

# Diabetes Policy: Possibilities for the Future

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## Welcome



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## Overview of Our Agenda



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## Policy Overview



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## Lobbying Advocacy Education

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## What is lobbying?

- Any activity designed to influence action in regard to a particular piece of pending legislation:
  - Congress
  - State legislatures
  - Local legislatures
- Influencing action on executive branch policies-- rules, regulations & executive orders
- Indirect or “grass roots” efforts designed to induce public to urge support or oppose legislation

31 U.S.C. Section 1372 & HHS, AR-12

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## Educate, Advocate, Lobby

- **Educate:** give factual information-- program description, goals, current budget, people served, accomplishments.
  - *No value judgments or legislative action.*
- **Advocate:** convey a value “Using seat belts saves lives.”
  - *Makes a value judgment, but does not seek specific legislative action.*
- **Lobby:** ask Congress to increase a budget, or support/oppose a bill, amendment, regulation or policy.
  - *Refer to a **specific piece** of legislation **AND***
  - ***Reflects a view** on that legislation.*

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## Who Can do What?

- Understand the extent and limits of your role
- Understand the extent and latitudes of your partners and coalitions

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## Case Studies

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## Communicating with Federal Policy Makers




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## The Legislative Process

1. Bill introduction	10. Floor amendment	18. President signs into law or allows bill to become law without his signature
2. Referral to committee(s)	11. Vote on final passage	19. President vetoes bill
3. Committee hearings	12. Reconciling differences between the house and senate	20. First chamber vote on overriding veto
4. Committee mark-up	13. Amendments between the houses, or	21. Second chamber vote on overriding veto
5. Committee report	14. Conference committee negotiations	22. Bill becomes law if 2/3 vote to override is achieved in both chambers
6. Scheduling legislation	15. Floor debate on conference report	23. Bill fails to become law if one chamber fails to override
7. House: special rules, suspension of the rules, or privileged matter	16. Floor vote on conference report	
8. Senate: unanimous consent agreements or motions to proceed	17. Conference version presented to the president	
9. Floor debate		

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## Role of Committees

- Budget Committees set broad overall annual spending limits.
- Appropriations Committees approve or modify the President's Budget request for annual discretionary spending on a program-by-program basis.
- Authorizing Committees create programs—establish purpose, eligibility, funding limits.
- Oversight Committees determine whether laws and programs implemented as Congress intends

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## Capitol Hill

- 4 times more communications in 2004 than 1995.
- Internet –positive effect on discourse between citizens and Congress.
- Staff doubt legitimacy of identical form communications.
- Personalized/ individualized messages have more influence.

From *Communicating with Congress: Recommendations for Improving the Democratic Dialogue*, 2008, Congressional Management Foundation, [www.cmfch.org](http://www.cmfch.org)

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## What To Expect During a Meeting with a Congressional Staffer

- Meetings of 10 – 15 minutes; be prepared to stand in a hall.
- Interruptions, tardiness, cancellations and rescheduled visits.
- Expect a neutral reaction.
- Don't be surprised by lack of interest or negative response.
- Cues that meeting is over: "Thank you for coming in", "we'll take a look at it", "I'll talk to my boss", closing the notebook.

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## Communicating with State & Local Policy Makers

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**National Conference of State Legislatures (NCSL) Provides a Revealing Profile of our State Legislatures (2004)**

Red States	White States	Blue States
Time 80%	Time 70%	Time 54%
Comp \$68,599	Comp \$35,326	Comp \$15,984
Staff 8.9	Staff 3.1	Staff 1.2
AK NJ	AL IA NC WA	GA NM VT
CA NY	AZ KY OK	ID MT WYO
IL OH	AK LA OR	IN NH
FL PA	CO MD SC	KS ND
NA WI	CT MN TN	ME RI
MI	DE MO TX	MS SD
	HA NE VI	NV UT

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**Sorian & Baugh Study**

- 97 Legislators (health committees)
- 97 Legislative staff (health)
- 98 State Agency heads (health related)

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**Findings**

- 53% skim
- 35% “never get to”
- 27% read for detail




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## Findings Continued

- Relevancy
- Ease of reading
- 65% read printed material
- 27% read electronic material

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Kansas Health Institute

*Healthier Kansans through informed decisions*

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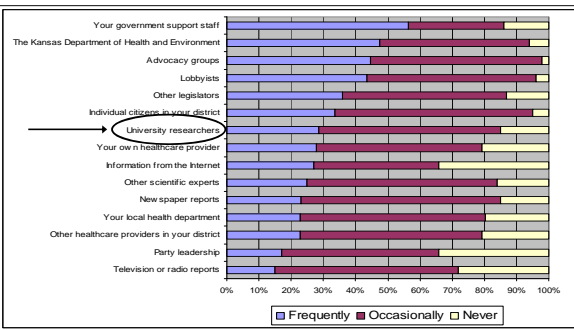


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## Sources of Public Health Information: Legislators




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## Preferred Ways to Receive Information

	Legislator	Commissioner
Talking one-on-one w/ informed indiv.	8.7	8.8
Reading brief summary material	8.4	7.9
Receiving testimony at hearing	7.9	6.5
Forums/seminars lasting 1-3 hours	5.8	6.3
News media articles/reports	5.3	6.0
Reading in-depth articles or reports	4.8	5.7
Watching videotapes	4.7	5.3
Conferences lasting 1 day or longer	4.2	4.9

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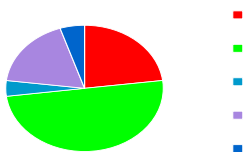
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## Length of Written Information

*“Ideal length of written materials you read to help you make policy decisions” (Legislators)*




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## Lessons to be Learned

Martha M. McKinney- Community Health Solutions Inc. - KY

- Law of Political Advantage
  - Policy makers will support the health issues that provide the cost political benefit at the least possible cost.
- Law of Rational Ignorance
  - Policy makers who think they understand a health issue will tend to ignore data and research.
- Law of Suspect Data
  - Policy makers and practitioners will question the applicability of research done “somewhere else.”
- Iron Law of Partisanship
  - As political competition rises, the opportunities for research to inform decisions falls.

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## Relevance, Relevance, Relevance!

- Importance of local context.
- Influence of the source.
- Receptivity of audience.
- Capacity and culture of the organization.

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## Themes from Interviews and Literature

- Key drivers for politicians: (1) *votes*, (2) money, (3) media
- “*Constituents* matter – if they want it, I listen.”

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## Themes

- “Pay attention to the current debates – if it is Medicaid, tie your issue to that.”
- “Collaborate, don’t get sideways with other health constituents”

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**Local Policy Makers**

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**Break**



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**Creating & Sharing Your Success  
Story**

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## Art and Science



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## Science of Communicating Health Policy

- 9.2 million children in ERs
- 12,000 children die
- \$300 billion annually

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## Health Policy Approaches

- Safety belt use
- Helmet use
- Fences for pools
- Use smoke alarms

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## Art of Communicating Health Policy

- Message
- Messenger
- Receiver



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## Assumptions

- Evidence-based message
- Willing to share “messenger” role
- Want to understand receivers

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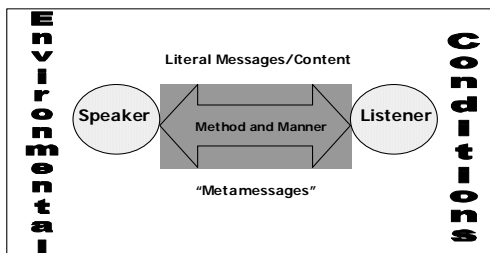
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## Factors in Communication



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## Listening Modes

- Growth Mode
- Trouble Mode
- Even Keel
- Overconfident

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## Why Success Stories?

- Advocacy
- Prepare your response
- Accountability
- Visibility
- Examples for other states

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The economic stimulus bill  
“won’t just throw money at our  
problems,” but will  
*“invest in what works”*

President Barack Obama  
Speech at George Mason University, VA  
Quoted in *Smart Growth News*, 1/8/09

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## Uses of Success Stories

- Policymakers
- Partners
- Abstracts
- Coalition advocacy committee
- Public
- Health Plan Summit

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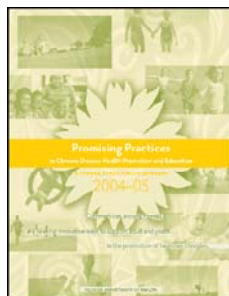
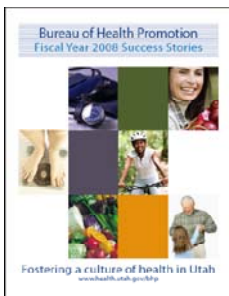
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## Uses of Success Stories

States



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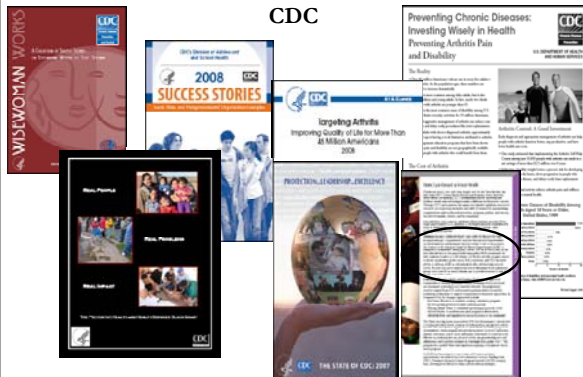
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## Uses of Success Stories

CDC



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## Uses of Success Stories

### NACDD

- Press releases
- Briefings
- Hill Visits



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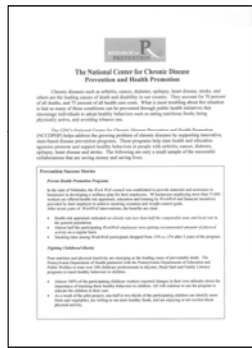
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## Uses of Success Stories

### Partners

- Policy briefs



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- “NACDD has a set of success stories, all in the same format with the same kind of info. That information is what public health needs to do.
- The talk in Washington is *“let’s reward the programs that work”* or even *“prove to me that the programs are effective.”*
- I get asked for that all the time & not just by conservative Republicans but by liberal Democrats, as well.”

Card Moeller  
Campaign for Public Health  
July 24, 2008

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## NACDD Process

- Submit story information
- Story drafted/edited by NACDD
- Final draft to state for review of accuracy
- Posted to NACDD Web site
- Story included in next printed version of SS

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## NACDD Format

- Reader-friendly
- *Focus group* approved
- Only the detail needed

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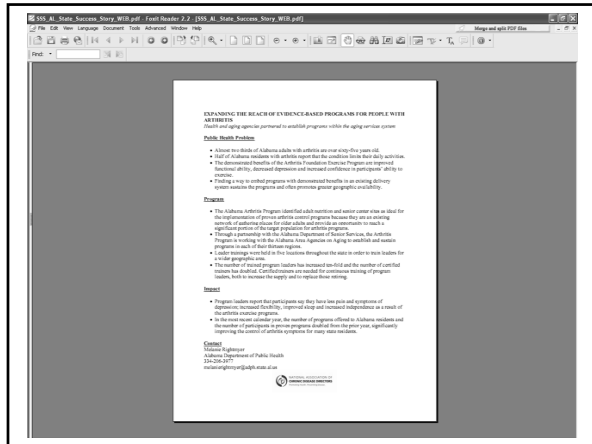
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**Primary Consideration-Audience**

What does the reader need to know?

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**Public Health Problem**

- Simple language
- Relate to impact
- More than morbidity & mortality

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**Public Health Problem**

*Approximately 166,200 out-of-hospital cardiac arrests occur in the U.S. each year.<sup>1</sup>*

**OR**

*Almost half of all heart attack victims die before an ambulance arrives.*

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**Impact**

*“This initiative increased the number of chronic disease self-management classes.*

**OR**

*“Residents with arthritis now have twice as many opportunities to join in programs that can help them reduce pain, increase flexibility and improve quality of life .*

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**From NACDD Web Instructions:**

- Lives saved (reduced death rate)
- Reduced disease incidence or prevalence
- Reduced risk factors
- Reduced number of hospitalizations or provider visits
- Achieved cost savings, such as reduced expenditures for procedures, medications, ER visits
- Reduced symptoms or disability
- Changed policy or system, such as increased coverage for diabetes supplies
- Changed environment ( increased opportunities for physical activity, healthy eating)

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## From NACDD Web Instructions:

- Maximized use of federal, state or local resources (money saved)
- Leveraged more funds or in-kind contributions
- Demonstrated program integration to achieve a specific outcome
- Reduced or eliminated disparity
- Gained strong public support of program (statewide poll; user survey)
- Gained leaders support of program (Ex: State Medical Society adopts your program)
- Met community need based on community needs assessment
- Other program outcome meaningful to policymakers & stakeholders

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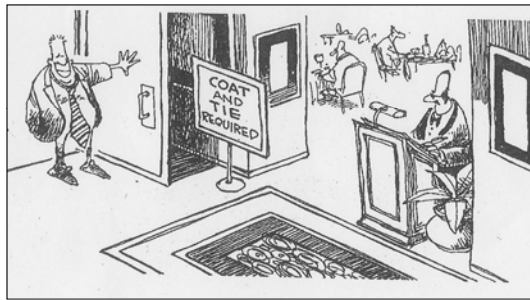
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## The Importance of Writing with Clarity



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## Readability

- One page
- Single, serif font
- Bullets
- Left justified
- White space
- Quotes, if available & pertinent
- Omit jargon, acronyms
- Active voice
- Numbers expressed as words

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## Plain Language

It stresses:

- Engaging the reader
- Organizing according to the reader's interest
- Using formatting and design elements to indicate how ideas are organized and to make the document attractive

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## Generating Success Stories

- Data collection
- Meetings/presentations
- Site visits
- Periodic solicitation
- Contractors

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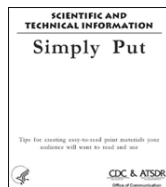
## Retailers

[www.plainlanguage.gov](http://www.plainlanguage.gov)

[www.cdc.gov/healthmarketing](http://www.cdc.gov/healthmarketing)

Click on "Resources & Tools"

Click on "Simply Put"



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## Finding & Tailoring Resources

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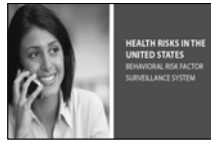
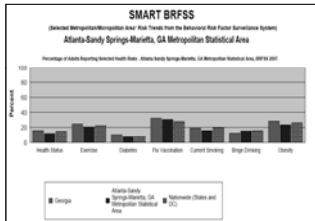
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## CDC's Behavioral Risk Factor Surveillance System

[www.cdc.gov/brfss/index.htm](http://www.cdc.gov/brfss/index.htm)



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## CDC's Youth Risk Behavior Surveillance System

[www.cdc.gov/healthyyouth/yrbs/index.htm](http://www.cdc.gov/healthyyouth/yrbs/index.htm)



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## NACDD State Success Stories

[www.chronicdisease.org/i4a/pages/index.cfm?pageid=3299](http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3299)

- **ARKANSAS:** Implementing School Health Legislation
- **COLORADO:** Tax revenues fund comprehensive tobacco control
- **MASSACHUSETTS:** Community Policy Support for Healthy Eating & Physical Activity
- **NEW MEXICO:** State legislature helps support breast and cervical cancer program
- **NEW YORK:** Making design changes in city streets supports walking

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## The Community Guide - Policy Interventions

[www.thecommunityguide.org/uses/policyinterventions.html#](http://www.thecommunityguide.org/uses/policyinterventions.html#)

Task Force Policy Recommendations			
Systematic Reviews on Policy Interventions Conducted by The Guide to Community Preventive Services			
Topic	Policy Setting	Intervention Title	Recommendation
Preventing Excessive Alcohol Use	Community	Enhanced enforcement of laws prohibiting sales to minors	Recommended (Sufficient Evidence)
		Regulation of outlet density	Recommended (Sufficient Evidence)
		Privatization of retail sales	Insufficient Evidence
Preventing Skin Cancer	Education	Educational and policy: child care centers	Insufficient Evidence
		Educational and policy: primary school settings	Recommended (Strong Evidence)
	Community	Educational and policy: secondary schools and colleges	Insufficient Evidence
		Educational and policy: outdoor recreation settings	Insufficient Evidence
Worksite	Educational and policy: outdoor occupation settings	Insufficient Evidence	

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## Budget Cuts

[www.thepraxisproject.org/tools/budget\\_toolkit.pdf](http://www.thepraxisproject.org/tools/budget_toolkit.pdf)




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## State Policy Makers

- NGA Center for Best Practices, [www.nga.org](http://www.nga.org)
- NCSL, [www.ncsl.org/programs/health/](http://www.ncsl.org/programs/health/)



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### Chapter 25. Changing Policies

- [Section 1. Changing Policies: An Overview](#)
- [Section 2. Promoting Regular Community Assessment, Reporting, and Accountability](#)
- [Section 3. Using Tax Incentives to Support Community Health and Development](#)
- [Section 4. Supporting Local Ordinances to Modify Access to Unhealthy Products and Practices](#)
- [Section 5. Changing Policies to Increase Funding for Community Health and Development Initiatives](#)
- [Section 6. Promoting Community-Friendly Policies in Business and Government](#)
- [Section 7. Supporting Local Ordinances Regarding Tobacco Control](#)
- [Section 8. Supporting Local Ordinances Regarding Violence](#)
- [Section 9. Changing Policies in Schools](#)
- [Section 10. Modifying Policies to Enhance the Quality of Services](#)
- [Section 11. Promoting Family-Friendly Policies in Business and Government](#)

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## Wrap up



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**Welcome back**

**Day 2**



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**Communicating Your Message:  
Policy Makers Idol**



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***The Elevator Pitch***

**Deliver it in 60 seconds:**

**What you want**

- Increase of \$10 M for falls prevention within CDC/NCIPC budget in Labor HHS appropriations bill.

**Why you need it**

- A leading cause of injury among elderly – can lead to death.

**Who supports it**

- Name your local partners

**Impact on State/District**

- Identify number of falls in state/ nation. Tell a story.

**What Member needs to know**

- CDC just released study on childhood injuries.

**Why info is important**

- The leading cause of death in children.

**What you are doing about it**

**Who supports it**

**Impact on State**

- Identify number of deaths in state. Tell a story.

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## Impact of Health Care Reform



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## Use of Social Media

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## Wrap up



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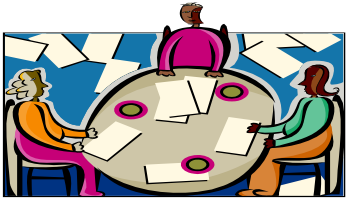
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## Welcome



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## Policy Support

- STAR
- Elements of a Comprehensive Chronic Disease Program
- P-STAT

[www.chronicdisease.org](http://www.chronicdisease.org)

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## Planning to Educate Policy Makers



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## Why?

- Planning for advocacy is different
- Avoid surprises
- Clarify goals, steps, roles
- Increase chances of success

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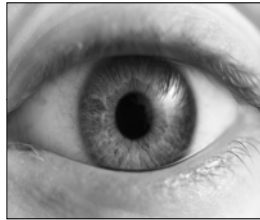
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## Why is advocacy planning different?

- Short term interests
- In the public eye
- Sticking your neck out



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## When?

- Plan early
- Be flexible
- Be opportunistic



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## How?

- Learn and understand
- Prepare your message
- Work with others
- Get the message out
- Learn and understand (again)

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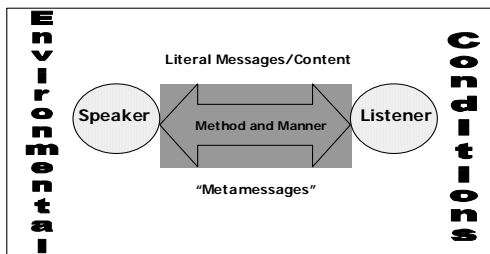
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## Factors in Communication



CDC

Day 2-20

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## Communication - Keep in Touch

- Listen - Read - Pass it on
- Relationships are a key to success
- Sharing information-make it routine
- Have vehicles in place before you or partners need them - newsletters, list serves, mailing lists, fax lists

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## Materials Adapted From

- Kansas Community Toolbox  
[www.ctb.ku.edu](http://www.ctb.ku.edu)

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## 6 Components



- Goals
- Resources
- People
- Targets and agents
- Strategy
- Tactics

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## Goals

- Specific
- Measurable
- Achievable
- Relevant
- Timed
- Challenging

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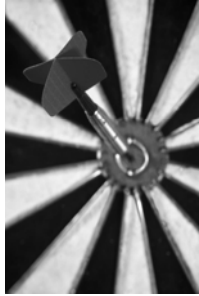
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**Clearer goals >>>>clearer success**



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### **Set Priorities**

- Listen to partners – 2 heads are better
- Be realistic – read the newspaper
- Be concrete – talk in real terms
- Be patient – change **always** takes time

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### **Resources**

- Funds
- People
- Contacts
- Facilities

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## People

- Allies
- Opponents
- Key influentials



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## Exercise: Goals, Resources & People

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## Targets and Agents

- Main targets of change
- Agents who bring pressure to bear

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## Know the Issues

- What's hot? Why?
- Look for opportunities for priority items
- **Be prepared** to make your case on short notice

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## Strategy

- Fit your style
- Use resources, allies
- Bring desired effect
- Flexible



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## Tactics = Action Steps

- Direct
- Don't antagonize unnecessarily!
- Do-able
- Cost effective
- WIIFM
- Nurture your group

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### **Example 1: KY DPCP**

- State Based Advocacy Plan
  - KY Diabetes Network
    - meetings to set priorities
    - strategies based on KY context
    - local resources, trusted policy advisors
    - Diabetes Day - training and visits

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### **Example 2: Louisiana DPCP**

- 2008 Governor Jindal takes office
  - Kristi Nichols on Transition Team
  - Gerelda Davis Acting Director
  - Secretary Alan Levine appointed
  - Preparation work well received

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### **Exercise: Strategies & Tactics**

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**You are the best link in state  
chronic disease policy!**



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**Wrap-up/Evaluation**



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