



Influencing State Policy: Information, Access and Timing

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ABSTRACT

Increasingly, public health promotion is about more than influencing individual behavior. Rather, it is equally important to undertake efforts to impact social, environmental, and political factors. Having a clear understanding of the inner workings of the legislative process enhances one's ability to effectively influence policy. It is important to know who can use information from public health and related professions, what type of information to provide, when, and how. With that in mind, this article provides a conceptual framework for how to get state legislators to pay attention to information from the field and how to effectively navigate the legislative process. It provides examples of what health educators can do to influence public policy and highlights some of the issues that health educators might address.

INTRODUCTION

A range of individuals in health care and health education are increasingly being admonished to influence not just individual behavioral change, but community and societal change as well. This renewed call to influence public policy requires familiarity with legislative processes and advocacy. Huntington¹ (p. 241) argues that “the process of legislative advocacy...should be viewed as an integral part of public health”; and further acknowledges that “successful legislative advocacy requires a general understanding of the legislative process and the needs of politicians combined with effective communications strategy.” There is little doubt that public health professionals and health educators need knowledge, preparation and experience to develop the skills required to be successful in advocacy efforts.²⁻⁴ Having incorrect information or a lack of knowledge about the policy process can result in a lack of understanding and/or frustration with and about policy mak-

ing. It can also cause an individual to underestimate their power to influence the policy process and to misinterpret the most appropriate times and methods for taking action.⁵

This article highlights a conceptual foundation for considering how to get state legislators to use the information that one has to offer and how to effectively navigate the legislative process. It provides examples of what health educators can do to influence public policy and highlights some of the issues that health educators might address. The importance of paying attention to the different access points for providing information to assist state policy makers in the development of legislation is also highlighted. In essence, the article outlines strategies for getting inside the legislative process; and contributes to the literature on advocacy processes and strategies that health educators can use to advance their causes. The article builds on commonly accepted knowledge and provides additional

insights from seminal and emerging research in the political science, social work and public health literature.

GETTING STARTED IN LEGISLATIVE ADVOCACY

Galer-Unti, Tappe et al.² provide a clear, concise and accurate framework for getting started in advocacy that focuses on several broad strategies.

1. Voting
2. Electioneering (becoming or supporting a political candidate)
3. Lobbying
 - a. Direct
 - b. Integration of grassroots lobbying into direct lobbying efforts
4. Gathering and disseminating information

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5. Engaging the media

a. One dimensional, directed away from the individual engaging in the activity (e.g., writing letters to news editors and/or op-ed articles)

b. Two way exchange between the media and the individual engaging in the activity (e.g., responding to media requests for information, issuing news releases, developing and sustaining working relationships with the media)

These are all key advocacy efforts, but each stops short of helping to draft legislation or becoming intimately involved with the inner workings of the legislative process. There is a clear opportunity to discuss other ways for health educators to get involved.

McInnis-Dittrich⁶ (p. 135) maintains that one of the first steps in “understanding and eventually changing” policy is to identify which level of government has taken responsibility for addressing the policy of interest. For example is the policy being considered by the federal, state, or local government (including counties, cities, school boards and other special districts and committees), or is it something internal to an agency or organization, which would require a different course of action? The locus of the policy making authority will determine where advocacy efforts should be dedicated, and can potentially effect the level of access that an individual or group may have to the process. However, it is just as important to know what branch of government is involved in the policy making process: executive, legislative, administrative or judicial. Clearly, there are multiple opportunities for health educators to engage in advocacy. This article restricts its coverage to state level legislative policy.

There are a variety of concepts that one must know in order to effectively influence state level legislative policy.⁷ First, it is important to have a solid understanding of the state legislative process. Second, it is good to have a working knowledge of the composition and structure of the Senate and House (or Assembly) and their committees. Third, when focusing on a specific piece of legislation, know its name, number,

sponsor(s), content, purpose and likely impact. Fourth, know to which committee(s) the bill of interest is likely to be referred; and the names of the chairperson, vice-chairperson, and other committee members. Finally, it is important to know where the bill is in the process and what deadlines affect it. Exhibit 1 and table 1 highlight specifics on a sample bill, its status and relevant committees. The discussion in the next section provides a context for how individuals and organizations can obtain information about state legislatures, their processes and procedures.

Knowing How to Get Involved in Legislative Processes

“Individuals can have an impact on specific legislative proposals, provided it is made at the appropriate time. Organized community and citizens’ groups can multiply the impact of that individual effort. Organizing citizens’ groups to deal with specific community problems is extremely important. Such groups provide a focal point from which citizens can participate in the decision-making process and influence legislation.”⁸ (cover)

This opening quote from *The Citizen’s Guide to State Legislature* points out the saliency and relevancy of becoming knowledgeable about legislative processes in order to enhance one’s advocacy efforts. It also highlights the need to ensure that an array of individuals know how to access the legislative process. Some states provide print, video, and/or on-line legislative guides to help people become knowledgeable about opportunities and procedures for participating in the legislative process.⁹⁻¹² By consulting these and other resources, health educators can enhance their understanding of the state legislative process in general and the internal workings of state legislatures and their committee structure in particular.

When it comes to knowing the specifics about a piece of legislation, relevant committees and the status of bills (exhibit 1), health educators can also turn to state

legislative offices and websites; as well as the offices and websites of policy organizations, professional associations, and advocacy organizations. Whether one is interested in learning more about bills and laws or gathering data to help inform the policy making process it is important to make use of a variety of resources including local, state and national health data, community statistics, research reports, and relevant public opinion polls. Armed with this knowledge, health educators are better able to both provide information to legislators and help prepare draft language for bills.

It is important to note that health educators do not have to work in isolation when obtaining information about legislation that has been proposed or passed, or going further with their advocacy efforts. In recognition of the importance of advocacy, professional associations across the U.S. have initiated a range of activities to provide their members with the skills, information and opportunities to fully incorporate advocacy into their professional lives. For example, working in conjunction with the Coalition of National Health Education Organizations (CNHEO), the National Center for Health Education (NCHE) and six other partners, the Society for Public Health Education (SOPHE) co-sponsored the eighth annual health education advocacy summit in Washington, D.C. in 2005 and plans were already underway for the 9th annual summit.

As part of the 2005 summit, students, faculty, practitioners and researchers involved in health education visited with members of Congress to advocate for “increased funding for research and programs to address school health and health disparities.”¹³ (p. 1) Summit participants also received background information on school health, health disparities, the federal budget and appropriations process; as well as tips on information dissemination to policy makers, and strategies for making the most of visits to Congress. In addition to providing advocacy and education opportunities for the participants, leaders of the summit’s co-sponsoring organizations “met with mem-



Exhibit 1. Identifying Bill Name, Number, Sponsor(s), Content, Purpose, Likely Impact, Relevant Committees and Status—Overview of Illinois H.B. 0058 (94th General Assembly)

Short Description: HEALTH ED-REQUIRED INSTRUCTION

Bill Number: HB0058

House Sponsors: Rep. Patricia Bailey - Lou Lang, Mike Boland, Calvin L. Giles, Monique D. Davis, Rosemary Mulligan and Harry Osterman

Senate Sponsors: Sen. Terry Link

Synopsis As Introduced: Amends the Critical Health Problems and Comprehensive Health Education Act. Requires a comprehensive health education program to include instruction in secondary schools on clinical depression, suicide prevention, the prevention, transmission, and spread of HIV/AIDS (rather than just AIDS), disaster and terrorism preparedness (instead of disaster survival), and organ, tissue, and blood donation.

House Amendment No. 1: Further amends the Critical Health Problems and Comprehensive Health Education Act. Provides that notwithstanding the provisions of the Act, any provision of the School Code that allows for or requires parental consent is valid.

Bill Status / Actions:

<i>Date</i>	<i>Chamber</i>	<i>Action</i>
1/6/2005	House	Bill Pre-filed with House Clerk by Rep. Lou Lang (D)
1/12/2005	House	First Reading
1/12/2005	House	Referred to House Rules Committee (see Table 1)
1/26/2005	House	Assigned to House Elementary & Secondary Education Committee (see Table 1)
2/17/2005	House	Added Co-Sponsor Rep. Mike Boland (D)
2/24/2005	House	House Amendment No. 1 Filed with Clerk by Elementary & Secondary Education Committee and adopted in same committee by voice vote Passed as amended / Short Debate; 013-002-004 Several Co-Sponsors added: Rep. Calvin L. Giles (D), Rep. Monique D. Davis (D), Rep. Rosemary Mulligan (R), Rep. Harry Osterman (D)
2/25/2005	House	Placed on Calendar 2nd Reading - Short Debate
3/3/2005	House	Second Reading - Short Debate Placed on Calendar Order of 3rd Reading - Short Debate
4/11/2005	House	Chief Sponsor Changed to Rep. Patricia Bailey (D) with Rep. Lou Lang (D, Assistant Majority Leader) noted as Chief Co-Sponsor
4/11/2005	House	Third Reading - Short Debate Passed 082 yeas, 032 nays, 000 abstentions
Bill changed chambers (i.e., moved from House to Senate)		
4/12/2005	Senate	Arrived in Senate Placed on Calendar Order of First Reading April 13, 2005
5/4/2005	Senate	Chief Senate Sponsor Sen. Terry Link (D, Majority Caucus Chair)
5/5/2005	Senate	First Reading Referred to Senate Rules Committee (see Table 1)

Source: Illinois General Assembly.²⁸ Bill Status of HB0058, 94th General Assembly.

**Table 1. Illinois 94th General Assembly Committee Assignments Relevant to H.B. 0058**

House Rules Committee		House Elementary & Secondary Education Committee		Senate Rules Committee	
Member	Party	Member	Party	Member	Party
Barbara Flynn Currie, Chair	D	Calvin L. Giles, Chair	D	Louis S. Viverito, Chair	D
William B. Black, Republican Spokesperson	R	Monique D. Davis, Vice-Chair	D	Edward Petka, Minority Spokesperson	R
		Jerry L. Mitchell, Republican Spokesperson	R		
Gary Hannig	D	Suzanne Bassi	R	John J. Cullerton	D
Brent Hassert	R	Daniel V. Beiser	D	Rickey R. Hendon	D
Arthur L. Turner	D	Linda Chapa LaVia	D	Peter J. Roskam	R
		Marlow H. Colvin	D		
		Lisa M. Dugan	D		
		Roger L. Eddy	R		
		Robert F. Flider	D		
		Kevin Joyce	D		
		David E. Miller	D		
		Donald L. Moffitt	R		
		Rosemary Mulligan	R		
		Ruth Munson	R		
		Harry Osterman	D		
		Sandra M. Pihos	R		
		Robert W. Pritchard	R		
		David Reis	R		
		Michael K. Smith	D		
		Jim Watson	R		

Source: Illinois General Assembly.²⁸ Committee Assignments, 94th General Assembly.

bers of the House and Senate appropriations committees on behalf of their combined membership of 30,000 health education professionals^{9,13 (p. 1)}

State and regional associations have also undertaken efforts to provide incentives and opportunities for public health professionals to engage in advocacy efforts. For example, the New Jersey Society for Public Health Education and the New Jersey Public Health Association joined forces to provide training and confidence building activities, while also creating opportunities for public health professionals to establish and foster working relationships with legislators and other key decision makers.⁴ This approach embodied a key understanding of the reality that legislators are more receptive to information from people and orga-

nizations that they know and trust.¹ These efforts and others are preparing scores of individuals to be effective advocates for public health issues. At their core is the notion that having an accurate understanding of the inner workings of the legislative process enhances one's ability to effectively influence policy, particularly when it comes to knowing whom to give information to, what type of information to give them, when and how.

PROVIDING INFORMATION TO STATE LEGISLATORS

Legislative staff, fellow legislators, interest groups, lobbyists and advocacy groups, executive agencies, universities and think tanks, other state and local governments, constituents, and the media are all well

known sources of information for state legislators facing policy decisions. Although it has been less commonly reported, the Internet, ethnic associations, grassroots organizations, workshops, conferences, and local branches of national organizations are also sources of information for state legislators. The range of information sources for state legislators suggests that some sources may be more important than others for particular legislators and at particular points in the legislative process.¹⁴ Health educators need to understand this variation and then make the best use of available resources.

Relative Influence and Access Points

The degree to which one is able to get his/her information received and considered by state legislators depends on how



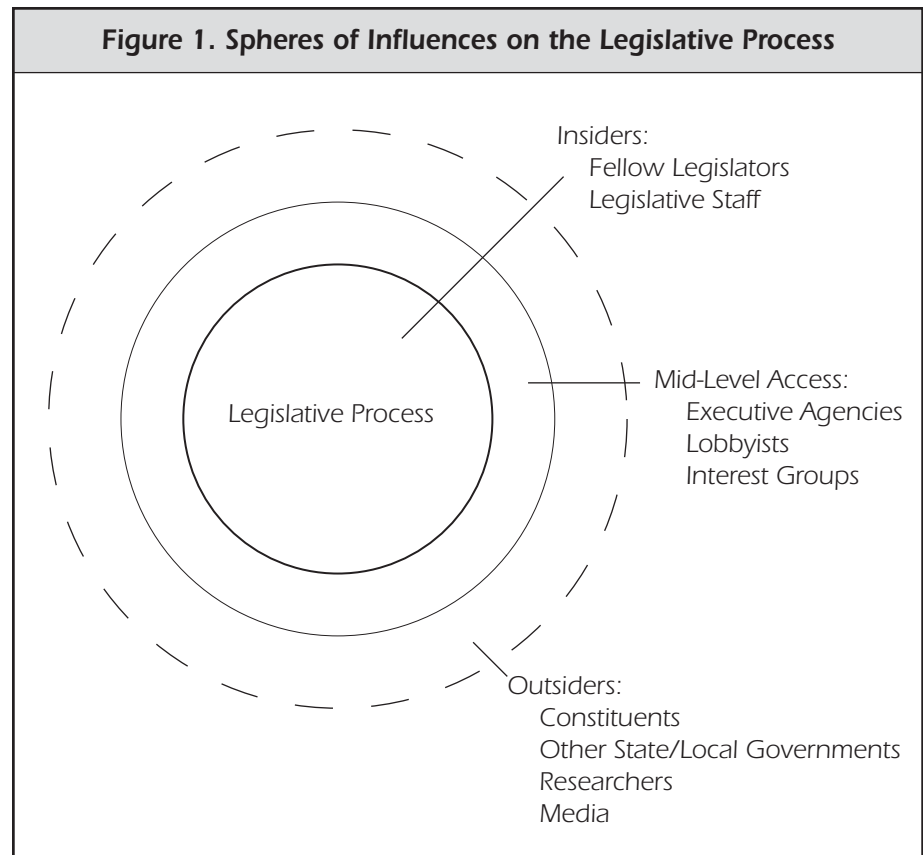
close one is to the legislative process. Fellow legislators and staff are typically viewed as insiders, while executive agencies, lobbyists, advocacy organizations and interest groups are considered middle range sources of information. Constituents, other state and local governments, researchers, and the mass media are all outside of the legislative process. The Internet, ethnic associations, grassroots organizations, workshops, conferences, and local branches of national organizations are typically viewed as outsiders (figure 1). For those outside the day-to-day happenings of the legislative process, it is imperative that information be targeted to the appropriate people at the most relevant stages of the policy process. Thus, it is instructive for health educators to realize that their information dissemination efforts are more likely to be successful when legislators are engaged in the process of developing legislation. Similarly, information from sources like state executive agencies (e.g., departments of health) and professional associations can also be instrumental in developing legislation.

Communication Strategies

Given the different access points to the legislative process, care must be taken in planning and implementing a strategy for effective legislative advocacy, no matter its form. First, one must decide if the goal is to get legislation introduced, amended, passed or blocked. Upon making that decision, an action plan should be developed that has the greatest likelihood of success. Key in all this is how information can influence the legislative process. The relative influence of any one source of information is likely to vary by the communication activity undertaken. A few of the possible strategies are noted below.¹⁵

- Mobilizing public opinion
- Acting as a clearinghouse for information
- Formulating policy alternatives
- Advocating a policy position
- Coordinating efforts to influence outcomes

For any given policy issue, a legislator may view some sources of information to be more useful than others. In particular,



legislators are likely to consult a number of sources that provide complimentary information that allows them to make informed political decisions; and are interested in those sources that possess one or more basic attributes (table 2).

Legislator Receptivity to Information and Sources of Information

The likelihood of information being valued and used depends to some extent on the receptivity of the state legislator. Having a clear understanding of legislators' positions and perspectives on issues helps focus information dissemination efforts and may direct communication strategies. A leader of one advocacy organization noted that:

The way that you approach a legislator depends on their perspective...Using individuals who are in the inner circle is the best approach. You try to find someone who knows where the information needs to go (in person interview, April 18, 1997).

Similarly, two state legislators had this to say about their own information seeking behavior on health issues:

When I actively seek information there are a variety of sources outside of the legislature that I turn to. One example concerns the work I did with the over-use of antibiotics. I sought information from the Colorado Department of Health, medical societies, local county health departments and professors of medicine (in person interview, state legislator A, April 18, 1997).

I work for a community health center and I use those experiences to work on health and children issues in the legislature. I work on issues of early intervention and at-risk children. When I go to sources outside of the legislature, I tend to go to the local level and deal with people involved in the issues (in person interview, state legislator B, April 18, 1997).

**Table 2. Attributes of Information Sources for State Legislators**

Identifies alternatives	Accessible
Identifies costs and benefits	Convenient
Identifies future trends and problems	Factual
Identifies indirect effects	Understandable
Provides a quick response	Reliable
Provides concise information	Thorough
Is politically sensitive	

Source: Bradley R. B.²⁹

Table 3. Tips for Getting Legislation Introduced

- Choose a sponsor/author who is respected and has expertise in the subject matter.
- Identify possible cosponsors (co-authors) for the proposed legislation.
- Identify committees that are likely to have jurisdiction over the proposed legislation.
- A good first choice for a bill sponsor would be a senior member of the committee to which the bill will likely be assigned.
- Be certain that your sponsor/author will support the bill and work hard to get it passed.
- Carefully choose the legislative chamber (house/assembly or senate) in which to introduce the proposed legislation, since there may be less resistance in one chamber than in the other.
- Identify and obtain majority and minority supporters of the bill at the time of introduction.
- Check your facts and figures (make sure your information is accurate).
- Support your own legislation (only put forward proposals that you fully believe in).
- Provide draft legislation that falls clearly within the jurisdiction of a preferred committee in order to avoid split or joint jurisdiction, which can slow down or unnecessarily complicate the process.
- Follow your legislative proposal to its conclusion.
- Give credit where credit is due (to the bill sponsors).

Source: American College of Emergency Physicians.²⁰

At times the most receptive legislators are those sympathetic to the general aims of a piece of legislation; but they may lack the power to push the legislation forward. This means it is necessary to tailor information to the needs of the person receiving

it and to have a good sense of the power that the receiving legislator can wield on behalf of the issue. It is also important to remember that receptivity is about more than sympathy towards a particular goal or mission represented by an individual,

organization, or bill. It also encompasses issues of saliency and timing. Legislators are more likely to seek and use information on bills that are highly visible, hotly contested and/or complex. In addition, the more likely it is that a bill will pass the more likely it is that a legislator will seek out and/or be open to obtaining information relevant to the bill at hand.¹ Understanding when and why to approach a particular legislator is just as important as knowing how to approach that decision maker.

As noted earlier, the role and responsibilities of a legislator are often the more important factors that will influence the policy process. State legislators are more likely to seek and use information from a variety of sources when they sponsor a bill and/or when they lead or sit on a committee that is responsible for reviewing a particular piece of legislation.¹⁶ Thus it is important to remember to focus one's attention on the appropriate legislative committees and subcommittees. For example, health educators might target committees addressing issues like health, aging, social services and/or ways and means. These are some of the committees that are most likely to be assigned bills concerned with issues like health education, health promotion, health care access and utilization, health disparities (research, treatment, and education), health policy, health and environmental justice, and budget appropriations to health departments and related agencies.

Individuals and organizations attempting to influence public policy need to get information in the hands of one or more key players: bill sponsors or their staff, legislators with seniority, and the leadership and membership of relevant legislative committees. This discussion of information dissemination reaffirms that the greatest level of access for those outside of the legislative process occurs during the problem identification, agenda setting, and policy formulation stages of the policy making process. A key opportunity to effect change is before and during the introduction of new legislation. Health educators can take



an active role in getting ideas incorporated into bills.

WHO CAN PRESENT IDEAS FOR LEGISLATION?

Draft legislation can emerge from sources internal and external to the legislative process.^{17, 18} State legislators may introduce bills based on campaign promises, or needs they observe once in office. Members of legislative committees may also draft legislation based on the results of public hearings, task force reports and/or research studies. Heads of administrative agencies, state legislators, governors, mayors, and the President of the United States can also submit proposals (called memorials) to legislative bodies. Individuals, citizens groups, lobbyists and a range of other organizations can also avail themselves of rights granted under the First Amendment of the U.S. Constitution to petition and send proposals to members of legislative bodies.

Amendment I (1791): *Congress shall make no law* respecting an establishment of religion, or prohibiting the free exercise thereof; or *abridging* the freedom of speech, or of the press; or *the right of the people* peaceably to assemble, and to *petition the Government for a redress of grievances* [emphasis added].¹⁹

There are several important points that health educators, citizens and organizations should pay attention to when attempting to get legislation introduced (table 3). Potential advocates need to know that “some of the most important and often most overlooked activities related to having a particular bill introduced are writing your legislator, testifying, and personal contact with the legislature.”²⁰ (Section 5, p. 2) It is also important to remember that “you must communicate with your Representative on a regular basis, not just when a crisis arises or you want something. A thank you can be as important to your long-range goals as a request for a special vote.”²¹ (p. 1)

If a legislator is supportive of a legislative proposal submitted by an individual or

organization, s/he can introduce the proposal in its original form, or authorize revisions to the proposed legislation. Although ideas for legislation may come from any number of sources, legislators are the only ones who can actually introduce bills in their legislative bodies. They typically do this after they and/or their staff have worked with legislative counsel to ensure that the language of the bill is appropriate and legally sound.^{18, 22, 23} Just because a proposal is accepted does not mean that it will ultimately be made into law in any given legislative session, or ever. An advocate must adopt a long-term perspective to legislative advocacy; and be patient, persistent and realistic about what changes are possible, and when.

PUTTING IT ALL TOGETHER

Reflecting on advocacy efforts for mental health, Abouhassan²⁴ highlights six stages of legislative advocacy: 1) discovering or identifying the problem and seeking a legislative solution; 2) developing the bill idea; 3) “shopping” for a bill sponsor; 4) engaging in the committee process; 5) dealing with real or potential opposition; and 6) getting the bill signed into law. The journey of California Senate Bill 1365 through the legislative process provides one example of how ideas can be transformed into law through advocacy (exhibit 2). Intended to enact state law implementing the U.S. Supreme Court’s Olmstead decision preventing the unnecessary institutionalization of persons with mental health limitations, the bill placed specific requirements on the California Health and Human Services Agency (table 4).

Advocates, the bill sponsor and co-authors, and other interested parties were able to work together to get the legislation successfully introduced and passed by both the California Assembly (51 ayes, 27 noes on 8/23/04) and Senate (28 ayes, 8 noes on 8/25/04). An interesting twist occurred on September 27, 2004 when California Governor Arnold Schwarzenegger vetoed the measure.²⁵ This was not however a defeat, rather the Governor issued an Executive Order

that was consistent with the intent and purpose of S.B. 1365. In particular, Executive Order S-18-04 directed the California Health and Human Services Agency “to establish a Committee to provide input to the Agency on its efforts to evaluate, implement and monitor the Olmstead Plan, on recommended actions to improve California’s long-term care system, and on opportunities to fund expanded or new activities to support individuals with disabilities in their community.”²⁶ (p. 1) The Governor went on to request assistance from the original bill sponsor in identifying suitable candidates to serve on the committee.

Activities in Massachusetts in 2003 and 2004 provide a poignant example of how individual public health professionals can use their knowledge and skills to inform the policy process (exhibit 3). Upon joining an advocacy coalition, a nurse concerned with environmental justice issues was able to successfully demonstrate links between asthma and the environment; and to use this as a foundation for activities to recruit a range of bill sponsors and help push the bill through the State Senate. The key in this example was making an individual decision to join forces with others to advocate on behalf of specific health promotion activities. Public health professionals don’t have to stand-alone and don’t have to rely singularly on the activities of their professional organizations and/or existing advocacy organizations. Rather, it is possible to join a coalition at any point in time, to address one specific cause and then to move on, as necessary. The activities undertaken in this example were well within the skill set of the health professional and as such, provided an easy avenue for others to follow in a similar manner on any range of issues. There are several key insights that should be taken from this example. They include the importance of relying on legislative staff and making sure that bills are directed to the appropriate committees. Other insights include the need to have a long-term perspective, to be persistent and to seek a broad base of support from respected organizations in the community.



Exhibit 2. An Overview of One Way to Get Ideas Made Into Law

1. Discovering a problem and seeking the legislative solution

Problem: California had not moved forward with the Olmstead implementation process. Olmstead is a landmark US Supreme Court decision holding that unnecessary institutionalization of people with disabilities violates the Americans with Disabilities Act (ADA).

Solution: California S.B. 1365 (2003-2004 Legislative Session)

Subject—Preventing unnecessary institutionalization

Title—An act to add Division 14 (commencing with Section 23000) to the Welfare and Institutions Code, relating to individuals with disabilities.

Action taken by advocates:

Bill language was drafted to establish the Olmstead Advisory Council to provide technical assistance and guidance to the Health and Human Services Agency regarding community living options for Californians with disabilities, including seniors and children.

2. Developing the Bill Idea

- Existing state and federal law was used to guide the drafting of California S.B. 1365.
- The next step was to find someone in the legislature to submit the proposed bill language to legislative counsel.

3. “Shopping” for the Author

- Met with legislators.
- Explained the importance of the issue and the bill to legislators that had an interest in the topic.

Specific to California S.B. 1365:

- PAI staff met individually with staffers of legislators that had an interest in developmental disability and Olmstead related issues, explained the problem and proposed solution.
- Senator Chesbro agreed to author the bill. At the time the legislation was proposed:
 - Chesbro served as Chair of the Senate Budget & Fiscal Review Committee and the Budget Subcommittee that oversaw the budgets of departments dealing with health & human services, labor, and veterans’ affairs.
 - He also chaired the Senate Select Committee on Developmental Disabilities and Mental Health.

4. The Committee Process

- The bill was referred to committees based on several factors.
 - Topic—SB 1365 involved health and human services issues so it was referred to the Assembly Health Committee, the Assembly Human Services Committee, and the Health & Human Services Committee in the Senate.
 - Cost—the bill was tagged by legislative counsel as having a potential cost to the state so it was referred to the Appropriations Committees in the Senate and the Assembly.
- Getting the bill out of committees:
 - Interested parties, consumers, family members, and lobbyists provided testimony affirming the need for the bill.
 - Constituents and lobbyists wrote letters indicating why the bill, if passed, would be good or bad policy.
 - Lobbyists met with consultants doing the committee analysis to ensure that the staff understood the legislation.

5. Dealing with the Opposition or Potential Opposition

- The key was to try to reach some degree of consensus if it was possible.
- It was important to remember that complete consensus almost never happens, so the goal was to distinguish between compromising and non-compromising points.

6. Getting the Bill Signed into Law (standard activities)

- Met with the Governor’s Administration and discussed the focus of the bill and addressed with staff issues that may be raised by potential opposition.
- Sent letters to the Governor and the staff analyzing the bill, explaining the bill, and urging signature. On August 28, 2004, the organization initiating much of the action behind S.B. 1365 sent a letter to the Governor urging his support of the legislation.
- Urged grassroots organizations to support the bill and write letters requesting that the bill be signed into law.

Sources: California S.B. 1365.²⁵; Knowlton, V.³⁰; Abouhassan, E.²⁴



CONCLUSION

By focusing on legislative advocacy and the role of information, access and timing when approaching policy makers this article meets the need to provide health educators with more information about the policy process.²⁷ Indeed, there are a number of opportunities for health educators to influence public policy. Some of the more common ones include voting, lobbying, giving legislative testimony, preparing policy briefs, analyzing policies, contacting elected officials in person or by phone, fax, letter or email, and organizing individuals and/or groups to give legislative testimony on their own behalf. These are but a few of the ways that any concerned individual or group can get involved in public policy. This article provides a framework for conceptualizing opportunities to provide information to state legislators and ultimately to influence public policy.

So just when should information be provided to help shape the policy making process? It depends largely on one's intent. If the purpose is to raise something to a level of awareness and get something on the governmental agenda, then care must be taken to use information to structure the problem identification, problem definition, and agenda setting stages of the policy process. In this instance, it is important to find suitable bill sponsors and investigate the possibility of assisting in the writing of actual legislation versus providing data and/or rationales for such legislation. If the intent is to influence a bill already introduced then it is important to pay particular attention to the intensity of the debate surrounding the bill, the complexity of the bill and how far along in the process the bill has progressed.

When all is said in done, to whom do you give information if you want to affect the legislative process? When do you provide this information? What type of information do you provide and in what format will it be most useful? These are key questions which must be addressed for successful legislative advocacy. At a minimum, one might consider providing information to

Table 4. Provisions Included in California S.B. 1365

The California Health and Human Services Agency is to establish the Olmstead Advisory Council to provide advice and recommendations for the placement of individuals in noninstitutional settings and for the review of actions and legislation within the scope of the Olmstead requirements.

The California Health and Human Services Agency, the State Department of Health Services, and other state departments, as appropriate, are to explore, and report to the Legislature on, options for: (a) expanding or modifying the state Medicaid plan or Medicaid waivers and (b) the modification of statutory law and regulations in order to address barriers to persons moving from, or avoiding placement in, institutional facilities.

The appropriate policy committees of the Legislature are to: (a) hold annual hearings on recommendations from the Olmstead Advisory Council; (b) review the status of the Olmstead Plan implementation and proposed revisions; and (c) take public comment.

The California Health and Human Services Agency and the council are to consider input from the appropriate committees of the Legislature and public comments prior to finalizing the annual Olmstead Plan revision.

Source: California S.B. 1365.²⁵

the following individuals.

- Committee chairpersons responsible for a particular piece of legislation or policy area of interest.
- Members of committees responsible for making initial decisions on legislation.
- Legislative staff.
- Your state legislator, particularly if they sit on the committee relevant to the issue you are raising or have special access to those who do.

To increase its usefulness, information should be provided during the stage of the policy process where it is most relevant and likely to be received warmly. If one is largely an outsider to the legislative process (e.g. constituents, researchers, media, public health professional), then it may make the most sense to provide information during the policy formulation phase of the process while legislation is being developed and amended. Those outside the process can also use this time to bring something to the attention of policy makers and push for an issue to be included on the governmental agenda.

Partnering with a variety of professional, community and policy organizations can

increase the likelihood that information will make it through to a legislator at the most appropriate time. Given the importance of legislative staff, it is important to target information to staff and/or other organizations that may have prime access to staff. The key is to pay attention to the legislative process, develop a plan of action and be willing to be around for the long haul. Most importantly, those outside of the legislative process need to provide timely, accurate, trustworthy, relevant data in condensed, easy to read formats. This information is likely to be even more valued if it allows legislators to identify the costs and benefits of alternative solutions. Similarly, information tends to be more useful to legislators if it gives some indication of indirect effects of a particular action or signals future trends or problems. Essentially legislators are looking for information from a variety of sources for a number of reasons. It is possible to tap into this information search by being conscious of the needs of legislators and understanding the legislative process and the opportunities that it presents to help shape public policy.



Exhibit 3. Experiences of a Massachusetts Nurse in a Legislative Coalition for Environmental Justice Legislation

Coalition members: Legislators, legislative aides, environmental activists, students, and a nurse.

Value-added: What the nursing presence added to the coalition was a clear link between the environment and health impacts (e.g., asthma), demonstrating the need for health promotion.

Strategies employed

Needs Assessment: The nurse visited environmental justice communities, met with residents in those areas and photographed environmental health hazards in the target neighborhoods.

Education & Outreach:

Development and distribution of materials to advance the advocacy effort.

- Literature review using asthma as a case study of one type of environmental public health concern.
- Leaflets and PowerPoint presentation on the proposed legislation based on the photographs and literature review on asthma and the environment.
- Asthma fact sheet posted on the web site of an established advocacy organization.

This information was targeted to several distinct groups to broaden the coalition, recruit additional bill sponsors, educate and advocate:

- Regional health care groups (broaden base, recruitment)
- Health Advocacy Groups (broaden base, recruitment)
- State legislators (education and advocacy)

Sources: Perry, D.^{31,32}

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