Public Health ACTion

APHA 2013 PHACT Campaign Toolkit

American Public Health Association
www.apha.org
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Dear public health advocates,

The Public Health ACTion Campaign — PHACT — is an opportunity to communicate directly with your members of Congress while they are at home in your congressional district or state to show your support for public health. Public health programs across the country have been under attack in recent years and our public health system has been forced to do more with less. We need your support to continue to encourage Congress to strengthen our public health system. From investing in prevention through the Prevention and Public Health Fund, to providing adequate resources to public health agencies, to ensuring local and state health departments are equipped to handle public health emergencies, decisions made by members of Congress impact all of our lives.

As a constituent and a public health advocate, you have a voice. In 2012, APHA members and advocates had hundreds of meetings with congressional offices, submitted letters to the editor and op-eds to newspapers across the country and sent thousands of email messages to Congress. Through the PHACT Campaign, we need you to speak up and talk to your members of Congress about why your family and your community benefits when they support public health programs.

In this toolkit you’ll find resources to engage in a variety of grassroots advocacy strategies:

• Fact sheets on important public health issues
• Sample phone scripts and emails for contacting your members of Congress
• Tips for reaching out to media and social media networks
• Tips for meeting with your members of Congress
• Resources for federal and state data and information about public health

These resources will prepare you to be a successful advocate for our nation’s public health system. APHA members, the Student Assembly, and state affiliates are especially encouraged to use and disseminate the toolkit to prepare for advocacy during congressional recess periods.

Thank you for your assistance in advocating for APHA’s legislative agenda. Each voice heard and story shared is another step in the right direction toward building healthy communities and the healthiest nation in one generation.

Sincerely,

Georges C. Benjamin, MD, FACP, FACEP (Emeritus)
APHA Executive Director

The American Public Health Association is the oldest and most diverse organization of public health professionals in the world. Founded in 1872, the association represents a broad array of health providers, educators, environmentalists, policy-makers and health officials working at all levels both within and outside of government. APHA aims to protect all Americans and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. Our goal is for the United States to become the healthiest nation in one generation.
Public Health ACTion Campaign priorities

In 2013, the following three issues will be APHA’s top legislative priorities:

1. **Protecting public health funding**: Urge Congress to protect critical funding for public health service agencies including the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

2. **Protecting public health funding in the Affordable Care Act**: Encourage Congress to protect the Prevention and Public Health Fund, the first national commitment to public health and prevention of its kind, created under the Affordable Care Act.

3. **Gun violence prevention**: Urge Congress to pass comprehensive legislation to reduce gun violence.

While advocacy is important year round, the PHACT Campaign focuses on summer periods when members of Congress will be at home in their districts:

- July 4 recess period: June 29–July 7
- August recess: Aug. 3–Sept. 8

**What you can do:**

- Publicize the campaign to your membership, constituency, coalition partners and friends and family
- Recruit colleagues to meet with your congressional delegation district staff or participate in a public forum being held by your legislator(s) or candidates
- Call or email your members of Congress
- Submit a letter to the editor or write an op-ed
- Engage in social media platforms like Twitter and Facebook
- Document your visit, including photos, and submit information to APHA for national media exposure

*All of the materials you need to successfully educate and advocate to your legislators on these important public health issues are available online on our PHACT campaign website at:*

www.apha.org/advocacy/tips/PHACT+Campaign.

*Please contact APHA staff at PHACT@apha.org for assistance planning your PHACT activities!*
Investment in the public health system
saves lives and money

Maintaining investments in public health is critical to improving and protecting the health of all Americans. It is imperative that Congress provide the highest possible funding level for CDC and HRSA to support and strengthen the public health system so that it is able to respond to everyday health threats, in addition to unexpected public health emergencies, and ensure that all individuals have access to the health care and preventative health services they need.

**Centers for Disease Control and Prevention**

By translating research findings into effective intervention efforts at the state and local level, CDC has been a key source of funding for many of our state and local programs that aim to improve the health of communities. Federal funding through CDC provides the foundation for our state and local public health departments, supporting a trained workforce, laboratory capacity and public health education communications systems. It is notable that more than 70 percent of CDC’s budget supports state and local health organizations, agencies and academic institutions.

CDC continues to be faced with unprecedented challenges and responsibilities, ranging from chronic disease prevention, eliminating health disparities, bioterrorism preparedness, to combating the obesity epidemic. CDC funds community programs in injury control; health promotion efforts in schools and workplaces; initiatives to prevent diabetes, heart disease, cancer and stroke; improvements in nutrition and immunization; programs to monitor and combat environmental effects on health; interventions to improve oral health and public health research.

CDC serves as the command center for our nation’s public health defense system against emerging and reemerging infectious diseases. From pandemic flu preparedness and prevention activities to West Nile to smallpox to SARS, CDC is the nations — and the world’s — expert resource and response center.

In addition to being key to maintaining a strong public health infrastructure and protecting Americans from public health threats and emergencies, CDC programs play a crucial role in reducing health care costs and improving the public’s health.
HRSA, “The Access Agency,” is a safety net for medically underserved individuals and families, including the nearly 55 million Americans who are currently uninsured and the 60 million Americans who live in neighborhoods where primary health care services are scarce. Some of the major health initiatives conducted by HRSA include:

- **Health professions** programs support the education and training of primary care physicians, nurses, dentists, optometrists, physician assistants, nurse practitioners, public health personnel, mental and behavioral health professionals, pharmacists and other allied providers.

- **Primary care** programs support nearly 8,900 community health centers in every state and territory, improving access to preventive and primary care in geographically isolated and economically distressed communities.

- **Maternal and child health** Flexible Maternal and Child Health Block Grants, Healthy Start and other programs provide services, including prenatal and postnatal care, newborn screening tests and immunizations for more than 40 million uninsured and underserved women and children.

- **HIV/AIDS** programs provide assistance to areas most severely affected by the HIV/AIDS epidemic; support comprehensive care, prescription drug assistance and address the disproportionate impact of HIV/AIDS on racial and ethnic minorities.

- **Family planning** Title X programs provide reproductive health care and other preventive services for more than 5 million low-income women, men and adolescents at over 4,400 clinics nationwide.

- **Rural health** programs improve access to care for the more than 60 million Americans who live in rural areas and help rural hospitals and clinics implement new technologies and strategies.
**Taking action**

**Calling your members of Congress**

A phone call to your policymakers or their staff is an effective way to influence legislation. Legislators regularly ask their staff to report on the opinions of constituents calling the office and often keep track of the numbers of constituents weighing in on either side of a particular issue.

To call your senators’ and representative’s Washington, D.C., office, call the U.S. Capitol Switchboard at 202-224-3121 and ask for the office of your representative/senator.

You can also find additional contact information for your members of Congress, including their district office, by visiting their websites:

Senate websites: [www.senate.gov/general/contact_information/senators_cfm.cfm](http://www.senate.gov/general/contact_information/senators_cfm.cfm)

House of Representatives websites: [www.house.gov/representatives](http://www.house.gov/representatives)

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**Sample phone script**

Hello, my name is XX and I am a constituent and public health advocate in your [state/district].

I am calling today on behalf of the American Public Health Association to urge senator/representative XX to support adequate funding for the Centers for Disease Control and Prevention and the Health Resources and Services Administration in the fiscal year 2014 Labor, HHS and Education Appropriations spending bill. Unfortunately, since 2010, CDC’s budget has been cut by more than 10 percent and HRSA’s has been cut by more than 21 percent. Strong funding levels are needed to support and strengthen the public health system so that it is able to respond to everyday health threats, in addition to unexpected public health emergencies, and ensure that all individuals have access to the health services including prevention care they need.

Thank you for your attention to my request, and I look forward to hearing senator/representative XX’s position on public health funding.

[Leave your name, home address and phone number so the office can follow up with you.]
Prevention and Public Health Fund: Dedicated to improving our nation’s public health

The Prevention and Public Health Fund, created by the Affordable Care Act, is the nation’s first mandatory funding stream dedicated to improving the public’s health.

Why was the Prevention and Public Health Fund created?

The United States has the potential to have one of the healthiest populations in the world, but we currently spend too much and achieve too little. Our per capita health spending is more than twice the average spent by other industrialized nations, but we rank 24th out of 30 such nations in terms of life expectancy. Also striking is the fact that only 3 percent of our health care spending is focused on prevention and public health, when 75 percent of our health care costs are related to preventable conditions.

The Affordable Care Act took an important first step toward addressing these issues by creating a mandatory fund, the Prevention and Public Health Fund. By law, the fund must be used “to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public health care costs.”

Already, the fund is being used to support a variety of community prevention and clinical prevention programs, to bolster the public health infrastructure and workforce and to expand public health research and tracking efforts. Prevention and Public Health Fund dollars are going to programs at the local, state and federal levels that fight obesity, curb tobacco use and increase access to preventive care services. Funding is also helping state and local governments respond to public health threats and outbreaks.

How much money is in the Prevention and Public Health Fund?

The ACA provided $18.75 billion for the fund between fiscal year 2010 and FY 2022 and $2 billion per year after that. Annual funding levels started at $500 million in FY 2010, and were meant to rise to $2 billion per year by FY 2015. The mandatory nature was meant to protect the funding stream from reduction or elimination during the annual appropriations process.
However, in February 2012, Congress passed and the president signed legislation that cut the fund by $6.25 billion over nine years (FYs 2013–21), in order to offset a scheduled cut to Medicare physician payments. Congress has the ability to eliminate the fund or redirect money from it to pay for non-public health legislative proposals, but this requires new legislation to be passed that amends the ACA. See figure previous page for annual funding levels before and after this cut.

In March and April 2013, FY 2013 funding was further reduced. As shown in this chart, sequestration cut $51 million, and another $453.8 million is being diverted to Health Insurance Exchange (Marketplace) enrollment activities by the Department of Health and Human Services. Although $121.3 million from other HHS sources is planned to help supplement the fund, the net $616.5 million available for Prevention and Public Health Fund activities in FY 2013 is 38 percent lower than the $1 billion enacted in FY 2012 and authorized for FY 2013. Counting the February 2012 funding cut, the current FY 2013 amount is less than 50 percent of the $1.25 billion originally intended for FY 2013. Final allocations released April 16 by HHS reflect significant reductions to critical programs and services aimed at community prevention, immunization, substance abuse and mental health and health equity.

Why is the Prevention and Public Health Fund important?

According to recent research, investments such as the Prevention and Public Health Fund have the potential to improve health outcomes and reduce costs. For example, every 10 percent increase in funding for community-based public health programs is estimated to reduce deaths due to preventable causes by 1 to 7 percent, and a $2.9 billion investment in community-based disease prevention programs was estimated to save $16.5 billion annually within five years (in 2004 dollars). v, vi

The United States faces significant health and fiscal challenges that could be mitigated by a better and more reliably funded public health system. The Prevention and Public Health Fund is a vital part of the effort to create such a system.
Resources

Find more information on APHA’s Prevention and Public Health Fund webpage, including a detailed table of the distribution of funds to date: http://www.apha.org/advocacy/Health+Reform/PH+Fund/


Taking action

Calling your members of Congress

A phone call to your policymakers or their staff is an effective way to influence legislation. Legislators regularly ask their staff to report on the opinions of constituents calling the office and often keep track of the numbers of constituents weighing in on either side of a particular issue.

To call your senators’ and representative's Washington, D.C., office, call the U.S. Capitol Switchboard at 202-224-3121 and ask for the office of your representative/senator.

You can also find additional contact information for your members of Congress, including their district office, by visiting their websites:

Senate websites: www.senate.gov/general/contact_information/senators_cfm.cfm
House of Representatives websites: www.house.gov/representatives

Sample phone script

Hello, my name is XX and I am a constituent and public health advocate in your [state/district].

I am calling today on behalf of the American Public Health Association to urge Senator/Representative XX to protect the Prevention and Public Health Fund.

The Prevention and Public Health Fund is making urgently needed investments in reducing tobacco use, improving nutrition, and increasing the availability and use of immunizations in an effort to prevent some of the nation’s leading causes of death. The fund is also strengthening our state and local health departments so they are prepared to keep our families safe from future disease outbreaks and public health emergencies. Repealing, diverting or cutting funding from the Prevention and Public Health Fund would turn back the progress we are making to shift our health system from one that focuses on treating the sick to one that focuses on keeping people healthy.

Maintaining this important investment in prevention and public health is critical to improving and protecting the health of all Americans.

Thank you for your attention to my request, and I look forward to hearing Senator/Representative XX's position on supporting the Prevention and Public Health Fund.
Gun violence prevention

Guns have the potential to greatly amplify violence, as they can inflict serious — often deadly — injuries on many individuals in a short time. In the United States, gun violence is a major public health problem and a leading cause of premature death.

Burden of gun violence

The burden of gun violence in the United States vastly outpaces that in comparable countries.

- 80 percent of all firearm deaths in about two dozen populous, high-income countries — including Australia, France, Italy, Spain, the United Kingdom and 18 others — occur in the U.S., and 87 percent of all children aged 0 to 14 killed by firearms in this group of nations are children killed in the United States.¹
- In 2010, 30,000 people in the United States died as a result of gun violence and nearly an additional 60,000 suffered from non-fatal gun related injuries.²

Gun violence affects people of all ages and races in the U.S., but has a disproportionate impact on young adults, males and racial/ethnic minorities:

Among U.S. residents ages 10 to 29, homicide is the fourth leading cause of death for non-Hispanic Whites, the second leading cause of death for Hispanics and the leading cause of death for non-Hispanic Blacks.³

The mass shooting at Sandy Hook Elementary School on Dec. 14, 2012 was a horrific tragedy yet most homicides among children occur away from school:

In 2009-10, there were 17 homicides among children ages 5 to 18 that occurred at school, compared with about 1,630 that occurred outside of school.⁴

Gun violence cost the U.S. $174 billion in 2010 or an average of $645 per gun in America:⁵

- The societal cost per firearm assault injury — including work loss, medical/mental health care, emergency transportation, police/criminal justice activities, insurance claims processing, employer costs and decreased quality of life — was $5.1 million for each fatality and $433,000 for each hospital-admitted patient.

Gun violence is preventable

Gun violence is not inevitable. It can be prevented through a comprehensive public health approach
that keeps families and communities safe.

A public health approach to preventing gun violence recognizes that violence is contagious and can become epidemic within a society. Primary prevention involves the use of core public health activities to interrupt the transmission of violence: (1) surveillance to track gun-related deaths and injuries, gain insight into the causes of gun violence and assess the impact of interventions; (2) identifying risk factors associated with gun violence (e.g., poverty and depression) and resilience or protective factors that guard against gun violence (e.g., youth access to trusted adults); (3) developing, implementing, and evaluating interventions to reduce risk factors and build resilience; and (4) institutionalizing successful prevention strategies.

Importantly, prevention does not require predicting who will be violent. Just as aviation safety regulations make air travel safer for everyone, common-sense measures to prevent gun violence make communities safer for everyone.

**What is needed?**

To enhance America’s public health response to gun violence, we need:

- **Better surveillance.** The National Violent Death Reporting System (NVDRS) collects data from only 18 states, and the data is not nationally representative. Information on firearm fatalities from all 50 states and the District of Columbia would provide a more complete picture of gun violence in the United States. The surveillance data collected would prove invaluable for the design of targeted gun violence prevention strategies. But to do that, it must expand from its current 18 states and move toward nationwide implementation. Currently funded at $3.5 million, an increase of $10 million in FY14 would move the country half-way towards national implementation and represent a long-term, lasting contribution to the nation in state-based gun violence prevention efforts. We urge a multi-year approach following FY14 to secure the $25 million needed for nationwide expansion of NVDRS.

- **More research.** Several laws have effectively restricted federally-funded research related to gun violence, as well as access to complete crime gun data. Yet, information is needed to fill critical research gaps. For example, there is almost no credible evidence that right-to-carry laws increase or decrease violent crime, almost no empirical evidence to support dozens of violence prevention programs for children, scant data on the effects of different gun safety technologies on violence and crime, and scant data on the link between firearms policy and suicidal behavior. We must expand the collection of data and research related to gun violence and other violent crime deaths in order to better understand the causes and develop appropriate solutions. We support unrestricted funding for research into the causes of gun violence at the Centers for Disease Control and Prevention.
• **Common-sense gun policies.** APHA supports requiring criminal background checks for all firearms purchases, including closing the so-called “gun show loophole”. This loophole exempts unlicensed private firearm sellers from conducting criminal background checks on buyers at gun shows, giving felons, the mentally ill and others prohibited from owning firearms access to weapons. We also support reinstituting the federal ban on assault weapons and high-capacity ammunition magazines, which expired in 2004.

• **Expanded access to mental health services.** Funding for mental health services has been declining, and funding for the Substance Abuse and Mental Health Services Administration is threatened by budget cuts. We must ensure that state, local and community-based behavioral health systems have the resources they need to provide much-needed care. In addition, APHA urges the Department of Health and Human Services to ensure that the Affordable Care Act provides comprehensive coverage for mental health and substance use disorder services as part of the Essential Health Benefits.

• **Resources for school and community-based prevention.** APHA supports comprehensive measures in community and school-based prevention, early intervention strategies and preparedness initiatives to prevent gun violence and prepare our communities and schools in the event of an emergency. We support providing on-site mental health services, including through school-based health centers, a common-sense approach to ensure that children and youth are able to access appropriate treatment and services. SBHCs also support all students’ mental health by creating school-wide programs that address bullying, violence, anger, depression and other social and emotional issues that impede academic achievement.

**APHA publications and other resources addressing violence:**


• *Youth Violence: Intervention for Health Care Providers* [https://secure.apha.org/scriptcontent/BeWeb/Orders/ProductDetail.cfm?pc=978-087553-1885](https://secure.apha.org/scriptcontent/BeWeb/Orders/ProductDetail.cfm?pc=978-087553-1885)


Endnotes


4 CDC National Center for Health Statistics and School Associated Violent Data Surveillance Study.


8 Ibid.


Taking action

Calling your members of Congress

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Senate websites: www.senate.gov/general/contact_information/senators_cfm.cfm
House of Representatives websites: www.house.gov/representatives/

Sample phone script

Hello, my name is XX and I am a constituent and public health advocate in your [state/district].

I am calling today on behalf of the American Public Health Association to urge Senator/Representative XX to pass comprehensive legislation to reduce gun violence this year.

Gun violence is one of the leading causes of preventable death in our country, resulting in more than 30,000 deaths each year, and we must take a comprehensive public health approach to address this ongoing crisis.

I urge Senator/Representative XX to support expanded background checks for private gun purchases and the reinstatement of the federal ban on assault weapons and high-capacity ammunition magazines. I also urge the Senator/Representative to support increased funding for gun violence research and surveillance, expand access to mental health services and provide support for comprehensive measures in community and school-based prevention, early intervention strategies and preparedness initiatives to prevent gun violence and prepare our communities and schools in the event of an emergency.

Thank you for your attention to my request, and I look forward to hearing Senator/Representative XX’s position on passing comprehensive legislation to reduce gun violence this year.
Meeting with your members of Congress

One of the most effective ways to influence the policy-making process and build a relationship is to visit with your senators and representative, or their staff, in person.

Tips for arranging a meeting

- **Call or email to request an appointment.** If you want to meet with your legislator in the district, send the request to the district office. Congressional member websites often have online submission appointment requests available.

- **Follow up by phone.** Do not hesitate to call the office if you do not receive a response to your initial request.

- **Be sure to identify yourself as a constituent.** Include information about who you are, the nature of your visit (identify what you want to discuss), when you would like to meet and the names of any friends or colleagues who may accompany you.

- **Call or email to confirm the appointment.**

Sample request for an appointment

DATE

The Honorable **XX**
Attention: Scheduler
Dear Senator/Representative **XX**,

As a constituent and public health professional, I am writing to request an appointment with **Senator/Representative XX** in **[name of town where nearest district office is]** on **[insert date and times available]** to discuss public health funding.

Please contact me to let me know when the **[senator/representative]** or the relevant staffer might be available to meet. I will follow up with you in the next week by phone. Thank you for considering my request.

Sincerely,

[Name]
[Contact information]
Tips for conducting a meeting with your members of Congress

- **Arrive on time.** If meeting with a staff member, be sure you have the correct contact name. Do not underestimate the power of the staff person in helping to shape the policy-maker's opinions and positions on issues or a particular piece of legislation.

- **Bring two or three colleagues with you.** Prior to the meeting, you should agree on what points will be made and which one each of you will discuss.

- **Try to deliver your message in three minutes.** Be sure to introduce yourself and your colleagues and explain why you are concerned about the issue and why you have expertise regarding the issue. Be concise, polite and professional.

- **Be prepared to answer questions.** When asked what you want, clearly explain.

- **Be a resource for the policymaker and his/her staff.** Offer your time and assistance if he/she wants to talk about your areas of interest and expertise in the future.

- **Provide material to support your position.** Leave behind a business card and a one-page fact sheet summarizing your position.

- **Follow up with a thank you letter.** Be sure to include any additional information you may have promised or that may be relevant to the issue.

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“While we deploy a number of communication strategies to educate policymakers on public health issues, nothing is as valuable as sitting face-to-face. Whether it is with elected officials or their staff, building relationships through these visits offers IPHA members the chance to convey our advocacy messages but also to get a read on how the message is received.” — Jeneane Moody, Iowa Public Health Association
The do’s and don’ts when meeting with your members of Congress

**DO**
- Learn the committee assignments of your members of Congress.
- Present the need for what you’re asking the member of Congress to do using data or cases.
- Relate relevant situations in his/her home state or district.
- Ask the policymaker’s position and why.
- Show openness to the knowledge of counterarguments and respond to them.
- Admit you don’t know. Offer to find the answer and send information back to the office.
- Spend time with members whose position is opposite yours.
- Develop relationships with congressional staff.
- Thank them for stands the member has taken that you support.

**DON’T**
- Overload the meeting with too many issues.
- Confront, threaten, pressure or beg.
- Be argumentative.
- Expect members of Congress to be specialists.
- Make promises you can’t deliver.
- Be afraid to take a stand on the issues.
- Shy away from meetings with legislators with known views opposite your own.
- Be offended if a legislator is unable to meet and requests that you meet with his/her staff.
Sample questions for public forums

The following questions are designed to help start conversations about public health issues with policy makers at the local, state and federal level. They can be tailored to highlight local issues by providing local examples and concerns. Our goal is to demonstrate the importance of federal public health funding in communities around the country. The lists provided in questions one and two are not meant to be exhaustive. You are encouraged to pick examples that are relevant to you and your community.

1. I am concerned about the future of our state and local public health workforce and the important services they provide in our state and communities. These services include (fill in with relevant examples — see list below for some options). Are you familiar with the public health programs that are funded by the Centers for Disease Control and Prevention and the Health Resources and Services Administration in our state/district? Will you pledge to support adequate funding for these important agencies?

   a. Disease and injury prevention activities
   b. Public health workers
   c. Public health labs
   d. Personnel at state and local health departments
   e. Safety net for uninsured/assuring access to care
   f. Cancer screening
   g. Vaccine delivery programs
   h. Tobacco prevention programs
   i. Protecting the public from environmental toxins and other exposures
   j. Food safety
   k. Maternal and child health care programs
2. Congress has made drastic cuts to the Centers for Disease Control and Prevention and the Health Resources and Services Administration. These agencies provide funding for programs like (fill in with relevant examples — see list below for some options). How can we make progress against the economic and health-related costs of chronic and communicable disease and injuries when our country is not investing in the programs that prevent and treat these problems? Will you oppose future cuts to these critical programs?
   
a. Community health centers  
b. Obesity and tobacco use prevention  
c. Emergency preparedness and response  
d. Health professions training and education  
e. Health education and outreach

3. It’s been said that an ounce of prevention is worth a pound of cure. Do you support maintaining funding for the Prevention and Public Health Fund which provides much needed mandatory funding that is being used for programs at the local, state and federal level to fight obesity, curb tobacco use, increase access to preventive care services, as well as to help state and local government respond to public health threats and outbreaks?
Tips for utilizing social media

Social media allows you to enhance your advocacy activities and should be integrated into the other work you do. Below is some additional explanation on social media tools and how best you can use them to bring attention to your PHACT Campaign activities.

- **Twitter ([www.twitter.com](http://www.twitter.com))**: Send short messages (140 characters or less) about your advocacy activities or about public health issues to your followers. The tweets can be easily “retweeted” by other users. APHA’s [@publichealth Twitter feed](https://twitter.com/publichealth) provides frequent updates on public health issues that can be shared with your networks. See sample tweets on the next page.

- **Facebook ([www.facebook.com](http://www.facebook.com))**: Post information about public health issues on your wall or status and update your page with new advocacy activities in which you are participating. Invite your friends to join you at a town hall or meeting. Share pictures and stories about the activities.

- **Public Health Newswire ([publichealthnewswire.org](http://publichealthnewswire.org))**: Stay up to date on public health events, trends and advocacy with the Public Health Newswire. Launched in 2011 by the American Public Health Association, the Public Health Newswire reports on a wide spectrum of public health topics – from the latest research and national policy debates to disease outbreaks and resources for the profession. Public Health Newswire also features commentary from notable public health experts, including APHA members and leaders, and provides an opportunity for discussion and dialogue on the most pressing topics of the day.

- **Flickr ([www.flickr.com](http://www.flickr.com))**: Flickr allows you to share your photos easily with others and allows users to search for images. Create a Flickr account so you can post photos of your advocacy activities and link to your Flickr photos from your Web site, blog and Facebook page and tweet the link when you upload new photos.

- **Blogs**: If you have a blog, use it to promote your activities. Post all the essential information (location, date, time, etc.) and provide frequent updates to encourage your readers to join you in your efforts. This can also be a forum for readers to post questions in the comments section, which you will be able to answer and potentially address in future posts.
Sample tweets

Use these sample tweets or create your own with the hashtag #PHACT

- The Prevention and Public Health Fund is a critical investment in public health. Learn why we must protect it: [http://goo.gl/tjmSe #PHACT](http://goo.gl/tjmSe)
- What does public health look like in your state? Check out APHA’s state fact sheets to find out: [http://goo.gl/8WrlT #PHACT](http://goo.gl/8WrlT)
- The Prevention and Public Health Fund is at work in your state. Find out how: [http://goo.gl/3Tjct #PHACT](http://goo.gl/3Tjct)

Public health on Twitter: follow and tweet at these public health-focused Twitter feeds

APHA Twitter feeds
- @publichealth
- @getready
- @nationshealth

Other public health Twitter feeds
- @HealthyAmerica1
- @RWJF
- @preventioninst
- @CDCgov
- @HRSAgov
- @HHSgov
- @ResearchAmerica
Tips for getting a letter to the editor published

Writing a letter to the editor for your local newspaper or other media outlet is a great advocacy tool and helps create awareness of the importance of public health in health reform.

Email mediarelations@apha.org for sample letters to the editor and assistance with submitting a letter!

- **Be brief and concise.** Focus your letter on just one concept or idea. Limit yourself to 150-200 words.
- **Refer to other stories.** If possible, refer to other articles, editorials or letters the newspaper has recently published. This should be done as soon as possible after the article was published. This will increase its chances of being printed.
- **Include contact information.** Include your name, address and daytime and home phone number so the paper can contact you with any questions. Also, include any titles and degrees that are relevant to help the media know you have expertise. And make sure to refer to your organization or the American Public Health Association in your letter.

In 2012, PHACT participants saw their letters to the editor published in newspapers in Montana, North Dakota and Ohio!
**Tips for getting an op-ed published**

Writing an op-ed for a local newspaper helps bolster awareness around a variety of public health issues. This important media advocacy tool is an opportunity to offer your opinion or position on a given topic. An op-ed is a short opinion piece generally placed opposite the editorial page in your local newspaper.

Email mediarelations@apha.org for sample op-eds and assistance with submitting an op-ed.

- **Start early.** Many papers receive up to 500 submissions a week. Submit an op-ed to only one paper at a time.

- **Reach out.** Call the newspaper and ask for the editorial page editor. Introduce yourself and tell them you are interested in submitting an op-ed for placement during the August congressional recess. Ask about any specific guidelines. An op-ed is usually limited to about 650 words.

- **Follow the submission guidelines.** Most newspapers now accept op-ed submissions via email or an online form on their websites, though some may still ask you to send it via U.S. mail. Following their preferences will increase the chances of getting your op-ed placed. When you send your submission, include a cover letter reminding the editor who you are and reference any previous contact you may have had. Highlight why the subject is important to the newspaper’s readers. Include your full name, contact information and a brief description of who you are and what you do, illustrating what makes you an expert on the subject.

- **Be persistent.** Make a follow-up call about a week after submitting your op-ed to give time for the editor to review it. Confirm that the op-ed was received and answer any questions the editor may have. Offer to modify it if needed.
Advocacy resources

Additional resources

- APHA congressional vote record, 2012:
  www.apha.org/NR/rdonlyres/F8D4E96C-AA99-4D0D-9A31-DE2BEC01A58C/0/CongressionalRecordFeb13.pdf

- APHA letters to Congress:
  www.apha.org/advocacy/activities/actionissues/

- APHA testimony on the FY 2014 budget:
  www.apha.org/advocacy/priorities/comments/

- CDC Coalition website:
  www.cdccoalition.org/

- Friends of HRSA website:
  www.friendsofhrsa.org/

- HHS state fact sheets on the Prevention and Public Health Fund:
  www.hhs.gov/aca/prevention/ppht-map.html

- CDC state funding website:
  www.cdc.gov/fundingprofiles/

- HRSA state funding website:
  http://datawarehouse.hrsa.gov/FactSheetNav.aspx

- Prevention and Public Health Fund distribution details:

- HHS Prevention and Public Health Fund state fact sheets
  www.hhs.gov/aca/prevention/ppht-map.html
PHACT Campaign follow-up

Please keep us informed of your advocacy efforts and how your policy-makers feel about public health by completing the following survey.

1. Please provide the following information:
   - Your name ________________________________________________________________
   - Email ________________________________________________________________
   - APHA section or state affiliate ___________________________________________

2. Describe your advocacy activity, including the date and who you met with or spoke to:
   - Date __________________________ Meeting with ____________________________

3. Was the policy-maker/staff member aware of APHA? Were they aware of the state affiliate?
   - ______________________________________________________________________
   - ______________________________________________________________________
   - ______________________________________________________________________

4. What issues did you discuss with your policy-maker?
   - ______________________________________________________________________
   - ______________________________________________________________________
   - ______________________________________________________________________

5. What are your policy-maker’s main concerns on this issue?
   - ______________________________________________________________________
   - ______________________________________________________________________
   - ______________________________________________________________________

6. What does your policy-maker hear from constituents on this issue?
   - ______________________________________________________________________
   - ______________________________________________________________________
   - ______________________________________________________________________

7. Follow-up needed from APHA staff:
   - ______________________________________________________________________
   - ______________________________________________________________________
   - ______________________________________________________________________

8. Was this a positive experience for you?
   - ______________________________________________________________________
   - ______________________________________________________________________
   - ______________________________________________________________________

9. Any additional comments?
   - ______________________________________________________________________
   - ______________________________________________________________________
   - ______________________________________________________________________