and how you came to the conclusions you did. Never overstate what the facts and data can support. If you are drawing inferences, say so and explain why they are a logical extension of what is on the page.

While you build your information file, be sure to collect documentation of policy solutions, not just problem descriptions. Do a literature search and write short, digestible summaries of the best examples of interventions or pilot programs that have tested and evaluated ways to solve the problems with which you are concerned. These can be used in “case examples” to encourage innovation and risk taking. If you can point to another city, county, or state that has implemented a policy similar to your recommendation, it makes decisionmakers more comfortable with adopting your recommendation.

On clinical issues, the US Preventive Services Task Force or the United Kingdom's Cochrane Review are good sources for proven-effective, evidence-based health interventions. Use the internet or conferences to talk to allies and fellow activists in other states or countries who have experimented with different solutions in your issue area. Get copies of their legislation, regulations, or protocols and keep in touch with their efforts over time. The National Conference of State Legislatures and the Congressional Research Service can help you find state and federal resources so you do not miss anything that may have already been tried. Data are the foundation of your recommendations, but more is usually needed to overcome professional, political, and competing interests. That is why planning how you present and release your data is critical to it having the impact to drive change (Harold Goldstein, DrPH, e-mail communication, June 13, 2019; Box 3-4).

#### Box 3-4. Advocacy Related to Soda and Junk Food Sales

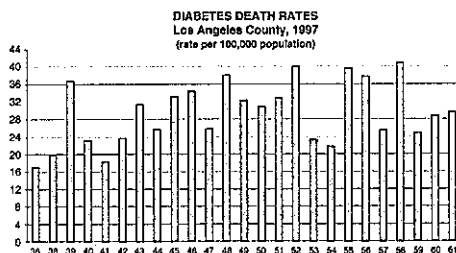
##### The Persuasive Power of Local Data

My work as a public health advocate began in 1997, when I started organizing Los Angeles residents to convince their state legislators to address the growing childhood obesity epidemic with state policy. In our initial meetings with assembly members and senators, residents told stories about having been overweight as children, how obesity affected their own children and grandchildren, and how childhood obesity would inevitably lead to increased heart disease, cancer, and diabetes. Unfortunately, the only data we had to describe the problem was at the county level, and it held little sway. Los Angeles County was home to 25 state legislative districts, so state policy makers knew that county data wasn't a true representation of their constituents, allowing them to believe that chronic disease was someone else's problem.

Looking for a way to get through to them, I had a revelation; perhaps I could estimate heart disease, cancer, and diabetes death rates for each of LA County's state assembly and 13 state senate districts.

Already on my computer were chronic disease death rates by zip code from the local health department. All I needed were the zip codes for each legislative district. A quick call to the Assembly Rules Committee gave me what I needed.

I stayed up all night, bringing together the two data sets on Lotus123, and voila!—first out of my new color dot matrix printer was this chart showing diabetes death rates by district, followed by similar ones for heart



disease and cancer deaths. When we showed these to legislators, their jaws dropped without exception. Never before had they seen health data for their own district—data singularly tailored to their unique decision-making needs.

When I proudly shared the above chart demonstrating the power of local data with an epidemiology professor colleague, he was unimpressed: "You can't show people that data. It is completely misleading!" "What do you mean?"

I asked, "Most of the disparities come from demographic differences between districts. You have to adjust the results by age and ethnicity." Well, of course differences between districts are mostly demographic. But legislators don't represent age-adjusted people. They represent real people, affected by real problems. As it turns out, when confronted with clear data about their constituents, legislators are much more likely to support policy reforms, even to champion them.

(Continued)



## Box 3-4. (Continued)

## Publishing Data to Support Change

Oh, and that district with the highest diabetes death rate? It happened to be represented by the Chair of the Senate Health Committee who had recently given birth to a baby boy. During her pregnancy, she developed gestational diabetes. She found the data so compelling that she sent it to every member of the legislature and became our champion for school nutrition reform in California.

In 2005, a week before the final vote to remove soda and junk food from schools, we released a similar report, this time describing childhood obesity rates by legislative district. The study got front page coverage in virtually every California newspaper. As part of their reporting, several journalists called legislators to ask them whether they supported the pending legislation. Without intending to, we had turned reporters into advocates.

The school food bill passed by a single vote.

## Science and Pragmatism

Over the six years it took to convince the California legislature to prohibit the sale of soda and junk food in California schools, I must have testified at 30 legislative hearings and spoken with reporters 50 times. Not a single legislator or reporter asked me the most obvious scientific question: *Is there any evidence that prohibiting soda and junk food sales on school campuses will reduce childhood obesity?*

You know why no one asked? Because policymaking isn't only about research, it's also about ethics and common sense. It just wasn't right for schools to act as soda and junk food superstores while child obesity rates skyrocketed.

Data is important, even essential. It helps to tell a story and illustrate a problem, maybe even point to a solution. But ultimately, legislative decisions rest on the priorities of policymakers and the needs of constituents. Data can help ensure those decisions rest on both factual information and common sense.



Source: Email communication and images courtesy of Harold Goldstein, DrPH, Executive Director, Public Health Advocates (June 13, 2019). Reprinted with permission.

## WHEN THERE IS A PROBLEM, BUT NO DATA

Sometimes there is a lack of good information to document a health or social problem. An advocate can pursue several strategies to deal with lack of data. A classic approach is to mobilize community members themselves, using low-cost “barefoot epidemiology” to gather data and bring attention to the problem. Cell phones have been used with great impact to photograph or take a video of police violence, poor housing, or city park conditions, or the impact of gun violence trauma in emergency departments. Simple surveys can be distributed, collected, and tallied by high-school student canvassers using online tools like SurveyMonkey.

When data are nonexistent, policymakers will often refuse to act to fix a problem until there is “proof” that it is serious enough to merit action. As a first step in a multiyear campaign, the advocate will sometimes need to push requirements for public agencies to collect and release data. Data collection on lead paint or pesticide exposure, birth defects,

and traffic accidents is now routine, thanks to the efforts of advocates who introduced legislation forcing state agencies to document these issues—and save lives.

Community groups have deployed volunteers to conduct surveys of local opinions and experiences. Public agency employees have added questions to their routine inspections to formalize information gathering about a suspected health problem. Activist organizations have made calls to businesses in a field to learn about reported practices. The information from this low-key fact gathering has been compiled, summarized, and made public in hearings, news conferences, and meetings (Boxes 3-5 and 3-6).<sup>19</sup>

Useful US government information or data are sometimes not publicly available without asking for it. A Freedom of Information Act (FOIA) request can be filed by anyone. Check out the tips and tools for submitting a FOIA or state Public Records Act request provided online, including Public Citizen's "The Freedom of Information Act: A User's Guide,"<sup>20-26</sup> to obtain corporate data or information that is not available in annual reports,

#### Box 3-5. Hayward Collective Uses Equity Atlas to Protect Renters

The Bay Area economy is soaring, yet rising inequality and displacement are making it impossible for working-class people and communities of color to stay and thrive. To document this inequity, the San Francisco Foundation, PolicyLink, and the Program for Environmental and Regional Equity at the University of Southern California (PERE), working with community partners, produced the Bay Area Equity Atlas. Publicly available online, the Atlas includes 21 equity metrics disaggregated by race, income, and geography.

Shifting power and policy in the Bay Area requires elevating the vision and voice of communities too often left behind," says Manuel Pastor, Director PERE. "By leveraging actionable data . . . the Bay Area Equity Atlas is a powerful tool to both highlight today's challenges and make clear the benefits of racial and economic inclusion."

The Hayward Collective, a social justice nonprofit, used a fact sheet featuring Bay Area Equity Atlas data on the growth of the city's renter population and the increasing affordability challenges to engage youth in its advocacy for stronger just cause eviction protections and rent control. On March 5, 2019, the Hayward City Council voted unanimously to extend the city's just cause protections to all renters in the city. Previously, these protections only applied to renters living in buildings constructed before 1979.

"Gathering, analyzing, contextualizing, and presenting data is a skillset that we—a volunteer-run grassroots organization—don't have the resources for," said Alicia G. Lawrence, an organizer with the Hayward Collective. "Collaborating with the Bay Area Equity Atlas team for data we know exists and supports the anecdotal stories of tenants in our community makes our policy position stronger when going toe-to-toe with the well-funded and professionally run opposition."

Source. Adapted with permission from The San Francisco Foundation.<sup>19</sup>

#### Box 3-6. Pro Tip: Low-Cost "Research" Can Drive Policy

To be most effective, the presentation of community- and student-developed surveys are introduced with a clear description of how the information was gathered, what it shows, and that it is not being presented as conclusive. Using locally collected stories with mapping data is a particularly effective way to show problem areas or "hot spots" that are hidden in aggregate statistics.

shareholder information, or corporate Securities and Exchange Commission reports you may need to work with policymakers or lawyers. Legislative committees hold informational hearings to dig into subjects when they are considering introducing a bill. They can subpoena corporate leaders to testify under oath in front of their committees about their activities. A lawsuit will force corporations to respond to deposition requests, allowing them to uncover previously unknown communications or data that will be useful to your campaign. In some cases, notably *The Cigarette Papers*, whistleblowers provide information to advocacy organizations and reporters. It is crucial in these cases to independently and fully authenticate the information before relying on it.<sup>27</sup>

## THE LIMITS OF DATA: BUILD YOUR STORY FILE, TOO!

*Evidence-based policy making is an important aspirational goal, but only a small proportion of research has the policy impact it might have. Most researchers are not trained to create policy impact from their work, engagement with policy makers is not encouraged or rewarded in most settings, and the communication of scientific findings occurs within the academic community but rarely outside it. There are exceptions, but little is done to systematically link scholarship to policy.*

—Kelly D. Brownell and Christina A. Roberto<sup>18</sup>

While data is a powerful advocacy tool, it has its limits. Millions of dollars and hours are spent on public health research studies and data collection, but most of it sits on the shelves. Why?

- No one has “connected the dots”—linked data or research findings with on-the-ground human impacts. For example, maternal mortality rates in the United States are unacceptably high, especially among Black mothers. But until the issue was highlighted with in-depth media stories about families left motherless by poor obstetric care, nobody really noticed.
- The data have documented a problem in great detail, but researchers, believing “it’s not their job,” have put forth no policy solutions beyond “something must be done.” For example, a research paper published in the *American Journal of Public Health* describes XYZ, but the conclusion is devoid of policy prescriptions beyond “more research is needed.”
- The data document the wrong problem. For example, a county social services office has reams of data on the number and types of people receiving benefits, but the wait times for getting an appointment are not tracked.

Making data useful may be challenging. Many public health students are trained that their job ends with getting the research methodology right and publishing the results. “Just do the quant and leave the results to others” is often what we are taught and has become the norm or culture for many. “Translational research” has not sufficiently disrupted this culture, but it points in the right direction: make your work have the impact it deserves.

When your information makes you think, “Wait, giving birth in the United States is more dangerous than in \_\_\_\_\_,” the next step is “What can I do to make that better or to save mothers’ lives?” Alameda County Public Health hiring criteria include asking, “Do you have experience and skills beyond documenting health problems? Can you determine evidence based or logical solutions and do you know how to get them implemented including changing relevant policies?” (Box 3-7).<sup>28</sup>

We describe the steps you can take to connect the dots, your research, and information, to the media, the public, and decisionmakers in Chapter 4: Communicating the Message.

While you build your Story File, it is critically important to start collecting the stories that underlie the data. Stories bring data alive, and without good stories an advocacy campaign can be an exercise in abstraction. Legislative staff love data, but when push comes to shove, their bosses will remember and retell the human stories when they vote on a bill. Use photographs and story boxes to break up your facts and data.

Your Story File should include constituents from key policymakers’ districts. Issue a call for stories online or contact individuals who have appeared in newspaper or television reports. Contact community-based organizations in the area that work on economic, health, social justice, or equity issues. Write down the story, get a name and contact information, and, if possible, obtain permission from the teller to use their story in your campaign. Keep a list of these contacts for reporters to use in future stories and for possible public testimony at hearings. Use your smartphone to record short video stories, and broadcast them (with permission) on Facebook, Twitter, or Instagram. Use your internet platform and new storytelling apps to collect many stories, and then release them to policymakers and the public in small increments on social media. This will help create a “drumbeat” as your campaign heats up (Box 3-8).<sup>29,30</sup>

Once you have collected your stories, map out a “story arc” for your advocacy effort. A story arc explains the problem and weaves in discussions of the social determinants of health; what causes the problem; the history of the causes; who, if anyone, benefits from the situation and how they benefit; who is injured and how they are hurt; why the

### Box 3-7. Beyond Doing Studies

Mona Hanna-Attisha, MD, MPH, a Flint, Michigan, pediatrician, was worried about the city’s water, and decided to do a study of the blood lead levels in her own patients. She was shocked at the results, but figured her study, which showed cold, hard evidence of increased lead toxicity among the Flint kids in her practice, would change things. But after months of calling and meeting with state and city officials, nothing changed. So she upped the ante and held a news conference, backed up by a growing team of other doctors and scientists. “[T]hat’s what you do when nobody’s listening. You get louder,” said the pediatrician-turned-activist.<sup>28</sup> Within a month, the Flint water source was switched back to the Detroit system. However, residents are still drinking bottled water because of corroded pipes. Hanna-Attisha, now “thoroughly radicalized,” is still fighting for her patients.

**Box 3-8. Fighting for Obamacare With Storybanking**

Both before and after passage of the Affordable Care Act (ACA) in 2010, Families USA collected stories from health care consumers to inform their work. As attacks on the ACA grew more prevalent after 2016, they partnered with Community Catalyst in pioneering easy-to-use technology for consumers across the country to tell their stories and created the Story Bank concept. Users began uploading personal narratives, videos, and photos to the Story Bank (also e-signing the proper release forms allowing their information to be used). Families USA could immediately broadcast these stories over numerous social media channels, and create compelling visuals for exhibits on the Hill or for radio or TV spots and targeted messaging to elected officials using stories of their own constituents. The stories keep coming in, and Families USA keeps on bolstering the fight with this powerful tool.

Source: Based on data from Families USA<sup>29</sup> and Community Catalyst.<sup>30</sup>

campaign was started and by whom; why it is opposed and by whom; how you plan to overcome the opposition; and why you are asking for and need support. Your campaign should tell a story in itself, and your human stories can be woven into this overarching campaign narrative to maximize your impact. At the beginning, you may be holding “listening sessions” to explore the problem in more detail and build alliances among stakeholders. Share your findings with your audience to build interest. Once you have a solid, well-documented problem, share it more widely through publications, web-based videos, and at press conferences or public hearings with live testimony—but be sure to include impact stories featuring real people.

When your campaign launches with a quest for a specific change in policy, it is time to “beat your drum”: keep up a steady release of stories, information, data, and demands for solutions until you get action. The former California legislative staff member, reporter, NBCTV bureau chief, and political consultant Don Fields said, “Story trumps money” (Don Fields, RF Communications Inc., in-person communication, June 1990). That has proven to be true over and over. Our campaigns rarely have financial backing; what they do have are human stories raised up on a foundation of data. Finally, when you get a result, remember to thank policymakers, allies, and storytellers themselves for their contributions.

## **DEFINING A “PROBLEM”**

We emphasize defining the problem because this is what defines your goal and your campaign. And, as we said, it is often difficult for scientists, community members, victims, and advocates to write a clear, accurate, and, hopefully, very short problem statement. It can be an enjoyable challenge requiring setting aside our attachment to our own views to be successful. Data are needed to document a problem and to ground a proposed solution. Individual stories reinforce the validity of the data by communicating the human impact

the data raise up. Both data and stories illustrate a community value—for example, children should not be hungry, food should be safe to eat, police should protect people. Data and stories used together show the violation of these values and expected norms and move the public to expect and support change. The public attention will focus decision-makers to pay attention to the fact that children are hungry, food is discovered to be unsafe, and police are not, in some cases, acting to protect the community. Chapter 4: Communicating the Message will discuss narratives, frames, and messages and illustrate how to embed important shared values in your articulation of the problem.

## PROBLEM BEFORE SOLUTION

Your campaign needs to have recommendations to solve the problem, but not lead with them. You want to focus attention on the problem and the urgency of solving the problem. You know you have accomplished that interim campaign goal when decisionmakers ask, “What can we do about it?” If you open your campaign by explaining the problem and what needs to be done about it, the discussion will be why your solution is too expensive, cannot be done, will take time, is not the best way to go about it, will cost jobs, will increase costs for businesses, etc. Discussion of the human impact, inequality, and unfairness of the problem will get buried in the attack on you telling others what they should do.

You want to be prepared to say something like, “Here are some options: Lakeport did it this way; we should look at what seems best for our own community, but it has and can be done.” By providing a road map and a benchmark of what is needed, you are offering to work out mutually acceptable solutions that meet that benchmark. Again, this takes a personal commitment to spend the time necessary and really listen and work collaboratively, even when you think you have the answer. First, you want to have others add support and fully join the campaign. Second, you will often find the process results in an even better solution than yours.

## CREDIBILITY IS YOUR STRONG POINT

In a world where it often seems that dark money and campaign contributions rule policy decision making, remember that when you do not have money, your only tool is the story you tell and the facts you share. Politicians will respond to advocates who are credible. To be credible, what you communicate orally and in writing to supporters, reporters, and decisionmakers must be accurate. Never bend the facts, exaggerate a story, or cherry-pick the data to mislead the reader. Legislative staffers will notice and your credibility will be damaged—sometimes irreparably.

If you make a mistake, be the first to correct it. If you are not sure about a certain fact, you might say, “Senator, I believe it’s \_\_\_\_, but I want to make sure so I’ll check it out and get back to you.” Follow through. If you were wrong, get him or her the correct answer or data. If you were right, let him or her know that you did check it out, and the information

**Box 3-9. Pro Tip: When Using Stories**

- Keep a running file of individuals impacted by your problem or helped by a policy solution. Jot down their contact information and seek permission to use their stories with or without their real names included.
- Use simple narrative text or create short videos on your phone and computer to capture and share stories.
- Have community members upload their own video stories to your website.
- Figure out your own campaign's "story arc," then plan to release your stories to match it.
- Refer reporters to the storytellers for more information.

you gave was correct. Keep in mind that you will likely advocate for other issues and your credibility will enhance your effectiveness now and in the future.

Decisionmakers also respect and respond to advocates who seek solutions with integrity and principles. Basing your campaign on facts rather than feelings, putting forth a thoughtful set of solutions, being open to other solutions if they are equally or more effective, bringing together different parts of the community, following through on promises, and showing your commitment to solving the problem strengthens your ability to persuade decisionmakers. Trust and communication are the currency you have to convince others to act (Box 3-9). Never jeopardize your greatest strength. When using data here are some advocacy pointers:

- Do not reinvent the wheel—make existing data work for you with good interpretation and punchy headlines.
- Share your data in the shortest and simplest format possible. More is not better.
- Use graphic displays to make complex data compelling and accessible to policymakers: simple bar charts, trend lines, or pie charts.
- Take advantage of easy-to-use mapping tools to display data geographically where appropriate.
- Rank your data and use a "report card" approach to highlight best and worst outcomes in a health issue or service provision.
- Publicize your data—make a powerful media splash with a messaging strategy and outreach plan.
- Build credibility by partnering with medical or academic institutions to release your data and make your advocacy point.
- Get ongoing media coverage by releasing data that come out monthly or annually in new ways, highlighting improvements or interpreting new trends.
- Always quadruple-check your data for total accuracy and carefully cite the original sources so that reporters can go to the source.
- Do not dump all your data on the street—only select the relevant facts that make your case.
- Get multiple media hits—issue annual updates or rank the data from "best to worst" to create report cards and keep the issue alive.

## REFERENCES

1. Shultz J. *The Democracy Owners' Manual: A Practical Guide to Changing the World*. New Brunswick, NJ: Rutgers University Press; 2002.
2. Burney LE. Smoking and lung cancer: a statement of the Public Health Service. *JAMA*. 1959;171:1829–1837.
3. Science. Dictionary.com. Available at: <https://www.dictionary.com/browse/science>. Accessed February 28, 2020.
4. Risen C. Martin Luther King in Connecticut: closer to a promised land. *New York Times*. June 10, 2016. Available at: <https://www.nytimes.com/2016/06/12/nyregion/martin-luther-king-in-connecticut-closer-to-a-promised-land.html>. Accessed February 28, 2020.
5. Jacklin M. A right to a smoke-free workplace. *Hartford Courant*. March 12, 2003:A13.
6. 2012 Connecticut General Statutes. Title 19a - Public Health and Well-Being. Chapter 368e - Municipal Health Authorities. Section 19a-206 - (Formerly Sec. 19-79). Duties of municipal directors of health. Nuisances and sources of filth. Injunctions. Civil penalties. Authority of town director within city or borough. Availability of relocation assistance. Justia US Law. Available at: <https://law.justia.com/codes/connecticut/2012/title-19a/chapter-368e/section-19a-206>. Accessed February 28, 2020.
7. Lynch MA. Restaurants want control of smoking policies. *Hartford Courant*. April 4, 2002:G3.
8. Specter M. How Anthony Fauci became America's doctor. *The New Yorker*. Available at: <https://www.newyorker.com/magazine/2020/04/20/how-anthony-fauci-became-americas-doctor>. Accessed April 23, 2020.
9. Green A. Waitstaff, owners support smoke-free eateries. *Stamford Advocate*. May 4, 2003.
10. Ryan JE. *Wait, What?: And Life's Other Essential Questions*. New York, NY: HarperOne; 2017.
11. County of Los Angeles Public Health. Perinatal health indicators Los Angeles County, 2013. Available at: <http://publichealth.lacounty.gov/mch/fhop/FHOP2013/FHOP13.htm>. Accessed April 30, 2020.
12. LA Best Babies Network. Perinatal indicator: maternal mortality. Available at: <http://www.labestbabies.org/data/perinatal-indicator-maternal-mortality>. Accessed April 30, 2020.
13. Legislative Intent Service Inc. Penal Code Section 387. Available at: <http://www.legintent.com/california-penal-code-statutory-history/penal-code-section-387>. Accessed February 28, 2020.
14. Corporate Criminal Liability Act of 1991. Available at: <https://www.dir.ca.gov/DOSHPol/P&PC-42.htm>. Accessed May 15, 2019.
15. Odabashian E. *Concealed danger: who's really behind the bid to kill the California Corporate Criminal Liability Act*. San Francisco, CA: Consumers Union, West Coast Regional Office; 1996.



16. California Department of Public Health. In-hospital breastfeeding initiation data. Available at: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>. Accessed February 28, 2020.
17. California WIC Association. Hospital breastfeeding rates & reports. Available at: <https://www.calwic.org/what-we-do/breastfeeding-advocacy/hospital-breastfeeding-rates-reports>. Accessed February 28, 2020.
18. Brownell KD, Roberto CA. Strategic science with policy impact. *Lancet*. 2015;385(9986):2445–2446.
19. The San Francisco Foundation. Landmark data tool spotlights Bay Area inequality—and solutions—for policymakers, advocates. June 5, 2019. Available at: <https://sff.org/landmark-data-tool-spotlights-bay-area-inequality-and-solutions-for-policymakers-advocates>. Accessed April 7, 2020.
20. Public Citizen. Freedom of Information Act. Available at: <https://www.citizen.org/article/freedom-of-information-act-foia-resources>. Accessed June 8, 2020.
21. The Freedom of Information Clearinghouse. The Freedom of Information Act: a user's guide. 2005. Available at: <https://www.citizen.org/wp-content/uploads/foiabrochureweb.pdf>. Accessed May 15, 2019.
22. National Freedom of Information Coalition. Available at: <https://www.nfoic.org>. Accessed May 19, 2020.
23. The First Amendment Project Society of Professional Journalists (Nor. Cal). A pocket guide to the California Public Records Act. 2003. Available at: [https://ssc.ca.gov/forms\\_pubs/publicrecordsact.pdf](https://ssc.ca.gov/forms_pubs/publicrecordsact.pdf). Accessed May 15, 2019.
24. US Department of Justice. Freedom of Information Act. Available at: <https://www.foia.gov>. Accessed May 19, 2020.
25. First Amendment Coalition. Sample CPRA request letter. Available at: <https://firstamendmentcoalition.org/sample-cpra-request-letter>. Accessed May 19, 2020.
26. MRSC. Public Records Act. Available at: <http://mrsc.org/home/explore-topics/legal/open-government/public-records-act.aspx>. Accessed May 19, 2020.
27. Glantz S, Bero LA, Hanauer P, Barnes DE, Slade J, eds. *The Cigarette Papers*. Oakland, CA: University of California Press; 1998.
28. Hanna-Attisha M. Opinion: How a pediatrician became a detective. *New York Times*. June 9, 2018. Available at: <https://www.nytimes.com/2018/06/09/opinion/sunday/flint-water-pediatrician-detective.html>. Accessed February 28, 2020.
29. Families USA. Share your story. Available at: <https://familiesusa.org/share-your-story>. Accessed February 28, 2020.
30. Community Catalyst. Our voices have power: a storybanking guide. Available at: <https://www.communitycatalyst.org/resources/tools/storybanking-toolkit>. Accessed February 28, 2020.

## Communicating the Message

*If you can write a nation's stories, you needn't worry about who writes its laws.*

—George Gerbner<sup>1</sup>

The People of California find and declare as follows:

That they have suffered and are suffering economic hardship caused by the presence of illegal aliens in this state.

That they have suffered and are suffering personal injury and damage caused by the criminal conduct of illegal aliens in this state.

That they have a right to the protection of their government from any person or persons entering this country unlawfully.

Therefore, the People of California declare their intention to provide for cooperation between their agencies of state and local government with the federal government, and to establish a system of required notification by and between such agencies to prevent illegal aliens in the United States from receiving benefits or public services in the State of California.<sup>2</sup>

So reads the introductory text of Proposition 187, a statewide ballot initiative that California's electorate supported in 1994. The Republican governor at the time, Pete Wilson, enthusiastically embraced Prop 187 and used it to surge to a come-from-behind electoral victory against his heavily favored Democratic opponent. Wilson's infamous campaign commercial for re-election ominously intoned: "They keep coming," over grainy black and white surveillance video of people dashing into traffic, as they presumably cross the border from Mexico. "Two million illegal immigrants in California," the narrator says over foreboding music. Then Wilson appears on screen saying, "I'm working to deny state services to illegal immigrants. Enough is enough."<sup>3</sup> Proposition 187 easily passed in 1994 with 59% of the vote.

Fifteen years later during a 2009 joint address to Congress, President Obama pointed out that the Affordable Care Act (ACA) would not cover "illegal immigrants," and in an unprecedented breach of congressional decorum, South Carolina Congressman Joe Wilson screamed "You lie" to the shock of many attendees. Wilson's outburst was subsequently supported by policy briefs from conservative think tanks, and town hall meetings across the country began to be disrupted by unruly crowds, some aligned with the Tea Party, a new conservative political movement hostile to immigration.<sup>4,5</sup> The Minutemen, an extreme rogue vigilante group, began patrolling the US-Mexico border and engaged in shootouts with suspected immigrants.<sup>6</sup>

In the midst of the contentious national discourse on undocumented immigration and the implementation of the ACA, #Health4All was launched. #Health4All is a California health advocacy campaign designed to bring health coverage to all Californians including the undocumented. The architects of #Health4All knew that to truly achieve universal health care coverage in California, the fraught narrative of undocumented Californians as “takers” and criminals had to be changed. They knew that traditional public health arguments about the benefits of access to primary and preventive health services for all would not suffice to overcome the status quo notion of undeserving takers getting free health care. They developed a strategy to remake the narrative about undocumented Californians in a way that would increase the likelihood of being able to move policy to cover undocumented people in health insurance and advance progress on universal coverage.

By 2010, there was evidence that the narrative around the undocumented was changing in California. California had passed bills enabling undocumented people to get driver’s licenses, in-state college tuition, college loans, medical licenses, and the right to practice law, among other policy focused on normalizing access to California benefits for all Californians. However, access to health care still seemed a bridge too far for some. How could we be talking about health care for noncitizens when many citizens lacked health insurance?

So the #Health4All campaign was born. From the outset, the decision was made that this campaign had to be driven by undocumented immigrants themselves, to reflect the health equity principle that those most impacted have to be engaged in crafting the solution. The campaign began by mobilizing the immigrant rights community. Partnerships were created with influential celebrities, civil rights icons, and multicultural media, and efforts were made to influence story lines in popular television shows.

By designing a hashtag campaign, #Health4All was able to use social media to build an inclusive campaign centered around the voices of those directly impacted by issues related to residency status and health care. Young, undocumented Californians joined in large numbers. The social media platform allowed them to align and amplify their voices in the public discourse about what it means to be an undocumented resident. Through this strong social media movement, individuals began to step forward and “come out” as undocumented. These actions contributed to a dialogue that worked to change the perception of undocumented individuals by bringing a strong human element to what had largely been a polarized political issue.

A central theme in the campaign was the idea of belonging. The campaign allowed Californians to see themselves connected to undocumented people. They were our neighbors, fellow business owners, classmates, and friends. Images of undocumented young people in medical scrubs with stethoscopes, chef’s hats, business suits, and law

books, with surfboards and snowboards, populated the campaign's social media, billboards, and newspaper ads. The resounding message was "I am you, you are me. We belong." A successful slogan for many campaign posters and social media pieces was the statement that "I wasn't born in California, but California was born in me." The campaign reinforced and helped socialize this idea of a unique California identity that has more to do with our shared aspirations as Californians than it does our racial or ethnic identities. An overarching theme of the campaign was that California needs all of us in order to be healthy—that we are connected and interdependent.

In October 2015, Governor Jerry Brown signed the Health For All Kids Act into law guaranteeing 200,000 undocumented children access to state-funded health insurance.<sup>7</sup> In July 2019, Governor Gavin Newsom signed Senate Bill 104,<sup>8</sup> which extended state-funded health insurance to almost 100,000 undocumented young adults up to age 26, consistent with the ACA. California is the only state to have taken this inclusive step. The effort to include all undocumented adults continues. California has come a long way since 59% of voters approved Proposition 187.

Policy change always involves communication. In all policy change, the target of that communication is the ultimate decisionmaker; however, an advocacy communications strategy often involves both direct and indirect communications designed to target specific audiences that can influence the decisionmaker. Over the past decade, public health practitioners have become much more savvy about the fact that effective advocacy communication is not just about creating a clear and concise description of the particular policy change being proposed. This realization is creating enormous breakthroughs in public health advocacy. There is a whole discipline of public health media advocacy that has evolved in concert with the fields of consumer advocacy and environmental advocacy. Each of these fields is focused squarely on policy change as the primary tool for advancing its work.

Many practitioners distinguish media advocacy as a distinct form of media communication that is very strategic and expressly designed to advance social or public health policies in the context of an advocacy campaign.<sup>9</sup> General health communication is focused on raising the profile of a health issue or problem to increase awareness in the general public. Unlike traditional forms of health communications, media advocacy focuses on the environmental context for health outcomes and looks specifically to policy as the mechanism for changing them. Substantial research and work in developing the field of public health media advocacy has been conducted by practitioners such as Lori Dorfman and Larry Wallack.<sup>9-11</sup> Much of this work has built on the work of cognitive linguist George Lakoff and others.<sup>12,13</sup> For a much more substantive exploration of the field of public health media advocacy, the reader should refer to the practitioners and scholars mentioned here. This chapter will offer a more practical summary of some of the key concepts that are essential to good media advocacy.

## MESSAGES, FRAMES, AND NARRATIVES

Effective public health media advocacy requires a general understanding of three core elements: messages, frames, and narratives.

### Messages

There are three key questions in messaging: (1) What is your core idea? (2) Who is your messenger? (3) Who is your primary audience? In other words, what are you going to say, who is going to say it, and who are they going to say it to?

In the #Health4All story, the core message was that undocumented Californians should be able to access health care coverage. The primary messenger was undocumented Californians themselves. The audience was the state legislature. The decision to have undocumented Californians be the primary messengers was not unintentional. In Chapter 1: Advocacy Is Central to Public Health Practice, we talked about the Iton-Witt framework and how a dominant discriminatory narrative shapes institutional policies and practices, which, in turn, create inequitable conditions for those who are the targets of that discriminatory narrative. In the case of undocumented Americans, a dominant narrative that describes them as criminals, has been promulgated nationally (and more recently amplified nationally by the 45th president of the United States: “[t]hey’re bringing drugs. They’re bringing crime. They’re rapists.”).<sup>14</sup> This national narrative shaped the policy dialogue around immigration and health reform. The intended effect of this discriminatory narrative is to dehumanize its target so as to justify harsh and punitive policy. In 2013, the architects of the #Health4All campaign knew that they had to directly counter this national narrative of undocumented people as subhuman and a threat. Critical to the campaign’s success would be the ability to allow undocumented people to tell their own stories and allow the audience to recognize their shared humanity with undocumented Californians. The decision to have undocumented Californians as the messengers in the #Health4All campaign was intentional and strategic.

### Frames

Frames are mental structures that help people understand the world based on particular cues from outside themselves that activate assumptions and values they hold within themselves. Political scientist Franklin Gilliam Jr. describes frames as a composition of elements—visuals, values, stereotypes, messengers—which, together, trigger an existing idea. They tell us what any communications are about. They signal what to pay attention to (and what not to), they allow us to fill in or infer missing information, and they set up a pattern of reasoning that influences decision outcomes.<sup>15</sup> A common set of dueling frames are market justice frame versus social justice frame, or individual freedom versus

collective responsibility. The winner of this framing battle is likely the side that will be more persuasive to a public audience and policy decisionmakers. A great example is tobacco, which can be seen as an issue of smokers' rights (individual freedoms) versus exposure to secondhand smoke (collective responsibility and the role of government). Cognitive linguist George Lakoff asserts that frames trump facts. In essence, frames tie your message to a larger narrative.<sup>16</sup>

In the #Health4All example, the frame is belonging. Belonging is a deeply rooted human need that is tied to the values related to notions of community and solidarity. The opposite of belonging is othering. Othering is the frame that Prop 187 employed. In contrast, the idea that undocumented Californians are first and foremost *Californians* is the frame that the #Health4All campaign architects sought to establish. Undocumented Californians are not *others* who are claiming an undeserved benefit; *they are us* and deserving of the benefits of being a Californian. They belong to the larger *we*, which is an identity that we value and cherish: "California was born in me."

## Narratives

Narratives are stories that we tell ourselves about who we are. In the 1950s and '60s, California built the world's greatest public education system and a robust water infrastructure to allow great cities to flourish in what is essentially a desert. California birthed the film industry and the tech industry and has been a leader in tackling climate change. These are all stories designed to signify an identity. "We are the kind of people that. . ." These are narratives. Narratives are powerful by helping us structure our understanding of events in our lives. The #Health4All narrative is the story of building California's future together. Just as we built great educational institutions and future-focused industries, together we Californians will continue to build a successful future. We will need the talents and genius of all us to realize our destiny.

When strategically linked to a campaign for policy change, media advocacy will be a crucial element in driving that change. The work of public health media advocacy is developing accurate and factual messages that are carefully framed to align with strong narratives that comport with the values schemes of your audience and create support for policy change. With this brief conceptual guidance, we now describe the core mechanics of constructing strategic communications in public health advocacy.

## THE FOUR FOUNDATIONS OF STRATEGIC COMMUNICATIONS

Your campaign will need to influence the public to encourage decisionmakers to act. A just cause can be more powerful than mountains of money and all the political contacts in the world. The challenge is to craft a way to communicate your concerns and goals so that they are understood and believed and move people to take the action you seek.

Planning your message begins by thinking about how you will “talk” about every aspect of your campaign; what are the facts and data, what does that mean in people terms, what are your sources, who agrees with and supports you, who disagrees and why, why are the opponents wrong, what values are evident in this campaign, and why must and how might this problem be solved. Talking to people, small and large groups, decisionmakers, experts, and the media about what you are trying to accomplish, why, and how you are going about it requires thinking about how to be heard and understood by each of these audiences. Be sure to give weight and resources to reaching all of these audiences. You want to build a broad base of support and individuals and local groups can help you hone your ability to communicate effectively as you generate support.

Traditional and social media are also essential. A skillfully conceived and strategically executed grassroots media advocacy campaign based on facts and stories can cut through the expensive noise generated by well-financed opposition. Without one, you are less likely to achieve your full goals.

To communicate your message successfully, there are four things you must do:

- Offer accurate facts and respected analysis.
- Present a broadly acknowledged human value.
- Tell a simple and compelling story.
- Reach the right audiences with the right messages.

Using **accurate facts and respected analysis** is important for the credibility of your campaign. Your credibility will affect your ability to organize and build a coalition. It will also affect how you are viewed by the public, the media, and decisionmakers. It will be harder to earn support if you exaggerate or omit essential facts, no matter how often you see others doing it! Also at stake is your professional reputation and ability to create the systemic health policies your data and analysis show are necessary. Taking what you know and do and then advocating for what is needed is a shift for some in how they disseminate their research. The research design must be rigorous, but the general public and media are interested in learning about what the data show. If the information is presented respectfully and honestly in lay terms, the public will want to hear it and absorb what has been found.

By translating the data into understandable language and human impact, you can avoid not being heard and falling into “spinning.” Stakeholders who may oppose your recommendations or reporters interviewing you will challenge any attempt to skew the facts or data. Decisionmakers and their staff will also closely examine the reasons you give for the policy you want. We all know this, but the danger lies in wanting to achieve the better health outcome we know is possible. Advocates want to win and, if not checked, that desire can lead to an omission or misstatement. Be aware of this potential and discuss it with your allies. It is very difficult to build the trust you need. Above all protect that trust.

A **broadly acknowledged value** is as direct as “lowering the number of fatal auto accidents” or “providing health care for everyone.” Everyone, of every viewpoint, will support

an issue directly related to improving or maintaining health if it is clearly stated. There may be differences about whether the solution is feasible, affordable, adequate, or fair, but your campaign will have the broadest possible support if the underlying cause is based on a broadly acknowledged value. Those who oppose your campaign will also be placed in the position of defending why they will not find a way to bring about better health. A campaign to end government marketing orders that limited the supply of fresh fruit announced, “No government policy should force the destruction of edible healthy fruit” (Don Fields, RF Communications Inc., in-person communication, June 1990). The opponents could not find a way to argue with that strong universal value and the programs were suspended.

Facts and values provide the foundation for telling a **simple and compelling story**. When you add in the real people and institutions that have been or may be harmed, you complete the picture. Successful campaigns are built on and fueled by making a case that people can understand and relate to and want to see solved. A story or stories without data can be dismissed as not being a public problem. Data without the personal stories that demonstrate the violation of core values of how we want people to be treated are just numbers and will not move people to want change.

In reaching the **right audience** for your campaign, it is helpful to list the people who can improve the health issue you are focused on. That list is begun by using a Strategy Guide, and a brainstorming session can be used to expand it. Then decide what they each need to hear because different people and groups may be impacted differently or have differing priorities. Next, list the best means of having each audience hear the facts and the story that will move them to support your effort. Is your audience the public, opinion leaders, decisionmakers, or potential allies? Do they need to understand the problem or, if there is general agreement on the problem, do they need to understand a solution, why the solution will work, and who supports it? And then, what is the best communication strategy for your target audience? Is it the media, print, electronic, or internet, or is the best method personal meetings, group forums, or perhaps a demonstration?

Keep in mind that the communication goal is not a 60-second evening news story or a meeting with an important official. You want more; you want to drive public support and decisionmaker action to move your community’s health agenda forward. Media coverage tells decisionmakers that the public is paying attention to your campaign and wants something done. Meetings with public officials tell them that you want to work with them and help solve a problem that falls within their scope of responsibility. It also says we want you to be accountable for fixing this problem.

## FIRST ESTABLISH THE PROBLEM

Communication efforts should first concentrate on establishing that there is a problem—what it is and who is being affected—before trying to encourage a particular solution. In some cases, those who are on the front lines of health, such as providers or health policy



**Box 4-1. Let Simple Facts Begin the Story**

Facts must be accurate but presented in such a way that creates understanding. Here is a hypothetical example:

The Center for Asthma Prevention has released a study that shows

- The University Public Health Center has conducted a five-year study that demonstrates a direct link between air pollution and chronic asthma in children aged younger than 12.
- Air pollution from car exhaust in Metropolis, USA, now averages XXX parts per million.
- It has increased by more than X% per year.
- Current levels are more than double health standards set by the state.
- Incidents of asthma in children aged younger than 12 in Metropolis have doubled in the past three years from \_\_\_\_\_ in \_\_\_\_\_ to \_\_\_\_\_ in \_\_\_\_\_.

These simple facts convey the problem and begin to establish the broadly acknowledged value that increased childhood asthma is a bad thing and that auto pollution plays a major role. This allows you to set the stage for telling a simple and compelling story of the individual children suffering a lifelong disease, a health condition that can be prevented if cars emit less harmful exhaust—an achievable policy change.

experts, do not realize that not everyone sees the problems they are confronting every day. Until a clear and convincing demonstration of the problem has been established, the public, the media, and decisionmakers will not give credence to, or may even be confused by, a discussion of how to solve the problem. That is why telling a simple and compelling story is important; it establishes the problem in peoples' minds and motivates them to find a solution (Boxes 4-1 to 4-4). Your goal is to elicit a reaction ("Something should be done!") and guide your audience toward your proposed policy solutions ("Here's something that works!").

If public opinion leaders, allies, the media, and decisionmakers know about the problem, including who is being affected and how they are being affected, you have communicated well. Try to ensure that each audience hears your message—first about the problem and then about the solution.

**Box 4-2. Pro Tip: Working With Survivor Advocates**

Those affected by a problem—for example, gun violence or drunken driving—have first-hand experiences that exemplify the problem in human terms. Often these "stories" may be tragic and dramatic and must be presented with respect for what the survivor has suffered. Survivor advocates are powerful messengers who communicate the problem in first-hand dramatic terms. Working with survivors who have been injured or have lost a child or loved one can become a partnership among specialists in injury prevention, survivor advocates, and public health policy experts. These partnerships require mutual respect and clear ground rules, which we describe in our discussion of coalitions and building support in Chapter 5: Building Support: Coalition Building and Community Organizing.

**Box 4-3. The Trauma Foundation: Working With Survivor Advocates**

In 1952, on his seventh birthday, Andrew McGuire sustained third-degree burns on his legs and second-degree burns on his hands and the back of his head after the back of his cotton bathrobe and pajamas ignited while he was standing too close to an open flame. He underwent four skin-grafting procedures and spent nearly three months in the hospital. The burn injury had a profound emotional impact on him and his family.

Twenty-one years later, while working as a machinist in Wakefield, Massachusetts, Andrew attended a meeting at the Shriners Burns Institute organized by parents of children burned as a result of their pajamas igniting. The *Boston Globe* article that Andrew's wife read to him one morning said the purpose of the meeting was to recruit volunteers to assist in an effort to pass a law mandating flame-resistant children's pajamas. Andrew and his wife attended the meeting intending to talk with the parents about Andrew's childhood experience to provide some "adult" insight into the burn trauma that their children were facing. Andrew volunteered to join the effort and within a few months wrote a grant proposal for the newly created nonprofit that the parents named Action for the Prevention of Burn Injuries to Children (APBIC; later shortened to Action Against Burns). With the grant, the board of APBIC hired Andrew as their first executive director.

With the work of the board members of APBIC, a law was enacted in Massachusetts mandating flame-resistant sleepwear, sizes 7 to 14. Nearly two years after the state law took effect, the US Consumer Product Safety Commission amended its regulation to require that all sleepwear up to size 14 must be flame resistant. As a survivor advocate, Andrew led the effort to protect children from the type of injury he sustained as a child. This was Andrew's "Wait, what, I just learned how to pass a law to prevent injuries. I want to do this."

In 1979, Andrew founded the Trauma Foundation to end preventable injuries. Leading the Trauma Foundation, Andrew worked with many survivor advocates including Candy Lightner, the founder of Mothers Against Drunk Driving (MADD), to design MADD's plan to work with, educate, and empower survivor advocates to become the "voice" of the anti-drunk-driving movement. The Trauma Foundation also led the campaign for a California mandatory motorcycle helmet law, the banning of cheap handguns and .50 caliber sniper rifles in California, the passage of county ordinances mandating four-sided fencing around backyard swimming pools, a mandatory seatbelt law in California, the installation of trunk releases in automobiles, and many other injury prevention issues. In all of these campaigns, the voices of survivors were the key to communicating the urgency of creating life-saving policies.

**Box 4-4. Pro Tip: Using Your Knowledge for Health Equity**

Think about how what you know is effective at bringing about health equity and how that be scaled and improve the field.

Building support means communicating with the public by talking to individuals, groups, opinion leaders, and decisionmakers directly, as well as by using the media and the internet. Communication is reaching people with information to convince them to support your work for better health. The creation of tools such as fact sheets, background papers, posters, info graphics, data mapping, video stories or case histories, question-and-answer handouts, and similar short documents is essential for communicating your issues. Developing these materials helps you think through how best to present the issues in different and effective ways. Once you have them, these materials can be used in all of your strategies for communication. They can be used for door-to-door canvassing

of neighborhoods, distributed to the media, put up on a website, or handed out to elected officials.

## **Talking With People**

A good deal of organizing and coalition building is done by getting the message out person-to-person, through house and block meetings, through door-to-door canvassing, by passing out information in front of supermarkets and at flea markets, and other ways of reaching individuals. In some communities, organizing church meetings, passing out or posting one-page flyers, talking to youth groups, or visiting senior centers are effective ways to reach people. One project to address domestic violence sent organizers to laundromats and beauty parlors to reach women in the community to find out their views, experiences, and needs. It worked, and an effective program was developed.

There are many ways to reach out to educate and convince individuals that there is a problem they should care about. Think through who is likely to be affected by the problem and where you can meet and talk with them. You can build public awareness and personal involvement by talking to people as individuals. This kind of interaction allows you to learn what information helps people understand the issues and become convinced of the cause. You can learn what facts and arguments are important to people, and hone or improve the message to present a more powerful case.

## **Talking to Opinion Leaders and Decisionmakers**

Direct communication with opinion leaders and decisionmakers is a crucial means of building support for your position and getting people with the power to effect change to act on your behalf. An opinion leader can be a person respected and looked to for leadership by his or her community, such as the director of a local program, a local pastor, the president of the women's committee, or an elected official. These influential people can take a leadership role in a community effort to work for better health. An opinion leader can be asked to help right from the beginning and may even be the right person to lead or be the spokesperson for the coalition. Such a person can give more visibility and importance to your coalition and can help convince others to join.

You also want to communicate with the decisionmakers, people who can take the policy action you need for bettering your community's health. You need to find out who will influence or make the decisions on your issues. They may be government staff, corporate executives, hospital directors or personnel, elected officials, or potential funders. Once you find out who the key people are, arrange to reach them directly. When you communicate with decisionmakers, you should be prepared with facts, information, and analysis and have a coalition or other strong support with you (more on this in Chapter 6: Legislative Change: Making Law).

## THE ROLE OF THE MEDIA

Advocates use the news media to inform the public about their campaign and to mobilize support. In most cases, news stories come about because of hard work to reach and educate reporters and editors. Getting free media, rather than buying an advertisement for your cause, enables you to reach a lot of people at once in a way that demonstrates that what you are working for is generally recognized as important. Elected officials, their staff, courts, government agency staff, leaders of nonprofit agencies, and business leaders pay attention to the news and to editorial commentary. The media—social, print, and broadcast—have a major impact on public understanding of issues.

### Will the Media Pay Attention?

Media coverage is an essential ingredient for a successful health advocacy campaign. Here are some questions to ask to predict whether you will get the media coverage you will need:

- Is this an interesting and important story showing verified evidence of serious problems that endanger individuals and community health?
- Are there credible spokespeople who can describe the problem and individuals who can talk about the impact on their health?
- Is the same problem continuing to happen? Has there been any news media coverage of the problem?
- Have there been similar health problems in other areas?
- How has the media covered other complaints about this issue?

### “Traditional” Ways to Reach the Media

There are many ways to reach the media. Some “traditional” means include news releases, news conferences, reporters and editors, editorial writers, letters to the editor, opinion pieces, and even editorial cartoons, which can all be incorporated into a media advocacy campaign (Box 4-5).

#### Box 4-5. Pro Tip: Editorial Cartoons Work

Editorial cartoons can push a message out and frame a campaign in one graphic and satiric picture that can help bring attention to a campaign. Editorial cartoonists, like reporters, are interested in new issues and angles on issues. They do not like to be told how to do their work, and their product cannot be predicted. With that in mind, always try to get your issue in front of an editorial cartoonist with a history of open mindedness and a penchant for skewering the powerful. Send data and statements that show hypocrisy or falsehood. Resist the urge to explain your own brilliant idea of what you think the cartoon should be or say.

## ***News Releases***

A news release tells the story of what is wrong, who says so and what should be done. News releases are usually no more than two pages and are a good way to keep reporters and editors up to date on the progress of the campaign and important events.

## ***News Conferences***

News conferences should be reserved for unusually significant events and complex subjects. At news conferences—which can also take place as a conference call or online meet up—people supporting your position talk to reporters about the facts and analysis of the problem and the solution. The speakers have an opportunity to explain data, describe who is being hurt, and explain why the proposed solution will work. The purposes of the campaign can be laid out, members of the coalition can be introduced, and reporters can ask questions.

## ***Reporters and Editors***

It is important to call and meet with the people who decide if your campaign is newsworthy and how it will be covered. These personal conversations give you a chance to find out what journalists think about what you are doing. It also gives you a chance to find out what others are saying about your campaign.

## ***Editorial Writers***

You can try to get a newspaper or other media source to support your position publicly and urge the action you seek. Present your facts and reasoning either over the phone or in a meeting with the editorial board—call the paper and ask for one.

## ***Letter to the Editor***

You can respond to any related event by writing—or by asking your coalition members to write—a short letter to the editor of a newspaper with your comment or viewpoint. This can be a reminder to the public and all concerned about your position and your sustained involvement in activities related to the issue.

## ***Opinion Piece***

Newspapers, radio, and TV stations will carry a well-thought-out essay describing your issues. You need to contact the opinion editor to discuss what he or she is looking for, how long your piece can be, and when it can be run.

**Box 4-6. Basic Contents of a Campaign Website**

- Front page: core messages—problem and solution.
- Policy backgrounders: detailed data, chart decks, longer reports.
- Newsletters and action alerts.
- Buttons for further communications and donations.
- Downloadable toolkits for local activists: fact sheets, sample letters, talking points, flyers, posters, stickers.
- Links to Facebook, Twitter, Instagram feeds.
- Who we are: campaign staff, board, and allies.

**Nontraditional Media Advocacy**

The internet is an efficient and inexpensive way to reach the public, the media, and decisionmakers in government and corporations. In addition, with a little extra effort, the internet can be used for fundraising. The three main tools of internet advocacy are social media (e.g., Facebook, Twitter, Instagram), email, and websites. With a website as your home platform, you can use email to educate and enlist new supporters to your campaign, to communicate with coalition members and friends, and to launch action alerts.

The website is your basic tool and home base for communicating your campaign goals, plans, and identity, and for providing information on how to get involved, contact, and contribute to the campaign; how and when to contact decisionmakers; and when to show up at meetings, rallies, and hearings (Box 4-6). A simple website can be developed by amateurs using low-cost software and provides the media and policymakers initial access to your campaign and a way to follow up and contact you directly for more information.

Once you have set up a website or landing place, build out Twitter, Facebook, and other feeds to broadcast your messages and calls to action. These should send users back to home base so that you can sign them up for advocacy action such as writing letters to policymakers, attending hearings, or demonstrating. You also need to be aware that Internal Revenue Service rules for nonprofit advocacy activities apply to the use of the internet. For more guidance, see “E-Advocacy for Nonprofits: The Law of Lobbying and Election-Related Activity on the Net,” published by Alliance for Justice.<sup>17</sup>

**HOW TO HARNESS A MOMENT INTO A MOVEMENT**

Social media has been touted as a disruptive new tool that radically democratizes traditional media communications. The #Health4All campaign was primarily a social media campaign that utilized these new tools to reach an enormous audience of young people who could be mobilized for events and lend their voice to the campaign to expand access to health care for all in California. Advocacy campaigns like Occupy Wall Street, Black Lives Matter, and #MeToo would likely not have been possible without the incredible direct access to the public that social media facilitates. However, we have also seen the

rise of fake news, electoral interference, and the fomenting of divisive racial and social issues by organized groups, corporate entities, and some state actors. It is clear that social media can be a double-edged sword. Public health should be particularly sensitive to this threat because of the ability of social media to be used in ways that undermine or negate public health science. Aggressive campaigns against vaccination or water fluoridation are examples of where authoritative public health science and research was undermined by energetic campaigns to argue conspiracy theories or junk science to buttress campaigns against legitimate public health action. The reality is that social media is one of many tools available to advocates and, just like any tool, it can be misused. It is important to recognize that social media work should complement but not supplant other forms of communication in public health advocacy work.

The internet enhances and expands your campaign's communications, which are essential to health policy advocacy. It is not, however, a substitute for the direct, personal contact needed to successfully organize, educate, and persuade supporters, the media, and decisionmakers. Your campaign may experience a viral "moment," but unless you follow up the online "buzz" with a series of visible and concrete actions that get policy results, your moment will not become a movement.

## **Create a Media Advocacy Plan and Message**

Take the time to really think through your media strategy. It should start with your policy goals and objectives, not your message. As the Berkeley Media Studies Group (BMSG) puts it,

The message is never first. Before we know what to say, we need to clearly understand what policy change we want to achieve, who has the power to create that change, and who the allies are that can work with us to achieve it.<sup>18</sup>

Come up with a goal with real impact. Take the time to craft messages that will grab attention in a noisy field.

## **Identify Targets and Messengers**

Focus your media work with laser-like precision on audiences with the power to make the changes you seek and on individuals and key interest groups who can influence those targets. Do not try to influence "public opinion." As BMSG points out, "the power from media exposure comes from the primary target knowing that the general public is watching their actions."<sup>18</sup> Choose and train your messengers with care. Who will your targets be most responsive to? Are your messengers able to share their values as well as the facts? Can you find an unusual or standout messenger instead of a public health nerd to be your spokesperson?

## Build and Maintain Your Messaging and Action Platforms

Now you are ready to formulate your advocacy messages in the form of fact sheets, calls to action, background reports, short videos, press releases, and so on. Create a standard “look and feel” that drives home your campaign messages using logos, slogans, and colorful design. Then get these messages out in a coherent, timed fashion using low-cost digital tools: websites, blogs, Facebook, Twitter, emails, and texting. If you do not have the capacity to integrate and maintain a presence on multiple online platforms, do not try to. Many grassroots groups are quite effective using only Facebook and Twitter.

## Evaluate and Fine Tune

Collect and analyze all news coverage of your issue, especially when you generated it. Was the coverage accurate and did your messengers say what they intended? Digital media coverage can be tracked using “dashboard” programs like Google Analytics and others, allowing you to measure how many readers you have and if they are following through with your calls to action. Beyond mere coverage, however, make sure your media advocacy is hitting the targets: are your allies engaging and taking action and are policymakers responding? You can tweak your tactics and fine-tune your message as your campaign progresses.<sup>19,20</sup>

## REFERENCES

1. London H. What TV drama is teaching our children. *New York Times*. August 23, 1987;Section 2:23.
2. University of California, Hastings College of Law, UC Hastings Scholarship Repository. Propositions. California ballot propositions and initiatives. Available at: [https://repository.uchastings.edu/cgi/viewcontent.cgi?article=2103&context=ca\\_ballot\\_props](https://repository.uchastings.edu/cgi/viewcontent.cgi?article=2103&context=ca_ballot_props). Accessed May 17, 2020.
3. Pete Wilson 1994 campaign ad on illegal immigration. Available at: <https://www.youtube.com/watch?v=LLlzs2HHgY>. Accessed February 18, 2020.
4. Rector R. Providing health care for illegal immigrants: understanding the House Health Care Bill. The Heritage Foundation. 2009. Available at: <https://www.heritage.org/health-care-reform/report/providing-health-care-illegal-immigrants-understanding-the-house-health>. Accessed February 18, 2020.
5. Isenstadt A. Town halls gone wild. *Politico*. July 31, 2009. Available at: <https://www.politico.com/story/2009/07/town-halls-gone-wild-025646>. Accessed February 18, 2020.
6. McKinley J, Wollan M. New border fear: violence by a rogue militia. *New York Times*. June 26, 2009. Available at: <https://www.nytimes.com/2009/06/27/us/27arizona.html>. Accessed February 18, 2020.
7. California Legislative Information. SB-4 Health care coverage: immigration status. Available at: [https://leginfo.ca.gov/faces/billTextClient.xhtml?bill\\_id=201520160SB4](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB4). Accessed May 19, 2019.



8. California Legislative Information. SB-104 Health. July 9, 2019. Available at: [https://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200SB104](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB104). Accessed May 19, 2019.
9. Dorfman L, Krasnow ID. Public health and media advocacy. *Annu Rev Public Health*. 2014;35:293–306.
10. Wallack LM, ed. *Media Advocacy and Public Health: Power for Prevention*. Newbury Park, CA: Sage Publications; 1993.
11. Dorfman L, Wallack L, Woodruff K. More than a message: framing public health advocacy to change corporate practices. *Health Educ Behav*. 2005;32(3):320–336.
12. Lakoff G. *Moral Politics: What Conservatives Know That Liberals Don't*. 1st ed. Chicago, IL: University of Chicago Press; 1996.
13. Lakoff G, Morgan P. Framing social issues: does “the working poor” work? A Report to the Ford Foundation, June, 1, 2001. Rockridge Strategic Analysis Paper 2001-01. In: *Innovations in American Government*, Kennedy School of Government, Harvard University. Giving kids a chance, report from a conference on the state role in early education. Cambridge, MA: Harvard University Press; 2001.
14. Phillips A. “They’re rapists.” President Trump’s campaign launch speech two years later, annotated. *Washington Post*. June 16, 2017. Available at: <https://www.washingtonpost.com/news/the-fix/wp/2017/06/16/theyre-rapists-presidents-trump-campaign-launch-speech-two-years-later-annotated>. Accessed May 19, 2020.
15. Gilliam FD Jr. Right for the wrong reasons. FrameWorks Institute. December 19, 2003. Available at: <http://frameworksinstitute.org/ezine26.html>. Accessed February 20, 2020.
16. Lakoff G, Dean H, Hazen D. *Don’t Think of an Elephant!: Know Your Values and Frame the Debate—The Essential Guide for Progressives*. 1st ed. White River Junction, VT: Chelsea Green Publishing; 2004.
17. Kingsley E. E-advocacy for nonprofits: the law of lobbying and election-related activity on the net. Washington, DC: Alliance for Justice; 2000.
18. Berkeley Media Studies Group. GOTMME media advocacy planning tool. Available at: <http://www.bmsg.org/resources/publications/gotmme-media-advocacy-planning-tool>. Accessed February 28, 2020.
19. Aspiration. Aspiration eAdvocacy Training—web sites. Available at: <https://aspirationtech.org/training/eadvocacy/web>. Accessed February 28, 2020.
20. Community Tool Box. Conducting a direct action campaign. Section 19. Using social media for digital advocacy. Available at: <https://ctb.ku.edu/en/table-of-contents/advocacy/direct-action/electronic-advocacy/main>. Accessed February 28, 2020.

## Building Support: Coalition Building and Community Organizing

*You know, I think there's a weapon of cynicism to say, "Protest doesn't work. Organizing doesn't work. Y'all are a bunch of hippies. You know, it doesn't do anything," because, frankly, it's said out of fear, because it is a potent force for political change.*

—Alexandria Ocasio-Cortez<sup>1</sup>

In August of 1992, Blue Cross of California (BCC), a five-decade-old not-for-profit California corporation, filed a plan with the California Department of Corporations to create a for-profit subsidiary called WellPoint Health Networks. As part of that “partial” for-profit conversion, BCC proposed creating a \$100-million foundation to carry out the public charity obligation that the organization had since its creation in 1937.

In 1994, Consumers Union, the not-for-profit publisher of *Consumer Reports* magazine, objected when BCC attempted this “partial” conversion and pointed out that almost all of the revenue-producing assets of the nonprofit would be absorbed into the new for-profit privately owned corporation resulting in a loss of charitable dollars that could be used to improve health in California. Nonprofit organizations enjoy special tax-free status to enable them to serve the public. They have assets that are largely created by not paying taxes. Consumers Union’s position was and is that the assets of a nonprofit belong to the public and should only be used for the good of the public. If such public use is not possible, the assets should then go into the state’s general fund to compensate for the taxes that were not collected. That is the most straightforward interpretation of California law and, in fact, the law in most other states.

In this case, it appeared to the advocates at Consumers Union that the BCC insiders wanted the assets of the nonprofit health maintenance organization (HMO) they ran to be given to a new for-profit HMO in which they could own stock, otherwise known as “private inurement.” Internal Revenue Service (IRS) regulations read “[N]o part of the net earnings of a section 501(c)(3) organization may inure to the benefit of any private shareholder or individual.”<sup>2</sup> This concern over private inurement became one of those moments, “Wait, what . . . they’re going to get stock in the HMO they have been paid to run, which is worth billions of dollars?” BCC claimed they were merely reorganizing the nonprofit HMO.

Consumers Union’s position was as follows:

The insiders had technically set this up as a restructuring, leaving the nonprofit without significant operations or revenue sources so they could say, “Don’t look at us! We’re not converting!”

But the public, elected and appointed officials, and the media saw that it waddled like a duck and quacked like a duck, and they wanted it treated like a duck—a conversion.<sup>3</sup>

Even the business press seemed skeptical: the Dow Jones ticker, for example, described the plan as a way to “side-step” conversion laws.

Despite the best efforts of Consumers Union and increased public awareness, the California Department of Corporations initially approved the change without addressing any of the advocates’ concerns. The Department of Corporations was allowing these public assets to be transferred to a for-profit corporation owned by stockholders. To continue their campaign, Consumers Union reached out and helped form a coalition of more than 90 organizations from throughout the state representing seniors, children, consumers, underserved communities, health providers, and faith-based communities. The coalition included public unions, community health centers, nursing groups, and organizations focused on rural health, ethnic health, and LGBTQ health.

This broad-based diverse coalition membership was a clear message that many people from many viewpoints thought something was wrong and that something needed to be done to protect public assets from becoming private gain. Working together, the coalition did research, issued reports, filed an administrative petition, contacted the media and elected officials, and presented evidence at meetings and hearings. Forming the coalition and advocating together to see that public funds were used for the public’s health made the media, the public, and elected officials pay attention. The coalition accomplished what Consumers Union, a large national organization with a stellar reputation, could not. Finally, the government changed its ruling and required that the charitable dollars be held in two independent foundations, The California Endowment and the California Health Care Foundation, to be used to improve health in the state. At the time of their creation, the combined assets of the two new foundations were \$3.2 billion, 32 times the value of BCC’s original proposal.

**Organizing** is working with individuals in the community to develop a broad-based understanding of what is wrong, what needs to be done, how to work together, and who else will be working for change, and also seeks to motivate people to join in the campaign.

**Coalition building** is the work done to get groups to work together in a campaign. Organizing and coalition building are generally two sides of the same coin—getting broad-based support for improving health—however, there are some important differences. Coalition building in advocacy is most often around a specific set of predetermined issues, whereas community organizing is often focused on a broad range of general issues and is primarily undertaken to build social, political, and economic power amongst a specific group of similarly situated people (e.g., residents of a low-income neighborhood, undocumented immigrants, or the formerly incarcerated).<sup>4</sup>

## SUCCESSFUL COALITION COMPONENTS

As you start your work, try to include individuals and organizations that are widely recognized and respected both within your community and by the larger public. Having a prominent person as a leader and strong organizations as members can make it easier for others to join the coalition. As you go forward with building a coalition, try to reach out to politically diverse groups to participate in a coordinated and structured effort. Remember that the broader the political representation, the more powerful the effect. It is much harder to dismiss an effort that is supported by a wide range of organizations, particularly if those organizations are often not on the same side. Most groups working for better health may be willing to be part of the community effort if you recognize that different organizations can help in different ways—ways that are consistent with their individual priorities and resources.

Your coalition should include organizations and individuals who have experience with health-related issues and with the community. The success of a coalition depends on many factors:

- Everyone must have the same fundamental goal, a clearly defined and agreed-upon plan, and a united position and strategy.
- All parties need a clear understanding of how the coalition will function.
- Leadership must have the time, skills, experience, resources, and coalition support to do the job.
- Each coalition member's level of participation should be well defined. (Can an organization only sign on, send a letter of support, and supply resources, or can it participate fully?)
- Distribution of work should be undertaken according to each member organization's strength, resources, capacity, organizing experience, research, use of media, negotiation skills, and leadership.
- There must be a commitment to full, thorough, and frequent communications.
- Assigned decision-making authority should be agreed to by all members.
- A defined style for the campaign (e.g., in-your-face, diplomatic, high media visibility) and the sharing of credit are part of the plan.
- Accountability of each group for deadlines, turn-around time, contributions, showing up, and communicating should be in place.
- All members must commit to be in for the long haul and to support everyone else's interests until the job is done. No selling out or side deals.
- The coalition members should regularly assess their progress and impact.
- All successes will be celebrated and acknowledged by all members.

Coalitions can be as formal as those with a letterhead and a separate office or as informal as an agreement to support a single goal. No matter how you work, you want supporters

### Box 5-1. Making Meetings Work

If you lead a coalition, you have got to make your meetings work. Here are some basic tips:

1. Plan one longer-length and in-person organizing retreat to hash out your coalition's basic operating principles and agreements going forward. What is the strategy? How strong should our tactics and rhetoric be? Who will lead and speak for the group and how will decisions be made? Specifically discuss and agree that there will be no side deals, compromises, switching positions, or special provisions for different communities or individuals unless agreed to by all coalition members. How will credit and recognition be shared? Will grants be sought and, if so, which organizations will benefit? Put these decisions in writing to avoid future misunderstanding.
2. Then set up a steering committee or task force entrusted with implementation of the campaign strategy on a day-to-day basis. Organize weekly phone meetings or morning huddles for this group as the campaign becomes intense. Keep these as short as possible—10 minutes is fine—and do not end them without having clear follow-up assignments and deadlines in place.
3. Regroup your coalition periodically via phone or in person, but do not waste time with lengthy “updates”—put these in newsletters or alerts. Use the meeting to recruit additional help or obtain group consultation and approval of a strategy decision.
4. Use goal-oriented agendas, facilitation, timekeeping, and meeting notes for more formal meetings; simple follow-up emails will do for huddles.

to sign on as sponsors of the effort. But if a coalition partner does not want to join fully in the work, a letter of support or testimony at a public hearing should be welcome.

Coalition members need to be concerned about the organizational needs and capacity of all supporters and not assume that every group can or wants to participate on the front line of the campaign. Leading a large coalition through a campaign will take resources: paid coordinating staff, office space and expenses, and travel. Technology can really expedite communications, but the “care and feeding” function still takes time and money (Box 5-1). For more on coalition building, see the Prevention Institute's eight-step guide: [https://www.preventioninstitute.org/sites/default/files/uploads/8steps\\_040511\\_WEB.pdf](https://www.preventioninstitute.org/sites/default/files/uploads/8steps_040511_WEB.pdf).<sup>5</sup>

## Building and Maintaining Relationships

Changing almost any aspect of the health system is difficult work, and community coalitions must support a shared vision of what to do and how to do it. Your fact finding and analysis may lead you to think you know what is wrong and what needs to be done. However, for effective coalition building, you want to present the community members with the information, ask for their thoughts and experiences, and have them decide what they think are the problems and solutions. In this way, they are making key decisions and taking ownership of the campaign. It is a strategic allocation of time and patience that helps build a solid coalition. It also focuses the work on solving what the community knows is the problem.

If compromise cannot be found because of organizational culture or style but the problem is serious, it may be necessary for those organizations that are aligned to form the coalition and proceed. This does happen. Assess whether those organizations that are not part of the coalition, but do support the same goals, should be asked to voice their support separately.

When the opposition to your efforts is strong and perhaps hostile, it is especially important that you maintain internal accord. Despite a written agreement, allies, partners, co-workers, or supporters who become unhappy and break away from the agreed-upon plan may undercut your work. Warning signals should go up if

- Coalition communications are not up to date.
- Information is not fully shared and available.
- Differences of opinion among coalition members are not resolved and not set aside.

Always keep in mind that this is a campaign. Your audience is not just decisionmakers in the legislature, courts, an agency, or a private organization. To build the power you need, your audience is also the media and the general public. If your campaign involves a large, diverse coalition of groups and individuals, the media (especially editorial boards), the public, and decisionmakers will perceive that there is a broad consensus on the problem and the solution. If unusual allies join a coalition, it further raises the visibility of the issue and the commonly agreed-upon need for action. This builds the impact of your community allies. In addition to solving a specific health problem, advocacy campaigns are used to build the community's capacity to work together for better health. Capacity building should be an intentional and integral goal of your campaign. This means sharing credit, developing new skills through mentoring, and sharing resources and funding where appropriate. A strong coalition of groups and individuals makes the work easier, more exciting, and more likely to succeed.

## Community Organizing

ISAIAH is a faith-based, effective nonprofit organization of 100 congregations in Minnesota. It focuses on racial and economic equity in the state and is a good example of how the role of community organizing has evolved. ISAIAH is a member of PICO National Networks, now called Faith in Action, which is a national network of 45 affiliated federations working in 200 cities and towns and 21 states working for racial, social, and economic justice. Doran Schrantz, the director of ISAIAH, defines community organizing as “a set of disciplined and strategic practices to build a democratic and collective power to assure the conditions in which communities can thrive.”<sup>6</sup> ISAIAH's focus is on extensive leadership development and grassroots leadership as well as on building democratic, accountable, sustainable, community-driven organizations.

There are many differing approaches to community organizing. Typically groups use different anchors for their organizing. Institutional anchors may include faith-based institutions, beneficiaries of an important service such as housing or health care, workers in an industry such as farmworkers or nail salon workers, neighborhood groups, or immigrant rights groups. Organizers generally rely on a cluster of core leaders and a membership base whose motivations, capacities, and leadership are developed over time. Organizers work to develop a shared political consciousness amongst their members in addition to building a numerically large membership. For instance, PICO/Faith in Action organizations typically

focus on advocacy campaigns and tactics that provide multiple in-roads to engagement and prioritize opportunities for training, relationship building, and leadership development. The organizer's intent is not just to get affected community residents to show up at a meeting but it is also about them acquiring the skills, knowledge, and confidence to address elected officials directly and hold them accountable for their decisions.<sup>7</sup>

Another model of community organizing comes from the Dolores Huerta Foundation (DHF). Dolores Huerta, along with Cesar Chavez and others, built the United Farm Workers Union. DHF employs a model of organizing, the House Meeting model, that Huerta learned in the mid-1950s from the organizer Fred Ross. Huerta and Chavez used this model to build the Community Service Organization, a forerunner to the United Farm Workers.

The House Meeting Model begins with a full-time paid organizer who conducts a series of house meetings with six to eight community residents at each meeting. Over a few months, the organizer will directly interface with approximately 200 local residents. The organizer's task is to convince the residents in a one-hour meeting that (1) they, those who are affected, have the power to solve the issues and challenges in their communities and (2) they are the only ones who can make the changes that they strive for and need.

At the end of the house meeting campaign, all house meeting participants are invited to a general meeting where they take a vote to organize into a chapter. Residents form committees (e.g., health, education, or civic engagement). They create an action plan to address the issues they have identified that need to be improved or changed in their community. Members volunteer their time to complete their action plans. Volunteers are trained to work collectively to apply pressure to public officials to move them to prioritize the needs of their constituents. The committees host monthly forums open to the public to educate community residents on various topics. This process develops leaders and their skills in the community.<sup>8</sup>

Through this model, DHF has established multiple chapters across California's Central Valley, formed dozens of neighborhood committees, established parent committees in 11 school districts, trained hundreds of community advocates, secured millions of dollars in infrastructure improvements (street lights, sidewalks, pools, parks, sewer access, school fences, and a gymnasium), won a historic educational civil rights lawsuit settlement, won a redistricting lawsuit resulting in a second Latino majority district in Kern County, and inspired 11 members to pursue and win positions on local governing boards.<sup>9</sup>

## ***How to Work With Organizers***

Advocates and organizers may be two sides of the same coin, but they often find themselves at loggerheads over approaches. Advocates often find organizers to be moving too slowly, having vague agendas, and at risk of squandering critical windows of opportunity that may quickly arise in the state capital for a key legislative hearing or news conference. Organizers often see advocates as engaged in top-down agenda setting and exploiting community members for photo-ops or as bodies to fill a legislative chamber in matching

t-shirts. However, when advocates and organizers know how to work together to optimize their respective strengths, they can be an unstoppable force.

The key issue often comes down to who decides what issues to pursue. Organizers often feel that agenda setting should be very democratic and driven from the grass roots by community members who are closest to the injustice. Advocates are often more opportunistic and seek to exploit political momentum or media events to move related issues or legislation. Some argue that good organizing must precede advocacy so that issues that are prioritized are those that have risen to the top of an authentically derived community-driven agenda. Only when issues have ripened to a point where there is significant community consensus and willingness to work on the issue should advocates be engaged to help assess the policy landscape opportunities to enact policy change. This is perhaps too idealized a scenario, and reality is rarely so clean and linear.

However, basic guidance can be helpful for advocates in navigating relationships with organizers. The first and most important action is for advocates to establish relationships with organizers and organizing groups as early as they can. These relationships should aim to be long term and not just convenient or episodic as issues arise. By establishing long-term relationships, advocates can get apprised of potential health issues as they begin to emerge from communities. This enables advocates time to begin enlisting researchers and experts to start collecting data, doing policy scans, or drafting policy briefs on the issue. Advocates can also do polling or begin contemplating a media strategy. All of this should be done in partnership with organizers with regular feedback so that community members can reality test research or potential advocacy strategies.

Community-based participatory research (CBPR) skills and techniques are particularly valuable in aligning the work of advocates and organizers. Engaging CBPR expertise from schools of public health or local health departments is one useful strategy for helping to cement the bridge between advocates and community organizers.

Another important insight for advocates to keep in mind is that many organizing groups have multiple chapters that may be differently situated geographically or have different priority issues. If one chapter is not ready or focused on that issue, another might be. Organizing groups are often networked across a region or a state and may be in contact with groups that have identified the issue you are focused on as a high priority. Here, coalition-building skills and principles are important because some organizing chapters will operate semiautonomously from the larger umbrella organization. They may have to make resource-based decisions about what campaigns to join or endorse.

## ADVOCACY IS A TEAM SPORT

In many ways, public health advocacy requires a deep understanding of and appreciation for robust and inclusive democratic practices. Coalition building and working with organizing groups are fundamental skill sets of public health advocates. There is no campaign that will not



require enlisting allies that are either other organizations or affected community members. While building effective coalitions and partnering with community organizers require some similar skills and strategies, understanding the often differing perspectives of advocates and organizers is critical to optimizing the relationship between the two groups of professionals.

We have explored the reasons to advocate and the four basic elements that compose advocating for policies to protect and advance public health: (1) define the problem; (2) get the facts; (3) build support; and (4) communicate a compelling story. In our next chapters we describe the public and private forums where policies affecting public health are determined. Our three branches of government, legislative, executive, and judicial make, implement, and enforce policies affecting health. The private sector of for-profit and nonprofit organizations has operational policies that also affect many aspects of public health. Practices such as health coverage, hiring, product labeling, packaging, marketing, air and water pollution, and even grant making all reflect policies set by these organizations. Advocating in these forums requires the same elements we just covered. Choosing a forum to advocate for the policy you want adopted is a key strategic decision.

## REFERENCES

1. Goodman A. Democracy Now! Public conversation Alexandria Ocasio-Cortez & Ada Colau interviewed by Amy Goodman. July 2018. Available at: [https://www.democracynow.org/live/watch\\_alexandria\\_ocasio\\_cortez\\_ada\\_colau](https://www.democracynow.org/live/watch_alexandria_ocasio_cortez_ada_colau). Accessed May 26, 2020.
2. Internal Revenue Service. Inurement/private benefit—charitable organizations. Available at: <https://www.irs.gov/charities-non-profits/charitable-organizations/inurement-private-benefit-charitable-organizations>. Accessed February 18, 2020.
3. Proscio T. Preserving trust, creating The California Endowment, 1996–2001. Los Angeles, CA: The California Endowment; 2003.
4. Interaction Institute for Social Change. Organizing or mobilizing. Available at: <http://interactioninstitute.org/organizing-or-mobilizing>. Accessed February 27, 2020.
5. Prevention Institute. Developing effective coalitions: an eight step guide. Available at: [https://www.preventioninstitute.org/sites/default/files/uploads/8steps\\_040511\\_WEB.pdf](https://www.preventioninstitute.org/sites/default/files/uploads/8steps_040511_WEB.pdf). Accessed February 27, 2020.
6. Schrantz D. Unleashing faithful leadership for health. National Academies Health and Medicine Division. April 2016. Available at: [http://216.230.117.100/hmd/~media/Files/Activity%20Files/PublicHealth/COH\\_Community%20Based%20Solutions/April%20Meeting/Schrantz%20D.pdf](http://216.230.117.100/hmd/~media/Files/Activity%20Files/PublicHealth/COH_Community%20Based%20Solutions/April%20Meeting/Schrantz%20D.pdf). Accessed June 8, 2020.
7. PICO National Network. What is faith-based organizing? Available at: <http://www.organizingcareers.org/page?id=0002>. Accessed May 20, 2020.
8. Dolores Huerta Foundation. Programs. Available at: <https://doloreshuerta.org/programs>. Accessed February 18, 2020.
9. Dolores Huerta Foundation. DHF history and victories. Available at: <https://doloreshuerta.org/dhf-history>. Accessed February 18, 2020.

## Legislative Change: Making Law

*A good compromise, a good piece of legislation, is like a good sentence. Or a good piece of music. Everybody can recognize it. They say, "Huh. It works. It makes sense."*

—Barack Obama<sup>1</sup>

In 1998, the California Center for Public Health Advocacy (CPHA) began mobilizing grassroots teams in six legislative districts in Los Angeles (LA) to educate policymakers about childhood obesity. The poor quality of school food soon rose to the top of the agenda. A survey of 14 middle and high schools in one LA district showed that 97% of the food sold in school vending machines was unhealthy. The teams assembled these data with other data showing that 80% of fifth, seventh, and ninth graders fail the state-mandated California Physical Fitness Test into California Assembly District fact sheets and delivered the fact sheets to their respective elected Assembly representatives. The politicians were astonished. Childhood obesity had not even been on their radar. It was now.

Around the same time, public health advocates commissioned a statewide survey, which revealed that fast-food vendors such as Taco Bell, Subway, Domino's Pizza, McDonald's, KFC, and Arby's were common on high-school campuses. The survey engendered enormous media attention. A consultant who was staffing the Senate Health and Human Services Committee saw the flurry of newspaper reports and recognized an opportunity. Her committee chair, Senator Martha Escutia, had been looking for ideas for legislation that would address the problem of obesity. Senator Escutia, after consulting with CPHA and other key public health advocates, proposed a complex bill in 2000 that contained just about everything the public health advocates could think of: a soda tax, a junk food ban, nutritional standards, mandated physical education, diabetes testing in school, and so forth. The bill went nowhere. A vast array of opponents emerged from every corner of the state including school administrators, the soda industry, grocers, the dairy institute, chocolate manufacturers, school board associations, and food service associations, among many others. The advocates learned a key legislative lesson: on an issue as complex and multifaceted as this, it is wise to design a legislative approach that narrows the constellation of likely simultaneous opponents and to craft legislation focused on a single aspect of the problem at a time.

In December of 2000, learning from the past failure, the advocates and Senator Escutia tried again. She introduced Senate Bill (SB) 19, a bill that would have adopted nutritional

standards for the California public school system. SB 19 faced heavy opposition from the start, especially from associations representing school officials such as principals, superintendents, board of education members, and food services directors. They testified that schools would lose substantial amounts of money that came to them through contracts—called “pouring rights contracts”—with the big beverage and food companies. Financially pressed schools counted on this money to pay for extracurricular activities such as athletics and band.

After acrimonious hearings and nastiness that extended outside of the legislative chambers, the legislature passed, in September 2001, a watered-down version of SB 19 that banned the sale of soft drinks and junk food in elementary schools, allowed soft drinks to be sold in middle schools through the end of lunch, and took high schools out of the bill altogether, opting, instead, to test the standards in 10 high schools and middle schools. With these compromises, SB 19 was passed and signed into law, but it never went into effect. The legislature linked execution of the law to an increase in the reimbursement for school food services, but it never authorized the increase.

Even though it never went into effect, SB 19 energized a movement for improved school nutrition, a movement that resulted in later laws banning the sale of soda and food not meeting nutritional standards in California public schools. Following SB 19 came SB 1520, a tax on soda introduced in 2002. It died in committee. Public health advocates were able to pivot, shifting their advocacy to the Los Angeles Unified School District (LAUSD) and achieved a ban on the sale of soda not meeting nutritional standards in LAUSD schools in 2002. SB 677 banned the sale of soda not meeting nutritional standards in elementary, middle, and junior high schools. It passed in 2003 and became effective in 2004. Soon thereafter came SB 12, which banned the sale of food not meeting nutritional standards in public schools, including high schools. It passed in 2005 and became effective in 2007. And, finally, SB 965 banned the sale of soda not meeting nutritional standards in public schools, including high schools. It also passed in 2005 and then took effect in 2009.<sup>2</sup> The California-based advocates used data to create public and decisionmaker concern about childhood obesity and the poor nutritional quality available in public schools. They created outrage about what we are feeding our children. They continued to release data that reinforced that outrage. They continued to push policy decisions until solutions to mitigate the problem were implemented.

One primary means of bringing about health policy change is to persuade the state or federal legislature (Congress), local city council, or county board of supervisors to either pass a new law or to change existing laws. These are all legislative forums in which health policies are made by elected officials. In Congress and state legislatures, the president and governor, respectively, need to sign the legislation for it to become a law. In some cities, the mayor must sign a bill for it to become a law. It may be necessary to work to prevent a bill that would be harmful to population health from becoming law—to lobby against a

bill. The same strategies, tactics, and skills are used to support the passage of a bill or to defeat a bill.

Public health professionals in government positions carry a positive reputation for their training, expertise, and commitment to public service. They are working for the same goals as elected officials and very often for the same governments. This can create a nuanced relationship. Public health is bringing critical factual information that legislators need to do their job to protect and promote good health—a sort of partnership relationship. However, these same legislators may see public health professionals as presenting a problem the elected officials need to solve and presenting the problem in a public forum for all to see and judge how their legislator handles a threat to public health. Public health professionals are in it to promote good health, and they use research, data, and analysis to do it. They have a bias to protect and work for better population health. The research, data, and analysis they use cannot be biased or they cannot reach their goal of better health.

Other advocates for public health—those working for a community clinic association, the environment, public safety, health providers, workers, device or pharmaceutical companies, insurers, etc.—may be perceived as working for “special interests” even if they volunteer to work for a community-based nonprofit organization. This is particularly true if the organization is a revenue-generating entity selling a product or service such as a nonprofit health maintenance organization or a for-profit hospital.

Advocates will need to make the case that their campaign is for a public good ranging from less disease to improved or expanded services and all the permutations of how public health is improved and maintained. An elected official will be motivated to be part of an effort to promote an issue that will prove she is doing what those who elected her expect from her. Advancing public health is doing her job and will help make her proud of her work and, yes, it may help her get elected again. Identifying and presenting your campaign from a values perspective is essential to obtain an elected official's support.

A law can mandate certain protections, processes, and the allocation of resources. Passing a law creates systemic change; *it is the law*. Working in a legislative arena involves passing new laws and protecting existing laws as well as preventing the passage of laws that are likely to be detrimental to public health. A legislative advocate relies on exercising his or her powers of persuasion by using data, facts, analysis, and personal stories of those affected, and by building support from individuals, organizations and the public. Yes, this is “lobbying,” a term widely used to describe getting others to see things our way and to act. It is something we all do every day while working with others, getting a loan or job, or even deciding where our group will go for dinner.

It should be noted that many nonprofit organizations are organized as tax-exempt under section 501(c)(3) of the Internal Revenue Service (IRS) code. These organizations can play a significant role in influencing policy and legislation at all levels of government; however, there are very clear rules limiting the extent to which 501(c)(3) organizations

can engage in lobbying. Advocacy and lobbying are not synonymous. While lobbying, as defined by the IRS, is an important tool of advocacy, it is only one of many important advocacy tools. Organizations such as Alliance for Justice have excellent tools for non-profits to use to appropriately navigate IRS rules and engage in effective lobbying.<sup>3</sup> In addition, a recent study of 300 501(c)(3) public health advocacy organizations revealed that only 10% had any lobbying expenses at all, and those that did report lobbying expenditures reported levels that were substantially below their IRS-permitted limits (E. Gorovitz, JD, MPH, M. Marsom, unpublished study, January 3, 2020). This may represent a misunderstanding of IRS rules, a general fear of advocacy work, or reluctance on the part of funders to support advocacy (see Chapter 12: Advocacy Sustainability, Personal Principles, and Procuring Funding), which explains this underengagement in legally permitted lobbying by 501(c)(3) organizations (Box 6-1).<sup>4</sup>

Lobbying seeks to influence the legislative process to impact a pending measure, trying to pass it, amend it, or defeat it. A legislative advocate must clearly frame the issues and choices for policymakers and bring people who will be impacted or who care about the proposal to public attention.

To be effective in the legislature, you will need to persuade one or more legislators to introduce the measure and work hard for its passage. Typically, proposed laws are assigned to committees. To have your bill proceed through the legislative process and become a law, you will have to persuade a majority of the committee members to vote in support of the law. As the measure progresses to the full Assembly or Senate, you will have to persuade more legislators to support your measure. If your measure passes the legislature, you may need to persuade the president or governor to sign it into law. The

#### Box 6-1. Lobbying

In general, no organization may qualify for section 501(c)(3) status if a substantial part of its activities is attempting to influence legislation (commonly known as lobbying). A 501(c)(3) organization may engage in some lobbying, but too much lobbying activity risks loss of tax-exempt status.

Legislation includes action by Congress, any state legislature, any local council, or similar governing body, with respect to acts, bills, resolutions, or similar items (such as legislative confirmation of appointive office), or by the public in referendum, ballot initiative, constitutional amendment, or similar procedure. It does not include actions by executive, judicial, or administrative bodies.

An organization will be regarded as attempting to influence legislation if it contacts, or urges the public to contact, members or employees of a legislative body for the purpose of proposing, supporting, or opposing legislation, or if the organization advocates the adoption or rejection of legislation.

Organizations may, however, involve themselves in issues of public policy without the activity being considered as lobbying. For example, organizations may conduct educational meetings, prepare and distribute educational materials, or otherwise consider public policy issues in an educational manner without jeopardizing their tax-exempt status.

**Box 6-2. Getting Service for Youth With Disabilities: It Takes Work to Get a Law**

In 2000, in California, there was a network of family resource centers funded in the state to provide services to families with children ages 0 to 3 years with disabilities through a variety of funding mechanisms. However, the centers were not able to serve families with children and young adults ages 3 to 18 years and were not able to serve young adults ages 19 to 22 years who “aged out” of the state’s special education program on their 18th birthday.

Parent-directed and other family resource centers organized around the state and built an alliance of policymakers, health providers, community groups, and families to draft legislation that expanded services to children and young adults until they reached their 23rd birthday. They educated families to motivate them to get involved and make their voices heard. And they organized calls and visits to policymakers to convince them to vote for their bill to expand services. The fact that the bill provided grants to governments around the state to fund centers to meet the needs of local residents gained broad support for the supporter’s campaign.

The effort was successful and led to the enactment in January 2001 of Senate Bill 511 (Chapter 690, Statutes of 2001) to remedy this situation by establishing Family Empowerment Centers (FECs) that offer parents and guardians of children and young adults with disabilities access to accurate information, specialized training, and peer-to-peer support in their communities. As enacted, each FEC receives a base amount of \$150,000 plus an additional amount that is calculated by using each region’s total school enrollment. In fiscal year 2005–2006, \$2,794,000 was allocated to fund the FEC network of 14 centers.

legislative process at the local government level follows a similar process involving city council members and mayor and county boards of supervisors.

Lobbying to pass legislation is an “inside game” relying on community organizing, media, data to build support, and creating momentum for change. It requires understanding the particular political landscape driving the politicians in their current arena as well as the rules and timing of the process. To be successful as an outsider, partner with organizations or individuals who know the terrain well or who may have staff or contract lobbyists who can assist with mechanics. However, be sure that primary strategy decisions are made by your coalition or leadership, not hired lobbyists, and that building community capacity and training all members of the campaign is embedded in your plan (Box 6-2).

**FINDING A LEGISLATOR TO CARRY YOUR BILL**

Legislation must be carried by a politician trusted by the coalition to work in partnership to pass a new law that will really meet the community’s health needs and not someone’s political agenda. The elected official who agrees to carry your legislation must be a person with the credibility, time, commitment, and staff to actually get the bill passed and signed into law.

Most legislators deal with many issues at a time, constantly trying to balance the needs and views of their constituents with pressures from vested interests, along with political and career considerations such as power struggles and reelection campaigns. Nonetheless,

most policymakers are always looking for good bill ideas—they ran for office to get things done. Do not be shy about asking them for help. Remember that it is their job to fix policy problems that impact their districts.

It is not enough to find a legislator willing to carry your bill. You need a “champion”: someone willing to fight for it, twisting arms and calling in favors behind the scenes to get the votes needed. Depending on the issue, your champion can be a seasoned insider or party leader with close ties to the governor or a newer member eager to do something important as well as be the public “face” of the issue, speaking on the floor or talking with the media. A good champion needs to be supported with prompt attention to their needs: for credible information, diligent and well-timed lobbying of their colleagues, expressions of support from the bill constituency, and plenty of public credit and press coverage. In most cases, you will be “staffing” the legislator who will be the author of the bill because this will be one of your highest priorities.

If you do not have as much financial clout as a big donor or super-political action committee, you need to convince elected officials that your proposal is a needed reform that will support their constituents and the public good. Before you shop around for someone to carry your legislation, create a “pitch packet” containing a brief and compelling problem statement, a clear and specific policy solution, and plenty of backup documentation including personal examples and how real people are affected. The package should also have a list of organizations and individuals who will support a bill, descriptions of any relevant research, and copies of any media coverage of the issue.

Try to find a legislator who has shown an interest in similar issues or has worked with similar community interests. If possible, choose someone who is a member of the policy committee that will vote on the bill; the committee chair would be ideal. You will initially meet with a legislator’s staff to discuss the issue and ask if the legislator would be interested in carrying the bill. If the answer is positive, you need to meet personally with the legislator to establish your working relationship and discuss how you will work together and with the legislator’s office.

A legislator will take on a bill if he or she assesses that it has a reasonable to good chance of passing and being signed. Ask about her views and share what you have learned about the potential opposition to the bill. Ask whether her party leader and caucus support the bill. Ideally you will have explored whether any government agency (e.g., health, labor, environment) will support or oppose the bill and if the president, governor, or mayor is likely to sign the bill. Your Power Mapping exercise raises these questions for you to follow up and find out if you have judged accurately about possible support and opposition (Box 6-3).

In many campaigns, the pressure to back off or “compromise” will be strong. Advocates have to ask, “How important is this to the people I represent? If we back off, will we look weak and lose credibility for this and other issues? Are we selling out or being smart?”

One rule of thumb is that compromise works on a policy level if (1) you come out with more than you started with and (2) you are not blocked from seeking more later. Another

### Box 6-3. It's About Policy; It's Not Personal

When the Speaker of the California Assembly Willie Brown amended his auto insurance bill, Consumers Union and the National Association for the Advancement of Colored People (NAACP) felt it would be unfair to consumers. The Speaker had been supportive of consumer issues, but this bill looked different. It was going to be hard to kill. It was The Speaker's Bill. The Speaker's staff would not budge and blocked them from talking with the Speaker. The NAACP and Consumers Union placed a 2 x 3 inch ad in the *Sacramento Bee* the day the bill was to be voted on in committee. The ad read, "Wrong Turn Mr. Speaker" over the picture of swerving tire marks. That morning, Harry, the Director of Consumers Union's West Coast Regional Office at the time, went to talk with Speaker Brown. Brown came out of his office to the reception area loudly saying to Harry, "Get out of my office; you talk to me through your ads." The Speaker's bill died in committee six hours later.

Three years passed and in 1992 Consumers Union along with a coalition of groups advocating for the passage of bills protecting LGBTQ, women's, tenant's, consumer's, and civil rights were stymied in the California legislature. They were having a hard time getting votes and even if the five bills passed they would need to get Governor Pete Wilson, a Republican with other views, to sign the bills. Harry and the coalition went to Speaker Brown and asked him to put all of the measures into an Omnibus Civil Rights Bill and be the author of the bill. He agreed and held a news conference the next week announcing the bill with all of the members of the coalition on the podium, including Harry, with him. When asked by a reporter if he really thought he could pass his omnibus bill Speaker Brown said, "If they organize on this bill the way Harry Snyder did on my ass, we will pass my bill." He was right.

With the Speaker supporting all five bills and including them in his bill, the media and the public started paying attention and pressure was put on members of the Assembly and Senate. He created public awareness of California having fallen behind in the protection of civil rights. This helped the wide variety of civil rights organizations work together in coalition to convince the legislature to pass all five separate bills and the Speaker's Omnibus Civil Rights Bill. Governor Wilson vetoed the Speaker's bill and signed four of the five other bills increasing LGBTQ rights, banning discrimination in housing and employment on the basis of sexual orientation, preventing employers from insisting on using English only in the workplace (unless it is necessary for the job), bringing state law protecting those with disabilities in line with federal law, and strengthening the Fair Employment and Housing Commission's ability to punish discriminators.

A decade later, Willie Brown was the Mayor of San Francisco and when Harry called and asked him to welcome Consumers Union's Board and executive staff from New York to their annual meeting to be held in San Francisco, Mayor Brown asked where and when and said, "I'll be there." His staff called Harry in a panic saying, "There is no way the Mayor can be at your event; he has six other commitments that night." Mayor Brown showed up on time and welcomed Consumers Union's Board and executive staff to his city and graciously praised the work of Consumers Union's West Coast Regional Office.

rule of thumb when there is no acceptable compromise is you have to pull up your socks and risk the anger and retaliation of a powerful official, group, or organization. To maintain your organization's independence and integrity, it is essential to always clarify that your campaign is to solve a problem that affects the constituency you serve—you are working for sound, effective policy, not personal gain. When Consumers Union opposed the Speaker's auto insurance bill, it was because the evidence said it would be harmful to consumers. It was about the policy, not the person. When the Speaker agreed to carry an Omnibus Civil Rights Bill sponsored by the coalition that included Consumers Union, he did so because he believed the policies were needed and Consumers Union could help him achieve his goals (Box 6-4).



**Box 6-4. Pro Tip: No Permanent Enemies or Allies**

In policymaking, there are no permanent enemies nor permanent allies. Each effort is based on the policy goal sought.

In extreme cases, a legislator may agree with you that an issue is so concerning that it is imperative to introduce the bill to bring public attention to the problem and keep the issue alive even if it seems unlikely to pass. This is a strategic decision, and you should consider how you explain why you are pushing ahead. A statement such as, “Yes, it may be difficult to pass this bill or get it signed into law, but it is urgent that we go all out now or lives may be lost that could be saved,” can be crafted to explain why you are trying what appears to be a long shot. It is crucial as well to have a reasonable explanation of how you plan to pass what appears to have a slim chance of success. Here is one example: “We think that when the public is fully aware of what is at stake, the pressure to act will move the city council and mayor to do what they are elected to do.”

**WORKING WITH STAFF TO DRAFT THE BILL**

Legislative staff are key to legislative advocacy. Most likely you will work more closely with them than with their bosses throughout the process. Their role is to assist the decisionmaker in carrying out his or her responsibilities. Decisionmakers often rely on staff members to gather and analyze the facts, assess the arguments both in favor of and against your proposals, make a recommendation on the course of action to take, and follow through with implementation. They are among the people you need to persuade.

Although the decisionmaker is in charge, a strong recommendation from a trusted staff member will often influence the decisionmaker. An advocate’s work is to provide staff with the information they need to support their boss. An advocate will often give a draft of the legislator’s presentation for a committee or floor vote or for a news conference. That helps staff do their work and gives the campaign the opportunity to be supportive and share the workload while crafting the message you hope will be used to move the bill forward.

The good news about working with staff is that staff members are usually more accessible than legislators, agency heads, and other decisionmakers. The bad news is that you must constantly gauge whether the views communicated by a staff member accurately reflect those of the decisionmaker. Staff can also be used to insulate the decisionmaker from contact with the public, and they may give you a false sense of security regarding the decisionmaker’s sympathy to your cause. For this reason, working with members of a decisionmaker’s staff, however closely, is no substitute for also being in contact with the decisionmaker from time to time along the way.

Staff will work with you to draft the bill or ordinance based on the problem and solutions you have identified. You do not need to draft the legislation—professional legal staff working for the legislature will usually do that—but be sure to go over the language carefully before it is introduced. Does the bill or ordinance accomplish what you want? Which agency will implement it—and are they competent to do so? Have a list of everything you think is necessary to solve the problem. If there is a provision that may negatively affect another stakeholder, keep the language strong and explain to the author and other members you lobby why it is essential and why the other stakeholder is opposing it (Boxes 6-5 and 6-6).

Drafting is the time for you to decide what your bottom line is. For example, what will you settle for as compromises and amendments are offered along the way? This is likely to happen and you should be prepared and in agreement in advance. Build some “wiggle room” into the bill. For example, the first draft could set the implementation of the bill effective at the start of the year, but you might be willing to wait longer, as long as the bill becomes law by a certain date. On the other hand, you would walk away from a bill that is amended down to a departmental report or from a “shall” to a “may,” effectively gutting it. You can be clear and say, “We will go all out to support the bill because it is drafted to fix the problem. We won’t be able to support it if it is weakened. We need at least this language.” Make sure you and your bill champion clearly agree on these

#### Box 6-5. Pro Tip: Draft the Bill to Be a Law That Will Work

This is your chance to design all of the legal requirements you seek including time lines for community consultation with the agency implementing the new law, implementation and follow-up assessment of the policy impact, public reporting, and transparency as well as funding. Try to describe the implementation as part of the existing work of the agency and not an add on. If funding is needed, acknowledge that and put the funding in a separate budget bill.

#### Box 6-6. Pro Tip: Strategy for Launching a Powerful Campaign

Discuss which policy committee has jurisdiction over the issue and is most likely to have a majority of members who will vote for your measure. You want to start your legislative campaign on a positive first vote. A bill to address domestic violence might be drafted to fit in the Health or the Penal Code and assigned for a first hearing in either the Health or the Criminal Justice Committees. Legislative staff can help you think this through and draft your bill accordingly. A bill drafted to overcome a law requiring the destruction of fresh fruit in order to maintain high prices said that nothing in law shall restrict the sale of fresh edible fruit. That language placed the bill in the Health Code, not the Agriculture Code. The Agriculture Committee might not even hold a hearing, but the Health Committee scheduled a hearing, and the State Department of Agriculture stopped enforcing the destruction of fruit rather than face a continuation of the bad publicity they were getting for destroying good, edible fruit. Don Fields, one of the consultants to this effort, put it succinctly when he said, “We wrote a poem of a bill” (Don Fields, RF Communications Inc., in-person communication, June 1990).

important parameters from the start. You may not be in the room when deals are made, and you and your champion must be on the same page with no surprises that could be very publicly embarrassing.

## LOBBYING COALITIONS

Legislative advocacy is a team effort, so put together at least the core coalition of support that you will need to win, even before you have persuaded a legislator to introduce your bill. Your initial bill pitch should include a list of groups in support, showing credibility and people power behind the issues. You can start as a small core group with a particular interest in your issue, then recruit a broader support base as you go along. See Chapter 5: Building Support: Coalition Building and Community Organizing for more on how to build an effective advocacy coalition.

## TOOLS FOR THE CAMPAIGN

Once you find a champion legislator who has a smart and effective staff to carry your bill, it is time to get organized for a lengthy campaign to get it passed, signed, and implemented. Here are some of the tools and strategies you will need to have ready as you begin your campaign:

- **Facts, research, and media coverage:** Use the tips in Chapter 3: Getting the Facts: Effective Application of Data and Research to collect the best research and most recent data on your issue. How many people are affected by the problem? What is the best evidence-based solution? What is the estimated cost of your proposed interventions? What is the cost of doing nothing? Do not forget to include past and ongoing news coverage in your facts file.
- **Polling:** Many coalitions use polling to measure voter support for issues with wide impact, from health care to immigration policy. A simple opinion poll, especially on controversial issues, can be affordable for some coalitions. Foundations are often willing to fund polls because they cannot fund direct lobbying. Polling data is a powerful tool in convincing skeptical politicians of widespread voter support.
- **Coalition:** Use the tips in Chapter 5: Building Support: Coalition Building and Community Organizing to form a coalition of committed organizations and individuals. Meet regularly to share intel, tweak messaging, and adjust strategy as the campaign gathers steam. A brief weekly conference call or web meeting—if facilitated skillfully—will suffice, once you have set the basic strategy and assigned roles. You will need to be nimble as a group, able to pivot quickly and deal with opposition and unexpected developments.

- **Strategy and messaging plans:** Use the tips in Chapter 2: Planning: Goals, Strategy, and Tactics.
- **Lawmaker contacts:** Compile contact lists for the members of the committees your bill will pass through, including staff contacts, email addresses, and Twitter handles; do the same for the governor's legislative staff. You will need this for action alerts to the field and to keep track of legislators who have said how they intend to vote.
- **Stories and witnesses:** Do not wait until the last minute to line up a strong bench of community members willing to tell their impact stories. Obtain their permission to record and upload their narratives to YouTube for future use. Make logistic arrangements and prepare them to meet with members and staff and testify on the bill as it goes through committee hearings. Witnesses who live in the home districts of target legislators can be particularly helpful.
- **Web headquarters:** Build a simple website or Facebook page to house all the materials you will need to keep your coalition informed and organized as the bill proceeds through the legislature. As you create them, upload fact sheets, Q & As, sample letters, action alerts, and answers to tough questions as well as your background facts file. Send bill supporters to the site when they need to respond to opposition or press questions. Post pictures and graphics as well to make it fun and engaging. Use a password-protected page to post sensitive information for coalition members around strategy and "next steps."


## CREATING SOME BUZZ

Once you have a piece of legislation, a champion, and all the other campaign pieces in place, it is time to build some energy, or "buzz" around it. Depending on your capacity, choose some of these tactics:

- Schedule "meet and greets" with key legislative offices and have coalition members share informational packets on the bill with staff to get the conversation started, to gauge support and opposition, and to fine-tune your messaging.
- Hold a media event to announce the introduction of the new bill, highlighting its connection to health with a good location and speakers. For example, have a press conference in front of a burned-out building to highlight the need for better fire safety inspections.
- Launch your website or Facebook page and tweet the relevant staff and legislators with the link. Pair it with an online meet-up with your bill champion for press.
- Release a new study or data "report card" about the health problem and mention the bill as one of the solutions.
- Invite key legislative staff for a reality tour of a neighborhood, clinic, school, or environmental problem area and answer their questions about the bill. (Try to find a site that is near their offices!)

## CRUNCH TIME: HEARINGS AND FLOOR VOTES

Now it is time to start “ginning” up support and counting votes. First, find out which committees will be voting on your bill and meet right away with the professional staff for each committee and who will write the bill summaries and analyses before hearings. See Figure 6-1: California Legislative Information Example and examine the legislation flow chart to plan your contacts with the legislative staff as they are preparing the information describing your bill (Boxes 6-7 and 6-8).<sup>5</sup>



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Text	Votes	History	Bill Analysis	Today's Law As Amended	Compare Versions	Status	Comments To Author
<div>Bill Analysis</div> <div><div>09/14/19: Assembly Floor Analysis</div><div>09/05/19: Senate Floor Analysis</div><div>07/03/19: Senate Appropriations</div><div>06/12/19: Senate Appropriations</div><div>07/09/19: Senate Judiciary</div><div>07/03/19: Senate Health</div><div>05/21/19: Assembly Floor Analysis</div><div>04/22/19: Assembly Appropriations</div><div>04/09/19: Assembly Judiciary</div><div>04/09/19: Assembly Judiciary</div><div>03/23/19: Assembly Health</div></div>							

Source: Reprinted from the website of the California Legislative Information.<sup>5</sup>

Figure 6-1. California Legislative Information Example

### Box 6-7. How a Bill Becomes Law

Passing a bill to create a new law follows specific steps. These steps are found in government manuals that set procedural rules, often called a rule book, so that there is a sense of order and transparency in making government policy. The order of the steps also allows stakeholders to explain their reasons for supporting or opposing the bill and time for lawmakers to ask questions; to hear from constituents, experts, and the general public; and to analyze stakeholder positions before voting. Different legislative bodies, cities, counties, states, and the federal government use similar procedures tailored to each legislative body.

The following flow chart is a basic and simplified list of the steps and the order in which they are taken. For bicameral legislatures, like Congress and all states except Nebraska, bills must follow the steps listed in each House and be ultimately passed with the exact word-for-word language before they are sent to the head of the government for signature or a veto. There is a caveat: committee members, time limits, and other rules can be changed, although rarely, by the rules committee, and advocates need to constantly be listening for any hints that some out-of-the-ordinary process is being discussed. This is especially true if the bill you are supporting or opposing is controversial or if an important stakeholder is opposing your position.

(Continued)

**Box 6-7. (Continued)****Legislative Steps for Passing a Bill**

1. **The bill is introduced:** The process is started when the author of the bill, the elected representative, provides a copy of the bill to the clerk of the legislative body.
2. **Rules committee** assigns which committee will hear (vote on) the bill.
3. **Policy committee(s)** will discuss and vote on the policy over which the committee has jurisdiction (e.g., health, environment; there may be a subcommittee hearing and vote before the full committee).
4. **Fiscal committee:** If the bill has a fiscal impact, it is then put to the fiscal committee for a vote.
5. **Floor vote:** The entire chamber, House, Senate, Assembly, city council, board of supervisors, etc. hears and votes to approve or kill the bill.
6. **Bill signed or vetoed (possible veto override):** If it is unicameral body like a city council, the bill then goes to the mayor, for example, to be signed or vetoed. If it is a bicameral legislature, it goes to the other House for consideration following the steps listed above. If two houses pass the bill in different versions, a conference committee of a few members of each House agree on compromise language, and it then goes back to each House for an up or down vote. If both Houses approve the same bill language, it is sent to the president, governor, or mayor for signature. If it is signed, it becomes law. If it is vetoed, the legislative body can vote to override the veto and only if successful does the bill become law.

**Box 6-8. Pro Tip: Learn as Much as Possible**

Information is the currency of the realm in every policymaking forum. Be sure to pay attention to what you might consider gossip or speculation in any other pursuit.

These analyses are included in every legislator's briefing book. Make sure they have all your background information well in advance and promptly answer staff queries: an inaccurate or incomplete bill analysis can sometimes make or break a bill. Bring up and answer the opposition's positions with your data, analysis, stories, and values argument. Keep your list of organizations, editorials, and individuals supporting your bill updated. Include summaries or a list of media coverage. Next, make a list of all the legislators on each committee and figure out how to win enough votes to pass your bill. Be creative about using local support—constituents from the district—to convince legislators who may be undecided. Use your allies; enlist small business owners, hospital executives and medical professionals, clergy, teachers, and youth. Pull out your Power Map, update it, and prioritize your outreach, meetings, and engagement with staff and legislators. You should focus your resources where you are most likely to get the votes you need, then focus on those that may be on the fence (Box 6-9). Send out an action alert to the field as far in advance as you can before each committee hearing to bring in letters of support before their deadlines. Follow up with reminders particularly just before a hearing. Ask your allies to do the same

**Box 6-9. Pro Tip: Work for All the Support You Can Get**

You want to get as many votes as possible at every step along the way. Members may change their mind; you want to be overprepared. The more votes you have, the more credibility and momentum your campaign and bill will have.

to their networks. Individualized letters from well-known or statewide organizations, individuals, and voters are the most effective supports and are collected by legislators' staff and listed in bill analyses written by committee staff. Personal phone calls, form letters, emails, and tweets can also be powerful, especially if they are well-timed and in very high volume (Box 6-10).

**Box 6-10. Tips on Testifying**

Public health experts are often asked to provide (or organize others to provide) testimony in a variety of hearing settings, from school boards to Congress. Here is how to be effective:

**Scope out the format:** Who will preside at the hearing? What are the time limits on oral testimony and can written comments be submitted? How will witnesses be chosen? Do individuals and organizations that wish to testify have to make a request in advance and, if so, to whom, how, and by when? Get there early to sign in, get good seats, talk to media or panel members, and give out background materials.

**Organize and prepare your witnesses:** Recruit one or two articulate community members who are impacted directly by the problem, along with an expert who can speak authoritatively about the problem and answer any technical questions. Coordinate your messaging to avoid repetition and make sure you agree on the main points beforehand. Draft some talking points for your witnesses and rehearse with them beforehand if they are nervous.

**Bring friends:** Organize as many others as you can to be in the hearing audience. They should show up early, sit in front, and sign in for public comment ("open mike") if that option is included in the hearing agenda. Signs, pins, or t-shirts are fine, but the group should make a positive impression, unless disruption is part of your strategy.

**Write your testimony:** If requested, your written statement should be comprehensive and persuasive, not overly technical, and make concrete policy recommendations relevant to the hearing's focus. Substantiate facts by identifying your sources. Rebut key arguments being made about the problem or proposal. Use charts or diagrams to illustrate complex points. Submit the longer written testimony for the record and bring extra copies for media and others.

**Speak your testimony:** Boil your statement down to a critical three to five talking points but try not to read it. Practice beforehand until you can make your points naturally and make eye contact with listeners. Briefly introduce yourself, thank your panel, speak clearly into the microphone, and stick to the time limit. Do not count on being able to use videos, slide decks, or flipcharts; summarize but do not read your visual presentations. It is boring and everyone in the room can read. Remind listeners where more detail can found.

**Stay cool:** Be prepared for questions. Answer them directly and succinctly; start with the answer and then expand, or say, "I don't know the answer to that. I want to give you accurate information so let me check into it and I (or my colleague X) will get back to you." If you do not have an opinion when asked, do not feel obligated to make one up on the spot. Simply state, "I don't really have an opinion on that subject."

Do not make any assumptions about legislators—meet with staff from all members of the committee where the bill is being heard and listen carefully to the opposition so that you can counter it in the hearing. Showing up at offices where you know that you are going to get opposition shows you want to hear their objections and want to explain your view. It may seem naïve, but over time there is a payoff in gaining a reputation for respecting the “system.” Focus on “fence sitters,” getting creative about corralling multiple contacts to their offices from anyone you can think of who has influence, especially from their districts. You want to engage proactively in every step of the process of the bill’s progress. This enables you to correct and shape the discussion and to be prepared to answer questions staff and legislators will have. It helps to remember that your opponents will be doing everything they can to win votes for their position. If this were a sport, it would be a full-body contact sport. No new legislative advocate knows or can anticipate the many steps and permutations of passing or defeating a bill. We learn by asking and doing the work. We have all relied on colleagues, co-workers, and our coalition members who are there to guide us. This is teamwork.

Whether you arrange a lunch meeting, an office visit, or a formal hearing, your presentation should be planned. Jot down meeting notes and assign talking points to your team (if you go in a small group) beforehand. You should decide

- The purpose of the meeting.
- The main points to discuss.
- How to describe the problem clearly.
- What papers or materials you will bring.
- Who will lead your group during the meeting.
- Who will speak, on what points, and in what order.
- What the group will ask for.

When you are meeting with decisionmakers, it is important to stick with the facts and not overstate the problem or use inflammatory rhetoric or threats. Assume that once the decisionmaker is convinced of the seriousness of the issue and your sincerity in wanting to bring better health to your community, he or she will want to help solve the problem. Strategic use of the media can help show opinion leaders and decisionmakers that you are working on an important issue that the public cares about, so bring press clips or links to video clips if you have them (Boxes 6-11, 6-12, and 6-13).

#### Box 6-11. Pro Tip: What Happens Next?

At each step, be sure you know what happens next. Then ask staff and legislators, “What can we do at this point? Who can/should we talk to?”



## Box 6-12. Personal Visits to Decisionmakers

Legislators and high-level officials welcome visits from constituents, customers, or community members. They want you involved, even though they are busy people. Here are some tips on personal visits:

### 1. Before the Meeting

- Know about your decisionmaker before making initial contact on an issue: research his or her background, district, training, interests, media coverage, committees served on, positions or votes taken, etc.
- Flexibility is always important when making appointments with decisionmakers. Be prepared for changes; do not take these changes personally and work around their schedules, not yours.
- If you cannot get to the state capitol or Washington, DC, meet in the district offices or go to a town hall and ask for a brief "sit-down" afterward.
- Remember that time is a valuable commodity for your contacts, so be brief, specific, and be polite. You will usually have 15 minutes or less and even that will likely be interrupted!
- Plan the meeting beforehand, bring a diverse cross-section of people, work with team members to practice their lines, and know what each will cover so you do not repeat the same information. Do not be intimidated; you are the expert on this issue!

### 2. At the Meeting

- Be on time for your appointment. Dress neatly and bring copies of your materials and business cards. Do not be disappointed if your legislator sends an aide. Aides are critical to the process.
- At the beginning of the meeting, state who you are, whom you represent, what you want to discuss, and what you want your decisionmaker to do. If the bill is scheduled for a vote, tell them what committee it is in and when it will be heard.
- Do not be surprised if your contact does not know about your issue or program. They have to know about many issues and may specialize in areas unrelated to your work. Avoid overwhelming the discussion with too much information and omit jargon. Use facts rather than labels.
- Share your personal story or bring a community member who can share theirs, if appropriate. Be a good listener and hear out what your decisionmaker has to say on the issue.
- Put the decisionmaker at ease by convincing him/her that you are there to serve as an educational resource on a complex issue. Act like a partner, not an adversary.
- If you do not know the answer to a specific question, offer to find the answer and then forward the information to the decisionmaker later.

### 3. Before You Leave Any Meeting

- Try to find out where your contact stands on your issue.
- Leave a one-page fact sheet summarizing your points; include your name, address, and telephone number. More detailed information can be included in a small information packet.
- Perhaps the most critical part of your visit is "The Ask." Decide who will ask for a commitment from the decisionmaker to vote in support of your position and help you in a meaningful way. In this political world, it is common to ask, "Can we count on your vote?" If the answer is "Yes," ask, "Will you be willing to talk to Representative \_\_\_\_\_? He is concerned about \_\_\_\_\_. Can we tell others of your support?" If the answer is "I'm considering it," ask, "What additional information can we provide you; what are your specific concerns?" If the answer is, "No," and you feel that is firm, thank them for their time and for considering your position.
- If your contact needs more information, make arrangements to give them information and ask them when you should follow up with them.

(Continued)

**Box 6-12. (Continued)**

- Leave the meeting knowing what your next steps should be (e.g., calling their district office to set up a field visit, organizing a small informal meeting with community members, providing additional information). And know the staff person to contact and the best phone number and email to use.

**4. After the Meeting**

- Follow up the meeting with a thank-you note, thanking the contact for his or her time and for listening to you. Be sure to restate your policy position in this note.
- Check the appropriate box: support, undecided, or oppose, on your vote count list of committee or floor members. Then decide who will follow up with the undecided members and when and with what additional information or expert resource. They are among the people you need to persuade. Write down who will do what and by when. Be clear that you will inform each other as soon you have any information.
- If the contact asks for more information, be sure get this information to them promptly.
- If your decisionmaker gives you a commitment (for instance, to make a field visit or attend a meeting), check back with him/her later.

**Box 6-13. Pro Tip: Let the Data, Stories, and Facts Establish the Problem**

Facts, data, stories, supporters, etc. make your “arguments” for your campaign. If you have the facts, you do not need labels and adjectives, and they may detract from getting the votes you need to solve the problem.

**GETTING A SIGNATURE AND GETTING THE REAL JOB DONE**

Your final step is to obtain a signature on the bill from the governor, president, or mayor—often the hardest job if your bill sails through the legislature. To prepare in advance, meet with the legislative staff in the mayor, governor, or president’s office early on in the campaign, even as you are preparing to get an author for your bill. You need to get a feel for the priorities and issues that are important to the head of the executive branch of government (president, governor, mayor) who needs to sign the bill. Set up meetings with their appointees in the relevant agencies. They will be asked to analyze your bill, so be sure your campaign has briefed them well in advance. Even if staff are noncommittal and “sphinxlike,” you can always glean a few strategy tidbits from these early sessions and then go back again to ask for a signature showing how your bill meets their concerns. Sometimes this will take a well-orchestrated campaign to get the bill signed in to law, ranging from letters and phone calls to rallies and creative media events (Box 6-14).

Your job is not over if the bill is signed. Your advocacy plan should include at least a year of additional work, depending on the bill’s timeline, to ensure that state agencies implement it and communities and advocates know about it. Implementation is critical. You may need to meet with agency staff multiple times to offer your support in

**Box 6-14. Passing a Life-Saving Bill: Senate Bill 680**

A pinch of political connection, a dash of timing, some quick strategizing, stir in budget neutrality, and presto! A new bill saves lives. As described earlier, Harry learned that, despite data from other states, California did not require outcome reporting of heart bypass ("CABG") surgeries by surgeon or hospital. He had learned that in some other states, this public disclosure tactic was effective in forcing poor-performing hospitals and doctors to either improve or discontinue these common but risky procedures. The kicker was evidence clearly showing that public reporting actually saved lives.

Consumers Union sprang into action and introduced legislation, Senate Bill 680, to mandate CABG outcomes reporting by all California hospitals—and by individual doctors. The bill sailed through and was signed eight months later after convincing the governor that the costs would be covered by an existing law and that no new taxes would be required. Even then, there was no guarantee he would sign the bill.

Then the governor's staff was faxed a draft of a news release praising the governor for acting to save California lives that would be released if he signed the bill. He signed the bill two hours after his office received the draft news release. The stars were well aligned on this bill: it leveraged a growing movement to give health care consumers more information—"informed choice"; the state specialty medical association supported increased transparency, and, for once, it made everyone look good, from state regulators to physicians protecting the reputation of their specialties; and the cost was not an issue during a severe budget crisis.

overcoming bureaucratic or even personnel-related barriers. You may want to train others to use the new law that creates a right or tool for improving health. You could also help by getting studies or evaluations funded by foundations and enlisting affected communities and subject-matter experts to measure progress on the ground. This ongoing concern coming from the outside, while it can sometimes seem like pestering, is part of a professional approach. You have worked to pass a law and asked others to support and vote for the law because you convinced them it is important. In a sense, you have an obligation to help make it work and to assess its effectiveness and modify the law you helped pass if necessary. Policy is systemic; it is the long view. A smart bureaucrat knows that your pressure is an important lever, and you do not get paid to be popular with those who are reluctant to move things along.

**BUDGET ADVOCACY**

If the agency needs resources greater than its usual budget to implement your bill, you will need to have additional funding allocated. Without the funds to implement the actions mandated by the health policy your bill creates, nothing will change. To anticipate this reality, your campaign will have a parallel legislative plan to obtain funding. In every legislative forum, budgeting is a difficult and often frustrating process. Even if you have clear and convincing evidence that your policy and budget bills taken together will save money and improve health outcomes, convincing elected officials to spend tax dollars is a tough sell. Elected officials are constantly aware of their next election. To remain

**Box 6-15. Pro Tip: Avoid the Crumb Fight**

You may be asked questions like, “Should we take funds from infant formula to fund this new plan you propose?” This is called a “Crumb Fight,” and one way to answer this is to point out that the questioner’s job is to protect the health and well-being of their constituents. Your job is to help them to understand the problem and see what can be done so they can do their job. They were elected to find solutions and the money to implement them. You do not have a vote, but you can position yourself and your campaign as strong, respectful, and knowledgeable advocates working for the same purposes as the elected officials. In the long term, you will find yourself caring more about tax policy and fiscal priorities than you ever thought possible.

in office and do the good things they want to achieve, they will be reluctant to face an opponent who will accuse them of wasting taxpayers’ dollars. Never give up when you hear, “We don’t have the money.” The money is there or can be generated; political will is what you need to muster.

A government’s annual budget is a statement of values and priorities, and it takes skill, patience, and persistence to wrest public health funding from more popular and politically palatable functions like infrastructure, law enforcement, and tax breaks for corporations (Box 6-15).

In the short term, you will need to get into the annual budget process to secure the funds you need or to stop funding for wasteful or special-interest projects. In Congress and most state legislatures, you will need to get your item funded in a parallel appropriations process with its own committees and rules. Once you learn how to maneuver in this world, you will find that these “juice” committees wield extraordinary oversight and clout over federal and state agencies. You can often make significant changes in the way programs work or fund evaluations and beef up frontline staffing through budget “control” language—without ever passing a separate additional allocation for an agency’s budget. Budget “control” language is one way. Legislators direct how an agency uses and spends its budget. This is a tactic advocates can use that avoids elected officials spending more money.

Many states now have public interest budget advocacy organizations that can help new advocates navigate budget-making and fiscal policy issues. Ask them to train your coalition members and use their materials to learn how to impact the process. See Box 6-16: Resources for Budget Advocacy Help.

## **UNDERSTAND THE INTERPLAY BETWEEN LEGISLATION, COURTS, ADMINISTRATION, AND DIRECT ACTION**

There may be more than one policymaking forum that can solve the problem you want addressed. For example, you might want a change in law enforcement practice or how trash or recycling is collected. An administrative agency could adopt a regulatory

**Box 6-16. Resources for Budget Advocacy Help**

- **International Budget Partnership:** <https://www.internationalbudget.org>
- **Center on Budget and Policy Priorities:** <https://www.cbpp.org>
- **Policy Basics—Introduction to the Federal Budget Process:** <https://www.cbpp.org/sites/default/files/atoms/files/3-7-03bud.pdf>
- **State Priorities Partnership (connect with state-level budget advocates):** <http://statepriorities.org>
- **California Budget & Policy Center:** <https://calbudgetcenter.org>
- **Dollars and Democracy—How-to Resources on State and County Budget Advocacy:**
  - **State:** <https://calbudgetcenter.org/resources/dollars-and-democracy-a-guide-to-the-state-budget-process-2019>
  - **County:** <https://calbudgetcenter.org/resources/dollars-democracy-guide-county-budget-process>

solution or the legislature could pass a bill. It is possible that a court could find the current situation to be illegal or unconstitutional. It is even possible that a private organization could be persuaded to change its practices and avoid government deciding their future. Power Mapping will point you to the best forum to begin your campaign—for example, by seeking a legislative solution rather than going to court.

If your progress is slow and uncertain, you may decide that a lawsuit is needed. You can pursue more than one forum at the same time. This can raise the pressure for the legislature and governor to retain control by passing a bill and avoiding the uncertainty of a court or jury decision.

As was recommended earlier in Chapter 2: Planning: Goals, Strategy, and Tactics, when working in different forums and speaking to different audiences, be certain to be consistent using your data, stories, analysis, and framing in both forums and the media. Be prepared for both forums to claim that you have chosen another forum and using that as an excuse to declare they will not take the time and energy to work with you (Box 6-17).<sup>6</sup>

**Box 6-17. Pluses and Minuses of Changing the Law****Pluses**

- Legislators and local legislative officials are elected and, at least theoretically, accountable to voters.
- In smaller communities, elected officials may be very accessible to members of the public.
- Unlike the courts, the legislature can look beyond the law and broadly examine public policy.
- A law enacted by the state legislature can address a problem in communities statewide.
- An ordinance adopted in one community can be a model for other communities. A new law enacted by one state legislature can be a model for other states and the nation.

**Minuses**

- Drafting and passing legislation is a highly political process. Elected officials will weigh how their actions might help or hurt their standing with voters, campaign contributors, and supporters.

*(Continued)*

**Box 6-17. (Continued)**

- The state legislature is in session for only part of the year. There are also deadlines for introducing bills and for proposed bills to make their way through the legislative process.
- Legislative rules typically make it easier to stop proposed laws or ordinances than to pass them.
- Elected officials like to please everyone, which makes it more difficult to pass controversial legislation.
- Your state capital (or Washington, DC) may be far enough from your community that it is difficult for community leaders and supporters to meet with legislators and attend hearings in the capital.

Source: Adapted with permission from The California Endowment.<sup>6</sup>

**REFERENCES**

1. Finnegan W. The candidate. *New Yorker*. May 31, 2004. Available at: <https://www.newyorker.com/magazine/2004/05/31/the-candidate-5>. Accessed February 20, 2020.
2. Swartz A, Isaacs S. Banning junk food and soda sales in the state's public schools. California Endowment. 2006. Available at: <https://www.policyarchive.org/handle/10207/8631>. Accessed February 24, 2020.
3. Alliance for Justice. Bolder Advocacy. Available at: <https://www.afj.org/our-work/bolder-advocacy>. Accessed April 8, 2020.
4. Internal Revenue Service. Lobbying. Available at: <https://www.irs.gov/charities-non-profits/lobbying>. Accessed April 8, 2020.
5. California Legislative Information. Bill analysis. Available at: [https://leginfo.ca.gov/faces/billAnalysisClient.xhtml?bill\\_id=201920200AB824](https://leginfo.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB824). Accessed February 24, 2020.
6. Snyder H. *Advocating for Change: Using the Administrative Petition to Serve Community Health*. The California Endowment and Health ExChange Academy of the Center for Healthy Communities. 2010:58–59. Available at: <https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-3.pdf>. Accessed February 19, 2020.

## Government Agencies: Administrative Advocacy

*Despite the widespread derogatory stereotypes of bureaucracy, a system of government grounded in law requires bureaucracy to function.*

—Encyclopedia Britannica<sup>1</sup>

In 1983, the US Food and Drug Administration's (FDA's) Dermatologic Drugs Advisory Committee held a hearing in response to a petition by the Environmental Defense Fund, Consumers Union, and others to ban the sale of Kwell Shampoo, which contained lindane, a member of the dichlorodiphenyltrichloroethane (DDT) family. Lindane is so toxic that it was banned for almost all agricultural uses, but Kwell shampoo could be prescribed for use against scabies, a disease caused by mites. The October 1979 issue of the journal *Archives of Dermatology* told of an infant who suffered seizures after receiving lindane treatment and said the pesticide "is a potentially toxic agent that can cause convulsions and even death from accidental and therapeutic overexposure."<sup>2</sup> Despite the clear danger to humans, pediatricians and dermatologists prescribed Kwell as their preferred treatment for head lice for children and adults. The petitioners provided evidence questioning the continued FDA approval of the use of lindane when alternative head lice and scabies treatments had been shown to be successful.

Doctors were adamant about the effectiveness of the treatment and its safety when application instructions were followed. United Press International stories pointed out that Fred McIlreath, director of research at Reed and Carnrick of Piscataway, NJ, which produced Kwell, said it is "an exceptionally safe product."<sup>2</sup> But he said that when Kwell is dispensed by druggists who rebottle it, consumers may not see the following: "Warning: Kwell shampoo should be used with caution especially in infants, children and in pregnancy. (Lindane) penetrates human skin and has the potential for central nervous system toxicity."<sup>2</sup> Asked for the differences between Kwell and over-the-counter drugs, McIlreath claimed that Kwell killed lice nits, while over-the-counter preparations did not. The FDA committee was shown evidence that the Centers for Disease Control in Atlanta, Georgia, found that eggs are not killed by any of the preparations.

A parents' group wanted Kwell to be available but with better warning labels. Their concern was that the shampoo may be used in baths, allowing it to enter skin all over the body instead of only through the scalp. Ellen Silbergeld, PhD, chief toxic scientist of the Environmental Defense Fund, said lindane is the "last untended business of the DDT

family.”<sup>3</sup> She said the Environmental Protection Agency (EPA) requires veterinarians to wear impermeable gloves reaching the elbow if, during a year’s time, they treat animals with only 5% of the amount of lindane routinely used for children in one dose of Kwell. “Lindane and other organochlorine insecticides, such as DDT, are very persistent in the environment,” she said. “They are stored in the fat of the liver, brain and other organs.”<sup>3</sup>

At the conclusion of the FDA hearing, the advisory committee recommended that prescription sale of Kwell shampoo continue to be allowed but with clear additional warning labeling—an improvement, but not enough. It took years of work by many other activists and scientists in many states and at the federal level as well as working internationally to increase limitations and in some jurisdictions ban the use of lindane. In 1995, the FDA ruled that it can only be used as a “second line” treatment when other treatments have not been effective. In 2002, California banned the pharmaceutical use of lindane.

Every day, government administrative agencies, like the FDA, regulate the safety of the air we breathe, the water we drink, and the food we buy. Agencies set and enforce workplace safety rules; determine whether we qualify for Medicaid or the Special Supplemental Nutrition Program for Women, Infants, and Children; and decide what chemicals we are exposed to and the level of exposure. State departments of health and other state agencies license and monitor doctors, hospitals, health maintenance organizations, drug companies, and other entities that make up our health care system. Local air resources boards determine the quality of the air we breathe. Administrative agencies are also responsible for the delivery of essential services such as police, fire, emergency response, public health, and welfare benefits. Some functions, such as law enforcement and incarceration, are implemented by agencies at many levels of government—for example, police and sheriff departments, state highway patrol, the Federal Bureau of Investigation, federal Marshals, park rangers, departments of corrections, jails, juvenile halls, and detention centers.<sup>4</sup>

In 1946, in the wake of the death of four-term president Franklin D. Roosevelt, progressive groups concerned about protecting the integrity of New Deal programs came together with conservative groups that were interested in protecting the due process rights of individuals caught up in the regulatory process. Together they crafted the Administrative Procedure Act (APA), which prescribes the basic operating rules of regulatory agencies and establishes safeguards protecting the procedural due process rights of individuals.<sup>5</sup>

State legislatures and the US Congress, as well as county boards of supervisors and city councils, have passed laws to establish these agencies to carry out government functions they deem essential or desirable. Elected legislative bodies are not specialists. Legislatures assess a public need and give the head of the executive branch—president, governor, mayor, or “commission board”—specific official powers, an organizational structure, personnel, a budget, and, most importantly, a mission. A law will set the mission and



general policy, but the regulations adopted by the agency spell out exactly how that policy will be implemented.

To carry out the almost all-encompassing functions of government requires complex duties and responsibilities, special skills, and expertise, and often many individuals with different levels of responsibility to serve the public. Our elected legislative representatives delegate these tasks to government agency officials just as corporate boards elected by shareholders delegate running the company to the chief executive officer (CEO) who in turn delegates to department heads. Delegation allows legislators to write simpler statutes that set the basic mission of the agency, particularly in highly technical or complex areas, allowing rules to evolve as knowledge increases or new science emerges. Most important operational government decisions are made by agency personnel accountable to the elected head of their government.

The declaration that “Unelected bureaucrats are forcing us to (or keeping us from) [fill in the blank—e.g., limit emissions, label our product, disclose our terms of service]” is a distortion of the truth. Elected officials oversee every activity in which the government engages. We cannot, nor should we, elect every hospital administrator, city planner, police chief, or warden. But they all are part of a chain of administrative order that reports to an elected official. To be clear, legislators, presidents, governors, and mayors determine budgets, personnel levels, and priorities of agencies. Elected legislators delegate the implementation of the laws they pass and resources they allocate to the elected leader of the government of which they are a part. Those elected leaders remain responsible for policies their agencies adopt and implement. Just as Macy’s CEO does not handle returns and customer complaints, the CEO is responsible for Macy’s returns and complaint policies and how they are implemented. If you are in opposition to or in support of agency actions, it is effective to point out that laws, not bureaucrats, give the agency the authority to act and that elected officials, not bureaucrats, appoint and supervise agency officials (Box 7-1).

Regulations are the rules by which federal, state, regional, and local agencies operate their bureaucracy and their programs. Pursuant to the APA, federal agencies in particular must publish proposed rules for “notice and comment” and take public input into account before finalizing them.<sup>5</sup> Advocates can have an impact on regulations by keeping track of the rulemaking process, writing substantive comments, and generating mass public comment and media attention to support or oppose newly drafted regulations. Advocates can and should be proactive in formally seeking the adoption of new regulations or the repeal

#### Box 7-1. Pro Tip: Where Does the Buck Stop?

Practically and politically, the elected head of government can be held accountable for an agency’s policies, practices, and behavior. By calling on the president, governor, or mayor to take action, rather than the agency head, you raise the visibility of your issue and campaign. Elected officials can be held accountable in the next election, and they will often encourage the agency head to solve this problem.

or amendment of existing regulations. You have the right under federal and state constitutions and laws to file an administrative petition seeking such policy changes. Chapter 8: Administrative Petitions explains in detail how to petition government agencies and use the same tactic to use a petition to seek private-sector organizational changes.

In Chapter 2: Planning: Goals, Strategy, and Tactics, we discussed regulations established by US Department of Agriculture dictating the procedure for testing for bovine spongiform encephalopathy (or mad cow disease) for cows that are killed outside of a slaughterhouse. These types of rules are generally too detailed and specific to be the subject of federal legislation. Agencies may be directed to clean up the environment (EPA), safeguard children (Department of Child Welfare), regulate health maintenance organizations (Department of Managed Health Care), or secure other goals that promote the health and welfare of the public. Many administrative agencies have been given broad powers to promote the public interest. For example, depending on the agency, it may have the power to

- Set minimum standards for businesses, professions, and industries;
- Establish rules for benefit programs;
- Gather information and data;
- Hold hearings and issue subpoenas;
- Require warning notices;
- Investigate problems;
- Stop harmful conduct;
- Impose fines;
- Issue, suspend, and revoke licenses and permits;
- Set rates; and
- Recommend new laws or changes to existing laws.

At the federal, state, and local levels, there are government administrative agencies (e.g., departments, commissions, boards) that are responsible for various aspects of the health care system. The details of a public policy are most often determined by the regulations issued by a health agency after a law has passed. Federal, state, regional, and local agencies have the power to adopt, amend, or repeal rules governing health care, safety, and the environment. They can also bring enforcement proceedings to stop actions that violate the law or agency rules and can even fine and revoke the licenses of violators.

Agencies also have the power to investigate problems and advise the executive branch (president, governor, or mayor) and the legislature regarding the need for new laws, programs, and other governmental actions that would improve our health care system and the social determinants of health that could be impacted by government policies. When the bill is introduced, the executive branch staff will seek comment and advice from the responsible agency if it may have serious policy or political implications (Boxes 7-2 and 7-3). Agency staff routinely review pending legislation and

**Box 7-2. Pro Tip: Don't Be Shy; Meet With the Agencies**

Agencies are often called to testify on legislation. Meet with agency officials to present your data and position on your bill. Their response—unofficial or official—will alert you to whether the bill is likely to be signed by the executive branch.

Most agencies are headed by an official who is appointed by and serves “at the pleasure” of the president, governor, or mayor, meaning he or she may be removed at any time. To promote independence, some agencies (such as the Federal Trade Commission or the California Public Utilities Commission) are headed by a multimember body whose members are appointed for a fixed term. At the local level, voters often elect the board members for school, utility, and hospital districts.

**Box 7-3. Pro Tip: Don't Get Personal**

It might be tempting to personally attack an agency official who seems incompetent or just plain nasty. Don't go there! Instead, demonstrate in detail how “the agency” is exceeding or misinterpreting its authority granted under the law and regulations, and how that—not the bureaucrat—is harming people or the community.

Administrative agencies carry out their missions through four main processes: rulemaking, adjudication, licensing and permitting, and ratemaking. Some agencies, such as school and hospital districts, provide services directly to the public.

provide expertise and opinions to executive branch staff as the bills reach their desk for signature or veto as well.

**RULEMAKING**

Rulemaking is the process agencies use to adopt, amend, or repeal regulations. As we described, the legislative branch will adopt laws setting forth the mission and powers of the agency. The agency fills in the details of how it will meet its mission by adopting regulations. Some regulations are designed to prevent persons and businesses from behaving in ways that harm the public. For example, the EPA has adopted regulations restricting the type and amounts of harmful pesticides farmers can use. Agencies also adopt regulations to require positive behavior. The FDA, for example, requires drug manufacturers to test their products for safety and efficacy before making them available to the public.

Before adopting a new regulation, agency officials must notify the public and provide an opportunity for people to be heard. Generally, agencies allow the public to submit written comments on the proposed rule. In important matters, there may be several rounds of comments and the agency may also hold hearings to gather public input. Consider including a request for public hearings at hours and locations where

affected communities can offer their stories and data about the problem. Agencies must create a record on which to base their decision on whether or not to adopt a regulation and to support the content of the regulation. After an agency adopts, amends, or repeals a regulation, in most cases, the action is reviewed by an office of administrative law or the state legislature.

In some states, agencies are required to hold a public hearing if any interested person submits a written request. There may be certain restrictions. A regulation is adopted when it is approved by the head of the agency and usually becomes effective 30 to 90 days later. The process can be expedited in emergency situations. Agencies must follow the same procedure when modifying or repealing existing regulations. For more on how to participate in regulatory proceedings see Step Seven: Mount a Campaign for Action in Chapter 8: Administrative Petitions.

## ADJUDICATION

Adjudication is the process agencies use to determine whether a person or firm has violated a law or regulation and, if so, what punitive action should be taken. Depending on the agency, it may have the power to issue cease-and-desist orders, impose fines, or revoke, suspend, or modify licenses and permits. Any person can file a formal complaint and request that an agency use its power to enforce a law or regulation. For example, you can petition the state insurance commissioner to hold a hearing to examine a company refusing to sell car insurance to people of color, and determine (adjudicate) if the company's permission to do business in the state should be revoked. Proceedings are similar to formal courtroom proceedings.

## LICENSING AND PERMITTING

Licensing and permitting is the process agencies use to grant individuals and businesses permission to engage in a particular occupation, operate in a certain manner, or do business within the agency's jurisdiction (e.g., city, county, state). In many cases, agencies will give the public notice of applications for licenses or permits and an opportunity to comment on the application. If there is enough public concern, an agency may hold hearings and even require studies on specific aspects of the application. At the conclusion of this process, the agency could grant the application unconditionally, grant the application with special conditions to protect the public interest, or deny the application altogether. In the event that a store wants to get a license from the city or state to sell alcoholic beverages, your community can petition the regulatory agency—for example, the Department of Alcoholic Beverage Control—to deny the license if there are too many stores already selling liquor in the neighborhood.

## WOMEN ATHLETES WIN THE RIGHT TO COMPETE

*For the first time in the competition's 17-year history, women will be allowed to compete at Mavericks, the nation's premier big-wave surfing contest, held off the northern coast of California.*

—John Clarke, *New York Times*, October 28, 2016<sup>6</sup>

For 16 years, Cartel Management had organized the Titan of Mavericks, once named Men Who Ride Mountains, a one-day big wave surfing event near Half Moon Bay in California. The waves reach 60 feet and surfers have died trying to ride them. Competing at Mavericks can bring fame, endorsement contracts, and big prize money. Mavericks had been a men's-only event for the 16 years of its existence, and women surfers wanted in. Sponsors had promised prize money for a women's competition. Women wanted the competitive challenge and economic opportunity Mavericks holds. They cited the inequality, lack of inclusion, and denial of economic opportunity of the Mavericks event. But the Mavericks event owner, Cartel Management, a privately held company, would not change its policy. The problem was how to move Cartel Management to change. The advocates for women's surfing found leverage and they used it. Every year Cartel Management needs a permit from the California Coastal Commission to hold the Titan of Mavericks competition. The Coastal Commission is a government agency subject to California laws and constitution, which ban discrimination and authorizes petitions to right government wrongs.

On September 5, 2016, the Committee for Equity in Women's Surfing (CEWS) sent the Coastal Commission a "Proposal for Women's Participation at Future Mavericks Events." In their four-page letter, they included data, research, and arguments supporting their position including why and how it should be implemented. They included a reminder of the Coastal Commission's duties and responsibilities as an agency of the California government:

Studies in sports history and economics have shown that much misinformation exists on the topic of gender in sports. Experts agree that pay inequity is pervasive and a level playing field for women's athletics is far from a reality. They agree that commonsense notions that "men are better athletes than women" are simplistic and should not be rationales for policy decisions. More girls and women play sports, and play better, than ever before. The purchasing power of female consumers is as strong or stronger than male consumers. The influence of female athletes and consumer demographics is strengthening. Women and girls are entitled to equal access to sports, and public resources.

We believe that it's time for the women athletes to be given an opportunity to compete in a women's division at Mavericks. It will be good for women, for the Maverick's [sic] legacy, and it ensures fair and equal access to coastal waters that the Commission is charged to protect.<sup>7</sup>

In October 2016, the Coastal Commission approved a one-year permit for the Mavericks 2017 competition on the condition that all future Mavericks events include female surfers. CEWS saw that a government agency doing its job to insure equity could bring about the private-sector action they sought.

## **RATEMAKING**

Provided that they do not collude with competitors or deceive consumers, most businesses are allowed to set the prices for their products and services. However, the prices of some services (such as telephone, water, electricity, natural gas, and some kinds of insurance) are regulated by administrative agencies. Ratemaking is the process by which agencies determine the rates for these services. While the rates must meet constitutional requirements of fairness, agencies usually have considerable discretion in setting rates. For example, if you feel that the phone company is overcharging your rural community for telephone service, you can petition the Public Utilities Commission to lower the rates. The ratemaking process is also an opportunity for the agencies to review the quality of service provided by regulated businesses. Agencies are required to give the public notice of and an opportunity to be heard in the ratemaking process.

## **ADMINISTRATIVE ADVOCACY**

When interacting with government agencies, communities may confront the same problem over and over again. The police do not respond to emergency calls to end domestic violence. The local hospital does not have anyone who speaks a patient's language. There are no school-based health services to meet children's needs. Landlords will not remove lead-based paint from homes. All of the decisions made by administrative agencies, whether adjudicating disputes, rate making, permitting, making a regulation, or policies by which they deliver services, must be within their legal authority, based on facts presented to the agency, and consistent with their mission of providing a public service. Yet, too often, the agencies do not hear from community members—the people they are supposed to protect. Those times when individuals, businesses, or communities do make their needs known they are often ignored or granted a meeting that produces no results. It should come as no surprise that many agencies do not use the powers they have to improve and protect the health of all who should be served.

There are several ways to try to have an impact on how an agency serves the health of your community. You may want to ask an elected representative to write or call an agency director and schedule a meeting, inviting the community coalition leaders to join, or the coalition may ask for a meeting directly. The coalition or an elected official may arrange a town hall meeting and invite the agency director to attend and participate.

In trying to get a government agency to solve or prevent a health problem, you are relying on that agency to be willing to support your coalition's analysis of the problem and what needs to be done. In some cases, the community members may view the agency itself as "the problem." Nonetheless, it is almost always a good idea to get your information and analysis, gather your support, and talk to the decisionmakers in the agency. It is very helpful to learn how the agency assesses your data. You will hear if they think your figures are wrong or unsubstantiated or if they think something is missing. You then have the opportunity to try to work together with the agency staff. If you are not successful, you can then make the point to other decisionmakers like the city council (and the media) that "We tried to work with the agency, but they refused to protect our community's health needs. That is why we have come to the city council for action."

You may also encourage a reporter to investigate and write a story on the problem your community has identified. A more formal way to encourage change is to file an administrative petition. All states give any person the right to file an administrative petition with a government agency requesting the adoption, amendment, or repeal of a rule. The US Constitution also gives people the right to petition any government agency for the redress of grievances. See Chapter 8: Administrative Petitions for step-by-step details on pursuing this effective strategy.

## IMPACTING REGULATIONS AND AGENCY POLICYMAKING

As we previously said, regulations are the rules by which federal and state agencies operate their programs. A law will set the general policy, but the regulations spell out exactly how that policy will be implemented. Federal agencies in particular must publish proposed rules for "notice and comment" and take public input into account before finalizing them. Advocates can have an impact on regulations by keeping track of the rulemaking process, writing substantive comments, and generating mass public comment and media coverage to support or oppose newly drafted proposed regulations (Box 7-4).<sup>8-10</sup>

When you are trying to change policies through administrative advocacy, it is a good idea to take a patient, stepwise approach at first and then begin ratcheting up the pressure if you are not getting the results the community needs to protect or improve the public's health. Sometimes officials are eager to fix local problems and recognize the "gift" of community pressure: your presence and public concern helps them leverage action within their agency. They will work with you on the inside and help you understand the process and the pressure points you can influence on the outside.

On the other hand, you may be dealing with an entrenched bureaucracy that is fearful of change or public exposure, excessively cautious, internally dysfunctional, or more interested in protecting individual careers or power. In this case, be prepared and willing to engage in more confrontational tactics that draw public attention to the problem as

#### Box 7-4. “Never Say Die” Campaign Tactics: Public Charge

Administrative advocacy in the regulatory arena takes patience and a “never say die” approach. Often, you may not be able to stop a bad policy, but you can mitigate the harm with minor changes or just slow the process down, buying precious time for those you are trying to protect, and even run out the clock while you wait for “regime change.” The nationwide campaign mounted by immigration activists around the “public charge” rule used these tactics effectively.

As soon as Donald Trump was elected, his administration began targeting immigrants by using executive orders and regulatory changes. One of the most draconian was the “public charge” proposal that would make it extremely difficult for many immigrants to come to the United States or receive green cards if they are deemed likely to use public benefits like food stamps or Medicaid. The regulations represent a drastic departure from how the public charge test was previously administered and are opposed by experts who predict large-scale increases in poverty, hunger, and unmet health and housing needs if they take effect.

Alerted by early internal leaks, advocates quietly began public education efforts on public charge almost immediately, before the proposal surfaced. They knew they would need to go beyond their usual alliance of legal aid and immigrants’ rights groups and get the word out to religious, antihunger, and human rights supporters, and they had to find ways to explain an arcane issue in simple, human terms. When the Department of Homeland Security (DHS) issued the Proposed Regulation, the advocates were ready for action, with easily understood analysis, fact sheets, sample comment letters, and internet platforms that made it easy for anyone to submit a comment directly to the federal website.

While total number of comments submitted *does* make a difference, individualized comments are even more effective and they take more time to process, because federal law requires agencies to read and catalogue them one by one. So advocates built online platforms that encouraged and allowed writers to personalize their letters with stories, examples, and input. As the deadline approached, months of grassroots outreach in local churches, food pantries, and community health centers resulted in a record-breaking 266,000 public comments, the overwhelming majority of which opposed the proposed rule.

Despite the overwhelming opposition, the public charge regulations were finalized by DHS, and were set to take effect on October 15, 2019. Advocates were ready with their next tool: lawsuits, filed in multiple courts, resulting in injunctions blocking any implementation and protecting vulnerable plaintiffs, until the cases are adjudicated. The injunction buys even more time—and advocates have vowed to fight on until the rule is struck down.

Sources: Created by Laurie True. Based on Irwin,<sup>8</sup> Department of Homeland Security,<sup>9</sup> and The Children’s Partnership.<sup>10</sup>

well as lack of action by the responsible agency. Before you set your strategy or ratchet up too fast, give bureaucrats a chance to show you where they are coming from in private conversations and off-the-record meetings. In this way, you may be able to solve your problem faster and foster long-term partnerships. A stepwise process could follow some or all of the steps in the following suggestions (Boxes 7-5 and 7-6).

- **Call a small group together:** Convene a “kitchen cabinet” of folks who are passionately committed to fixing the problem and willing to be leaders over the long haul. Meet regularly to flesh out the facts and build a strategy.
- **Meet privately with officials:** As part of early fact finding, set up meetings with lower-level or career administrators to “meet and greet,” to ask for data, and to learn more about the process for change in their systems.



**Box 7-5. Pro Tip: Catch Flies With Honey, Not Vinegar**

Keep your cool and try to maintain a friendly and upbeat relationship with bureaucrats. Always ask first: can they please take the specific action that you think will address your problem? Use data and stories to describe the problem, have a proposed solution outlined, and be clear that you will work with them to support making and implementing the change you are asking for. If the answer is no and their rationale is unreasonable, move on without getting personal. You tried and will continue to work for a policy solution. If you get prematurely testy, demanding, or militant, you may find yourself shut completely out of the system you want to change.

Despite your best efforts, you cannot control how an agency will decide the issue your campaign is concerned about. If the decision is contrary to what you think should be done, consider whether you wish to appeal the agency's decision. An appeal will keep the issue in front of the media and the public and allow you to point out that the facts in the agency record do not support their decision or that the harm that will ensue will be dangerous to people's health. This will also demonstrate that your coalition is going to stay on this issue and has the willingness and capacity to continue the campaign. If the agency does not change its decision, you can go to court if it is illegal or to the legislature to change a law governing the agency's actions.

**Box 7-6. Pluses and Minuses of Administrative Agency Advocacy****Pluses**

- As agencies typically have broad authority to act "in the public interest," they can address actions that are harmful but not necessarily illegal.
- Because agency heads are appointed by the executive branch and subject to oversight by the legislature, they are subject to political pressure.
- You can request agency action at any time, request immediate action in emergency situations, and address problems on a statewide basis.
- Agencies can act relatively quickly (months, rather than the years sometimes required for a lawsuit or legislation).
- Community leaders do not have to be represented by lawyers.

**Minuses**

- Because of their backgrounds and experience, agency heads and staff members may be sympathetic with the industry or profession they are responsible for overseeing.
- Depending on the issue, going directly to the decisionmaker may be less political than the legislative or legal process. (In most cases, friendly legislators can still help your cause before the agency by voicing their support.)
- In some instances, the legislative branch may have expressly limited an agency's power over a specific practice or type of entity.
- Filing an administrative petition is a formal action that is taken seriously by agency officials and the media. You are calling them out and implying that they are not doing their jobs.

Source: Adapted with permission from The California Endowment.<sup>11</sup>

- **Work on coalition building:** Hold small community "house" meetings to share concerns, share intel, and formulate a strategy for change. Bring in diverse voices and build your list of supporters.
- **Bring a group to meet with higher-level officials:** Ask to meet with the appointed officials at the top of the agency pyramid. Bring a representative group and plan your agenda in advance.

- **Organize public informational events or town halls:** Invite the community to well-publicized educational or inspirational event with speakers who can tell their impact stories or folks who can share success stories from other places. Get reporters to cover it or broadcast it on social media. Invite agency heads and local elected officials.
- **Speak at public hearings’ “open mike”:** Take every opportunity to bring up your issue during the “public input” portion of meetings held by boards, commissions, or councils. Organize your group to attend and split up the message. Get there early and sign up—you will usually only have three minutes!
- **Find a reporter to investigate:** Get a smart reporter to look into your issue, particularly if it involves getting access to public officials or records or analyzing and mapping large data sets.
- **File an administrative petition:** See Chapter 8: Administrative Petitions—file a petition formally requesting specific regulatory action, backed up by facts, a clear argument, and broad support.
- **Ask local elected officials for help:** Meet with the mayor, county supervisors, or state or federal legislators and ask them for help in getting administrative agencies to move. They know the players and can be extremely helpful.
- **Organize direct action:** Especially if agencies have been unresponsive or downright hostile, fill public meeting rooms with concerned community members holding signs, and hold rallies, marches, vigils, and sit-ins to get your voice heard (Box 7-6).<sup>11</sup>

The publicity and unpredictability of an agency’s actions may motivate a voluntary change in a harmful policy. The work of getting the facts, building support, communicating how the violation of community values is causing harm, and publicly demanding change can result in the goal you seek even without any official action being taken. It does happen. Decide if and how you will respond to reinforce those who made the change your community needed.

## REFERENCES

1. Rockman B. Bureaucracy. Encyclopedia Britannica. Available at: <https://www.britannica.com/topic/bureaucracy>. Accessed February 24, 2020.
2. Lawsky D. The Consumers Union, asserting that the lice-killing shampoo Kwell . . . United Press International. Available at: <https://www.upi.com/Archives/1983/06/13/The-Consumers-Union-asserting-that-the-lice-killing-shampoo-Kwell/5822424324800>. Accessed February 24, 2020.
3. Lawsky D. Panel OKs Kwell, votes new curbs on lindane. United Press International. Available at: <https://www.upi.com/Archives/1983/06/13/Panel-OKs-Kwell-votes-new-curbs-on-lindane/3770424324800>. Accessed April 8, 2020.

4. West MH. *Organized for Change: The Activist's Guide to Police Reform*. PolicyLink. 2004. Available at: [https://www.policylink.org/sites/default/files/ORGANIZEDFORCHANGE\\_FINAL.PDF](https://www.policylink.org/sites/default/files/ORGANIZEDFORCHANGE_FINAL.PDF). Accessed June 6, 2020.
5. Legal Information Institute. 5 US Code Chapter 5—Administrative Procedure. Available at: <https://www.law.cornell.edu/uscode/text/5/part-I/chapter-5>. Accessed February 27, 2020.
6. Clarke J. For first time in 17 years, women will compete in top big-wave surfing contest. *New York Times*. October 28, 2016. Available at: <https://www.nytimes.com/2016/10/29/sports/women-to-be-included-in-premier-us-big-wave-surfing-contest.html>. Accessed February 25, 2020.
7. Alms P, Kennelly K, Moller A, Valenti B. Proposal for women's participation at future Mavericks events. Committee for Equity in Women's Surfing; September 2016.
8. Irwin R. Courts block Trump public charge regulations. National Immigration Law Center. October 2019. Available at: <https://www.nilc.org/2019/10/11/courts-block-trump-public-charge-regulations>. Accessed February 25, 2020.
9. Department of Homeland Security. Inadmissibility on public charge grounds. 84 FR 41292 (August 14, 2019). Available at: <https://www.federalregister.gov/documents/2019/08/14/2019-17142/inadmissibility-on-public-charge-grounds>. Accessed February 25, 2020.
10. The Children's Partnership. Public charge. Available at: <https://www.childrenspartnership.org/what-we-do/public-charge>. Accessed February 25, 2020.
11. Snyder H. *Advocating for Change: Using the Administrative Petition to Serve Community Health*. The California Endowment and Health ExChange Academy of the Center for Healthy Communities. 2010:58–59. Available at: <https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-3.pdf>. Accessed February 19, 2020.

## Administrative Petitions

*Filing a petition is an official action that requires an official response—that is why it is such an effective tool. Letters disappear and never get answered. Meeting requests get lost or are put off. But petitions can't disappear. They force an official response.*

—Jamie Court, President, Consumer Watchdog<sup>1</sup>

In the 20 years before 2016, not a single child who had lived in the Buena Vista Migrant Camp in Watsonville, California, had graduated from high school! Advocates had long suspected an arcane and seemingly arbitrary rule was at the root of the problem.

The Center for Farmworker Families, Food Empowerment Project, and other farmworker advocates had been asking the State of California to remove or limit the use of its so-called 50-mile regulation (50 MR) for years. The regulation said that farmworkers had to move at least 50 miles away from their subsidized migrant housing after the harvest and stay at least that far away for several months or they could not qualify for the government-subsidized migrant housing the next season. That meant the education of the farmworkers' children was interrupted. Families eligible for housing in the state's 24 housing centers were obligated to leave their school districts in November, two months into the K–12 academic year, and return in May near the end of the year. Migrant farmworker children were basically forced to enroll in at least two schools a year to get their education. The regulation had been adopted in the mid-1960s, when migrant farmworkers were men, mostly from Mexico. Over the ensuing decades, farmworker families with children had replaced single men as the majority of “migrant” farm labor in California. In addition, almost all of the affected farmworker families were either US citizens or were legally in the country. The 1960s'-era regulation now created an unintended but major impediment to migrant farmworker children's opportunity to get their education and end a cycle of poverty.

Farmworker advocates planned a demonstration for December 9, 2016, in Sacramento, California, the day before Human Rights Day. Students in Harry and Tony's fall 2016 course in health policy advocacy at University of California, Berkeley, learned about the planned demonstration and campaign to change the regulation. A student in the class, Kaveh Danesh, decided he would help the campaign develop their advocacy strategy as his course requirement to write a health policy advocacy plan. Harry introduced him to the lead advocates Lauren Ornelas, the executive director of the Food Empowerment Project, and Ann Lopez, PhD, the executive director of the Center for Farmworker Families.

Lopez and Ornelas welcomed Danesh's assistance. Working with the farmworker advocates, it was decided to make the planned demonstration stronger and to formalize their request for changing California policy by filing an administrative petition pursuant to the California Constitution. With the advocates' guidance, Danesh used what he was learning in class and prepared a draft petition to review with the advocates. When they all reached agreement on the language of the petition, they gathered signatures from supporting organizations and individuals. The petition was addressed to "Governor Brown and The California Department of Housing and Community Development" and labeled "ADMINISTRATIVE PETITION TO GRANT EXCEPTION TO 50 MILE REGULATION FOR FARMWORKER FAMILIES WITH SCHOOL AGED CHILDREN."

On December 9, 2016, the demonstration and protest of the 50 MR started at noon in Sacramento at the offices of the California Housing and Community Development Agency (HCD), which was responsible for enforcing the 50 MR. There were approximately 30 supporters and local media present. Security immediately came out and said they could not protest on the sidewalk, but Ornelas was prepared. She had learned that a permit was not required—it was a public space. Security stood aside. At 12:15, two HCD staff came out and said HCD Director Ben Metcalf would meet with the farmworker advocates at 12:30. They also said no cameras would be allowed and that only four could go in to the meeting.

After speeches on the sidewalk, Ornelas, Lopez, Yasmin (child of migrant farmworkers and current CSU Sacramento student), and Danesh went up the elevator and into HCD's conference room.

The meeting included HCD's director, deputy director, deputy director of communications, and tribal liaison. Yasmin led off the meeting and spoke with the director, Metcalf, explaining the challenges she faced growing up in migrant farmworker housing. The other advocates then presented additional evidence of how the 50 MR places challenges for parents, teachers, and migrant farmworker children. They handed Director Metcalf their petition and further explained that they were formally asking that the 50 MR be changed to allow farmworker families to stay in their communities and end the obstacle to their children's education. They pointed out that Metcalf's agency enforced the regulation and had the authority to change it. See Appendix 8A for the 50 MR Petition. At the end of the meeting, Metcalf and his staff agreed to look into changes to reduce the effect of the 50 MR on children and to report back to the group by January 15, 2017.

HCD did not get back to the advocates, but later in 2017 issued a notice for a hearing for July to learn more about the 50 MR, stating that the hearing was not in response to the petition. In addition, in early 2017, the advocates worked with a local legislator to introduce a bill in the California Legislature that would change the 50 MR so migrant farmworker children could remain in their schools all year. The advocates also worked

with Spanish- and English-language media throughout California to report on the unfairness of the 50 MR and the campaign to change the regulation. Despite these efforts, the bill languished in the legislature and HCD did nothing to change the 50 MR regulation. HCD did not even notify California's Office of Administrative Law that an administrative petition had been formally filed with the director of their agency as required by law. Governor Brown and HCD were stalling, hoping the advocates would let it go.

The advocates kept at it. Public Records Act requests for information were filed, news releases and interviews with the media continued, they kept in touch with the governor's staff demanding action, and they contacted legislators and politicians close to the governor explaining the harm to California's children. In July 2018, the advocates learned that the language they had drafted to change the 50 MR was included in the governor's budget request. There was a week-long flurry of activity consulting with the governor's staff about proposed language changes and with key legislators to push for inclusion of their original language in the budget measure. At the end of July 2018, the governor's budget was approved and the language stayed as the advocates had drafted it. As a consequence, more than 3,500 children of migrant farmworkers will now be able to complete an entire school year in the same school, with the same teachers and curricula and the same classmates.

This chapter focuses on a specific advocacy tool: the administrative petition. Both federal and state constitutions guarantee every person the right to petition government for the redress of grievances. Usually, we think of redressing our grievances by filing lawsuits (the judicial branch) or lobbying for new laws (the legislative branch). The administrative petitioning process involves the third branch of government: the executive branch. This strategy is a legally authorized procedure, not an internet-based electronic sign on demand letter tactic. We devote a chapter to this means of achieving policy change with specific guidance on how to use it because it is a proven and underutilized way of mounting an effective campaign for better health including the improvement of various social determinants of health.

The strategy of a formal administrative petition is almost always a less difficult, faster, and less-expensive approach than a lawsuit, and less political than legislation. It may not seem useful to request action from an agency that has appeared intransigent, but with a formal administrative petition you are publicly saying, "We have shown that there is a serious health problem and we are asking the department to adopt regulations that will provide a needed solution. They have the expertise and we will work with them." If the department refuses to take the necessary steps and you want to seek court or legislative solutions, you are in the position to say, "We documented the problem with data and research and tried to work with the department; they failed to act so we are asking the legislature (or courts) to take action."

Through skillful use of the administrative petition, we can improve the health of people in our communities. Instead of helping people with the same problem one person at

a time, the petitioning process can help large groups of people by addressing the problem on a community-wide, statewide, or even nationwide basis. The administrative petitioning process is about changing the system to help every person in that situation. A petition can harness the wisdom and power of the community to bring about change and improvement. It is an important tool to pursue your advocacy goals.

## THE RIGHT TO PETITION

Both the US and state constitutions give the public the right to petition government for the “redress of grievances” or other language, which means to make government work as it should under existing laws. The First Amendment to the US Constitution reads, “Congress shall make no law . . . abridging . . . the right of the people . . . to petition the Government for the redress of grievances.”<sup>2</sup> In addition, Congress and many state legislatures have passed laws that specifically give the public the right to petition administrative agencies for rulemaking action. This means anyone can petition any government official, agency, board, department, or other unit of government at any level.

For most agencies, there is no special form for administrative petitions. While the contents of a petition will vary from issue to issue and agency to agency, all petitions should

- Explain the problem and describe how the public is being harmed.
- Discuss why the agency is responsible for solving the problem.
- Propose the specific actions that the agency should take.

We have provided a sample petition format that has been used successfully with different government agencies and private-sector organizations for your guidance (Appendix 8B).

## FEDERAL PETITIONS

The federal Administrative Procedures Act (APA) gives the public the right to petition federal agencies and requires agencies to give prompt notice if it is denied and a brief statement of the grounds for denial. The law states, “Each agency shall give an interested person the right to petition for the issuance, amendment, or repeal of a rule” and requires that “Prompt notice shall be given of the denial in whole or in part . . . accompanied by a brief statement of the grounds for denial.”<sup>3</sup> If the petition is granted, the petitioner will be notified and a hearing will be scheduled.<sup>3</sup>

The law leaves the specifics of the petitioning process up to each federal agency. Some have adopted detailed procedures. The Food and Drug Administration (FDA), for example, specifies the format of the petition, the type of information to include, and the issues to address. For example, lead is dangerous to children’s physical and mental development. If local grocery stores serving Hispanic neighborhoods have been found to be selling imported candy that contains lead, that could be the reason for a petition to the

FDA. The petition could be filed to have the agency test the candy and ban the import of the candy if lead is found in it.

Other agencies may not have adopted any specific rules for petitions. You can generally find out online if a federal agency has special rules for a petition process or call and ask to talk with the agency's attorneys. When a federal agency receives a petition and decides to begin the rulemaking process, the agency publishes a Notice of Proposed Regulation in the *Federal Register*, provides a period for public comment, and may hold public hearings. If an agency adopts a new regulation, the regulation takes effect after it is reviewed by the General Accounting Office of Congress.

## STATE PETITIONS

In addition to their constitutional provisions, many states have adopted laws and regulations allowing the petitioning of state agencies for rulemaking action. American Samoa, Guam, Puerto Rico, and the Virgin Islands also provide the right to petition agencies for regulatory action. Letters and online sign-on petitions demanding or requesting the adoption or change of policies by agencies alone may or may not be treated as formal administrative petitions. Clearly labeling your data, analysis, and request as an "Administrative Petition filed pursuant to State Constitution section \_\_\_\_ and State Law section \_\_\_\_" will give your work the greatest chance of success.

Procedural laws and regulations for administrative petitions vary by state and with a little search can be found at Guide to Law Online, US Law Library of Congress: <http://www.loc.gov/law/guide/index.html>.<sup>4</sup>

When state agencies schedule the matter for public hearing, it does not necessarily mean that they will take the requested actions. When consumer and community groups petitioned the California Department of Food and Agriculture (CDFA) for a change in regulations that would result in lower milk prices, the agency held hearings, but they did not change any regulations. However, the CDFA stopped enforcing their regulations, and the price of milk dropped at grocery chain stores throughout California. The petition moved the agency to action, and consumers could buy milk at lower, competitively set prices. The regulations were not changed, but they have not been enforced for more than 30 years.

## LOCAL AGENCY PETITIONS

As the federal government delegates more authority to states to resolve problems, the states in turn are passing the responsibilities to cities and counties. Local advocacy has become effective and even more important. If the problem is mainly a local one, the best strategy might be to petition a city or county department to address the issue. States, cities, and counties also delegate responsibilities to special agencies like air quality



**Box 8-1. Pro Tip: Police Reform and the Administrative Petition**

Law enforcement agencies and departments of correction (prisons, jails, juvenile halls) are government agencies and must respond to an Administrative Petition. If the local police department appears to be harming innocent residents, not protecting the victims of domestic violence, or racially profiling whom they stop, the community can take direct action and file a formal Administrative Petition showing the facts and defining what should be done to reform police practices. If corrections policies and practices are discriminatory, harmful, and unreasonable to those held in custody by governments, these actions should be changed. These and other law enforcement and incarceration behaviors that are harming communities and individuals can be strongly and publicly addressed to hold those government agencies accountable, change dangerous practices, and prevent further harm.

*Note:* To learn more about advocating for police reform, see PolicyLink's *Organized for Change: The Activist's Guide to Police Reform*.<sup>5</sup>

resource boards, boards of colleges or universities, conservation districts, etc. In many cases, local agencies are likely to respond faster and be more responsive than a state or federal agency.

Even though most local governments have not passed the local equivalent to the federal or states' administrative procedures acts, you still have a Constitutional First Amendment right to petition local agencies for "the redress of grievances"—that is, "to protect and promote public health and solve the problem."<sup>2</sup> The fastest way to find out whether a local government has any special rules on administrative petitioning is to contact the city attorneys, county counsel's, or agency counsel's office (Box 8-1).<sup>5</sup>

Often, they will ask you to describe what you mean by the term "administrative petition." If they do, simply state, "It will be a petition authorized by the federal and state constitutions that will request your agency to adopt a rule to address a problem." If the local government does not have any special petitioning rules, follow the steps outlined in this manual and your petition will be taken seriously.

## **PETITIONING NONGOVERNMENTAL ORGANIZATIONS**

Federal and state petitioning laws and the constitutional right to petition for the redress of grievances apply only to government agencies. However, the same process can be used to petition private or nonprofit nongovernmental organizations (e.g., private hospitals, grocery stores, insurance companies, health maintenance organizations, health care providers, and international organizations) to change their operations or procedures. The work that goes into preparing a petition provides a logical structured framework for achieving better policies in public as well as private organizations. A petition organizes your campaign and provides a potent presentation to a private organization and the media that you have identified a pressing problem and are asking the organization to solve the problem, working with you (Box 8-2).

**Box 8-2. Neighbors Take Action to Protect Their Children**

The Tenderloin neighborhood of San Francisco, California, had many intoxicated people lying and sleeping on the streets and in doorways. They were also using the streets as bathrooms. The Tenderloin parents, mostly immigrants from many countries, found the streets unsafe, unhealthy for their children, and very unpleasant. They showed that fortified wine, cheap and with high alcohol content, was the primary drink causing the problem. Community groups, parents, individuals, and activists petitioned the markets and liquor stores to stop the sale of fortified wines. The stores all agreed, and the streets were cleaned, and the problem improved. Documented facts, a united coalition of interested groups, and a thoughtful, reasonable solution will focus media and public attention on the problem and elicit a response from most organizations.

**STRATEGY CONSIDERATIONS**

Obviously, determining the “best” place to improve health policy will depend on the specific problem, resources available, receptivity of decisionmakers, and other factors. Keep in mind that places where decisions are made are not always mutually exclusive. For example, often courts look on lawsuits more favorably if the litigants have petitioned the administrative agency to take corrective action, and some courts require giving the agency the opportunity to solve the problem before filing suit. A member of the legislature may be more likely to introduce a bill or hold hearings if the agency has failed to take a reasonable action that you requested. An administrative agency may be more willing to act if you first brought a problem to the attention of a private company and gave it a chance to correct the situation.

Also, after you choose a particular place where decisions are made, remember that supporters in other arenas can still play critical roles. For example, if you decide to petition a state agency, a legislator who cares about your issue might be persuaded to hold oversight or investigative hearings on the agency’s activities. This oversight allows the legislature to determine if laws need to be passed or amended to carry out the agency’s function. The hearings allow you to air your concerns in a public forum and require agency officials to account for their actions or inaction. Legislative hearings are an opportunity for media coverage, which can generate additional pressure for the agency or legislature to take action.

When you file a petition, you can use other strategies to change policy at the same time. When community and consumer groups petitioned to eliminate the state setting milk prices in California in the 1980s, they also had a bill introduced in the legislature that would have had the same results. The pressure of both the petition and pending legislation persuaded the CDFA to stop enforcing their costly regulations.

**Step One: Problem Definition**

As we described earlier, the first step is to get a clear understanding of the problem you are trying to solve. If you do not understand the problem, you will not be able to describe

it effectively to anyone else. Even worse, you are likely to put a lot of time and effort into seeking solutions that will not improve the situation. In your research, get answers to the following questions:

- Who is being hurt by the current situation?
- How are they being hurt?
- How serious and/or widespread is the problem?
- If left unattended, will the problem get better or worse?
- Who is benefiting from the situation?
- Who has the power to solve the problem?
- Who else is working on or cares about this problem?

The answers to these questions may come from your first-hand experience and observations, but it also pays to look more broadly. Find out what others think by talking with community members and leaders as well as organizations that should be aware of the problem. Newspaper and magazine articles as well as academic papers and books may have good information that you can use. Check the internet to see if there are useful sources of information including individuals, organizations, data sources, relevant laws, or online postings.

For more information about problem definition, see Chapter 2: Planning: Goals, Strategy, and Tactics.

## **Step Two: Research the Law**

Now that you have researched the problem, find out what laws are relevant to your petitioning efforts. The information you need is online and searchable. Your research should answer the following questions:

- What behavior does the law prohibit or require?
- What are the reasons behind these prohibitions or requirements?
  - What agencies (if any) are responsible for implementing, overseeing, or enforcing these laws?
- What laws give the agency the authority to take the action that you are requesting?
- What procedures must the agency follow to exercise its authority?

You may get help from public interest organizations, law school volunteer “clinics,” and law librarians. Proper referencing is absolutely critical in legal research. Be sure that each statement you make about the law in your petition is followed by a code section or some other legal authority that supports the statement. If a lawyer is part of your coalition, that may help, but you do not need to be a lawyer to use legal research. Laws are available online and can be found the same way you search for other information online.

## Step Three: Research the Agency

You have researched the problem and the law; now you need to find out more about the agency that has jurisdiction over the problem area. The questions about the agency that you need to answer are the following:

- What power(s) does the agency have to solve the problem? This and the agency's mission or purpose is usually stated at the beginning of the laws describing the agency's functions. For example, you will find if it has the power to conduct an investigation, collect and analyze data, hold hearings, issue orders to stop harmful actions, revoke or suspend a license or permit, adopt regulations, provide new services, or provide existing services in a new or different way.
- What was the nature of the problem before the agency was given responsibility for it?
- What has the agency done about the problem?
- Has the agency's approach to the problem changed over time? If yes, how and why?
- What is the agency doing about the problem now?
- Are the agency's actions making things better or worse?
- Have elected officials or the media indicated an interest in the problem?
- Do agency officials have a history of working for the parties, people, or companies now causing the problem or who would oppose corrective action?

People and organizations working in the field who are sympathetic to your cause are good sources for this type of information. Answers can also come from government reports, experts, and even agencies in other states. For example, federal agencies often report on what is happening at the state level to address specific problems. Consulting these reports and talking with agency officials in other states could give you a perspective on whether agency officials in your state could be doing more to address a particular problem.

Once you know about the agency's authority and its past approach toward the problem you are concerned about, it is time to focus on finding out who makes decisions in the agency and how those decisions are made. This means finding out the following:

- Who is likely to make the decision on your issue?
- Is the decisionmaker appointed or elected?
- What is the decisionmaker's background?
- What are his or her views on the subject?
- Who are the decisionmaker's key staff people, and what role are they likely to play?
- Who does the decisionmaker report to within the agency or the executive branch?
- Are there individuals or constituents outside of government whose views or opinions will be particularly influential?

Some of this information is readily available. For example, brief biographies of agency heads often appear on websites. Other information might be obtained by conducting a LexisNexis or other database search of news articles. Find out as much as you can by asking knowledgeable people who support what you are trying to accomplish. If the decisionmaker is appointed, check who made the appointment and whether it can be revoked.

Use the information to plan your campaign and guide your efforts as you go forward. For example, if the official who will be making the decision on your petition is elected—for example, a transit district director—what voters in his or her district think about the issue (or how the problem affects them) will be important. If the official is appointed, the views of the governor, mayor, or other person who made the appointment are likely to be important, especially if the agency official can be removed at any time.

Most agencies are organized in the shape of a pyramid. At the top is the board or individual head. At the next level is a handful of division or department heads, and below that various bureaus, sections, and other subunits composed of civil servants. Despite this common structure, the decision-making process can vary widely from agency to agency. In some agencies, lower-level staff will research all issues, but the decisions rest with the agency head. In other agencies, lower-level officials will actually make virtually all of the decisions (including policy decisions). Knowing how decisions are made and who will be making them is essential. As your campaign progresses, you will need to get your information to the officials who could reject your petition on technical grounds. If the agency does not have any specific rules regarding petitions, follow the steps described in the next paragraphs for guidance in how to prepare and file your petition and what to do after you file.

The fastest way to find out whether there are any special rules is to call the agency's general counsel's office and ask. The phone number and website for every federal agency can be found in the *United States Government Manual* available at most public libraries and online at <https://www.usgovernmentmanual.gov>.<sup>6</sup> The same information for state agencies can be found on the state's website.

You can also research this question yourself. For federal agencies, consult the Code of Federal Regulations (CFR), which contains the regulations adopted by every federal agency. The CFR is available in most law libraries and online at <https://www.govinfo.gov/help/cfr>.<sup>7</sup> For each department or agency, there is an index of topics. Generally, the petitioning process can be found under "administrative regulations," "administrative practices and procedures," or "rulemaking." The FDA's petitioning regulations, for example, are listed under "administrative practices and procedures," while the Occupational Safety and Health Administration's petitioning regulations are listed under "Rules of procedure for promulgating, modifying or revoking occupational safety or health standards."

For state agencies, consult the state's compilation of regulations organized by agency, which contains the regulations adopted by every state agency. These can be found in most law libraries and online. For the relevant agency, look for keywords such as

“administrative procedure,” “petition,” “regulation,” or “rulemaking.” For local agencies, the best approach is to call the office of the city attorney or county counsel and ask whether there are any special rules regarding petitioning.

## Step Four: Define the Solution

Earlier we recommended not leading with your solution and to keep it in your back pocket until people are convinced there is a problem and ask what should be done about it. By filing an administrative petition, you have taken a more direct approach. You are raising the problem and demanding action. In addition, this is your opportunity to show that there is a way to solve the problem and clearly stake out what needs to be done. Based on your experience, you probably have some ideas about what needs to be done to solve the problem. Think broadly. Real problems can be tough to solve and, often, it will take more than one type of action (and sometimes even more than one agency) to correct the situation.

Keep in mind that you can ask an agency to do anything as long as you can show that the action falls within the agency’s authority and it is reasonably related to solving the problem. For example, in Ohio, a coalition of consumer groups and labor unions filed a petition with the Ohio Department of Insurance asking that the department review the sale of a nonprofit health insurance provider to a for-profit hospital chain. The coalition also requested that the department release critical documentation and hold public hearings before making a decision about the sale. There was no procedure on the books that specifically authorized the actions they requested, but they made sense, and the agency had sufficient general authority to take the actions requested. And they did what the Ohio coalition asked.

Do not limit your research to your state, city, or county. Find out what others have done about the problem and whether those actions have been effective. If another state has a particularly innovative approach to the problem, you may want to request that agency officials try it in your community. The more you can rely on demonstrated methods, the easier it will be to argue your case. Also, reporters are more likely to cover your petition if you can point them to concrete examples showing that your solution works. If your solution involves government spending, have your own credible estimate of the costs required and an answer to the question of where the money will come from. If necessary, find an expert who will lend his or her credibility to the proposed solution. However, do not get defensive because you are not responsible for finding funds to solve threats to public health. Government funds are raised and allocated by elected officials who ran for office saying they were the best candidate to make government work.

Do not rely on generalities. Use the knowledge that you have gained in researching the problem, the law, and possible solutions to refine your ideas into a set of specific actions that will improve the situation. For example, your community is concerned about environmental pollutants causing acute asthma attacks in children and the community has

agreed that the state should adopt rules to significantly reduce air pollution and provide comprehensive preventive treatment to children. If possible, try to define your solution in terms of an objective standard. For example, you could define a significant reduction in air pollution as a 75% reduction in the number of “spare the air days” and define comprehensive treatment to mean that five specified services are available to children at all local health clinics. By presenting a clearly defined solution, you will be able to communicate to agency officials what you are seeking, evaluate solutions proposed by others, and know when you have achieved your overall goal.

Solving a public health problem does not happen overnight. So it is important to define a set of discrete, short-term campaign goals—for example, to educate and organize community members, form a coalition of community and other interested groups, conduct surveys and other research to document the problem, gather stories of individuals affected by the problem, use the media and the internet to build support, and take direct group action for change. Setting interim targets like these will help to keep your campaign on track and allow people in your community to see the progress you are making.

## **Step Five: Write the Petition**

Our experience has shown that you improve your chances of success if you follow a few basic steps in preparing your petition. This will help you present the facts, illustrative stories, the authority for presenting your petition, your arguments, and solutions in a professional, clear, and persuasive manner. A brief and simple petition can succeed just as well as a long and complex one.

### ***Frame the Issue***

Your petition should define the problem in a way that is understandable, not only to the agency but also to the media and the public. For example, the Children's Advocacy Institute (CAI) framed a fight to strengthen the licensing system intended to protect the health and safety of children in childcare. To present the problem in a way that the public would immediately understand, CAI showed that laws and regulations requiring immunizations, nutrition, and inspections in dog kennels were more stringent than those in childcare settings. Comparisons underline the values and common sense of your campaign.

### ***Watch Your Language***

Use language that is objective and even handed. Sensationalism, exaggeration, and excessive rhetoric tend to undermine your credibility. Let the facts speak for themselves. The more complex the issue, the more you should strive for a simple, straightforward style. Use short sentences and short paragraphs. Break the petition into distinct sections. Use active verbs where possible and keep adjectives and adverbs to a minimum. It is much

easier for agency officials to review a clear, precise petition than a long-winded, jargon-filled document. Relying on the facts, not rhetoric, will maintain your credibility with the public, the media, and your allies and support.

While your petition is directed at the agency, it is also an event that allows newspaper and television reporters to cover the problem you are trying to address. A short summary that states the key facts—who, what, when, where, how, and why—will help reporters quickly understand the purpose of the petition. A well-crafted introduction can serve as a summary for reporters.

A court may eventually review the administrative action an agency takes as a result of your petition to determine whether the agency officials did what the law requires. To establish the best possible record for judicial review, your petition should clearly show how the law requires the agency to take the action you request. It should also demonstrate why alternative actions or no action at all would be contrary to the law. An attorney can be helpful but is not necessary.

## ***The Petition Format***

All petitions should include the following sections:

- An introduction
- A statement of facts about the problem
- Identification of the individuals and organizations submitting the petition (i.e., petitioners)
- The legal authority for agency action, including the right to petition
- The relief or solution sought including accountability and reporting requirements to evaluate the implementation
- A conclusion
- Supporting exhibits (if necessary)

The same format can be used when filing complaints or comments in licensing and permitting proceedings. See Chapter 12: Advocacy Sustainability, Personal Principles, and Procuring Funding for a model format and a sample. One-page letters, containing much the same information, have also been effective as a petition. Whatever format you choose, include a statement that clarifies, “This is an Administrative Petition filed under the authority of (federal and/or state Constitution and Code Section XXXXX).” That will help focus agency, media, and public attention on the seriousness of your campaign.

## ***Introduction***

The introduction should summarize the key facts and frame the issue so that the problem is clear and the underlying values are raised up. It should include the name of the petitioners, the problem you are seeking to address, the action(s) requested of the



agency, why the action is necessary to protect the public, and that the agency has the authority and responsibility to act. This is a summary for the public and media to learn immediately what is wrong, what needs to happen, and why the public should support the petition. What follows will build out the specifics of each of the assertions in your introduction.

## *Statement of Facts*

The statement of facts should discuss three points: the current situation, why it is harmful to the public, and why it is the agency's responsibility to take action. If appropriate, the statement of facts is an excellent place to use graphs and charts. Not only do they help give a better picture of the problem but they also give reporters good illustrations to use in their stories.

If you have relevant information from government sources that supports your argument (especially from the agency you are petitioning), include it in your statement. Data from government sources add credibility to your petition and make it harder for the agency to deny that a problem exists. Make sure that the facts and data in your statement are absolutely accurate. Double-check your numbers. It is easy to make an inadvertent mistake and sometimes difficult to catch it.

## *Petitioners*

After the statement of facts, identify the petitioners and describe their interest in the action being sought. If the petitioner is an organization, briefly state its mission and what it does. If the petitioner is an individual, state the person's name and explain how he or she is affected by the problem as a community member, service provider, small business, etc.

For the benefit of reporters, put the names of the best-known individuals and organizations at the top of your list. You want the media to see quickly that the problem has attracted the attention of prominent individuals and organizations. A number of co-petitioners also makes the petition more newsworthy and encourages an agency to pay attention.

## *Legal Authority*

The section on legal authority has two parts. First, identify the constitutional provision and/or statute(s) that gives you the right to petition. For example, "This petition is filed pursuant to Article \_\_\_, Section \_\_\_ of the State Constitution and the First Amendment to the United States Constitution, which guarantee the public the right to petition government for the redress of grievances. Additionally, this petition is filed pursuant to [State] Government Code Section \_\_\_\_\_, which mandates a [speedy response or a public hearing]." Second, you should identify the laws that give the agency the authority

to take the action that you are requesting. Do not just list the laws. For the benefit of reporters, either quote or summarize relevant portions of the law. The statute authorizing the agency will often contain the “mission” of the agency.

## *Relief Requested*

This section should describe the corrective action(s) that you want the agency to take. If you want the agency to adopt a regulation, describe what you would like the regulation to do. For example, “Petitioners request that the Board adopt regulations requiring that patients have access to their medical records in the event of closure, bankruptcy, or insolvency of the provider.” It is also a good idea to draft the proposed regulation and attach it to the petition as an exhibit. Think ahead and include provisions to hold the agency accountable. You can set requirements for timelines, community or independent expert consultation, reporting, evaluation, and transparency to improve the chance that the problem will be solved. This is your chance to set the standard against which the final regulations will be judged.

## *Conclusion*

Conclude by urging the agency to take prompt action. The signatures of the petitioners or their representatives should follow the conclusion. For the convenience of agency officials, on the first page and the last page, put the name of the person that the agency should contact and his or her address, phone number, fax number, and email address. This will also make it easier for reporters and others interested in the petition to get follow-up information.

## *Exhibits*

If necessary, use exhibits to illustrate critical facts in the petition. Exhibits can include letters, newspaper articles, internet stories, reports, photographs, or even objects. Again, graphs and charts are always excellent ways to present complex information or technical data. But remember to use restraint. Like the rest of the petition, the exhibits need to be credible and should not be so numerous that they are overwhelming or tedious. Even if it is obvious, give each exhibit a descriptive title. Label each exhibit so you can easily refer to it in the body of the petition (Exhibit A, B, C, etc.).

## *The Final Step—A Cover Letter*

Prepare a cover letter addressed to the head (or heads) of the agency. The letter should briefly explain the reasons for the petition without rhetoric or sensational language and urge the agency to take prompt, effective action.

## Step Six: File the Petition

*It is very difficult for the media to write about something that isn't news. When you take an official action, it makes it news.*

—Virginia Ellis, Reporter, Sacramento Bureau Chief, *Los Angeles Times*<sup>1</sup>

When the petition and cover letter are in final form, file them with the appropriate agency. Filing simply means delivering the documents to the appropriate person at the agency. Unless the agency has specifically assigned someone to receive petitions, you should deliver the documents to the head of the agency. Consult the agency's website to find out his or her name and address or call the agency. Some agencies, boards, and commissions are headed by several individuals. Deliver copies of the documents to each.

Deliver the petition personally if you can. Ask for a signed and dated receipt from the person you deliver it to. Otherwise, use registered mail or other methods that will provide you with a signed receipt upon delivery. A dated proof of delivery is particularly important for petitions for rulemaking to state agencies because the agency may have a specific number of days from receipt to deny the petition or schedule the matter for hearing.

If possible, campaigns use a rally or news conference at the agency's office to deliver the petition publicly to the agency head. This is a chance for affected individuals to tell their story and for the community to show up and show support.

## Heads Up: Making Courtesy Calls

Agency officials generally dislike surprises. If they are caught off guard by questions from the media, for example, they may appear unprepared to deal with a problem even though it falls within the agency's jurisdiction. Feeling challenged and surprised, they may take an unnecessarily hostile position. To avoid this reaction and open a channel of communication, you may want to give agency officials a courtesy telephone call to inform them that you will be filing a petition. Be clear that you are taking this action because you want them to have the opportunity to solve the problem and get credit for a job well done. Be specific that you know that they have the authority and the expertise and you want to work with them.

If you plan to contact the media, let the agency officials know that reporters may call them about the petition. Make your courtesy call in the afternoon, the day before you actually file the petition. This allows the agency to be prepared, but does not give it enough time to launch a preemptive attack on your petition. It is good to also provide your own heads up to the elected head of government, governor, mayor, etc. that you will be filing the petition and that you have contacted their agency.

Be clear that you are not making a threat but providing a courtesy heads up that your petition will be filed. Agency officials may attempt to dissuade you from immediately filing your petition. For example, they may request that you meet with them before you go ahead. They may also ask for an advance copy of your petition and news release.

Providing advance copies could give the agency a chance to review the petition and formulate a positive response. On the other hand, giving the agency too much time could allow it to formulate a counterattack. Before making the phone call, decide how you will respond to such requests.

## **Step Seven: Mount a Campaign for Action**

Filing your petition is the culmination of your research, story gathering, organizing, coalition building, solution crafting, and writing. Filing launches your official request for change. However, your work is not over. Do not just sit back and wait for the agency to respond. Build public support and provide the agency staff members with any help that they may need to understand the issue and move the petition forward.

### ***Build Public Support***

During this period, build on any media coverage of your petition to suggest editorials and op-ed pieces supporting your proposals. Try to keep the issue in the public eye. You can hold teach-ins to explain your campaign and ask for support from individuals and organizations. Keep reporters informed about what is happening (or not happening) on your petition. Calls from reporters asking agency officials what they are going to do about the problem will make it harder for the officials to ignore your petition. If news stories are run, all the better. Take advantage of the media coverage to broaden your support. You want to have a website up and running to get out the news and allow others to post comments. See Chapter 4: Communicating the Message for tips on working with the media.

### ***Work With Agency Staff***

Find out who is dealing with your petition at the agency and make yourself available to answer questions, provide additional information, and otherwise assist them in understanding the problem and finding an effective solution. Because decisionmakers often either delegate to their staff or give great weight to the views of staff members, try to establish a good working relationship with them. If you work well with the staff, you may find out what agency officials are thinking about the issues raised in your petition, what opponents are saying in rebuttal, who will make the decision, and possibly even what that decision is likely to be. See Chapter 7: Government Agencies: Administrative Advocacy for tips on working with agency staff.

### ***Meeting With Agency Officials***

Before the agency makes a decision on your petition, there may be an opportunity to meet face to face with the officials who will make the decision. This may be the head of the agency or staff at a lower level. Whether you or agency officials request the meeting,

do not approach it casually. The face-to-face meeting is an opportunity (perhaps your best opportunity) to

- Inform and educate the agency head and staff directly. Bring handouts, blog posts, and media coverage, if any.
- Show public support and commitment. Bring effective individuals and other community members.
- Respond to questions and concerns.
- Directly ask the agency head for a commitment to take action and a timeline and to identify staff with whom you can communicate.

Be aware, however, that agency officials may have different reasons for meeting with you. These reasons might be to

- Measure the strength, unity, and resolve of your coalition.
- Give the appearance of action and ease public concern without meaningful change.
- Discourage you from pressing forward.
- Deflect your coalition to another issue that the decisionmaker is concerned about.

For more tips on planning effective meetings with officials, see Chapter 6: Legislative Change: Making Law.

### ***If the Agency Holds a Hearing on Your Petition***

A hearing will follow a formal format. Learning about that format will give you a punch list of things to do to prepare and present your “case” for the solution you want. You will want to know the purpose, time, place, process of taking information, who will run the hearing, whether there will be draft regulations proposed by the agency, and all of the details you need to participate fully. If something seems likely to prevent all of the data, analysis, and stories being presented in a fair way, you have the right to suggest how it can be improved. If the hearing needs to be at a location where and time when affected communities can participate, or if a neutral person should be in charge, you should suggest a change. Prepare and practice with your colleagues and plan for inviting media and alerting the public so they can participate. See the checklist: *If the Agency Schedules a Hearing*, on pages 58 and 59 of the *Advocating for Change: Using the Administrative Petition to Serve Community Health Manual*.<sup>8</sup>

When you are considering using a formal administrative petition, review Box 7-6: *Pluses and Minuses of Administrative Agency Advocacy* as a forum for health policy change found at the conclusion of Chapter 7: Government Agencies: Administrative Advocacy.

## REFERENCES

1. Snyder H, Oshiro C, Holton R. *Getting action: how to petition government and get results*. San Francisco, CA: Consumers Union; 2002.
2. National Constitution Center. The First Amendment of the US Constitution. Available at: <https://constitutioncenter.org/interactive-constitution/amendment/amendment-i>. Accessed February 27, 2020.
3. Legal Information Institute. 5 US Code Chapter 5—Administrative Procedure. Available at: <https://www.law.cornell.edu/uscode/text/5/part-I/chapter-5>. Accessed February 27, 2020.
4. Law Library of Congress. Guide to law online. Available at: <http://www.loc.gov/law/help/guide.php>. Accessed February 27, 2020.
5. West MH. *Organized for Change: The Activist's Guide to Police Reform*. PolicyLink. 2004. Available at: [https://www.policylink.org/sites/default/files/ORGANIZEDFORCHANGE\\_FINAL.PDF](https://www.policylink.org/sites/default/files/ORGANIZEDFORCHANGE_FINAL.PDF). Accessed June 6, 2020.
6. *The United States Government Manual*. Government Printing Office. Available at: <https://www.usgovernmentmanual.gov>. Accessed February 27, 2020.
7. Code of Federal Regulations. Government Publishing Office. Available at: <https://www.govinfo.gov/help/cfr>. Accessed February 27, 2020.
8. Snyder H. *Advocating for Change: Using the Administrative Petition to Serve Community Health*. The California Endowment and Health ExChange Academy of the Center for Healthy Communities. 2010:58–59. Available at: <https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-3.pdf>. Accessed February 19, 2020.

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# Appendix 8A: 50-Mile Regulation Petition

Governor Brown and The California Department of Housing and Community Development

**PETITIONERS:**

Center for Farmworker Families  
Food Empowerment Project  
Community Food and Justice Coalition  
Community Science Institute – CSI for Health  
and Justice  
Tri-Valley CAREs  
Valley LEAP  
West Berkeley Alliance for Clean Air and Safe Jobs  
West Oakland Environmental Indicators Project  
26 Individuals Listed at End of Petition

**ADMINISTRATIVE PETITION TO GRANT  
EXCEPTION TO 50-MILE REGULATION  
FOR FARMWORKER FAMILIES WITH  
SCHOOL-AGED CHILDREN**

## INTRODUCTION

Center for Farmworker Families, Food Empowerment Project, Community Food and Justice Coalition, Community Science Institute – CSI for Health and Justice, Tri-Valley CAREs, Valley LEAP, West Berkeley Alliance for Clean Air and Safe Jobs, West Oakland Environmental Indicators Project, and 26 individuals request that the California Department of Housing and Community Development take immediate and effective action to protect the educational opportunities of children living in migrant housing centers.

Presently, migrant farmworkers living in California's 24 state-run migrant housing centers must move at least 50 miles away during the offseason to remain eligible for housing the following season. This situation is harming the children of farmworkers, who miss approximately half of the school year since they must withdraw from school when migrant housing centers close in November and return only when the centers re-open in May.

The Department of Housing and Community Development is under a legal duty to “provide leadership, policies, and programs to preserve and expand safe and affordable housing opportunities and promote strong communities for all Californians.”

Petitioners request that the agency fulfill this responsibility by using its discretion to grant families with school-aged children an exception to the 50-mile policy, allowing

them to live within 50 miles of the migrant housing center during the offseason and remain qualified for migrant center housing the following season.

## STATEMENT OF FACTS

When the 24 state-run migrant housing centers close at the end of the growing season, farmworkers must move at least 50 miles away in order to qualify for next season's housing. California is the only State in the country with a specific distance requirement for farmworker moves.

This causes an estimated 3,500 children in California to withdraw from their schools, disrupting their education.

In 2016, of migrant students who took a standardized test given to third through eighth and eleventh graders across the state, 76% did not meet the standard in language arts, and 83% did not meet the standard in math. In a 2014 interview of California migrant farmworkers at four centers, 91% said the 50-mile policy affects their children's education, and 97% said their children would benefit from the ability to attend one school continuously.

Petitioners contend that granting farmworker families with school-aged children the option of staying within 50 miles of the migrant housing center will make it possible for more children to attend a single school continuously throughout the school year. This will help teachers better serve migrant students, leading to higher test scores, lower dropout rates, and the opportunity for Californian children to end a life of poverty.

## PETITIONERS

Center for Farmworker Families is a nonprofit organization devoted to promoting awareness about the circumstances facing farmworker families. Food Empowerment Project is a nonprofit organization dedicated to encouraging healthy food choices and protecting the rights of farmworkers. Tri-Valley CAREs is a nonprofit organization promoting peace, justice, and a healthy environment. Valley LEAP is a nonprofit organization that works with valley communities to achieve environmental and climate justice. Community Food and Justice Coalition promotes the basic human right of access to healthy food. West Berkeley Alliance for Clean Air and Safe Jobs is a network of neighbors, businesses, and environmental, social justice, and children's organizations allied to preserve safe jobs. Community Science Institute – CSI for Health and Justice unites customers and industrial neighbors to reform government and industry practices for a toxic-free future. West Oakland Environment Indicators Project is a resident-led, community-based environmental justice organization.

Ann Lopez, Founder of Center for Farmworker Families; Lauren Ornelas, Founder of Food Empowerment Project; Marylia Kelley, Executive Director of Tri-Valley



CAREs; Rey León, Executive Director of Valley LEAP; Armando Nieto, Executive Director of Community Food and Justice Coalition; Janice Schroeder, Core Member of West Berkeley Alliance for Clean Air and Safe Jobs; Denny Larson, Executive Director of Community Science Institute – CSI for Health and Justice; and Margaret Gordon, Co-Director of the West Oakland Environmental Indicators Project are leading their organizations in advocating for the rights of farmworkers and their families. Somalee Banerjee, Crister Brady, “Bo” Jack Chung, Kaveh Danesh, Kazandra De La Torre, Nisha Kurani, Lucy Liu, Pike Long, Justine Marcus, Adali Martinez, Jenille Narvaez, Sharon O’Hara, Kara Palanuk, Alyssa Thompson, Paula Uribe-Echevarria, and Keith Welch are MCP, MPH, MPP, MD, and/or PhD Candidates at University of California, Berkeley; University of California, San Francisco; and/or University of California, Davis. Harry Snyder is Advocacy Leader in Residence and Lecturer in Health Policy at the University of California, Berkeley. Flora Lu is Provost of Colleges Nine and Ten and Faculty Chair of the Program on Environmental and Nuclear Policy at University of California, Santa Cruz.

## AUTHORITY

This petition is filed pursuant to the California Constitution, which guarantees the public the right to petition the government for redress of grievances. Cal. Const. Art. 1 3. Additionally, this petition is filed pursuant to California Government Code 11347 et seq. This provision mandates a speedy response or a public hearing. Cal. Gov. Code 11347.1.

The agency’s authority to take the actions requested in this petition derives from the definition of a migratory farmworker under Title 25, Housing and Community Development Programs, section 7602 subsection (i) paragraph (3). In the past, the agency has used its discretion to grant an exception to the 50-mile policy for at least one migratory worker in an extenuating circumstance. Other states do not have such a policy and thereby grant them by default. Therefore, Governor Jerry Brown and his Housing and Community Development Agency have the authority to grant exceptions for the children of farm workers who are negatively affected by this policy.

## RELIEF REQUESTED

Petitioners request that the Department of Housing and Community Development use its discretion to grant families with school-aged children an exception to the 50-mile policy, allowing them to stay within 50 miles of the migrant housing center during the offseason and remain qualified for migrant center housing the following season.

## CONCLUSION

Given the seriousness of the present problem, petitioners urge that the Department of Housing and Community Development immediately take the actions set forth in this petition.

Dated: December 9, 2016

Respectfully submitted by the following co-petitioners:  
Ann Lopez, Founder, Center for Farmworker Families  
Lauren Ornelas, Founder, Food Empowerment Project  
Armando Nieto, Executive Director, Community Food  
and Justice Coalition

Denny Larson, Executive Director, Community Science  
Institute – CSI for Health and Justice

Marylia Kelley, Executive Director, Tri-Valley CAREs

Rey León, Executive Director, Valley LEAP

Janice Schroeder, Core Member, West Berkeley  
Alliance for Clean Air and Safe Jobs

Margaret Gordon, West Oakland Community  
Indicators Project

Somalee Banerjee, Resident Physician and MPH  
Candidate, Kaiser Permanente and UC Berkeley  
School of Public Health

Crister Brady, MD and MPH Candidate, UC Davis School  
of Medicine and UC Berkeley School of Public  
Health

“Bo” Jack Chung, MCP and MPH Candidate, UC Berkeley  
College of Environmental Design and School of  
Public Health

Kaveh Danesh, PhD Candidate, UC Berkeley Department  
of Economics

Kazandra De La Torre, MD and MPH Candidate, UCSF  
School of Medicine and UC Berkeley School of  
Public Health

Nisha Kurani, MPP Candidate, UC Berkeley School of  
Public Policy

Lucy Liu, Resident Physician and MPH Candidate, Kaiser  
Permanente and UC Berkeley School of Public  
Health

Pike Long, MPH Candidate, UC Berkeley School of Public Health

Justine Marcus, MCP and MPH Candidate, UC Berkeley College of Environmental Design and School of Public Health

Adali Martinez, MD and MPH Candidate, UCSF School of Medicine and UC Berkeley School of Public Health

Jenille Narvaez, Resident Physician and MPH Candidate, Kaiser Permanente and UC Berkeley School of Public Health

Sharon O'Hara, MPH Candidate, UC Berkeley School of Public Health

Kara Palanuk, Resident Physician and MPH Candidate, Kaiser Permanente and UC Berkeley School of Public Health

Alyssa Thompson, MPH Candidate, UC Berkeley School of Public Health

Paula Uribe-Echevarria, MPH Candidate, UC Berkeley School of Public Health

Keith Welch, MPP Candidate, UC Berkeley School of Public Policy

Harry Snyder, Lecturer, UC Berkeley School of Public Health

Flora Lu, Provost of Colleges Nine and Ten, UC Santa Cruz

Source: Center for Farmworker Families, Food Empowerment Project, Community Food and Justice Coalition, et al. 50-Mile Regulation Petition. 2016. Available at: [https://drive.google.com/file/d/15pX-U5YgH6Q2v-7\\_TNhmNf8yehejBRM4/view](https://drive.google.com/file/d/15pX-U5YgH6Q2v-7_TNhmNf8yehejBRM4/view). Accessed September 11, 2020. Reprinted with permission from the Food Empowerment Project.

## Appendix 8B: Sample Petition Format

*[Type in name of responding agency]*

### Sample City Police Department

#### PETITIONERS

Sample City Legal Assistance )

Sample City Alliance )

Against Domestic Violence )

#### ADMINISTRATIVE PETITION TO PROTECT FAMILIES FROM DOMESTIC VIOLENCE

Petitioners, *[insert name of petitioners]* Sample City Legal Assistance and Sample City Alliance Against Domestic Violence, request that *[insert name of petitioned agency]* Sample City Police Department (SCPD) take immediate and effective action to *[briefly describe the purpose of the petition]* adopt a department-wide regulation requiring police officers to seek Emergency Protective Orders (EPOs) on all domestic violence calls when a respondent is arrested.

Presently, *[summarize current state of affairs]* an arresting officer uses his or her discretion to determine whether to apply for an EPO from the Superior Court. This being the case, respondents are often released from custody and return to the victim's home within 24 to 48 hours of the violent incident.

These actions are hurting *[briefly describe who is being hurt by the current state of affairs and how]* victims of domestic violence and their families by exposing them to further acts of violence. This includes the most vulnerable in our society, children. For example, *[insert specific example(s) illustrating the harm caused]*.

The *[insert name of petitioned agency]* SCPD is under a legal duty to *[briefly summarize the agency's responsibility]* serve and protect members of the Sample City community. This includes, but is not limited to, adopting rules that will protect families in situations in which there is a high risk of domestic violence.

Petitioners request that the agency fulfill this responsibility by taking the following actions: *[list corrective actions]*

1. Adopt a regulation requiring SCPD arresting officers to apply to the Superior Court for an EPO on every domestic violence call when the respondent is arrested.
2. Train all SCPD officers to follow this procedure, thus removing the element of discretion.
3. Require officers to notify victims about nonprofit agencies and other community resources that can assist victims to make these temporary orders more permanent.

### STATEMENT OF FACTS

*[Explain the situation in greater detail—additional pages can be attached if necessary]*  
Currently, SCPD officers use their discretion to determine if and when to issue an EPO. Many officers are not familiar with EPOs and do not know how to seek an EPO. An EPO protects a family for approximately 7 to 10 days. This can be just what the family needs—TIME. Time to decide if they are going to stay in the home or move. Time to decide if the abuser will be allowed to come back to the home. Time to file a Restraining Order of Protection with the court, thereby working out custody issues and permanent protection issues.

### PETITIONERS

*[Insert name of petitioner]* Sample City Legal Assistance Inc., is a nonprofit organization that is dedicated to *[describe the purpose of the organization]* providing free legal services to the low-income and senior population in Sample City. Sample City Alliance Against Domestic Violence is an alliance of 22 nonprofit organizations working to prevent domestic violence.

To this end, *[Petitioner's name]* Sample City Legal Assistance and Sample City Alliance Against Domestic Violence are active in *[describe the organization's activities]* providing community education and providing case management to families who are victims of domestic violence. In 2007, Petitioners provided legal assistance, case management services, and other assistance to more than 1,300 victims of domestic violence.

[OR]

*[Insert name of petitioner]* is a resident of the state of *[insert state]*. She is directly affected by the current state of affairs because *[describe how the petitioner is affected]*.

### AUTHORITY

The right to petition state agencies is contained in *[insert the code section number of state or local petitioning law]* Section 1.28.150 of the Sample City Municipal Code, which

states that “any interested person may petition a city agency requesting the adoption or repeal of a regulation.” Within 30 days of receiving a petition, city agencies are required to deny the petition or set the matter for hearing. Section 1.28.160.

This administrative petition is also filed under Section 3 of the California Constitution and the First Amendment to the US Constitution, both of which give the public the right to petition government for the redress of grievances.

The SCPD’s authority to take the actions requested in this petition derives from [insert the statute, court decision, or other appropriate legal authority] Sample City Municipal Code section 1.39.160, which gives the agency the power to [quote or summarize relevant portions of the statute or decision] adopt rules and regulations regarding domestic violence intervention and prevention [insert additional authority if any] further provides that the agency (shall or may) [quote relevant portions of the statute or decision].

### RELIEF REQUESTED

Petitioners request that the [insert agency’s name] Sample City Police Department take the following actions [list corrective actions requested]:

1. Adopt a regulation requiring arresting officers to seek an EPO on every domestic violence call when a respondent is arrested.
2. Train SCPD officers to follow this procedure, thus removing the element of discretion.
3. Require officers to notify victims about nonprofit agencies and other community resources that can assist victims to make these temporary orders more permanent.

### CONCLUSION

In view of the seriousness of the preset problem, petitioners urge that the [insert the agency’s name] Sample City Police Department immediately take the actions set forth in this petition.

DATED: [insert date of filing] 2/28/2008

Respectfully submitted,

[Insert petitioner’s name, if an individual, or petitioner’s representative, if an organization]

Sample City Legal Assistance and Sample City Alliance Against Domestic Violence

By: [Signature]

By: [Signature]

## Voters Make the Law: Ballots, Referendum, and Recall

*We need to use this moment to demand change. I gotta be honest . . . I struggle with what to demand because so damn much needs to change. But I'm starting with our right to vote. The easiest way to keep us from changing anything is to keep us from voting.*

—LeBron James<sup>1</sup>

In 1985, knowing that Los Angeles, California, Mayor Tom Bradley was gearing up to run again for governor against the Republican who had beaten him in 1982, Carl Pope had an idea. Pope, the Sierra Club's top political operative, knew how much better for environmental issues Bradley would be as governor than the incumbent George Deukmejian. Pope also knew that most environmental organizations could not make blatant political endorsements of candidates.

Pope's idea was for the environmental community to sponsor, endorse, and run a statewide ballot proposition timed to the governor's race that Bradley would support and they knew from his previous positions that Deukmejian would oppose. Environmental groups large and small could put their weight behind a ballot proposition without endorsing any one candidate.

Pope had no illusions that a pro-environment ballot initiative would actually win, of course, even in California. The track record was dismal: voter initiatives, highly popular at first, were almost always defeated in the end by massive TV ad blitzes funded by business opponents. Pope wanted to create a highly visible political football for the candidates and their supporters to kick around. Since it would not pass, its actual legal text would hardly matter; it just had to have a good title. He asked other environmental groups to draft "something about toxic chemicals," because that seemed to be Governor Deukmejian's greatest political liability based on his public statements.

David Roe, coming back to his senior attorney position at the Environmental Defense Fund after a sabbatical year of teaching and writing at Harvard, was relatively new to toxic chemical law, having made his reputation in another environmental field. But when he went to an early strategy session on Pope's initiative and saw the ideas and plans some summer interns had come up with, he thought he could do better. To win with voters, Roe thought a ballot initiative had to be short and simple, ideally on one page: easy to explain and hard to oppose. But if it did pass, it also had to work within a complex system that needed different scientific calculations for each different chemical. Simple but effective in the world of toxic chemical law was virtually unheard of.

Roe wound up drafting the actual initiative almost entirely alone as others cared only about the headline. His approach, conventional in most of its legal parts but unprecedented in totality, became the official text of the initiative that would go on the ballot a year later as the Safe Drinking Water and Toxic Enforcement Act of 1986.<sup>2</sup> “I’d never have gotten that draft out of a committee,” Roe has often said. “Our environmental allies all signed off on it only because no one thought it would actually become law.”

Proposition 65, as the initiative was designated on the ballot, became a *cause célèbre*. A highly visible statewide campaign to protect safe drinking water and address exposure to toxic chemicals was launched, with the opposition’s consultants struggling for months to find a counterargument. Governor Deukmejian went on to win re-election, but despite being outweighed 10-to-1 in advertising dollars, Proposition 65 won voter approval by nearly a two-thirds margin. It went into effect a year later and became the most effective toxic chemical control law of the last 30 years, with far-reaching national effect even though it was law in only one state, California.

The face of Proposition 65 was simple: businesses must warn the public if they are going to be exposing us to any of the worst toxic chemicals. In other words, it is OK to keep doing whatever you are doing (except in drinking water), businesses; just tell us about it first so we can decide whether or not to buy your (toxic) product or use your (toxic) services. It sounded clear, if not very forceful, and hard for businesses to argue against. “Why not let people know what you [the manufacturer, retailer, or other designated business] already know you’re making us breathe, or swallow, or touch?” But the legal clockwork behind the simple language was finely calibrated.

Roe had realized that the 20-odd federal laws already aimed at keeping toxic chemicals under control (in air, water, foods and drugs, consumer products, workplaces, etc.) all had the same Achilles’ heel. Industries were able to drag out debate over every detail in the one-by-one calculations for each of hundreds of chemicals, forcing government to take as long as decades to clamp down on even a single chemical. In the meantime, without the calculations needed for enforcement, laws that sounded tough in theory were toothless in practice.

Proposition 65’s innovation, in a nutshell, was to turn the tables and have businesses worry about delay instead of benefiting from it. Once the new California law went into effect, businesses large and small were suddenly begging the state’s regulators to hurry up and make the decisions about what they had to disclose virtually overnight, for hundreds of toxic chemicals, not just a handful. A law that was weak in theory, using nothing more than warnings, was quickly operating with all its teeth.

The results were clear. To avoid disclosing to the public what toxins they were being exposed to, businesses found ways to reformulate literally thousands of consumer products to take out toxic ingredients, cut down toxic emissions from smokestacks, and otherwise reduce the public’s exposures to toxins. Nor could businesses wait in the shadows and hope government officials would not notice, because Proposition 65 allowed any citizen to go to court to enforce it if government did not. The result was that all those products that were



made safer were, of course, safer wherever they were bought, not just in California. The soft-sounding little “state law that could” was far outperforming the many hard-sounding federal laws that could not. It was also proving how much better businesses could do with chemical safety on their own, once they thought they would look bad if they did not.

Ballot measures like Proposition 65 allow voters to directly pass laws to protect their interests—laws that powerful special interest groups might otherwise block in the legislative process at the federal, state, or local level. This system of direct democracy was created as a safety valve to overcome the corrupting influence of special interests on elected representatives. Voters can become their own lawmakers when representative democratic government fails them.

Twenty-seven states and Washington, District of Columbia, as well as many local governments, provide for some form of direct lawmaking by voters. Although there is no federal initiative process, if your local or state government does provide for this strategy, you may be able to pass a ballot measure to protect and promote public health. An “initiative” is used to place a “measure” for a proposed new law on the ballot for voters to decide on. A “referendum” is a “measure” placed on the ballot to give voters the opportunity to vote to reject or approve a law passed by the state legislature or a local body such as a city council or county board of supervisors. Some states and local jurisdictions also provide for a “recall” to remove an elected official.

Each jurisdiction has its own detailed rules covering how to qualify a measure for the ballot. In most cases, sponsors of an initiative need to draft their initiative, have the language approved by the designated government agency, and then collect a minimum number of signatures by a certain date to have the proposal put on the ballot. An attorney general, secretary of state, or other official may need to certify that the signatures are proper, write a neutral descriptive title, and provide a number for the initiative. Arguments for and against can be submitted for the voter pamphlet. A referendum requires a similar process. These procedures will be clearly described with timelines for completion in each jurisdiction. In some jurisdictions, you can ask the court to review a title or summary or an argument that is not a fair representation of what the initiative does, and at least 51% of the voters must vote “Yes” for it to pass.

When elected officials find an issue too controversial, they can, in some jurisdictions, place an initiative on the ballot for the voters to decide the matter. This is an indirect way to get a measure on the ballot when the elected officials are leaning in favor but do not want to be accountable themselves. Advocates should consider whether an effort should be made to have the legislative body put the measure on the ballot. Such a measure would have the imprimatur of legislative drafting and vetting, but advocates run the risk of losing control of the language that voters vote on as compromises are made. On the other hand, that risk may be balanced by not having to gather signatures.

The use of the recall and referendum remain rarely used, but initiatives have now become an unintended common battleground for policymaking (Box 9-1).<sup>3</sup>

**Box 9-1. Pro Tip: Think Clearly Before Putting a Solution to a Public Vote**

Seriously question the viability of passing your idea for a ballot measure using objective measures and means. The fight is hard, long, and expensive. You will almost always need to hire an organization to gather enough signatures to qualify. If you lose a highly visible campaign, you will probably set your issue back for 6 to 10 years. You need good polling to help your decision making. Years of experience have shown that your polling needs to be at least 60% in favor for the measure to succeed. Once the opposition narrative attacks your measure, the approval rating will drop. You should speak with others outside of your allies on this issue. Ask trusted colleagues who will be honest and tell you "This won't work" if that is what their experience and judgment tell them. The organizers of a coalition for a failed ballot measure for health care for all did not do any polling and lost by a hefty margin. The head of the coalition said, "We believed our own bumper stickers."<sup>3</sup>

Health care and consumer activists often have to look to the initiative process to pass measures that have been blocked in the regular legislative process because too many elected members are beholden to corporate special interests or ideological beliefs. For example, health advocates in California successfully passed a tobacco tax proposal that repeatedly failed in the state legislature.

Data show that voters are much more likely to vote "No" on ballot measures when the language is not clear and the text lengthy. Like any proposed law, an initiative measure needs to be very carefully drafted to achieve the result you are seeking and, if possible, to avoid problems that provide openings for opponents to attack. There are three rules for drafting an initiative: (1) it must be clearly framed evoking a commonly held value, (2) all of the language must be understandable and not legal jargon, and (3) it should be as short as possible.

In 2014, the voters of the city of Berkeley, California, passed an initiative that was the first successful soda tax in the nation. It was a hotly contested, widely publicized campaign. The introductory language of the initiative, although long, set out the health problems caused in part by the consumption of sugary drinks and then explained the reason for the initiative:

A. Based on the findings set forth above, the purpose of this Ordinance is to diminish the human and economic costs of diseases associated with the consumption of sugary drinks by discouraging their distribution and consumption in Berkeley through a tax. Specifically, the purpose of this ordinance is to tax the distribution of sugary drinks and the products used to make them.<sup>4</sup>

Studies in 2018 showed that, after the passage of the tax, residents of Berkeley's low-income neighborhoods consumed 52% fewer sugary drinks and had a 29% increase in water consumption. The changes are attributed to both the campaign's exposure of the health problems caused by highly sugary beverages and the increased cost of the 1-cent-per-ounce tax on sugary drinks (Box 9-2).<sup>4,5</sup>

**Box 9-2. Pro Tip: Make It Simple: Appropriately Delegate Aspects of Implementation**

When drafting your initiative, consider delegating the implementation of some aspects to a new or existing trusted body with criteria to constrain their role. Rather than specifically describing everything you can think of and creating dense and detailed language, think how you can achieve the same ends more simply. For instance, to avoid a fight over how the tax money should be used, section G of the Berkeley vs. Big Soda initiative said the following:

G. This Ordinance provides for a Sugar Sweetened Beverage Product Panel of Experts, composed of experts in the areas of public health, child nutrition, nutrition education, and food access programs. The Panel will make recommendations on how and to what extent the City should fund programs to further reduce the consumption of sugar-sweetened beverages in Berkeley and address the consequences of such consumption.<sup>4</sup>

In some jurisdictions like California, the threat of a ballot measure is used tactically to pressure the legislature or a special interest group to take or not take action, to create competing or confusing “Battle of the Ballots” campaigns, or to punish an interest group, constituency, or industry.

Seeing the success of Berkeley’s and, subsequently, Oakland, San Francisco, and Albany, California’s, sugary drinks tax, Big Soda moved to block other cities and counties from following Berkeley’s lead. In 2018, Big Soda threatened to pass a state-wide initiative that would make it harder for California to raise *any* taxes unless the California legislature enacted and Governor Newsom signed a law to ban all local cities and counties from taxing sugary drinks. The California legislature and governor capitulated, and a law preempting cities and counties from exercising local control over the taxation of sugary drinks was passed and signed. One commentator said, “Taking [interest groups’] ideas all the way to the ballot box and then offering to withdraw them—for a price—gives them a chance to practice what amounts to political extortion.”<sup>6</sup>

The usefulness of direct democracy remains, although it is often questioned because of the abuse and raw process that has evolved. The decisions by the US Supreme Court that corporations have the same political power as an individual voter whom direct democracy was designed to protect has greatly weakened citizens’ ability to overcome the corrupting influence of corporations and special interests on our legislative and electoral processes.

Passing a ballot measure requires significant resources, time, and energy. For the last few weeks of a campaign, it is a flat-out effort that can feel overwhelming, as well as exhilarating. The rule of thumb is that the public and the media do not pay attention to ballot measures until after Labor Day, and every aspect of a campaign—from extra fundraising to getting out the vote—is crammed into six or seven weeks.

Campaigns that cannot afford paid media (e.g., bought ads, billboards, radio, TV, social media platforms) depend on “earned media” to get out their message. This means being at morning TV news shows, drive-time radio interviews and debates, news conferences, and demonstrations; having meetings in different settings including with media editorial boards, retirement communities, churches, neighborhood and homeowners associations, businesses, labor unions, parent–teacher associations, student forums, and professional groups; and debating at every other forum you can think of where a number of people are in the room (Boxes 9-3 and 9-4).<sup>7</sup>

#### Box 9-3. Pro Tip: Prepare for a Hard and Public Campaign

Alert family and friends that you may not be as available as you would like. This may sound unnecessary, but plan how you can make an intense campaign easier on yourself; leave enough time to travel to get to your events, wear comfortable clothes and shoes, have snacks with you, always eat meals and get in some exercise, work in pairs to ease the pressure, delegate responsibilities, and have a support system in place for unavoidable delays and plan changes.

Coalition members and their organizations are subject to scrutiny by the opposition, decisionmakers, the media, and the public. In ballot measures, social media is used widely and the leadership and the members of a ballot coalition must be prepared to have their actions subject to intense public review. The effort, commitment, and engagement of respected organizations working for a clearly understood public good can and often does outweigh the self-interest of stakeholders working to profit from conduct that can be demonstrated to be harmful to the public good. But be prepared for a battle.

#### Box 9-4. Pluses and Minuses: Voters Making the Law—Ballots, Referendum, and Recall

##### Pluses

- The initiative process can circumvent the regular legislative process and tap into public outrage about a problem.
- Some initiatives (typically on social issues) do not draw any opposition or require a huge expenditure of money.
- If passed, an initiative can have lasting impact (e.g., Proposition 13 on property taxes, Proposition 98 on school funding, Proposition 103 on insurance regulation).

##### Minuses

- Huge amounts of time and money can be expended to qualify and pass an initiative.
- Often voters are not sympathetic to complicated measures, spending additional tax dollars, or passing new laws.
- If a proposal could harm a major economic interest, expect strong, well-financed opposition.

Source: Adapted with permission from The California Endowment.<sup>7</sup>

## REFERENCES

1. James L. More than a vote (MTAV). *Instagram*. June 23, 2020. Available at: <https://www.instagram.com/p/CByLhADAUE1>. Accessed June 23, 2020.
2. Safe Drinking Water and Toxic Enforcement Act, Cal Health and Safety Code ch 6.6 §25249.5–25249.14 (1986).
3. Shultz J. *The Initiative Cookbook—Recipes and Stories from California's Ballot Wars*. San Francisco, CA: The Democracy Center; 1996: 76.
4. City of Berkeley Sugary Beverages and Soda Tax Question, Measure D (November 2014). Ballotpedia. Available at: [https://ballotpedia.org/City\\_of\\_Berkeley\\_Sugary\\_Beverages\\_and\\_Soda\\_Tax\\_Question,\\_Measure\\_D\\_\(November\\_2014\)](https://ballotpedia.org/City_of_Berkeley_Sugary_Beverages_and_Soda_Tax_Question,_Measure_D_(November_2014)). Accessed February 25, 2020.
5. Lee MM, Falbe J, Schillinger D, Basu S, McCulloch CE, Madsen KA. Sugar-sweetened beverage consumption 3 years after the Berkeley, California, sugar-sweetened beverage tax. *Am J Public Health*. 2019;109(4):637–639.
6. Greenblatt A. Why California lawmakers, begrudgingly, banned soda taxes. *Governing*. September 2018. Available at: <https://www.governing.com/topics/politics/gov-soda-taxes-california.html>. Accessed February 27, 2020.
7. Snyder H. *Advocating for Change: Using the Administrative Petition to Serve Community Health*. The California Endowment and Health ExChange Academy of the Center for Healthy Communities. 2010:58–59. Available at: <https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-3.pdf>. Accessed February 19, 2020.

## When You Need to Use the Courts

*The courts of this country should not be the places where resolution of disputes begins. They should be the places where the disputes end after alternative methods of resolving disputes have been considered and tried.*

—Sandra Day O'Connor<sup>1</sup>

For decades before 1985, Alta Dena Dairy promoted its raw certified milk (RCM) as the “safest” and “purest” milk available, “ideal” for infants and a “basic food” for invalids. Alta Dena advertised the alleged health benefits of RCM as better than those of pasteurized milk and suggested that infants as young as two weeks old be fed a formula made from RCM and honey. Radio and television advertisements broadcast in both Northern and Southern California asserted that RCM was produced under the “highest” standards and that certification made “pasteurization unnecessary.” The cartons in which RCM was sold also featured advertising claiming that RCM was “the highest quality milk” and was produced “under the strictest of health standards.”

In the early 1980s, a Northern California pediatrician, John Bolton, MD, became concerned that infants with fragile immune systems were being fed Alta Dena’s RCM. Bolton had seen evidence that Alta Dena’s RCM was frequently found to contain disease-causing organisms including a particularly dangerous type of *Salmonella* known as *Salmonella dublin* and other dangerous pathogens. The US Food and Drug Administration (FDA) had classified *S. dublin* as “life-threatening.” In California, approximately 80% of those who became ill with *S. dublin* were hospitalized, and 20% died. Bolton had seen indications that his infant patients who were fed RCM were ill, and he thought that their immune systems were not strong enough to protect them from possible pathogens in RCM. He also thought the product advertising was deceptive. Bolton contacted Consumers Union’s San Francisco, California, office to share his concerns and ask what could be done to protect the public.

When Gail Hillebrand, a Consumers Union attorney, investigated what was known about the safety of RCM and Alta Dena Dairy’s claims, she found data in the public record that Alta Dena’s claims were unfounded. There were repeated reports of RCM tests in which milk was found unsafe and, as a result, Alta Dena’s cows had been quarantined for periods of time. There were also substantiated complaints that drinking Alta Dena’s RCM had created serious illnesses. Regulatory agencies were aware of these facts, but none were willing to take action to prevent the misleading advertising and promotion of RCM. Public health organizations, the Alameda

County District Attorney, and the State Attorney General's Consumer Protection offices had similar concerns about the dangers of RCM and the inaccurate and deceptive advertising of RCM.

In 1985, Consumers Union engaged Attorney Elizabeth Laporte as their private lead counsel to sue Alta Dena Certified Dairy to end the dairy's false advertising. The decision to go to court seemed a better option than a lengthy, uncertain, and political legislative or administrative process to address the problem. Consumers Union was joined in the suit by the county of Alameda and the state of California as additional plaintiffs with their own attorneys representing them. The American Public Health Association also lent support to the lawsuit.

During the nonjury trial, evidence was introduced showing numerous examples of previously healthy people who became ill after drinking Alta Dena's products. In addition to those individual illnesses, plaintiffs showed that school children and the adults accompanying them became ill from the pathogen *Campylobacter* as a result of the RCM they had consumed on a tour of Alta Dena Dairy.

During the trial, 44 witnesses (including Bolton and other expert witnesses) testified, and approximately 800 exhibits covering some 40,000 pages were introduced. After 54 days of trial, the court found that the evidence at trial overwhelmingly established that infants are at a special risk from pathogens contained in RCM because their immune systems are immature, and RCM is especially dangerous to those who have a reduced immunity as a result of illness or medical treatment. The trial court concluded that contrary to the claims made in Alta Dena's advertisements, RCM

- can contain highly dangerous organisms,
- is less safe than pasteurized milk,
- does not possess superior health and nutritional benefits, and
- is not produced under the strictest health standards in the industry.

Faced with the overwhelming testimonial and documentary evidence establishing the false and misleading quality of Alta Dena's advertising, the court employed some unusual remedies. The court issued an injunction permanently preventing Alta Dena from making false or misleading claims about the health, safety, or nutritional qualities of its RCM or from making misleading claims about the health standards under which it was produced. In addition, the court ordered Alta Dena to disclose the dangers of RCM by placing the following warning on its RCM products for 10 years:

Warning: This Milk May Contain Dangerous Bacteria. Those Facing the Highest Risk of Disease or Death Include Babies, Pregnant Women, the Elderly, Alcoholics, Those With Cancer, AIDS or Reduced Immunity and Those Taking Cortisone, Antibiotics or Antacids. Questions Regarding the Use of Raw Certified Milk Should Be Directed to Your Physician.<sup>2</sup>

The court also ordered Alta Dena to place a disclosure for 10 years on all of its advertisements that contain representations concerning the health or nutritional benefits of RCM with the following:

Warning: The Food and Drug Administration (FDA) Has Determined (1) That There is no Satisfactory Scientific Proof That Pasteurization Significantly Reduces the Nutritional Value of Milk and (2) That the Risks Associated With Consuming Raw Certified Milk Outweigh Any of Its Alleged Health Benefits.<sup>2</sup>

Alta Dena Dairy appealed. They claimed that the trial court requirement to warn consumers of the dangers of their product violated Alta Dena's First Amendment right to freedom of speech. The appellate court rejected Alta Dena's appeal and upheld the trial court's entire order.

Bringing a legal action by using the courts as Consumers Union did with Bolton's help is one of the tools health policy advocates use to protect public health. It is also possible to get a government agency to take legal action if it is within their legal responsibility. Law enforcement agencies investigate and prosecute health providers for false advertising as Alameda County and the California Attorney General did in the Alta Dena case.

The federal and state departments of justice, the Federal Trade Commission, cities, counties, and local agencies regularly take action to stop anticompetitive practices by pharmaceutical manufacturers, health insurance companies, and hospitals. Other agencies can and do exercise their authority by suing employers for unsafe working conditions and environmental polluters for violating air quality standards or dumping hazardous waste. Agencies also take legal action against producers of dangerous products, promoters of products for uses not approved by the FDA, and many other instances in which laws have been broken or regulations ignored.

If public health is threatened because a law or regulation is being violated, you will naturally consider the best, most efficient, and likeliest means of success to solve the problem. If the legislative process or agency action is too politically unlikely or slow, legal action may be the best course to take. When legislative and administrative actions were blocked by the powerful tobacco industry, lawsuits finally helped to bring about important reforms.

To fix the problem by using the courts, you may be able to find a public interest advocacy organization that focuses on health, environment, worker safety, immigration, nursing homes, or other health-related issue and seek their help. Or you may be able to identify the law enforcement or regulatory agency with authority over the issue and encourage them to take legal action. In some cases, local, state, or federal governments may challenge each other's actions in court. You may want to encourage the appropriate agency to protect your communities against threats to their health caused by other government agencies' actions.



Both advocacy organizations and government agencies have formal means of receiving complaints. They also are receptive to talking with people and organizations that can provide facts and stories showing that communities and individuals are in danger of or actually being harmed because laws and regulations to protect health are being broken.

At this point in reading this book, you know that there are many ways to try to prevent violations of the law that harm public health. We now want to describe why participating in litigation is usually a last resort and how to use the courts effectively when you need to.

The first thing to know is that courts are not supposed to make policy. Courts are only supposed to decide if an action is within the law, which includes regulations used to implement the law. Courts try to limit their decisions to what is legal and what is not. Policymaking is to arrive at the most logical way to address a problem. That is the legislature's job. In drafting interim or temporary orders, courts will sometimes define what has to be done to limit harm until the lawsuit is resolved. It may seem that courts do make policy, but to succeed with a lawsuit, your case must rely on what the words of the law say rather than what you think they should say (Box 10-1).<sup>3,4</sup>

There are situations when community members may feel that taking a matter to court is necessary to show that the community is strong and forcefully pursuing its rights. If for these or the reasons mentioned previously a lawsuit seems the best strategy to solve the problem, we add guidance and discussion for using the courts. The attorneys will know how the courts work. We want you to know how to work with the attorneys.

When a government agency or private corporation is sued, it generally feels that it has been attacked. Litigation can cause the people you want to make decisions to become angry and to refuse to talk to you. It also can result in the defendant trying to strike back by discrediting the lawsuit and anyone supporting the suit. It may create animosity that makes it harder to work out a negotiated resolution. However, by filing a lawsuit, you are in some ways equalizing the power structure for resolving the issue you care about.

#### Box 10-1. Did Chief Justice Roberts Make a Policy or a Legal Decision Protecting the Affordable Care Act?

In a case challenging the Affordable Care Act (ACA), Chief Justice John Roberts wrote the Supreme Court's 5 to 4 majority opinion and found that the individual mandate component of the ACA was a valid exercise of Congress's power to "lay and collect taxes" even though Congress had not labeled the penalty for not buying insurance a "tax." The 16th Amendment to the US Constitution provides, "The Congress shall have power to lay and collect taxes on incomes, from whatever source derived. . . ."<sup>3</sup> Chief Justice Roberts explained in his opinion that "The Affordable Care Act's requirement that certain individuals pay a financial penalty for not obtaining health insurance may reasonably be characterized as a tax. Because the Constitution permits such a tax, it is not our role to forbid it, or to pass upon its wisdom or fairness."<sup>4</sup> Some have argued that Roberts's interpretation was quite a reach and actually created a policy decision for Congress, to levy a tax for not having health insurance.

**Box 10-2. Pluses and Minuses: Using the Courts****Pluses**

- A lawsuit can be filed on any business day of the year.
- A lawsuit can be a high-profile media event making the public and decisionmakers aware of the problem.
- Plaintiffs can ask for emergency orders or injunctions to prevent “irreparable harm.”
- Courts may be less overtly political than other venues.
- A lawsuit can result in an important legal precedent that leads to reforms in other areas.
- In some types of cases, there is the potential for recovering attorney’s fees and litigation costs.

**Minuses**

- It is difficult for courts to address matters of pure policy—for example, finding the best way to solve a health problem.
- Unless sufficient funding is available, going to court requires a lawyer who is willing to work *pro bono* or for a contingent or reduced fee.
- Once a suit is filed, the focus tends to shift to the court and the lawyers, making it harder for members of the community to be involved.
- A well-funded defendant can use tactics that drive up costs in an effort to exhaust a plaintiff’s funds.
- Lawsuits can take quite a long time—sometimes years—especially if appeals are involved.

Source: Adapted with permission from The California Endowment.<sup>5</sup>

Participating in a lawsuit and working with an attorney requires very clear delineation of expectations starting with who makes which decisions and who is the public spokesperson for the litigation. This will depend on whether an individual or an organization or a government agency brings the suit, but it should be a key up-front discussion about the decision that needs to be made.

When the forum for solving a community health problem is the court, the attorney for the community should be prepared for the community to make key decisions on any compromise offered; to prepare witnesses in a culturally appropriate and respectful manner; to defer to community representatives on public demonstrations, presentations, and statements; and to limit the attorney’s participation in media events to describing the legal proceedings. Communities organize, join together, and exercise their power to work for a cause. An attorney’s role is to work as one tool for that cause (Box 10-2).<sup>5</sup>

## REFERENCES

1. McFeatters AC. *Sandra Day O'Connor: Justice in the Balance*. Albuquerque, NM: University of New Mexico Press; 2006.
2. Consumers Union of US v Alta-Dena Certified, 4 Cal App 4th 963 (Cal Ct App 1992). Available at: <https://casetext.com/case/consumers-un-of-us-v-alta-dena-certified>. Accessed February 25, 2020.

3. National Constitution Center. The 16th Amendment of the US Constitution. Available at: <https://constitutioncenter.org/interactive-constitution/amendment/amendment-xvi>. Accessed February 25, 2020.
4. Liptak A. Supreme court upholds health care law, 5–4, in victory for Obama. *New York Times*. June 26, 2012. Available at: <https://www.nytimes.com/2012/06/29/us/supreme-court-lets-health-law-largely-stand.html>. Accessed February 25, 2020.
5. Snyder H. *Advocating for Change: Understanding How to Impact Health Policy*. Berkeley, CA: The California Endowment and the Health Exchange Academy of the Center for Healthy Communities; 2006.

## Other Means: Changing Private Sector and Multinational Organization Policy Change and Taking Direct Group Action

*It is difficult to get a man to understand something when his salary depends upon his not understanding it.*

—Upton Sinclair<sup>1</sup>

In the mid-1990s, at San Francisco General Hospital (SFGH), the city's only public hospital, the majority of sickle cell patients in a health crisis were often left unattended for hours in the emergency department waiting room and, once seen, inadequately treated. When these patients asked for a specific type of pain medication, informed staff about allergic reactions to certain pain medications, or asked the emergency department personnel to contact their personal physician, their requests were often ignored or denied. The impact could be hours of waiting, suffering the enormous pain common to sickle cell crises. Tired of this mistreatment, and with the guidance of Diana Marie Lee, the hospital's senior community health specialist, a group of adults living with sickle cell and their families formed a group—Sickle Cell Anemia Self Help Adult Network (SCA'SHAN)—to organize their efforts to get timely, appropriate, and bias-free treatment.

SCA'SHAN initially considered various options such as legislation to change how emergency department personnel treat people with sickle cell or suing the hospital when someone died or suffered further disability as a result of mistreatment. Ultimately, the group decided to focus simply on getting SFGH to change its practices. They wanted the hospital to create a simple index card system, with a card on file for each sickle cell patient that detailed exactly how that particular adult needed to be treated and how and whom to contact about their care.

During a three-year effort, Lee and the group were successful in getting the support and written recommendations from a highly recognized hematologist at the hospital, holding various meetings with hospital decisionmakers, and making formal presentations documenting the problem at health and research conferences. SCA'SHAN was successful in getting the emergency department to pilot and later implement the system. The end result was a significant improvement in the quality of emergency department treatment of sickle cell patients by SFGH.

To achieve change in a large organization, Lee and her colleagues intuitively applied the same strategies we describe in the earlier chapters: they identified and documented a health problem with data and personal stories of the harm being caused, they made a

plan and encouraged others to support their effort, and they communicated their data and stories directly to the hospital decisionmakers and the broader hospital community with a concrete and detailed request.

This chapter illustrates how to advocate for change within private-sector organizations, health care institutions, and multinational or quasigovernmental organizations to improve health. This includes large corporations or small businesses, health maintenance organization (HMO) networks, national nonprofit organizations, for-profit hospitals or clinic chains, and multinational organizations like the World Health Organization (WHO) or the European Union.

The basic advocacy steps to use in these arenas are the same as those described in the earlier chapters of this book, so use those to identify the problem and plan your campaign. Then consider how to adapt your campaign tactics for this sector. For example, you will likely be dealing with much less data and fiscal transparency, private or secretive decision-making processes, and obscure or unique management structures. Finding influential insiders who are willing to work with—or even talk to—you will be harder than it is in the public sector.

The first challenge is to identify and understand the structure, culture, and decision-making process of the targeted organization and, within that, to find individual(s) within that structure who can be encouraged or pushed to accomplish the goal you seek. Research the mission, organizational chart, and funding or profit-making source of the organization. Use search engines like Google or Nexis to review past media coverage and learn what they have or have not done in the past.

Large for-profit corporations file shareholder and US Securities and Exchange Commission reports. Look at online, print, and billboard advertising. Nonprofit organizations produce annual reports and newsletters and publicly file Internal Revenue Service 990 reports that are good sources of information. Investigative reporters are excellent sources of information and data sources. Organizations like ProPublica and the Center for Investigative Reporting are good starting places for corporate research.

Plot your strategy based on how you think framing the values presented will be persuasive and which supporters (e.g., communities, high-profile individuals, elected officials, funders, member groups) will influence the decisionmakers. Then decide what medium will best communicate your message and how you will follow up (Box 11-1). Because its public image is a very valuable asset, any organization may be especially willing to help address a specific problem if it enhances its brand among consumers, shareholders, employees, government officials, and/or the media.

#### Box 11-1. Pro Tip: Look for New Strategies BUT Don't Just Do Something

There is always a way to bring about change if you are willing to (1) work when all means seem blocked, (2) try tactics that are new to you, and (3) welcome other ideas. Go forward if the new alternative way has an identifiable nexus to your overall strategy. Do not spend energy and credibility to just do something.

## WORKING WITH HEALTH CARE INSTITUTIONS

Large organizations and health care institutions set policies and practices in response to laws and regulations, but also independently. These policies can determine how health care institutions operate and can include, for example, the quality and level of services provided or who has access to such services. Health policy change can take place in hospitals as demonstrated by the change SFGH made in the treatment of sickle cell sufferers. Health plans and regulatory or accreditation bodies or professional organizations can be similarly engaged to change their policies.

Organizations can be part of the government (e.g., a county department of health services) or they can be in the private sector. Private-sector health care institutions can be nonprofit organizations—including providers (e.g., Kaiser Permanente), medical associations (e.g., California Medical Association), or regulatory bodies (e.g., Joint Commission on the Accreditation of Healthcare Organizations)—or for-profit enterprises, such as a health plan, hospital, or pharmacy.

Decisionmakers for health care institutions can be held accountable if they are not providing or improving health care consistent with their goal and mission. Some will welcome community involvement in identifying problems and working toward solutions. Others may be unhappy about being called to task for falling short. From their perspective inside the institution, they may feel that they are doing all they can with the resources they have or that they are obligated to preserve. It is important to recognize the decisionmakers' concerns, but advocates must represent the community's perspective on the quality or degree of services being provided when advocating for change.

For example, community health care advocates in Oregon prepared a report on the bill-collection practices of a local hospital, which included foreclosing on patients' homes. Their report then compared the harassment of patients who were too poor to pay their bills with the hospital's claims of providing free and uncompensated care to the community. When the hospital's decisionmakers were shown a copy of the report, they agreed to change their policies, to provide real free and uncompensated care, and to cease harassing those too poor to pay for needed services.

Agreeing on and describing the health care problem, explaining how it is affecting community members, and then comparing the problem to the goal and mission of a health care institution can be an effective strategy for a campaign.

## WORKING WITH CORPORATIONS

### Taking on McDonald's

The Environmental Defense Fund (EDF) worked with McDonald's to reduce the use of antibiotics to enhance the growth of beef and chicken. After lengthy discussions and negotiations, McDonald's entered into an agreement with EDF to not purchase chicken

## Box 11-2. Changing Corporate Policy

*You're relatively young to be the C.E.O. of such a large company. How did you prepare for the role?*

I spoke quite a bit with other C.E.O.s and former C.E.O.s. I remember one of them telling me that the larger organizations will fight change through all of their inherent systems. Whether they realize it or not, organizations will resist really fundamental change. Another one said, "Be careful. Everyone's going to try to kill your dreams."

*Note: The quote in this box is taken from an interview with Vas Narasimhan, MD, chief executive officer of Novartis, New York Times, August 3, 2019.<sup>2</sup>*

or beef produced with growth-enhancing antibiotics. That decision has meant farmers have had to change how they raise animals if they want to sell to McDonald's. By working with business, EDF brought about a policy change that could benefit the health of millions of people (Box 11-2).<sup>2</sup>

Both private corporations and large nonprofits in the health care industry create products and services that can have an enormous salutary or deleterious impact on our health. Sometimes business leaders behave as if they are unaware of this fact. In some cases, we are told that they are providing a choice, meeting quarterly profit goals, or creating jobs, and that the science is not conclusive.

Your first job, therefore, is to make a strong case. Connect the dots between corporate behavior and health outcomes and then skillfully communicate—to the right audiences—how this behavior violates their stated corporate values as well as community norms. Chapter 3: Getting the Facts: Effective Application of Data and Research and Chapter 4: Communicating the Message will help you create your case and communicate it effectively.

What products and services are sold and how they are delivered is influenced by each organization's *private* policy decisions. Even with much less public oversight, you can still influence and force changes to internally determined policies through legislation, regulatory change, or suing in court. These are expensive and time-consuming strategies, but they are often the most effective ones for this arena. See Chapter 6: Legislative Change: Making Law, Chapter 7: Government Agencies: Administrative Advocacy, and Chapter 10: When You Need to Use the Courts for more information on how to pursue these.

Corporate health policy advocacy can require huge amounts of funding and even more patience. But when these are in short supply, public health advocates—both inside and outside large organizations—should not rule out organizing a community coalition and mounting a change campaign using lower-budget strategies: personal persuasion, media coverage, and public pressure to influence private policymaking. For example, a small group of activists can meet one-on-one with local executives to solve a specific local problem—say, to convince the local HMO to make certain prescription drugs available at no charge to pediatricians in low-income neighborhoods. Remember that

improving practices in one health care institution can lead other institutions to change. Finding one company willing to partner with you or to champion industry-wide change as a responsible corporate citizen can help your cause, as corporations have considerable resources that could be enormously helpful in bringing about change (money, of course, but also media and public relations resources, lobbying and governmental affairs staffs, and high-level contacts with other large businesses, foundations, and government). Advocates can also urge businesses and health care institutions to be part of a larger alliance to reform the system itself through new laws, protocols, structural changes, or incentives.

To get started with corporate change through local pressure campaigns, go to Chapter 5: Building Support: Coalition Building and Community Organizing for basic coalition-building steps. Support from businesses (both large corporations and small companies) may increase the credibility of your proposal and lead to wider political support. Documenting problems with high credibility (e.g., community-based participatory research, engaging local academics to do the research and publish the results) threatens to damage an institution's reputation or a company's brand. This potential exposure alone can often impel corporate decisionmakers to work with the community to reach solutions.

Chapter 7: Government Agencies: Administrative Advocacy is a good guide for how to tackle corporate practices that threaten public health by advocating for administrative action by a public agency. Start with that, but adapt it to working in the private sector, where you will have to work harder to overcome barriers such as lower access to employees willing to meet with you, lack of open data, private decision-making processes, and corporate secrets. Nonetheless, most health care institutions and companies want to maintain good community relations and, when contacted by a government agency, are open to at least discussing problems experienced by community members.

Working on corporate or large institutional change has a set of unique advocacy pitfalls to avoid. Many businesses have little or no experience working with community groups and may initially be hostile, suspicious, or slow to understand how their interests overlap with those of the community. Patiently build personal relationships and take the time to educate and explain the problem. Present the facts and ask nicely for solutions first, then build community pressure as needed.

Decisionmakers can be very defensive and closed minded when told that their institution is failing to meet global or a community's needs. Save the "blazing gun" (harsh or accusatory rhetoric) for a possible later phase of the campaign and begin with the frames of corporate social responsibility, meeting customer or patients' needs, civic mindedness, and community partnering.

Businesses will be eager to take public credit for working with community groups, sometimes when they are doing little or nothing to address community concerns. Simply meeting with community groups, for instance, could be inflated by a corporate public



relations department into “working closely with your organization to attack your problem in your neighborhood.” Prevent co-optation by carefully documenting and publicizing on social media what business leaders say, do, and promise at any meeting, and following up on promises made.

Many local providers are part of a larger state or national chain, which may make them harder to influence—or the local managers will hide behind their parent organization’s rules. When faced with this, advocates can propose piloting and evaluating new policies or protocols that can eventually be implemented system-wide, seek to influence industry standards through their associations and professional or credentialing agencies, or work their way up the corporate ladder to a decisionmaker who can make change from the top.

Working with business will almost always result in less than what the community thinks is the best way to solve its health problem. A solution proposed by a company may not be ideal from the community point of view, but it must be at least a good part of what is needed to improve or maintain health or the coalition will challenge the company to do better. Both sides will be negotiating a policy change. This presumes compromise. Some groups and individuals may be uncomfortable working with corporations they view as “the bad actor,” and they may criticize the coalition. But with sufficient outside pressure, including pressure from critics of the coalition’s efforts, private companies can be convinced that it is in their business interest to change their policies.

## **WORKING WITH MULTINATIONAL AND QUASIGOVERNMENTAL ORGANIZATIONS**

### **Advocates Use International Collaboration and “Think Tank” Planning to Take on Global Pesticide “Dumping”**

In the 1970s, public health and consumer advocates were trying to stop chemical companies from “dumping” (i.e., marketing and selling) pesticides—including dichlorodiphenyltrichloroethane (DDT)—in developing countries, well after these dangerous chemicals had been banned in the United States and beyond. They were able to get a weak executive order out of President Jimmy Carter, but Ronald Reagan quickly revoked it. Frustrated, the group came up with a pretty wild idea: why not petition the World Bank, the financial supporter of “Green Revolution”-type agricultural developments serving the rural poor? The World Bank had no procedures that allowed concerned individuals and organizations to initiate policymaking by the Bank.

The problem of pesticide dumping was so patently harmful to developing countries that the advocates were undaunted and got to work and gathered reams of technical research. They also consulted groups more familiar with making policy change at the

World Bank and built a large international "think tank" of collaborators. In 1983, they filed a detailed and comprehensive administrative petition with the World Bank, signed by more than 200 nongovernmental organizations. On the same day they filed their petition, the advocates delivered a news release and a copy of the petition to all of the major news media at a World Bank meeting in New York City. The next day, the *New York Times* ran a very short story describing the petition and what the advocates were requesting (Figure 11-1).

World Bank officials responded positively, but moved slowly. However, in 1984, a catastrophic gas leak at Union Carbide's Sevin pesticide plant in Bhopal, India, killed many thousands and shook the world. World Bank officials immediately sat down with the petitioning group and began negotiating. In April 1985, the Bank issued formal guidelines banning use of World Bank funds for restricted or dangerous pesticides and firmly

PETITION TO  
BOARD OF DIRECTORS OF THE WORLD BANK  
FOR ACTION TO PROTECT AGAINST PESTICIDE ABUSE  
IN DEVELOPING COUNTRIES

**Petitioners:**

INTERNATIONAL ORGANIZATION OF CONSUMERS UNIONS (IOCU)  
ACAO DEMOCRATICA FEMININA GAUCHA-ADFG (SOUTHERN FEMINISTS  
FOR DEMOCRATIC ACTION) (BRAZIL)  
BANGLADESH FREE TRADE UNION CONGRESS  
CONSUMERS UNION OF U.S., INC.  
COSTA RICAN ASSOCIATION FOR THE CONSERVATION OF NATURE (ASCONA)  
ENVIRONMENT LIAISON CENTRE  
FORUM FOR WORLD CONCERN (PHILIPPINES)  
PHILIPPINE PEASANT INSTITUTE  
SAHABAL ALAM MALAYSIA (FRIENDS OF THE EARTH MALAYSIA)

HARRY M. SNYDER, Director  
West Coast Regional Office  
Consumers Union of U.S., Inc.  
1535 Mission Street  
San Francisco, CA 94103  
Telephone: (415) 431-6747

ANGELA GLOVER BLACKWELL  
LOIS SALISBURY  
Public Advocates, Inc.  
1535 Mission Street  
San Francisco, CA 94130  
Telephone: (415) 431-7430

Assisted by: Derek Jones  
Indrajit Obeyesekere

Counsel on Behalf of Petitioners

Source: This is the personal copy of the author (HS).

Figure 11-1. World Bank Petition Page

committing to integrated pest management, a nontoxic alternative, and strict standards for protecting applicators, all of the petitioners' demands:

The World Bank today announced a new set of guidelines governing the use of pesticides in projects in developing countries. The guidelines are designed to help avert damage to health and the environment in agriculture and development work.<sup>3</sup>

Using international forums to advocate for policies affecting human rights and health equity creates greater visibility of an issue and establishes international approval of values and norms that support a more equitable world. When individual countries resist moving forward, an international campaign can encourage a country to join other countries rather than stand out. In those countries that continue to stand against the world's values, local changes can be a bit easier to attain, and local movements are given support. With work, these local changes may be able to be turned into national improvements in health policy (Boxes 11-3, 11-4, and 11-5).<sup>4</sup>

The advocacy stories in Boxes 11-3, 11-4, and 11-5 are examples that the policymaking arms of multinational organizations with broad reach can be convinced to adopt positions that influence global health. Multinational organizations carry significant

#### Box 11-3. United Nations Takes Action

Activists frustrated by inaction by nations to ban land mines encouraged the United Nations to adopt a treaty to ban landmines in 1997. A total of 164 nations signed and ratified the Ban Mines Treaty, not including the United States, Russia, China, and 30 other nations.

#### Box 11-4. Water Wars: Bolivian Communities Regain Local Control

In the late 1990s, the World Bank conditioned its loans to Bolivia for water development on the country privatizing two of its largest public water systems. In Cochabamba, the US engineering giant Bechtel was the sole bidder and leased the water system for Bolivia's third-largest city in 1999. Within weeks, Bechtel dramatically raised the price of water to the city's residents. Farmers and residents protested with general strikes and by shutting down major highways. Violent repression by the Bolivian government to stop the protests failed. Eventually, Bechtel was forced to give up management and leave the country.

The next year, Bechtel began proceedings against Bolivia in the World Bank's trade dispute court (International Centre for Settlement of Investment Disputes) to recover a claimed loss of \$50,000,000, primarily in lost future profits. Advocacy groups and individuals from around the world joined together and filed an International Citizen's Petition to the World Bank demanding that the affected peoples of Bolivia be able to fully participate in the arbitration proceedings to present their facts and stories and to fully represent themselves against Bechtel's claims, that all documents be made public, that hearings be held in Bolivia, and that all hearings be open to the public. Ultimately, in 2005, in the face of relentless public pressure, Bechtel withdrew its claim for a token payment equivalent to 30 cents.

### Box 11-5. Activists Campaign for WHO Treaty to End Violence Against Women

In 2019, activists from 128 nations launched an international treaty campaign to end violence against women. At the time, the United Nations estimated 35% of women and girls were affected globally.

This WHO Treaty effort will require every member country that signs and ratifies the treaty to:

- Adopt laws punishing domestic violence, which lower mortality rates for women.
- Train police, judges, nurses, doctors and other professionals about such violence, which leads to increased prosecution of perpetrators and better treatment for survivors.
- Provide education on preventing violence against women and girls, which research shows has an influence on boys' and men's attitudes and actions, and encourages women and girls to demand their rights.
- Provide hotlines, shelters, legal advice, treatment, and other services for survivors.<sup>4</sup>

The treaty also requires countries to fund the programs necessary to carry out the policies.

*Note:* WHO = World Health Organization. This box is based on information from an article by Edith M. Lederer, *AP News*, March 4, 2019.<sup>4</sup> The list of requirements is quoted directly from this article as indicated.

credibility and some such as standard-setting organizations have a direct impact on the quality and safety of products and practices. Some like the World Bank can have a major influence on nation state practices. Treaties, protocols, and changed practices by nation states have an impact on reshaping a narrative of human values. The adoption of better policies by a country or countries can be used as a comparison to focus public attention on what needs to be changed in other nations, including the United States. “If they can protect their people, so can we” is a values statement that can help move policy.

Leaders and staff of multinational organizations like WHO or the World Bank have slow-moving, opaque decision-making processes and can be very insular, so change is difficult, and it takes time. But multiyear campaigns keep an issue in the public eye and on the radar of policymakers responsible for the issues. Each global institution will have its own attitude toward change with personnel differences and shifting public pressures. The same advocacy elements of research, building support, making your plan, and communicating what is wrong and why it needs to be fixed have been and will continue to be effective even if there are no firm organizational guidelines for your campaign.

## DIRECT GROUP ACTION

In some cases, it may be necessary to take direct group action to focus public attention on an issue. For example, if filing a lawsuit is not feasible or your campaign in the legislature or administrative agency or your attempt to move a private organization is not getting traction, you might explore whether a respected local institution (e.g., the National Association for the Advancement of Colored People, the League of Women

Voters, a parent-teachers association, newspaper, civic group, community clinic, church, or union) would sponsor a public hearing on the issue. Ideally, the sponsoring institution would work closely with community leaders to schedule the hearing; invite speakers, elected officials, policymakers, and the media; plan the agenda; and actually convene and chair the hearings.

Another possibility is to hold a demonstration with affected individuals explaining how the problem is impacting their lives and delivering a message directly to an elected or appointed official or corporate decisionmaker. Focusing public attention on the person who can make the decision raises the stakes for them and makes it harder for them to continue to ignore community or survivor concerns.

The success of taking direct group action will often be judged by the number of people who turn out, the public prominence of some of the participants, and the general seriousness of the event. You are asking the media and the public to pay attention to your event, so a good deal of planning and organizing is essential to present your best possible case of data showing harm, support, and commitment to a campaign to mitigate or hopefully solve the problem. Some may assume that you are holding your own event because you have no other support. You will need to focus on the fact that those responsible for solving a serious problem have not acted and that the community is relying on itself and others to see that action is taken. You can project the message that the campaign has the strength and creativity to bring your community's health issues in front of the public and decisionmakers and have them solved. And that you intend to stay on it. (See Boxes 11-6, 11-7, and 11-8.<sup>5</sup>)

#### Box 11-6. Pluses and Minuses: Direct Group Action

##### Pluses

- Direct group action is not an end in itself but sets the stage for other actions to bring about change, including legislation, litigation, petitioning administrative agencies, and working with private businesses.
- Community leaders will have input into many aspects of the event, including subject matter, how issues will be presented, and who will be invited.
- Public officials can be called on for their views. They may be given the opportunity to tell those attending the hearing or other event what action (if any) they plan to take to address the problem.
- A carefully planned and well-orchestrated event can educate government officials, local politicians, reporters, and the wider public about your particular problem.
- Organizing a public event can utilize community resources and build the community's capacity to advocate for its health needs.

##### Minuses

- Scheduling a hearing or press conference and inviting people to attend is easy. Actually getting them to prepare, show up, and participate in a manner that will result in an effective event requires extensive one-on-one effort.

(Continued)

**Box 11-6. (Continued)**

- The logistics can be daunting. Community leaders and the sponsoring institution will have to decide where and when to hold the hearing or other event; how to frame and communicate about the event; who should be invited to attend, speak, and facilitate; and how to control speakers who try to dominate or divert the hearing or other event.
- The energy and resources it takes to organize direct action may end up leaving less energy and resources left to carry your issue forward and get results through policy change.

Source: Adapted with permission from The California Endowment.<sup>5</sup>

**Box 11-7. Pluses and Minuses: Working to Change Health Care Institution Policies****Pluses**

- Health care institutions' stated goal of providing quality health services for a community provides a lever to encourage policy change to better those services.
- Documenting problems threatens to damage a health care institution's reputation, which can impel its decisionmakers to work with the community to reach solutions.
- Many health care institutions want to maintain good community relations and are open to at least discussing problems experienced by community members.
- Working with decisionmakers in health care institutions can lead to more open and continuing discussions and better community health in the future.
- Improving practices in one health care institution can lead other institutions to change.

**Minuses**

- Decisionmakers can be very defensive and closed minded when told that their institution is failing to meet the community's needs.
- Community members may not be affected by the same problems or they may be reluctant to challenge their local health care institution.
- Raising a serious problem may cause outside critics to suggest shutting down a facility rather than working to solve the problem.
- Many local providers are part of a larger state or national chain, which may make them harder to influence.

Source: Adapted with permission from The California Endowment.<sup>5</sup>

**Box 11-8. Pluses and Minuses: Working With Private Companies****Pluses**

- Because its public image is a very valuable asset, a business may be especially willing to help address a specific problem if it enhances its image among consumers, shareholders, employees, government officials, and/or the media.
- Large corporations have considerable resources that could be enormously helpful in bringing about change (money, of course, but also media and public relations resources, lobbying and governmental affairs staffs, and high-level contacts with other large businesses, foundations, and government).

(Continued)

**Box 11-8. (Continued)**

- Support from businesses (both large corporations and small companies) may increase the credibility of your proposal and lead to wider political support.
- Change by a large corporation can have an effect on its many suppliers by forcing them to provide better products.
- Getting one corporation to change can set standards for others to meet.

**Minuses**

- Every business is a for-profit entity. Typically, businesses will oppose proposals that might harm their economic interests, support proposals that further their economic interests, and be indifferent to proposals that do not affect those interests.
- Businesses will want public credit for working with community groups, sometimes even when they are doing little or nothing to address community concerns. (Simply meeting with community groups, for instance, could be inflated by a corporate public relations department into “working closely with [your organization] to attack [your problem] in [your neighborhood].”)
- Many businesses have little or no experience working with community groups and may initially be hostile, suspicious, or slow to understand how their interests overlap with those of the community.

Source: Adapted with permission from The California Endowment.<sup>5</sup>

**REFERENCES**

1. Sinclair U, Gregory J. I. *Candidate for Governor: And How I Got Licked*. Berkeley, CA: University of California Press; 1994.
2. Gelles D. Vas Narasimhan of Novartis: “We are not at all prepared for a pandemic.” *New York Times*. August 1, 2019. Available at: <https://www.nytimes.com/2019/08/01/business/vas-narasimhan-novartis-corner-office.html>. Accessed February 25, 2020.
3. World Bank. As we go to press. *The Bank's World*. 1985;4(4):24.
4. Lederer EM. Activists campaign for treaty to end violence against women. *AP News*, March 4, 2019. Available at: <https://apnews.com/06eabab0fe4c407296c37d0115899ecb>. Accessed August 3, 2020.
5. Snyder H. *Advocating for Change: Understanding How to Impact Health Policy*. Berkeley, CA: The California Endowment and Health ExChange Academy of the Center for Healthy Communities; 2006.

## Advocacy Sustainability, Personal Principles, and Procuring Funding

*The hope of a secure and livable world lies in the disciplined and dedicated nonconformists . . . set on building, with God's help, an order of justice, peace, and brotherhood.*

—Martin Luther King, Jr.<sup>1</sup>

In 2014, the Berkeley Healthy Child Coalition, a broad-based yet quasi-informal coalition of public health advocates, environmentalists, community activists, city and school district officials, and civil rights leaders, including the local National Association for the Advancement of Colored People chapter and Latino Unidos, requested that the Berkeley, California, City Council place a soda tax measure on the ballot. The Berkeley City Council voted unanimously to place Measure D on the November 2014 ballot.

From the outset, the Berkeley coalition struggled to raise funding. Because the campaign was squarely within the electoral realm, Internal Revenue Service (IRS) regulations about the use of nonprofit 501(c)(3) dollars precluded many typical nonprofit funders from participating. Almost as soon as the measure was placed on the ballot, Big Soda began to mount an aggressive and well-heeled campaign to defeat the measure as they had done just two years earlier in neighboring Richmond, California. The soda industry flooded their antitax campaign with money and saturated Berkeley with billboard ads, focus groups, robocalls, direct mail, and television ads. They took a page out of the tobacco industry playbook and created a fake grassroots front group called Californians for Food and Beverage Choice, which sowed disinformation about the soda tax by repeatedly calling it misleading and confusing. They said it would penalize poor Black and Brown people even though the industry disproportionately marketed to these same communities. They hired low-income people of color as canvassers to carry their “No on D” literature and t-shirts at the major public transit stations and literally festooned the city with their billboards and bus shelter ads. They even filed a lawsuit against the language of the ballot measure as a tactic to have the Berkeley coalition spend the little funds they had on legal counsel. Across the Bay in San Francisco, California, the industry plowed \$7.7 million against the San Francisco soda tax campaign, drowning out the paltry \$260,000 raised by supporters. The soda industry saw these fights as existential and mounted a full-on blitzkrieg to destroy these soda tax measures.

The Berkeley organizers worried that, despite their powerful grassroots campaign driven by a determined but ragtag band of activists and organizers, they were outgunned



by the massive war chest that Big Soda had brought to the fight in the little city of 117,000 residents and only 53,000 registered voters. The campaign faced mounting problems with unpaid invoices and legal bills; they had to stop printing lawn signs despite a huge demand by residents who wanted to show their support. People came into the campaign office and donated \$10 or \$20 or the change they had in their pockets just to show their support. Just keeping the lights on became a concern for the campaign organizers. They knew they had to raise money.

Late in the campaign, they received inquiries from representatives of former New York City Mayor Michael Bloomberg. The Bloomberg representatives interviewed them and the San Francisco soda tax campaign officials in separate meetings. Despite weekly updates from the Berkeley campaign, there was a period of silence from the Bloomberg team, then suddenly an infusion of hundreds of thousands of dollars came in from Bloomberg. Campaign consultants were asked to provide an all-in budget that would be funded. Consultants added unpaid bills, additional money to hire more field organizers, and mail to the queue, and when it was presented to the Bloomberg representatives, they were stunned and said, “this can’t be all of it; add more staff, mail and TV.” The funder was clearly surprised at how this campaign had been waged on such a shoestring. The added funding was a shot in the arm for the campaign despite being very late in the campaign.

Measure D won handily with 76% of the vote. Some have suggested that the Bloomberg cash made the difference and pushed the campaign over the goal line; others have suggested that the campaign was already won by the time the Bloomberg money came in and that the key was extensive and disciplined grassroots door-to-door organizing. Evidence from subsequent successful soda campaigns in Oakland, California, and San Francisco appears to support the argument that grassroots organizing is the key variable, despite both of those subsequent campaigns also having benefited from a late infusion of Bloomberg support.

Raising money for public health advocacy campaigns is not easy work. This is particularly the case given the uphill battle that many public health campaigns face against powerful industry interests. The good news is that the appetite for funding advocacy on the part of philanthropy has increased substantially since the national elections of 2016. Many funders have witnessed core aspects of our social safety net coming under attack in the past few years, whether it be foundational government programs offering access to food, housing, health care, reproductive health, or refugee support, or environmental issues like climate change or conservation. Funders that focus on human services are seeing a growing demand for their resources and worsening problems in their communities. Thus, many funders have turned to advocacy as a strategy to protect policies and programs that had heretofore been considered sacrosanct.

Recently the Center for Effective Philanthropy surveyed 214 foundation leaders, conducted in-depth interviews with chief executive officers and staff at 43 foundations, and collected survey responses from 419 nonprofit leaders to explore the question of how foundations engage in efforts to influence public policy. They found that 90% of

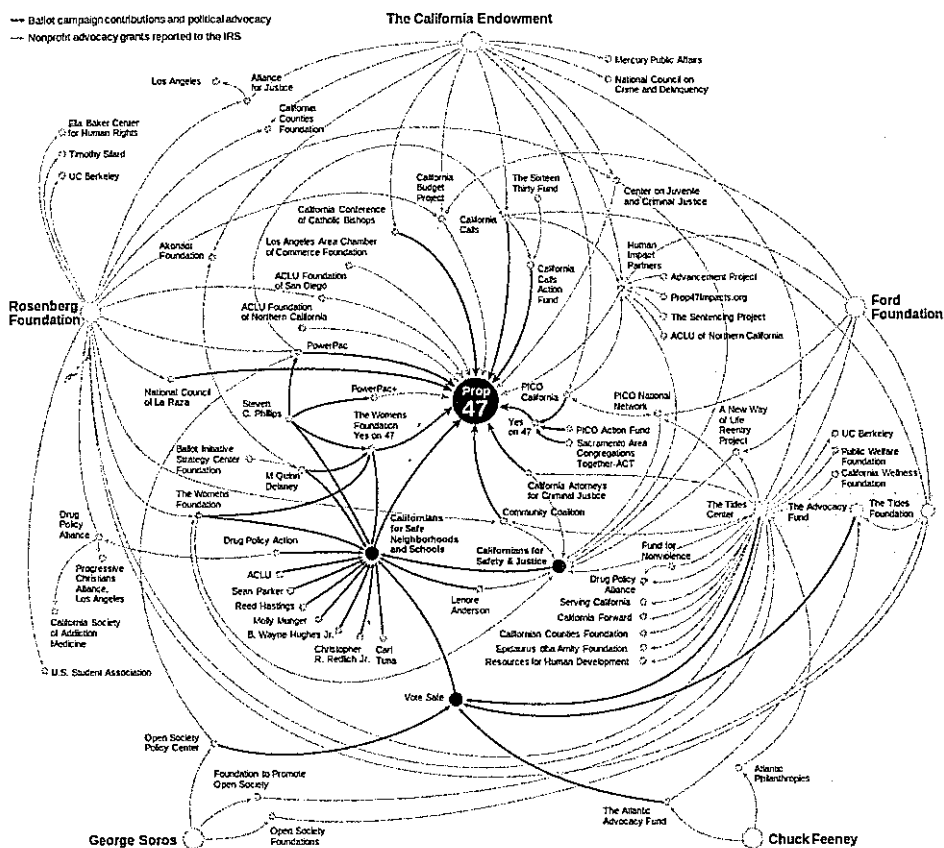
foundation leaders see influencing public policy as an important role for philanthropy. Education and health are the top two issues areas in which foundations seek to influence public policy.<sup>2</sup> Many advocates are relieved that more funders are seeing the light and coming around to funding advocacy.

## WHAT ADVOCATES NEED TO KNOW ABOUT SEEKING FUNDING FOR ADVOCACY

There are explicit rules for nonprofit organizations under the IRS regulations. According to the IRS, to be tax-exempt under section 501(c)(3) of the Internal Revenue Code, an organization must be organized and operated exclusively for exempt purposes set forth in section 501(c)(3), and none of its earnings may benefit any private shareholder or individual. So-called 501(c)(3) organizations are subject to a variety of restrictions when it comes to lobbying. Lobbying is generally defined as communication with a government official or employee that plays a role in shaping legislation that reflects a point of view on specific legislation. With ballot initiatives, the communication that is prohibited is with the public about the specific legislation (e.g., ballot initiative). So Measure D, for all intents and purposes, could not be funded by 501(c)(3) organizations. A detailed exploration of the legal intricacies of funding advocacy when it includes lobbying is beyond the scope of this book; however, excellent expert resources exist on the topic.<sup>3</sup> The general takeaways are that electoral politics, ballot initiatives, and specific pieces of legislation are areas that most 501(c)(3) funders will generally avoid directly funding; however, funders will support organizations that do lobbying as part of their portfolio of strategies. General operating support grants, as opposed to restricted grants, allow advocates broad discretion to make decisions about how to utilize the grant resources, which may include lobbying.

Despite the relatively bright-line prohibitions against funding lobbying for 501(c)(3) organizations, there are many nonlobbying aspects of an advocacy campaign, even in one that leads to a ballot initiative or specific piece of legislation. In 2014, The *Los Angeles Times* published a graphic that illustrated the complex web of funding that helped propel Proposition 47, a statewide California criminal justice reform initiative (Figure 12-1).<sup>4</sup> As the graphic indicates, funding for an advocacy campaign can be complex with multiple funders contributing to various aspects of a campaign.

Advocates can seek funding for nonlobbying aspects of a campaign from 501(c)(3) organizations and also subsequently seek funding for lobbying from funders that are permitted to fund those activities. Similarly, the Berkeley soda campaigns benefitted from nonlobbying advocacy work done by 501(c)(3)-designated health organizations and funders in educating the public about the research-proven links between sugar-sweetened beverages and obesity and diabetes; however, when it came to raising funds for the ballot initiative, organizations like those controlled by Bloomberg can be tapped to directly support lobbying work.



Source: Groot and St John.<sup>4</sup> Reprinted from *Los Angeles Times*.

**Figure 12-1. The Big Campaign: Prop 47 Is Part of Larger Push**

Funders have many different types of grants that may have different conditions depending on the dollar amount or range from very restricted to unrestricted. Restricted grants require more detailed budget and outcomes and limit the activities that the grant dollars can be used for, whereas unrestricted grants require few details on the grant-seeker's part and usually arise after the funder has a good sense of your track record and capacity and is more comfortable letting you make the strategy decisions about how you will do your work. Advocates usually prefer unrestricted or general operating support grants because, as mentioned previously, these grants give the advocates maximum discretion about how to use the dollars in the campaign or within the organization to build needed capacity.

When looking to fund advocacy, funders are often not just interested in the issue behind the advocacy campaign; they are also often interested in the people and the organization(s) that are leading the effort. The capacity of the lead organizations including their management ability, their adaptability to changed circumstances, and their basic competence in things like finance, budgeting, and communications are issues that the funder will want to

know about. The reputation of the leader(s) is also critical. Some leaders are known for taking a scorched-earth approach to advocacy and leaving a trail of bruised egos and even enemies in their wake. Some funders may be wary of tying their reputations to highly provocative or controversial leaders, while others may appreciate those kinds of leaders for their ability to galvanize action or attention on an issue (Boxes 12-1 and 12-2).<sup>5</sup>

When approaching a funder there are some key things to keep in mind:

#### Box 12-1. The Pitch: Our Advocacy Work Aligns With Your Philanthropic Mission

"When we [The California Wellness Foundation] began grantmaking in 1992, we were California's largest health conversion foundation. Why? In part, because activists fought for a fairly valued endowment when Health Net converted from a nonprofit to a for-profit insurance plan."<sup>5</sup>

Previous conversions had gone relatively unnoticed and resulted in undervalued foundation endowments. But Health Net's initial proposal to provide a \$100 million endowment with a small amount of cash and more than \$90 million in promissory notes caused some to pay attention and begin calling for an independent evaluation of its market value. Advocates raised a cry that Health Net insiders would walk away with a for-profit health maintenance organization (HMO), in which they would hold stock worth hundreds of millions of dollars, dollars that should be dedicated to continuing its nonprofit mission of improving the health of Californians. The advocates' work raised the attention of the media and elected officials, and they began asking questions. Health Net raised their proposal, offering \$300 million. Advocates said, "No. We want the actual fair market value of Health Net to be used for improving Californians' health, not profit for insiders." This is a short version of the story, but the end result was the new Wellness Foundation receiving stock that was sold over time, creating an endowment of more than \$700 million.

The Health Net conversion came at the beginning of a rush of other nonprofit HMO and hospital conversions with Blue Cross of California, the next in line. Blue Cross of California was worth more than \$3 billion and worth fighting for, but Consumers Union's office in San Francisco, California, did not have the budget for this campaign. Three foundations with risk-taking leadership provided grants of \$25,000 each, and Consumers Union was able to organize a large coalition of groups representing California's diverse communities; hire legal, media, and research talents to augment their permanent staff; and engage in a six-year campaign resulting in the creation of The California Endowment and The California Health Care Foundation, with endowments totaling more than \$3 billion. Blue Cross HMOs and other nonprofit HMO and hospital organizations increased the crush of conversion transactions across the nation. Consumers Union was called on to give advocacy advice and engage with local communities and state legislators to capture the value of these organizations to benefit the communities they served.

Consumers Union developed a proposal in consultation with the staff of the Robert Wood Johnson Foundation (RWJ) for a national project to help communities advocate to protect the assets of the converting organizations. The RWJ Board turned down the proposal even though Consumers Union had provided leadership that created health foundations with more than \$4 billion, published a magazine with more than 3 million paid subscribers, and had an outstanding reputation. Consumers Union had moderate-sized one-year grants from The W.K. Kellogg and Ford foundations, but these were running out, and more funds were needed. Kellogg and Ford program officers were noncommittal and balking at longer-term larger grants, even though the partnership, Community Health Assets Project (CHAP), which Consumers Union had been coaxed by the funders to make with Community Catalyst in Boston, Massachusetts, had helped communities across the country form many foundations with hundreds of millions of dollars in endowments.

Consumers Union told Kellogg and Ford that Consumers Union's time needed to be spent helping communities in conversion battles across the country, not continuously raising grant funds. Consumers Union said that it could not both worry about and raise funding and do the work that was needed. Kellogg and Ford both came through with multiyear substantial grants and the CHAP work continued, resulting in more than 125 foundations with endowments totaling more than \$15 billion.

**Box 12-2. Pro Tip: Grantors and Grantees Need Each Other**

Remember that grant-making foundations rely on the work of other organizations, consultants, and contractors to achieve the foundation's philanthropic mission and goals. Foundations have the money, and their grants provide the resources for organizations to do the work that is needed. Because of the power imbalance between grantors and grantees, the fact that theirs is a transactional relationship often gets lost. When seeking a grant, try to remember that your organization's proposed project will meet the goals of the foundation as well as your organization's goals and the needs of the community you serve.

**Place Equity at the Center of Your Campaign**

Make sure that your campaign centers the voice and interests of the people who are most impacted by the issue at hand. Ask yourself the question of who is most adversely impacted by this issue. Examining data on racial or other group disparities may help you apply an equity lens to your issue. How did you decide that this issue was a priority? For instance, if you are focused on increasing access to health care, which populations are most at risk of being uninsured? How are they involved in deciding the intended outcome and shaping and setting strategy and messages for the campaign? What does your campaign leadership look like, and who speaks for the campaign? Equity is not just having a diverse staff; it also must dictate how core campaign decisions are made and whose perspectives lie at the center of the campaign.

**Have a Fully Fleshed-Out Campaign in Mind**

Advocacy campaigns often have to attend to the periodicity of a legislative calendar and may take several years to reach conclusion. This may be beyond the budget cycle or duration of some foundation grants. So it is important to lay out the whole campaign to a funder and be realistic about how much time it might take. You will want to have a clear timeline and break your campaign into phases so that the funder can choose to fund a segment of the campaign if they are not prepared to fund the entire effort.

**Have a Clear Outcome in Mind**

Describe in as clear terms as possible the specific outcome, which may be a new legislation, new regulation, a budget change, a system practice change, or other form of policy change. Describe why you chose that particular outcome and which other outcomes you considered. Most of the time, the specific outcome that you are targeting is part of a larger movement for social change. Be clear to situate your outcome in that larger movement if you can. This will help the funder understand the context and be better able to persuade their board and other colleagues.

## **Know the Terrain of Your Issue**

One of the things that funders hate is to be presented with a proposal that is ignorant of the work of others in the same space. Often, funders will receive competing proposals on the same issue and the two grant seekers will not have done the due diligence to find out who else was working on the issue. Although it helps to collaborate with others on an issue, it does not always work out. But, at a minimum, endeavor to talk to others who are doing similar work and to understand their approach. If you convey to a funder that you have reached out to try to collaborate, even if unsuccessful, this will improve your prospects for funding.

## **Do Your Research**

Realize that philanthropic organizations are not just passive piggybanks. The folks that work in the philanthropic field often have extensive experience in government, public health, community development, academia, and other fields. They come to their work with a strong passion and are very committed to making social change. Some have worked as advocates and know what it is like to construct a winning advocacy campaign. So read up on the kind of work the funder has funded in the past. Most foundation websites list previous grants and grantees and also publish reports on projects they have funded. If they have a large initiative, be able to describe how your proposal aligns with that initiative if possible.

## **Demonstrate the Requisite Organizational Capacity**

Advocacy campaigns are often multiyear. Small organizations may not have the capacity to staff and drive a multiyear campaign by themselves. This is one of the reasons coalitions are important. A funder will look at the capacity of both the lead organization and coalition to try to ascertain if there is adequate capacity to manage a longer-term campaign, particularly around communications, research, and campaign infrastructure. Be prepared to share a plan describing how each essential component of the campaign will be managed. Have a realistic ask that represents a clear-eyed sense of the costs involved in carrying out your advocacy effort. Do not low-ball and hope to come back for more when you inevitably run out of funds. Funders appreciate realism when it comes to budgets.

## **Have a Track Record**

Everybody wants to back a winner. While advocacy is hard, and losses are common, being able to demonstrate a track record of success will really help inspire confidence in your prospective funders. Do not embellish, but make sure the funder knows that you

**Box 12-3. Pro Tip: Willing and Able**

You must be both willing and able. Having leadership and a concerned community's commitment are not enough. Funders will want evidence that you have the ability to maintain all of the campaign elements over time, even with setbacks. If there are other organizations with similar missions and similar campaign plans, you should be clear about why your organization is the one to fund without trashing other organizations you may need to work with. Be prepared for a funder to require a shotgun marriage of your organization with another that you may or may not have worked with to make one grant for the project. This adds to the organizational complexity of your work, but the added resources may prove valuable.

and your coalition are up to the challenge you are facing and have been through similar challenges in the past (Box 12-3).

The Berkeley Healthy Child Coalition had some big decisions to make when deciding whether to pursue a soda tax campaign. Just two years earlier in the neighboring city of Richmond, a soda tax effort had been blown out of the water by the soda industry resulting in 67% opposing. While San Francisco was organizing an effort just across the Bay, Berkeley is a small town known for its left-of-center politics, so not only would it be heavily outspent like Richmond, but it was also unclear that even a win in Berkeley would galvanize a movement in other cities. Even worse, would a follow-up loss in Berkeley after Richmond's blow out kill the momentum for soda taxes in California and perhaps even in the United States? These are questions that advocates need to consider.

The difference between a moment and a movement is whether a campaign has the potential to have an enduring impact on changing social norms or whether it will represent a one-off win that will be drowned out by the inertia of the status quo. The early tobacco campaign wins were seen as one-offs, and it took years for a national movement to be triggered. The ethics of advocacy require that advocates think about the implications of their campaign beyond just themselves or their coalition. If a campaign loss can set back a campaign or a win could trigger an enormous backlash, the campaign organizers have to consider the impact on others who may be made worse off. In 1994, organizers of California's Proposition 186, a statewide single-payer universal health insurance initiative, ignored the advice of pollsters and seasoned health advocates and launched a campaign that ultimately was crushed at the ballot box when 73% of Californians voted against it. Many have argued that it set back universal health reform advocacy in California by decades.<sup>6</sup> Whether that is true or not, the perception has had an unmistakable and frequently cited impact on health reform advocacy in California 20 years later.

## ADVOCACY LEADERSHIP ATTRIBUTES

Be clear about the personal principles essential for successful advocacy as a public health professional, including

- Working effectively with different cultures, perspectives, and expectations.
- Building individual and community capacity to fight for change when you have moved on.

Advocacy is hard work with hard-won gains and tough losses including bruised or inflated egos, lost composure, miscalculations made in haste, legislative deadlines, insufficient resources, and more. The successes can create a drive for more; the losses, a time for reconsideration. Nelson Mandela said, “Do not judge me by my successes, judge me by how many times I fell down and got back up again.” The following values, attitudes, and attributes may help us all get up again and keep working for justice and health equity.

### Personal and Professional Integrity

*Some wise person who used to be in the White House . . . told me a very interesting dictum to live by. He said, “When you go into the White House, you should be prepared that that is the last time you will ever go in. Because if you go in saying, I’m going to tell somebody something they want to hear, then you’ve shot yourself in the foot.” Now everybody knows I’m going to tell them exactly what’s the truth.*

—Anthony Fauci, MD<sup>8</sup>

In the business of public health advocacy, reputation matters greatly. Reputation relies heavily on the quality of relationships. An advocate relies on the actions of others (e.g., community residents, leaders of organizations, experts, academics, service providers, elected officials, government and private-sector decisionmakers, reporters) to achieve public policy change for better health. Advocates cannot control or direct the actions of other actors in the advocacy spectrum. Good leadership maintains the support and collegiality of a campaign. Advocacy leadership must be scrupulously honest and transparent, respecting the confidences of others.

The passion to right a social inequity must never trump accuracy, tone, and respect for the personal, professional, and organizational needs of others.

### Cultural Competency

Campaigns for health policy almost always involve advocating for the improvement of communities, including survivor groups or those who have their own threats to health, their own formal or informal power structure(s), and their own traditions for problem solving. Often



the communities do not have the research, advocacy, media, or organizing experience you bring to their campaign. Even if the issue is as broad as universal health coverage, the campaign will seek the support of different communities, each with their own individual approach to public action, their relationship to power, and their unique community needs and cultural imperatives. Some of the questions to consider include the following:

- What language will they need?
- What gender-relation issues need to be met to provide treatment?
- How public can they be about their problem?
- What health concerns do they face?
- How do they communicate—directly or rather obliquely?

It helps to begin your planning as an exploration of strategy and mutual understanding. Ask open-ended questions without “Yes” or “No” answers such as, “Tell me what the community sees as a problem. Why is this a problem? Who thinks so? Who doesn’t think it is a problem?” Be sure you are not signaling what you think the answers should be, or you will only hear your own preconceived ideas. Try to learn the community’s capacity for a campaign and how they envision a success. What have they done together; what worked, and what didn’t work? Every campaign should be measured by how the advocacy capacity of the participants was increased and how the community norms and values guided the campaign as well as meeting the immediate goal.

## **Creativity and Risk Taking**

Public health advocacy requires efforts to advance oftentimes complex and nuanced policy initiatives in the face of seemingly intransigent opposition and political indifference. The status quo is defended by government institutions and often has enormous inertia supporting it. Change is hard no matter the circumstances. Change that injures the interests of powerful industry interests or challenges entrenched political narratives is exponentially harder. To overcome these challenging odds, advocates must find ways to be creative and innovative to change the odds that they face and tip public will in their favor. Efforts to move public policy must be evidence based and have a willingness to advocate for risking a new, relatively untested solution. Power imbalance and encouraging risk taking require that advocates have the self-confidence to also be risk takers and to use strategic thinking and creative strategies to support decisionmakers in acting for better health policy.

## **Team Work and Partnerships**

Advocacy requires a continuum of effort over a long time against opposition, without control over the outcome. This translates into campaigns that will have challenges that need to be overcome. There will be setbacks. To maintain momentum and continued

effort, advocates must work in strong, trusting partnership relationships. The time and effort necessary to work with others as equals must be an internal commitment that places high value on what may appear to be inefficient personal relationship upkeep. “Partnership” in advocacy is sometimes akin to being joined at the hip. You are really in it together and must use interpersonal skills to rely on your partner(s) and keep your own ego in balance.

## WHERE PUBLIC HEALTH PROFESSIONALS FIT INTO THE SPECTRUM OF HEALTH POLICYMAKING

Making enduring policy change in public health requires a diverse array of complementary expertise and skill sets. Some academics have described a mutually dependent ecosystem of organizing and advocacy with distinct elements including research and legal support, leadership development, communications, and policy expertise. Public health advocates most commonly emerge from either academia or community organizing. Deciding where one’s particular skills and interests lie in this ecosystem is a decision that all health advocates have to make in navigating a career in public health advocacy. While research and data support may seem like natural territory for many public health graduates, significant evolution has occurred in the field of public health communications, and opportunities to help frame public health messages and generate larger narratives to help propel advocacy campaigns is an area where good public health training serves as a significant asset.

Think about what you find professionally and personally rewarding. The important take away from this material is to understand that there is a process to making systemic improvements in public health and to find where you fit in that process. Ask yourself the following questions:

- Do you want to connect your research to an advocacy organization, elected official, and/or the media to heighten the impact of your work?
- Do you want to help organize organizations, experts, and communities to engage in working for change?
- Are you comfortable contacting a legislator, community leader, attorney, or reporter to offer your analysis of a problem on which they are working?
- Do you see yourself helping survivors understand how they can work to prevent the trauma they or a loved one has suffered?
- Are you willing to lead an effort to protect or improve needed health policy?

You can be part of an advocacy effort in a way that aligns with your own individual comfort level, abilities, and resources. Stepping into the realm of advocacy may be challenging, but it can be done in a manageable, personally rewarding manner (Figure 12-2).



Figure 12-2. Organizing and Base Building

## REFERENCES

1. King ML Jr. Draft of Chapter II, “Transformed Nonconformist.” The Martin Luther King, Jr., Research and Education Institute, Stanford University. April 12, 2017. Available at: <https://kinginstitute.stanford.edu/king-papers/documents/draft-chapter-ii-transformed-nonconformist>. Accessed February 25, 2020.
2. Orensten N, Buteau E, Martin H, Gehling K. Policy influence: what foundations are doing and why. The Center for Effective Philanthropy. 2020. Available at: <https://cep.org/portfolio/policy-influence-what-foundations-are-doing-and-why>. Accessed May 26, 2020.
3. Bolder Advocacy. Available at: <https://www.bolderadvocacy.org>. Accessed February 25, 2020.
4. Groot LD, St John P. The big campaign: Prop 47 is part of larger push. *Los Angeles Times*. Available at: <https://graphics.latimes.com/prop-47-finance>. Accessed February 25, 2020.
5. The California Wellness Foundation. Our story. Available at: <https://www.calwellness.org/mission/our-story>. Accessed February 25, 2020.
6. California Elections/Proposition 186: Defeat may prove fatal for large-scale health reforms. *Los Angeles Times*. November 10, 1994. Available at: <https://www.latimes.com/archives/la-xpm-1994-11-10-mn-61059-story.html>. Accessed February 25, 2020.
7. Nelson Mandela, in his words. *Wall Street Journal*. December 5, 2013. Available at: <https://www.wsj.com/articles/nelson-mandela-in-his-words-1386280938>. Accessed May 26, 2020.
8. Specter M. How Anthony Fauci became America’s doctor. *The New Yorker*. Available at: <https://www.newyorker.com/magazine/2020/04/20/how-anthony-fauci-became-americas-doctor>. Accessed April 23, 2020.

## The Arc of Health Equity; Bend It Toward Justice

*Nothing counts but pressure, pressure, more pressure, and still more pressure through broad organized aggressive mass action.*

–A. Philip Randolph<sup>1</sup>

In his State of the Union speech on December 7, 1911, President Howard Taft called for the creation of a central organization that could connect local chambers of commerce from around the country to keep American interests in line with government decision making on “commercial affairs.” Taft, a Republican with pro-business leanings, had been concerned about a need to provide a counterbalance to the growing strength of the burgeoning US labor movement. Pursuant to Taft’s encouragement, 700 delegates from commercial and trade organizations across the country created the US Chamber of Commerce. Today, the Chamber is the largest US lobbying group.

In 2012, the country of Ukraine filed a legal complaint at the World Trade Organization (WTO) against Australia challenging Australia’s national antismoking laws. Australia, as a result of forceful and effective advocacy by public health leaders, had adopted stringent national tobacco control laws, including strict tobacco packaging rules. The Australian law, known as the Plain Packaging Act, requires that cigarettes be packaged in plain, single-color packaging with a significant portion of the package surface devoted for health warnings.<sup>2</sup> Australian and international public health advocates were stunned by Ukraine’s WTO suit because Ukraine is a party to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC)<sup>3</sup> and was one of the countries that backed guidelines on how to implement the treaty, including enforcing plain packaging. In addition, Ukraine also has no exports of tobacco products to Australia. It did not take very long for investigative journalists to ferret out who was behind Ukraine’s actions: the US Chamber of Commerce.

The Chamber’s tightly aligned relationship with the tobacco industry developed at a moment of existential crisis for the global tobacco industry. In 2003, the WHO FCTC was developed in response to the global spread of the tobacco epidemic. After the United States, Canada, and western European countries began to clamp down on public tobacco smoking, the tobacco industry began aggressively seeking out new markets, particularly in developing countries and former Soviet Bloc countries where antismoking laws and public health systems were weaker. The WHO FCTC treaty starts out by stating that the countries that are party to the agreement are determined “to give priority to their right to protect public health.”<sup>3</sup> The treaty has been ratified by 179 countries. The United States, however, has

refused to ratify the treaty. Recognizing that public health advocates had begun to have influence on global tobacco laws, the tobacco industry moved assiduously to forge a deep pact with the US Chamber of Commerce. In exchange for substantial financial support, the Chamber adopted a country-by-country pro-tobacco influence strategy that employed protest letters, direct lobbying, and WTO lawsuits filed by proxies, like Ukraine. In their protest letters, the Chamber would describe itself as the “world’s largest business federation with 3 million members,” many of whom have significant investments in the country in question, presumably as an implied threat of disinvestment.<sup>4</sup> The behavior of the Chamber has drawn umbrage from several Democratic US Senators who wrote a public letter stating that

The U.S. Chamber of Commerce’s decision to use its international clout to fight regulations of tobacco products around the world is craven and unconscionable. Commerce member companies should be concerned that their good name is sullied in efforts to strike down public health protections worldwide. The U.S. Chamber of Commerce is, in effect, renting its letterhead and name to big tobacco, contrary to responsible corporate interests and Americans’ interests in improving global public health. We urge the chamber to rethink this strategy and instead find partners to help improve global public health, not strengthen efforts that will worsen the health of millions globally and cause innumerable deaths from tobacco usage.<sup>5</sup>

The letter was co-authored by US Senators Sherrod Brown (D-OH), Richard Blumenthal (D-CT), Dick Durbin (D-IL), Jeff Merkley (D-OR), Al Franken (D-MN), Elizabeth Warren (D-MA), and Sheldon Whitehouse (D-RI). Ukraine has dropped its WTO legal claim against Australia; however, other countries acting as proxies for the US Chamber of Commerce continue to bring these lawsuits.

Public health is political, and the battlefield is global. Among the necessary tools for advancing public health policy in these battles are well-honed advocacy skills. The utility of these skills is not limited to the American context; increasingly public health advocates are finding the need to bring their efforts into international settings as challenges such as tobacco, obesity, antimicrobial resistance, vaccine-preventable disease, global pandemics, and climate change pose public health threats outside the United States.

On July 10, 1980, farmworkers who were vomiting, passing out, and having trouble standing or walking were dropped off outside the emergency departments at Natividad Medical Center and at Salinas Valley Memorial Hospital in Monterey, California.

Antonio Velasco, MD—like Rudolf Virchow, MD, a newly minted physician—rushed to Natividad where a dozen men, women, and children ranging in age from a nine-year-old girl to a grandfather in his 70s staggered through the emergency department, sprawled on chairs and gurneys, threw up, and screamed with pain. Doctors triaged patients and wheeled three patients suffering from extreme distress to intensive care.

“Physicians at Natividad quickly took their histories,” recalled Velasco. “Patients were crying, had nasal discharge, nausea, diarrhea, vertigo, blurry vision coupled with slowing of the heartbeat. We called the Poison Control Center and Occupational Medical Clinic

at the University of California San Francisco School of Medicine.”<sup>5</sup> On the basis of his medical training and his experience as a farmworker in his youth, Velasco diagnosed that the patients were suffering from pesticide poisoning.

Physicians at Natividad contacted the Monterey County Agricultural Commissioner who reported that the workers appeared to have been exposed to organophosphates.

Molly Coye, MD, MPH, an epidemiology intelligence service officer for the Centers for Disease Control (CDC) and chief of the Occupational Health Clinic, San Francisco General Hospital, organized a team of toxicologists and epidemiologists to set up a laboratory at the newly formed Monterey County Pesticide Coalition in Salinas, California, to monitor patients. As part of a conscious attempt to conjure up racial stereotypes, some growers, agriculture businesses, and agriculture company physicians with admitting privileges at Salinas Valley Memorial Hospital claimed the workers were hysterical or hung over from drinking and that Velasco and other Natividad doctors and farmworker advocates had coached the workers on what to say.

Velasco and his colleagues developed blood sample testing and treatment protocols confirming the patients had been poisoned by exposure to pesticides. He supported the poisoned farmworkers as they recovered and helped them overcome their fear of returning to work by accompanying them back into the fields when they were healed.

Velasco knew that his responsibility did not end with diagnosing and treating his patients; other farmworkers were at risk. Working with Charles Clements, MD, his colleague at Natividad, and Bill Monning, a young attorney with California Rural Legal Assistance, Velasco advocated that signs be posted on fields that had been treated with dangerous chemicals warning farmworkers and others to stay out until it was specifically known that the pesticide had dissipated and it became safe to enter the field. The advocates successfully pushed Monterey County to adopt regulations requiring the posting of pesticide-treated fields such as in Figure 13-1, leading the way for California Department of Food and Agriculture to adopt similar statewide regulations.<sup>6,7</sup>

Almost 15 years later, the *Los Angeles Times* told this story as part of an article about the struggles Velasco had to get into medical school and to become a physician:

It's true that a pesticide contractor accused him of practicing politics instead of medicine, and attempted to have him stripped of his license. And it's true that a wave of menacing phone calls had Dr. Velasco fearing for his family and himself. He forged ahead and was ultimately able to perform tests confirming that, contrary to claims made by doctors on the growers' payroll, the workers had indeed suffered poisoning, apparently by being ordered to enter a field too soon after spraying.

It's true that Dr. Velasco's work prompted Monterey County to enact the state's toughest environmental regulations to protect farm workers, requiring growers to post fields with skull and crossbones “No Entry” signs during hazardous periods. It's true that Dr. Velasco would later testify about his work before Congress, and that in 1992, he would be named California Family Physician of the Year.<sup>8</sup>

# MONTEREY COUNTY

## AGRICULTURAL COMMISSIONER SEALER OF WEIGHTS & MEASURES

ERIC LAURITZEN AGRICULTURAL COMMISSIONER/SEALER

1438 ABBOTT STREET - SALINAS, CALIFORNIA 93901  
PHONE: (831) 759-7325 FAX: (831) 422-6003



## MONTEREY COUNTY POSTING REGULATION

Posting is required for pesticide applications to growing crops for which there is a restricted entry interval of 24 hours or longer. Posting is not required for non-crop, dormant crop, pre-plant, or pre-emergent applications, or when applications are not made directly onto plant foliage. The property operator shall assure that fields will be posted in accordance with the following requirements.

1. Warning signs shall be posted at each corner of the treated areas and the normal points of entry into that field.
2. Warning signs shall be of such durability and construction that they will remain clearly legible for the duration of the safety interval:
  - a. Warning signs shall be mounted on a solid backing.
  - b. Legibility and visibility: Information on warning signs shall be legible from a distance of 25 feet, and the entire sign shall be visible and not obscured.
  - c. Warning signs shall have red printing on a white background, shall include a skull and crossbones symbol, and shall read, in the English and Spanish languages, substantially as follows:

**DANGER**

**DO NOT  
ENTER**



**PELIGRO**

**NO  
ENTRAR**

## ADDITIONAL INFORMATION MAY BE INCLUDED ON SIGNS

Source: Reprinted with permission from Monterey County.

Figure 13-1. Monterey County Posting Regulations

Achieving health equity demands public health advocates like Velasco. When confronted with a shocking environmental poisoning of an extremely vulnerable population, Velasco knew that just treating the afflicted farmworkers, while critical, was insufficient. Like Virchow, he, too, understood the role of political power dynamics, in this case in the Salinas Valley. He knew that the agricultural industry had enormous

economic incentives to indiscriminately utilize inexpensive and highly toxic pesticide agents over crops without significant regard for the health of farmworkers. Like Virchow, he refused to limit his role to the purely medical and saw that without policy change, farmworkers would continue to be at risk. Health equity requires an understanding of power dynamics and how those most impacted can participate in crafting enduring public health solutions.

This book lays out some of the important health policymaking strategies, tactics, and practices that we have learned in our careers as advocates for consumer rights and public health. To tackle the big challenges facing public health in the 21st century—climate change, obesity, air pollution, antimicrobial resistance, nutrition, universal health care, malaria, tuberculosis, opioid addiction, vaccine-preventable illness, noncommunicable diseases, and the current immediate existential threat of COVID-19—public health leaders will have to develop powerful advocacy skills to protect public health interests in the national and international political arena. At no time in recent memory has it been so critically important for public health to assert leadership in establishing robust health protective policy. To recover from this pandemic and strengthen our public health infrastructure to respond to the next one, public health leaders will need to change political priorities and build bipartisan consensus that public health needs to be among the nation's highest priorities. This will take exceptional advocacy skills. In addition to harnessing the power of credible science and robust epidemiology, these challenges will require formidable understanding of how the larger narrative and dominant values can be leveraged to craft and enhance policies and practices that will optimize long-term human health and protect populations that have been under threat.

The stories or “case studies” in this chapter describing the global work of the US Chamber of Commerce to prevent countries from limiting harm from tobacco and Velasco's work to protect farmworkers from being poisoned frame public health policymaking. The opposition to good health policy is strong and continuous and creates a power imbalance to be overcome. The work of Velasco and his colleagues and the many other public health advocates that have been profiled in this book shows that the power imbalance can be shifted, and effective and enduring public health policies can be achieved. We hope that by using the information in this book, our readers will feel that they are better equipped to engage in effective health policy advocacy and make enduring change in the lives of populations worldwide. We encourage you to let us know your thoughts on how we can augment, update, and strengthen the usefulness of this material.

## REFERENCES

1. Randolph AP. Call to Negro America to march on Washington for jobs and equal participation in national defense. *Black Worker*. May 4, 1941.
2. Tobacco Plain Packaging Act 2011. Federal Register of Legislation. Australian Government. Available at: <http://www.legislation.gov.au/Details/C2011A00148>. Accessed May 26, 2020.



3. World Health Organization. WHO Framework Convention on Tobacco Control. 2003. Available at: [http://www.who.int/fctc/text\\_download/en](http://www.who.int/fctc/text_download/en). Accessed February 27, 2020.
4. Campaign for Tobacco-Free Kids. US Chamber of Commerce: blowing smoke for Big Tobacco. Available at: <https://www.tobaccofreekids.org/what-we-do/industry-watch/chamber-of-commerce>. Accessed May 17, 2020.
5. Brown, Blumenthal and Democratic Senate colleagues issue joint statement on US Chamber of Commerce's global lobbying for Big Tobacco. US Senator for Ohio Sherrod Brown. July 2, 2015. Available at: <https://www.brown.senate.gov/newsroom/press/release/brown-blumenthal-and-democratic-senate-colleagues-issue-joint-statement-on-us-chamber-of-commerces-global-lobbying-for-big-tobacco>. Accessed April 9, 2020.
6. Halperin M. *Fields of Poison: Migrant Farmworker to Crusading Physician*. Moorpark, CA: Floricanto Press; 2020.
7. California Code of Regulations. Article 3 - Field Worker Safety. Casetext. Available at: <https://casetext.com/regulation/california-code-of-regulations/title-3-food-and-agriculture/division-6-pesticides-and-pest-control-operations/chapter-3-pest-control-operations/subchapter-3-pesticide-worker-safety/article-3-field-worker-safety>. Accessed February 28, 2020.
8. Harris S. A story to cure Hollywood's ills. *Los Angeles Times*. August 17, 1995. Available at: <https://www.latimes.com/archives/la-xpm-1995-08-17-me-36163-story.html>. Accessed February 28, 2020.

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# Resources

## BOOKS

Shultz J. *The Democracy Owners Manual: A Practical Guide to Changing the World*. Piscataway, NJ: Rutgers University Press; 2002. ISBN: 0-8135-3037-7.

Wallack L, Dorfman L, Jernigan D, Themba M. *Media Advocacy and Public Health: Power for Prevention*. Newbury Park, CA: Sage Publications; 1993. ISBN-13: 978-0803942899.

Altman D, Balcazar FE, Fawcett SB, et al. *Public Health Advocacy: Creating Community Change to Improve Health*, Palo Alto, CA: Stanford Center on Disease Prevention; 1994. ISBN-13: 978-1879552128.

Gardner AL, Brindis CD. *Advocacy and Policy Change Evaluation: Theory and Practice*. 1st ed. Stanford, CA: Stanford Business Books; 2017. ISBN-13: 978-0804792561.

Burris S, Berman ML, Penn M, Holiday TR. *The New Public Health Law: A Transdisciplinary Approach to Practice and Advocacy*. New York, NY: Oxford University Press; 2018. ISBN-13: 978-0190681050.

Loue S, Lloyd LS, O'Shea DJ. *Community Health Advocacy*. New York, NY: Kluwer Academic/Plenum Publishing; 2003. ISBN-13: 978-0306473906.

Amidei N. *So You Want to Make a Difference: A Key to Advocacy*, Washington, DC: OMB Watch; 1991. ISBN-10: 9992172495.

The California Endowment, Center for Healthy Communities. *Advocating for Change: Understanding How to Impact Health Policy*. 2006. Available at: <https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-1.pdf>.

## CHAPTER 1: ADVOCACY IS CENTRAL TO PUBLIC HEALTH PRACTICE

Bharmal N, Derosé KP, Felician M, Weden MM. Understanding the upstream social determinants of health. RAND Health. May 2015. Available at: [https://www.rand.org/content/dam/rand/pubs/working\\_papers/WR1000/WR1096/RAND\\_WR1096.pdf](https://www.rand.org/content/dam/rand/pubs/working_papers/WR1000/WR1096/RAND_WR1096.pdf).

Change Lab Solutions. A blueprint for changemakers: achieving health equity through law & policy. Available at: <https://www.changelabsolutions.org/product/blueprint-changemakers>.

Meredith JC, Dunham CM. *Real Clout. A How-To Manual for Community Activists*. The Access Project and The Public Policy Institute. 2005. Available at: <http://www.realclout.org/wp-content/uploads/2012/01/RealCloutTextbook-v2.pdf>.

The California Endowment. A framework for health equity. Available at: <http://ca-endow.s3.amazonaws.com/wp-content/uploads/Framework.pdf>.

Bay Area Regional Health Inequities Initiative: [barhii.org](http://barhii.org).

California Health Care Foundation: <https://www.chcf.org>.

The California Endowment: <https://www.calendow.org>.

The California Wellness Foundation: <https://www.calwellness.org>.

PolicyLink: <https://www.policylink.org>.

National Council of Nonprofits: <https://www.councilofnonprofits.org>.

NPAction: <https://www.npaction.org>.

Blue Shield of California Foundation: <https://www.blueshieldcafoundation.org>.

Prevention Institute: <https://www.preventioninstitute.org>.

Human Impact Partners: <https://humanimpact.org>.

## CHAPTER 2: PLANNING: GOALS, STRATEGY, AND TACTICS

Shultz J. The Art of Advocacy: Three Essential Questions for Planning Strategy. Available at: <https://www.democracyctr.org/the-art-of-advocacy-strategy>.

Bardach E, Patashnik EM. *The Eightfold Path to More Effective Problem-Solving: A Practical Guide to Policy Analysis*. Thousand Oaks, CA: CQ Press; 2019. ISBN-10: 1506368883.

National Cancer Institute. *Cancer Clinical Trials: A Resource Guide for Outreach, Education, and Advocacy*. 2002. Available at: <https://pubs.cancer.gov/ncipl/detail.aspx?prodid=P921>.

The Praxis Project: <https://www.thepraxisproject.org>.

Frameworks Institute: <https://www.frameworksinstitute.org>.

ChangeLab Solutions: <https://www.changelabsolutions.org>.

The Democracy Center: <https://democracyctr.org>.

Berkeley Media Studies Group. Framing 101. Available at: <http://www.bmsg.org/resources/framing-101/>.

## CHAPTER 3: GETTING THE FACTS: EFFECTIVE APPLICATION OF DATA AND RESEARCH

Wallace Foundation. All in favor: using data in advocacy work. Available at: <https://www.wallacefoundation.org/knowledge-center/Documents/All-in-Favor-Using-Data-in-Advocacy-Work.pdf>.

Berring R, Edinger EA. *Finding the Law*. 11th ed. St Paul, MN: West Group; 1999. ISBN-10: 0314145796.

Minkler M, Wallerstein N. *Community Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass; 2003.

The First Amendment Project Society of Professional Journalists (Nor. Cal.). A Pocket Guide to the California Public Records Act. 2003. Available at: [https://ssc.ca.gov/forms\\_pubs/publicrecordsact.pdf](https://ssc.ca.gov/forms_pubs/publicrecordsact.pdf).

National Freedom of Information Coalition. Federal and state FOI resources and guides. Available at: <https://www.nfoic.org>.

The Freedom of Information Clearinghouse. The Freedom of Information Act: a user's guide. 2005. Available at: <https://www.citizen.org/documents/FOIABrochureWEB.pdf>.

US Department of Justice. Freedom of Information Act. Available at: <https://www.foia.gov>.

First Amendment Coalition. Sample CPRA request letter. Available at: <https://firstamendmentcoalition.org/sample-cpra-request-letter>.

MRSC. Public Records Act. Available at: <http://mrsc.org/home/explore-topics/legal/open-government/public-records-act.aspx>.

US Government telephone and email directories:

Federal agencies: <https://www.usa.gov/federal-agencies>.

Elected officials: <https://www.usa.gov/elected-officials>.

US Census Data: <https://www.census.gov>.

California Open Data Portal: <https://data.ca.gov>.

PolicyMap: <https://www.policymap.com>.

Central Valley Health Policy Institute, California State University, Fresno: <https://www.fresnostate.edu/chhs/cvhipi>.

Health Policy Institute, Georgetown University: <https://hpi.georgetown.edu>.

Henry J. Kaiser Family Foundation: <https://www.kff.org>.

Robert Wood Johnson Foundation: <https://www.rwjf.org>.

Annie E. Casey Foundation, Kids Count Data Center: <https://datacenter.kidscount.org>.

UCLA Center for Health Policy Research: <https://healthpolicy.ucla.edu/Pages/home.aspx>.

Bay Area Equity Atlas, PolicyLink: <https://bayareaequityatlas.org>.

Cornell University Law Library: <https://law.library.cornell.edu>.

National Storytelling Network: <https://storynet.org>.

Centers for Disease Control and Prevention, National Center for Health Statistics: <https://www.cdc.gov/nchs/index.htm>.

Center for Health Policy Research, George Washington University: <https://publichealth.gwu.edu/projects/center-health-policy-research#home-content>.

## Useful Video Tools:

Vimeo: <https://vimeo.com>.

Magisto: <https://www.magisto.com>.

## CHAPTER 4: COMMUNICATING THE MESSAGE

Kelly M. 8 strategies and techniques for running an advocacy campaign. SalsaLabs. 2017. Available at: <https://www.salsalabs.com/blog/advocacy-campaign-strategies-techniques>.

Center for Community Change. It's not you, it's the internet: navigating the changing landscape of communications. 2017. Available at: [https://communitychange.org/wp-content/uploads/2017/12/2017\\_12-11\\_resource-doc-final.pdf](https://communitychange.org/wp-content/uploads/2017/12/2017_12-11_resource-doc-final.pdf).

Working Narratives. Storytelling and social change: online guide. Available at: <https://workingnarratives.org/project/story-guide>.

Netroots Nation. Social Media Advocacy Conference (annual event). Available at: <https://www.netrootsnation.org/trainings>.

Berkeley Media Studies Group. Media advocacy 101. Available at: <http://www.bmsg.org/resources/media-advocacy-101>.

New York State Public Health Association. Advocacy guides and tools. Available at: <http://nyspha.rounhtablelive.org/page-1734804>.

Connecticut Health Policy Project. Tool box. Available at: <http://cthealthpolicy.org/index.php/resources/advocacy-tool-box>.

Families USA. Share your story. Available at: <https://familiesusa.org/share-your-story>.

Aspiration Tech. Getting started: online communications and tools.

Effective communications processes overview: <https://aspirationtech.org/training/communication/start/overview>.

Introduction to online tools: <https://aspirationtech.org/training/communication/start/tools>.

StoryCenter: <https://www.storycenter.org/press>.

## **CHAPTER 5: BUILDING SUPPORT: COALITION BUILDING AND COMMUNITY ORGANIZING**

Rivera G. Organizing or mobilizing? Interaction Institute for Social Change. July 17, 2012. Available at: <http://interactioninstitute.org/organizing-or-mobilizing>.

Prevention Institute. Coalition-building tools. Available at: <https://www.preventioninstitute.org/publications/developing-effective-coalitions-an-eight-step-guide>.

University of Kansas. Community Toolbox. Available at: <https://ctb.ku.edu/en>.

Alliance for Justice. The Bolder Advocacy Project. Available at: <https://www.afj.org/our-work/bolder-advocacy/>.

Community Change: <https://communitychange.org>.

The Midwest Academy: [www.midwestacademy.com](http://www.midwestacademy.com).

The Ruckus Society: <https://ruckus.org>.

PICO California: <http://www.picocalifornia.org>.

## CHAPTER 6: LEGISLATIVE CHANGE: MAKING LAW

Mason DP. Yes, you can and should: nonprofit advocacy as a core competency.

*Nonprofit Quarterly*. November 8, 2018. Available at: <https://nonprofitquarterly.org/yes-can-nonprofit-advocacy-core-competency>.

US House of Representatives. The legislative process. Available at: <https://www.house.gov/the-house-explained/the-legislative-process>.

The California Endowment, Center for Healthy Communities. *Advocating for Change: Persuading Decision Makers to Act for Better Health*. 2006. Available at: <https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-2.pdf>.

Families USA. Health policy and advocacy toolkit. Available at: [https://familiesusa.org/wp-content/uploads/2019/08/Health\\_Policy\\_Toolkit.pdf](https://familiesusa.org/wp-content/uploads/2019/08/Health_Policy_Toolkit.pdf).

California State Senate. State legislative and budget process. Available at: <https://www.senate.ca.gov/citizensguide>.

American Civil Liberties Union of Rhode Island. Advocacy 101: tips for advocating at the state house and to your elected officials. Available at: <http://riaclu.org/issues/issue/advocacy-101>.

National Council of Nonprofits. Everyday advocacy. Available at: <https://www.councilofnonprofits.org/everyday-advocacy>.

California Association of Nonprofits. Advocacy. Available at: <https://calnonprofits.org/public-policy>.

Bolder Advocacy, a program of Alliance for Justice: <https://www.bolderadvocacy.org>.

California Legislative Analyst's Office: <https://lao.ca.gov>.

Congressional Budget Office: <https://www.cbo.gov>.

Center on Budget and Policy Priorities: <https://www.cbpp.org>.

Kaiser Health News: <https://khn.org>.

Trust for America's Health: <https://www.tfah.org/>.

Families USA: <https://www.familiesusa.org>.

Environmental Health News: <https://www.ehn.org>.

## Follow the Money

California Fair Political Practices Commission: [www.fppc.ca.gov](http://www.fppc.ca.gov).

Federal Election Commission: <https://www.fec.gov>.

Follow the Money: <https://www.followthemoney.org>.

MapLight: <https://maplight.org>.

Public Citizen: <https://www.citizen.org>.

## CHAPTER 7: GOVERNMENT AGENCIES: ADMINISTRATIVE ADVOCACY

Consumers Union. Getting action: how to petition government and get results. Available at: <https://advocacy.consumerreports.org/wp-content/uploads/2013/04/CUintrothruCh2.2.pdf>.

Hofstra Law School. Administrative law resources—rules and regulations. Available at: [https://law.hofstra.edu/\\_site\\_support/files/pdf/academics/library/library\\_guide\\_adminlaw.pdf](https://law.hofstra.edu/_site_support/files/pdf/academics/library/library_guide_adminlaw.pdf).

Alliance for Justice. Administrative advocacy: influencing rules, regulations, and executive orders. Available at: <https://www.bolderadvocacy.org/resource/administrative-advocacy-influencing-rules-regulations-and-executive-orders>.

Library of Congress. Guide to administrative law. Available at: <https://www.loc.gov/law/help/administrative.php>.

Justia. Administrative law resources, federal and state resources. Available at: <https://www.justia.com/administrative-law/resources>.

California Department of Managed Healthcare. Laws and regulations. Available at: <http://www.dmhc.ca.gov/AbouttheDMHC/LawsRegulations.aspx>.



Cornell Law School, Legal Information Institute. Administrative law. Available at: [https://www.law.cornell.edu/wex/administrative\\_law](https://www.law.cornell.edu/wex/administrative_law).

Administrative Conference of the United States. Agency guidance through policy statements. Available at: <https://www.acus.gov/recommendation/agency-guidance-through-policy-statements>.

Policy Link. *Organized for Change: The Activist's Guide to Police Reform*. 2004. Available at: [https://www.policylink.org/sites/default/files/ORGANIZEDFORCHANGE\\_FINAL.PDF](https://www.policylink.org/sites/default/files/ORGANIZEDFORCHANGE_FINAL.PDF).

Minkler M, Griffin J, Wakimoto P. Seizing the moment: policy advocacy to end mass incarceration in the time of COVID-19. *Health Educ Behav*. 2020; epub ahead of print June 9, 2020.

Center for Medicare and Medicaid Services: <https://www.cms.gov>.

Regulations.gov, Your Voice in Federal Decision-Making: <https://www.regulations.gov>.

State of California, Office of Administrative Law: <https://oal.ca.gov>.

Office of the Secretary, California Health and Human Services Agency: <https://www.chhs.ca.gov>.

Bureau of Primary Health Care, US Department of Health and Human Services: <https://bphc.hrsa.gov/>.

## CHAPTER 8: ADMINISTRATIVE PETITIONS

The California Endowment, Center for Healthy Communities. *Advocating for Change: Using the Administrative Petition to Serve Community Health*. 2010. Available at: <https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-3.pdf>.

Center for Effective Government. How to file a petition for rulemaking. Available at: <https://www.foreffectivegov.org/node/4061>.

Justia. Rulemaking/writing agency regulations. Available at: <https://www.justia.com/administrative-law/rulemaking-writing-agency-regulations>.

Policy Link. *Organized for Change: The Activist's Guide to Police Reform*. 2004. Available at: [https://www.policylink.org/sites/default/files/ORGANIZEDFORCHANGE\\_FINAL.PDF](https://www.policylink.org/sites/default/files/ORGANIZEDFORCHANGE_FINAL.PDF).

## CHAPTER 9: VOTERS MAKE THE LAW: BALLOTS, REFERENDUM, AND RECALL

National Conference of State Legislatures. Initiative process 101. Available at: <https://www.ncsl.org/research/elections-and-campaigns/initiative-process-101.aspx>.

Public Policy Institute of California. Just the facts: the initiative process in California. Available at: <https://www.ppic.org/publication/the-initiative-process-in-california>.

The Ballot Initiative Strategy Center: <https://ballot.org>.

Initiative & Referendum Institute: [www.iandrinstitute.org](http://www.iandrinstitute.org).

California Secretary of State Elections. Voter information. Available at: <https://www.sos.ca.gov/elections>.

Ballotpedia. Laws governing the initiative process. Available at: [https://ballotpedia.org/Laws\\_governing\\_the\\_initiative\\_process](https://ballotpedia.org/Laws_governing_the_initiative_process).

## CHAPTER 10: WHEN YOU NEED TO USE THE COURTS

Women's Link Worldwide. Seeking social change in the courts—tools for strategic advocacy. Available at: <https://www.womenslinkworldwide.org/en/files/3043/seeking-social-change-in-the-courts-tools-for-strategic-advocacy.pdf>.

Lambda Legal. A social justice agenda for achieving fair and impartial courts. Available at: <https://www.lambdalegal.org/justice-out-of-balance/social-justice-agenda>.

National Association of Social Workers. Social work and the courts specialty practice section. Available at: <https://www.socialworkers.org/careers/specialty-practice-sections/Social-work-and-the-courts>.

Marouf F. What makes immigration court different from typical judicial proceedings? *Pacific Standard Magazine*. June 25, 2018. Available at: <https://psmag.com/social-justice/how-does-immigration-court-work>.

Roa M, Klugman B. Considering strategic litigation as an advocacy tool: a case study of the defense of reproductive rights in Colombia. *Reprod Health Matters*. 2014;22(44):31–41.

American Bar Association: [https://www.americanbar.org/groups/legal\\_services](https://www.americanbar.org/groups/legal_services).

## CHAPTER 11: OTHER MEANS: CHANGING PRIVATE SECTOR AND MULTINATIONAL ORGANIZATION POLICY CHANGE AND TAKING DIRECT GROUP ACTION

Environmental Defense Fund. Partnerships: the key to lasting solutions. Available at: <https://www.edf.org/approach/partnerships>.

Gauri V, Brinks DM. *Courting Social Justice—Judicial Enforcement of Social and Economic Rights in the Developing World*. Cambridge, UK: Cambridge University Press, 2008. Available at: <https://pgppij.files.wordpress.com/2017/11/gauri-e-brinks-courting-social-justice-completo.pdf>.

CorpWatch. Hands-on corporate research guide. Available at: <https://corpwatch.org/hands-corporate-research-guide>.

World Heart Federation. Advocacy at the World Health Organization. Available at: <https://www.world-heart-federation.org/global-advocacy/advocacy-world-health-organization>.

## CHAPTER 12: ADVOCACY SUSTAINABILITY, PERSONAL PRINCIPLES AND PROCURING FUNDING

Omwale Statterwhite FJ, Teng S. *Honor the Work: Building Capacity for Social Change in Communities of Color*. National Community Development Institute; 2009. Available at: <https://shiree-teng.squarespace.com/share>.

Gardner AL, Brindis CD. *Advocacy and Policy Change Evaluation: Theory and Practice*. Stanford, CA: Stanford Business Books, an imprint of Stanford University Press; 2017.

Verbiest S. *Moving Life Course Theory Into Action: Making Change Happen*. Washington, DC: American Public Health Association; 2018.

## CHAPTER 13: THE ARC OF HEALTH EQUITY; BEND IT TOWARD JUSTICE

Halperin M. *Fields of Poison: Migrant Farmworker to Crusading Physician*. Moorpark, CA: Floricanto Press; 2020.

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## Contributors

**Anthony Iton** is senior vice president for healthy communities at The California Endowment, a private foundation committed to making fundamental improvements in the health status of all Californians and expanding access to quality health care for underserved communities.

A holder of medical, law, and public health degrees, Tony has been a practicing primary care physician, a staff attorney for Consumers Union, and health director for the city of Stamford, Connecticut, and Alameda County in California. He has worked as an HIV disability rights attorney and as a physician and advocate for the homeless. He is a recipient of the American Public Health Association's Milton and Ruth Roemer Prize for Creative Local Public Health Work.

After a career as a corporate lawyer, **Harry Snyder** became an administrator of Peace Corps programs in India, Samoa, and Nepal. Upon his return to the United States in 1975, he joined the West Coast Office of Consumers Union of the United States as director and senior advocate. There he represented consumer interests on local, state, national, and international issues, including food insecurity, redlining, patients' rights, pesticides, generic drug laws, and the conversion of nonprofit health insurance companies to for-profit, publicly traded businesses.

Since leaving Consumers Union, Harry has overseen the distribution of grants from funds created from the settlement of consumer class action suits. The grants are for projects to help consumers harmed by company practices principally in health, nutrition, and technology. He is the advocacy leader in residence and lecturer at the University of California, Berkeley, School of Public Health.

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The timing and the release of this handbook could not be more perfect or strategic. Advocacy is a science in and of itself and warrants a place of its own in required prerequisites in any formal public health education. The COVID—19 pandemic has highlighted the pervasiveness of racial inequalities as illustrated by the spread of this deadly pandemic, which has disproportionately resulted in a higher infection rate for the Latinx community and higher death rates for our Black communities. Nothing short of advocacy will help inform and guide required changes to interventions that will help alleviate these trends. This book will serve to instruct many generations on successful strategies and considerations.

*Jane Garcia, MPH  
CEO of La Clínica de La Raza, Inc.*

Most of my adult life has focused on legal and policy advocacy on behalf of the lesbian, gay, bisexual, and transgender (LGBT) community. We overcame decades of stigma and degradation to win the freedom to marry; the key was telling our stories and winning legal and policy reforms. Snyder and Iton make the compelling case for these same tactics to be deployed in the arena of public health. Lives depend on addressing both power imbalances and root causes by engaging in evidence-based advocacy to usher in enduring changes.

*Kate Kendell, JD  
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For too long, health care and public health practitioners have toiled downstream to ameliorate the harms caused by policy decisions made upstream. This book is a must-read for anyone who wants to bring about real upstream change not only in health policy or public health, but in any field. Written by two of the most gifted professors of UC Berkeley, the book skillfully weaves together science, theory, case examples, and practical tips to provide readers with the tools and insight they need to advocate for legislative, administrative, judicial, and community change.

*Michael C. Lu, MD, MS, MPH  
Dean, UC Berkeley School of Public Health*

Iton and Snyder have deftly broken down the secret recipe for achieving effective and equitable health outcomes, offering a thoughtful exploration of the component parts that transform policy from an academic exercise into a true force of progress. From research and data analysis to advocacy and storytelling, this book provides a comprehensive and hospitable guide for anyone seeking to change our health landscape for the better.

*Marta L. Tellado, MA, PhD  
President and CEO of Consumer Reports*

 **APHA PRESS**  
AN IMPRINT OF AMERICAN PUBLIC HEALTH ASSOCIATION

ISBN 978-0-87553-313-1



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