NACCHO Exchange
Promoting Effective Local Public Health Practice

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Communicating the Value of Local Health Departments

Using Media to Advance Public Health Agendas

By Kate Fowlie, BA, Communications Officer, and Wendel Brunner, MD, PhD, Public Health Director, Contra Costa (CA) Health Services

Strategic media work is an integral part of modern public health practice, and many local health departments (LHDs) understand this work as core to their essential functions. LHDs around the country are increasingly embracing media work to help address the public health issues of the 21st century: chronic disease, global warming, emerging diseases, access to healthcare, health disparities and the inequities that cause them, and the core responsibilities of disease control. These health issues encourage LHDs to move beyond their traditional roles of providing individual services and health education and to increase their focus on the physical, political, and social-environmental factors that are major determinants of individual and community health.

Because media have a major role in shaping the social and policy environments, effective media work is critical to modern public health. LHDs—and other public health agencies—can be deliberate in applying a range of media strategies to support the whole spectrum of public health approaches, from strengthening individual knowledge and skills to effecting policy.

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Putting a Face to Public Health

By Senator Tom Harkin, United States Senate

I have been an advocate for public health throughout my nearly three and a half decades in Congress. Together with local health officials across the country, we have made great progress in public health, from seatbelt laws to smoke-free public spaces. Today we are implementing a range of provisions in the Affordable Care Act that not only put a greater focus on health and wellness but also help to strengthen our public health systems for day-to-day activities. But much more needs to be done. We need additional voices on Capitol Hill and in state legislatures advocating for the critical role that local public health agencies and other community-based health organizations play in helping to transform our current *sick* care system into a true *health* care system, with a much sharper emphasis on wellness, prevention, and public health.

Why am I counting on local health officials to play a more active advocacy role? No one understands the public health needs of a community better than those who are part of it. Policymakers in Washington depend on your feedback to help us make informed decisions. Not only do you have the best sense of the potential benefits that public health policies can have on community health, you are also intimately familiar with the challenges of implementing these policies.

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Journalism and media are changing at a dizzying pace, and LHDs need to broaden their concept of media and be prepared to implement strategies in this changing environment. Media now include much more than traditional mass media, such as newspapers, television, and radio. Many people also get their news from online news sites and social media, such as blogs, Facebook, and Twitter. With the wide array of online communications now available and increasingly popular, what once would have been just a local newspaper story can sometimes have rapid national impact online thanks to social media. Social media offers challenges and opportunities, and LHDs must engage to get their messages heard.

An essential element to using the media to advance public health agendas is effectively framing the message. Framing provides the context that shapes how the message is understood and how the facts and science presented are interpreted. Framing is the lens that LHDs provide through which to view an issue to suggest policy directions to improve health or provide meaning to scientific reports for the public. LHDs can move the frame away from the individual responsibility and behavior approach that the media normally presents and create a broader understanding of the social and environmental factors that shape community health.

LHDs can employ a wide range of media strategies (see table), including media advocacy, social marketing, counter advertising, the Centers for Disease Control and Prevention's Crisis and Emergency Risk Communication, and the basic staple of LHD media work: credible source communication. Different approaches work more effectively depending on the public health agenda, and sometimes a hybrid of several strategies is needed.

The credibility of LHDs in the community makes LHDs particularly effective media advocates and enables them to frame issues to provide a broader understanding of the social and environmental factors that shape community health. Credible source communication, the basic media strategy for LHDs, means that LHDs become a key source of information and authority on public health issues for the public, partners, and the media. LHDs, as credible sources, get frequent requests from the media for information about disease trends, food poisoning in a local restaurant, health equity, violence, seasonal flu vaccine availability, childhood obesity, and myriad other public health issues that confront communities everywhere. These topics are a source of interest to the public and, therefore, the media. They are what reporters are paid to cover, and reporters actively look for sources and stories.

Traditional media have diminishing resources and fewer reporting staff, and they will keep coming back to the LHD for stories, information, and comment if they find that the LHD regularly has

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TABLE 1—MEDIA STRATEGIES

STRATEGY	TARGET	SPOKESPERSON	OUTCOME	PACE
Credible Source Communication	Policymakers Public Individuals	Trained program expert	Raised awareness Possible behavior change	Medium
Risk Communication	Public Individuals Institutions	Respected credible official	Individual awareness Concurrence with health recommendations	Rapid
Media Advocacy	Policymakers Public	Trained program expert	Policy change Norm change	Slow Slow
Social Marketing	Individuals	Marketing expert	Individual behavior change	Slow
Counter Advertising	Policymakers Public	Trained program expert Marketing expert	Behavior change	Slow

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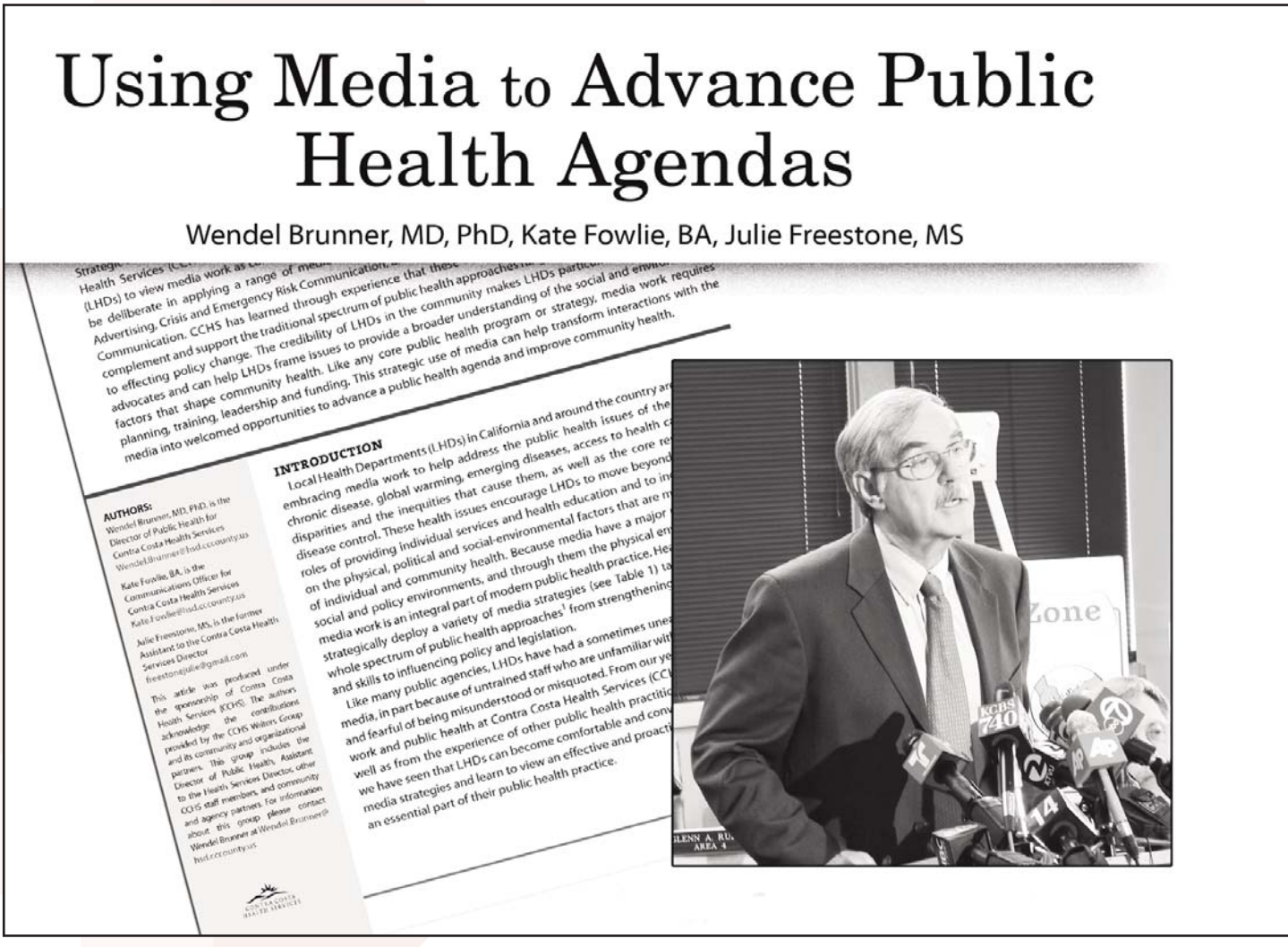

Using Media to Advance Public Health Agendas

Wendel Brunner, MD, PhD, Kate Fowlie, BA, Julie Freestone, MS

Health Services (CCHS) to view media work as a ... (LHDs) to view media work as ... be deliberate in applying a range of ... Advertising, Crisis and Emergency Risk Communication ... Communication. CCHS has learned through experience that these ... complement and support the traditional spectrum of public health approaches ... to effecting policy change. The credibility of LHDs in the community makes LHDs particularly ... advocates and can help LHDs frame issues to provide a broader understanding of the social and environmental ... factors that shape community health. Like any core public health program or strategy, media work requires ... planning, training, leadership and funding. This strategic use of media can help transform interactions with the ... media into welcomed opportunities to advance a public health agenda and improve community health.

INTRODUCTION

Local Health Departments (LHDs) in California and around the country are ... embracing media work to help address the public health issues of the ... chronic disease, global warming, emerging diseases, access to health ... disparities and the inequities that cause them, as well as the core ... disease control. These health issues encourage LHDs to move beyond ... roles of providing individual services and health education and to ... on the physical, political and social-environmental factors that are ... of individual and community health. Because media have a major ... social and policy environments, and through them the physical ... media work is an integral part of modern public health practice. He ... strategically deploy a variety of media strategies (see Table 1) ... whole spectrum of public health approaches[1] from strengthening ... and skills to influencing policy and legislation.

Like many public agencies, LHDs have had a sometimes ... media, in part because of untrained staff who are unfamiliar ... and fearful of being misunderstood or misquoted. From our ... work and public health at Contra Costa Health Services (CC ... well as from the experience of other public health practitio ... we have seen that LHDs can become comfortable and conv ... media strategies and learn to view an effective and proact ... an essential part of their public health practice.

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something compelling to offer. By steadily expanding the issues discussed with the media—and providing them with press releases, podcasts, and video footage and proactively pitching stories—LHDs expand what the media, public, and policymakers consider to be in the purview of public health. LHDs eventually are called for comments on violence, homelessness, community planning, global warming, health equity, outbreaks, and immunizations. Through regular, consistent credible source communication, the LHD builds the experience and credibility with the traditional media essential for all media strategies.

Key elements of credible source communication for an LHD to be perceived as a reliable source of information include providing timely information, choosing the right spokesperson, providing accurate information, being transparent, sharing the spotlight with partners who have complementary information, and developing ongoing relationships with reporters.

Media advocacy is a strategy that changes the frame for health from individual responsibility to focus on environmental causes of ill health; it proposes specific policy solutions. It often uses a "news hook" as an opportunity to promote a policy agenda. Media advocacy is generally aimed at policymakers.

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LHDs, having limited resources and often political constraints, must decide on what media strategies to use, depending on target audience, desired outcomes, and urgency of the messages.

Effective media advocacy frames issues in fundamental community values that motivate people, like justice, fairness, or family. LHDs, generally perceived as protecting the community welfare, have particular credibility in their communities to use these frames and so can be especially effective in conducting media advocacy campaigns. (For more information on other media strategies and examples, see Contra Costa Health Services' media paper, *Using the Media to Advance Public Health Agendas.*)

LHDs, having limited resources and often political constraints, must decide on what media strategies to use, depending on target audience, desired outcomes, and urgency of the messages. Many LHDs will not be able to do overt media advocacy on some of the major public health issues, but all LHDs can find ways to use media to broaden the understanding of the public and policymakers of the factors that determine community health.

Like many public agencies, LHDs have had a sometimes uneasy relationship with the media, in part because of untrained staff who are unfamiliar with working with the media and fearful of being misunderstood or misquoted. Media training is essential to success, and a designated public information officer or communications officer is ideal to oversee media relations and training of LHD media spokespersons. Trained LHD professional staff—nurses, doctors, nutritionists, community workers, hazardous materials specialists, and health educators—are subject matter experts who provide credibility and depth of information that enhances media work.

Like any core public health program or strategy, media work requires planning, training, leadership, and funding. LHDs can become comfortable and conversant with a broad range of media strategies and learn to view an effective and proactive relationship with media as an essential part of their public health practice. Strategic use of media can help transform interactions with the media into welcomed opportunities to advance a public health agenda and improve community health.

For More Information

This article is based on Contra Costa Health Services' media paper,* Using the Media to Advance Public Health Agendas, *which was co-authored by Contra Costa Health Services' Public Health Director Dr. Wendel Brunner, Communications Officer Kate Fowlie, and former Assistant to the Health Services Director Julie Freestone. Contra Costa Health Services' is an integrated public health system in the Greater San Francisco Bay Area in Northern California. For more information, contact Kate Fowlie at kate.fowlie@hsd.cccounty.us or 925-313-6268 or 597 Center Ave. #255, Martinez, CA 94553. The paper is available online at http://cchealth.org/groups/health_services/pdf/media_paper.pdf.

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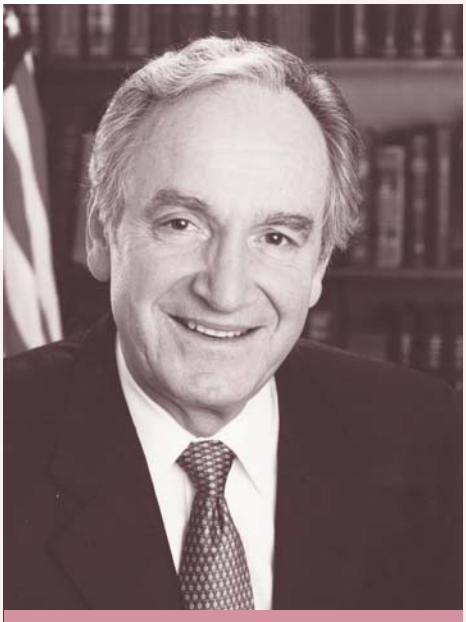

We need additional voices on Capitol Hill and in state legislatures advocating for the critical role that local public health agencies and other community-based health organizations play in helping to transform our current sick care system into a true health care system, with a much sharper emphasis on wellness, prevention, and public health.

One of the greatest challenges right now is putting a face to public health. You might be asking, "What does this mean?" We all know that when public health works, it is invisible. That is why you need to educate elected officials in your city or county by fully briefing them on the critical public health activities that you carry out daily in your communities. Paint a vivid picture of the activities that you engage in to protect and promote public health. Help elected officials to imagine what would happen if these things were no longer available. But go beyond talking solely about programs and initiatives in the abstract; instead, talk about how these activities affect people in their daily lives. Make the case that it is a cardinal function of government to help people live longer, safer, healthier lives.

Elected officials need to be held accountable for their actions, but it is your responsibility to help them understand how their decisions are impacting public health. For example, when elected officials decide not to support a program to promote immunizations, those officials need to be fully informed about the likely negative consequences for the health of children and seniors who rely on that program.

For many people, public health can be a big black box, and the more successful public health activities are, the more they are taken for granted. In addition to raising awareness about the critical public health functions that you carry out daily, focus on building strong relationships with key decision-makers. Be proactive by having these conversations before difficult decisions need to be made.

So here is my challenge to you: become a more vocal advocate for public health initiatives and budgets and encourage citizens who benefit from public health to speak up as well. I know this is asking a lot, given that you are hard at work every day in the trenches promoting public health. But unless you raise your voices—and raise awareness—so many of the gains we have made could be lost. Be clear and compelling in asking leaders for support and informing them of your resource needs. Most important, after you have these conversations, do not shy away from holding decision-makers accountable for their choices and statements. Congratulate them when you approve of their decisions, and let them know when you do not.

At the national level, I will continue to be an outspoken advocate for public health. But I cannot do it alone. I need you all to become vocal advocates for public health policies and budgets. Only by standing together can we make our nation a safer and healthier place—a genuine wellness society that is focused on prevention and public health for all Americans.

For more information, visit www.harkin.senate.gov.

Federal and State Advocacy: Two Examples of How Local Health Departments Make Their Voices Heard

By Anthony L-T Chen, MD, MPH, Director of Health, Tacoma-Pierce County Health Department, and Lee A. Lane, Executive Director, Texas Association of Local Health Officials

This issue of *NACCHO Exchange* is focused on advocacy by local health departments and how they have worked to make policymakers understand and act upon issues that affect the public's health. We present two case studies, one at the federal level from the Pacific Northwest and one at the state level from the heart of Texas, to show how this work can be done.

Reaching Out from One Washington to the Other: A Local Health Official's Adventures in Federal Advocacy

For years, I practiced in a community health center in southeast Seattle, a poor, diverse part of town with the worst crime and health statistics. Our clientele was largely low income, minority, and immigrant. So, when the Clinton Administration changed public assistance, including barring legal immigrants for the first five years, many of our patients suffered. Luckily, many working families could purchase Washington State subsidized health insurance, while the disabled could access a state version of Supplemental Security Income (SSI). Unfortunately, the next economic downturn had legislators balancing the budget by cutting enrollment and benefits from both programs and diverting Tobacco Settlement funds. In this recession, both programs have been targeted for elimination. I realized, regardless of how good a doctor I was, legislators' decisions in Olympia, WA, or Washington, DC, severely impacted the health of my patients.

After years of trying to advocate "on the side," I quit my job to complete a minority health policy fellowship and MPH at Harvard University. Healthcare reform in Massachusetts passed that year, and I spent two more years there during its implementation. Important things I learned were how to communicate effectively, how the political process works (it is about votes and political strategy, not necessarily the facts), and how to turn policy into legislation.

In my current role leading a local health jurisdiction, I spend a lot of time in the state capital, Olympia, during legislative session. I leverage any training from and partner in advocacy with the medical association, nonprofit organizations, and NACCHO and American Public Health Association (APHA) state affiliates. My objectives are to ensure that (1) we have the money to do our important work; and (2) good policies become law and bad ones do not. In the past, we did not pay as much attention to the other Washington, where the same could be said. Now, I receive updates from NACCHO, APHA, Trust for America's Health (TFAH), Kaiser Family Foundation, and Commonwealth Fund.

Last year saw the Centers for Disease Control and Prevention's budget slashed, a victim of the political climate. While we were lucky to receive a Community Transformation Grant, the award was one-fifth of our request. Our Senator Patty Murray (D-WA) was leading the bipartisan "Supercommittee" tackling the budget deficit. Knowing that public health had few advocates and there was intense pressure to find cuts, several LHJs worked with TFAH and NACCHO to refine messages and contact her staff. Three of

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Many elected officials either do not know what we do or confuse public health with healthcare.

her staff—some are general while others specialize on topics like health or labor—came to the meeting and were generally supportive. We had prepared the best arguments and constantly nudged the conversation back to our talking points. We, in turn, heard about the current political environment in DC and possible challenges to our agenda. Afterwards, our fears were confirmed by leaks that the Supercommittee was considering raiding the Prevention and Public Health Fund (PPHF) to offset deficit reductions.

While the Supercommittee failed, the PPHF was again targeted at year's end in a House bill to fund stopgap Medicare physician payment (the "Doc Fix"). That proposal failed but resurfaced early this year with a $5 billion cut to the PPHF as part of the payroll tax cut extension and "Doc Fix" legislation. Despite meeting with or calling all our federal representatives and senators, we were unable to prevent passage of this legislation. When the President's FY2013 budget was released, it contained significant cuts to public health funding. In February and March, I continued visiting our Congressional delegation both at home and in DC, educating members about the important role of public health and asking for their support for public health funding. I handed them fact sheets about what we do and dollar amounts of PPHF coming to our state. With a little homework, I knew our Representative Norm Dicks (D-WA) sits on the House Appropriations Committee, and Senator Murray is a proponent of healthcare reform, so the messages were timely with respect to the deadline for House budget requests and the anniversary of the Affordable Care Act.

We have seen recent assaults on the implementation of food policy, tobacco control, air quality, environmental protection, and healthcare access. You will remember past assaults on HIV, reproductive health, gun violence, and other public health funding. Many elected officials either do not know what we do or confuse public health with healthcare. We are competing for an audience with deep pocketed, politically influential, or highly organized lobbies.

Regardless of how busy we are, as long as we care about funding and public health policy, we need to develop the skills and overcome the barriers to engaging our elected representatives in the "other Washington."

For more information, contact Dr. Chen at achen@tpchd.org.

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Putting Local Health Departments in the State Decision-Making Process

The Texas Association of Local Health Officials (TALHO) has been an active advocate for local public health issues over its 12-year existence. Providing testimony during the biennial legislative process at state committee public hearings has allowed state lawmakers the chance to hear how potential or existing policies affect the local communities they serve. However, limited and untimely input into the state health department decision-making process prompted TALHO members to seek positive methods for involving LHDs in the state health department process.

In 2010, prior to the Texas 81st Legislative Session in 2011, TALHO identified priority issues and potential bill language that would bring the participation of LHDs to a new level. During summer 2010, TALHO members were surveyed to determine the key challenges they faced in working with the state health department. A white paper was created by December 2010 that focused on several topics: (1) funding allocations to LHDs; (2) contractual versus cooperative agreement relationships; and (3) the definition of an LHD. TALHO held two legislative breakfasts at the Capitol in January and March of 2011, educating lawmakers on the white paper and the key issues for LHDs. Draft language for the bill was created and vetted for several months until Senate Bill 969 was filed by Senator Jane Nelson and sponsored by Representative Lois Kolkhorst; it passed both the Senate and House with no contest and was ultimately signed by Governor Perry in June 2011 to take effect Sept. 1, 2011. This bill, one of the most important pieces of local public health legislation created in the past 10 years, created a standing Public Health Funding and Policy Committee made up of five LHD representatives, two regional health directors, and two faculty from schools of public health. Local health officials often learn about funding for public health priorities only weeks or days before funding is allocated, and funding allocation decisions are frequently made without regard to the specific public health needs of the communities. Local health officials are the "boots on the ground" in dealing with public health issues. They should be involved in setting policy priorities. Now they have an established means to communicate their concerns and suggestions to the Department of State Health Services.

Local health officials are the "boots on the ground" in dealing with public health issues.

The committee has met monthly since October 2011 to begin to define core public health functions for LHDs, evaluate public health in the state and identify areas that need improvement, identify funding available to perform these functions, and establish policy priorities for the Department of State Health Services to use in allocating money available for core public health services. The committee's policy priorities must be in accordance with prevailing epidemiological evidence and variations in geographic and population needs. The priorities must also be in accordance with state and federal law and federal funding requirements. At least semiannually the committee must make formal recommendations to the Department of State Health Services on the use of funds available exclusively to LHDs to perform core public health functions and on the allocation of the available funds throughout the state. The committee must also produce an annual report on the implementation of its duties. The bill requires that the committee provide opportunities for public testimony at least twice a year and that the Department of State Health Services create a plan to transition from a contractual relationship to a cooperative agreement relationship with LHDs. It also requires the Department of State Health Services to file an annual report with the Governor, Lt. Governor, and Speaker of the House on the implementation of the committee's funding and policy recommendations and explanations of why they did not implement any of the recommendations. This bill is not subject to sunset prior to 2023.

Thanks go to TALHO's board of directors, membership, lobby firm, staff, and others that assisted in seeing the bill created, introduced, heard in committees by both the Senate and the House, and finally passed and signed into law.

For more information, contact Mr. Lane at lee.lane@talho.org.

President's Column

By Lillian Shirley, Director, and Julie Sullivan-Springhetti, Communications Officer, Multnomah County Health Department

Advocacy is the master key to establishing political and financial support for public health.

The March NACCHO report that 40,000 public health jobs have been eliminated since 2008[1] crystallizes the communications crisis facing local health departments (LHDs). It is more difficult than ever to deploy staff and resources to explain the role of LHDs. Yet, never has it been more necessary. Advocacy is the master key to establishing political and financial support for public health.

Multnomah County Health Department found that a communications pathfinder can help achieve this goal. A pathfinder is someone who can connect staff to the community in new ways. In the last six months, media coverage around Multnomah County's efforts to prevent disease and protect health has increased from about four stories per year to nearly four stories per month being published on the Web, in local newspapers, and on radio and television.

The pathfinder who helped Multnomah County achieve this has no public health training and is not located within the LHD. But those in public health know how to work with partners and, in this case, the LHD teamed with the county communications office. The pathfinder, a former newspaper reporter who had won the 2001 Pulitzer Prize for Public Service, helped the LHD see how the media landscape has changed and how the LHD's approach needed to change, as well.

News organizations have shrunk, with far fewer reporters, space, and airtime devoted to critical issues than at any time in previous decades. Fewer professional journalists means that LHDs encounter more freelance journalists whose agenda they may not understand—or like. Fewer column inches means there are fewer positive stories. As writer Clay Shirky explains, the explosion in smart phones, Twitter, and Facebook means that every media consumer is also a potential media producer who may be reporting or commenting on the work of LHDs.

Multnomah County's pathfinder helped the LHD see that it cannot control the story or rely on a one-way monologue to explain its version of events. She likened today's media market to a conversation in which she would help us find, and strengthen, our voice.

That informed how the LHD communicated the county's major campaign to prevent obesity. Instead of pitching one story at the beginning or end of the initiative, over a period of months the pathfinder identified numerous opportunities to speak up. When a national obesity report was released, she urged the LHD to submit an editorial explaining Multnomah County's block-by block efforts to increase physical activity and access to healthy food. When the county awarded micro-loans to convenience

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store owners to expand healthy options, she connected store owners to the local business weekly. She connected a high school class planting fruit trees to the neighborhood education reporter. Stories appeared on food deserts, built environments, and limiting screen time. The pathfinder also wrote stories and produced videos for the county's website and then pushed those links on Twitter and Facebook.

When reporters ignored a groundbreaking seminar with business leaders, the pathfinder urged an enthusiastic elected official to detail the event in an opinion piece. The published piece conveyed the news and cemented the official's commitment to the LHD's work.

Multnomah County is still learning to respond quickly to these opportunities and be comfortable in discussions it cannot control. However, six months ago, there was little awareness of how obesity is driving chronic disease rates up in Portland. Today, it is an agreed-upon fact, and journalists and citizens are talking about what the community—led by the LHD—is doing about it.

This article was written by NACCHO President Lillian Shirley, Director of the Multnomah County Health Department, and "pathfinder" Julie Sullivan-Springhetti, an award-winning journalist who joined the Multnomah County Communications Office in 2011.

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1. National Association of County and City Health Officials. (2012). Local Health Department Job Losses and Program Cuts: Findings from January 2012 Survey. Washington, DC: NACCHO. Available at *http://www.naccho.org/topics/infrastructure/lhdbudget/.*

Executive Director's Column

By Robert M. Pestronk, MPH, Executive Director, NACCHO

Help wanted: High-touch, personal services required; no magic wand available; ability to speak convincingly about the essential role local health departments (LHDs) play to ensure conditions that promote health and equity, combat disease, and improve the quality and length of all lives; verbal and occasional written skills required; some use of technology necessary; may work from home.

NACCHO has augmented its methods to keep LHD staff and others informed about and engaged with federal policy and budget issues. As is appropriate for your particular organization, your help is needed to complement and supplement our efforts.

Despite, or perhaps because of, the recession and the accompanying loss of local and state revenue, federal funding provides an increasing share of local budgets. NACCHO's *News from Washington* e-newsletter shares the ebb and flow of Congressional and Executive branch tides. Our messaging guide, created for media champions, helps us speak collectively with one voice about federal legislative and policy priorities that have direct relevance to LHD budgets and programs. NACCHO's governmental and public affairs staff strategically engages NACCHO workgroup and committee members digitally and in DC. They regularly visit and contact Congressional and federal staff. NACCHO sends alerts at critical moments, asking you to visit, e-mail, or call Congressional and federal offices to provide the important local angle to a story or respond to a call for comment.

We count on you to reinforce NACCHO advocacy. Without your vigorous and periodic participation, the issues of LHDs can be overshadowed in the grand bazaar that serves Washington, DC, policymaking. There is a champion for every cause here. My thanks to more than 500 members who work as part of our Congressional Action Network (CAN) or who have been asked to become, and acted as, a Media Champion. If you are not in the CAN or a Champion already, become one. Your unique voice is needed.

Keeping elected and appointed office holders well informed at each level of government—local, state, and federal—continues to be an essential aspect of a local health official's job. Developing relationships with elected office holders during times when little is needed from them makes conversations easier during times when there is a specific "ask." Informing takes many forms: science- or

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In Memory of Marie Fallon

Marie Fallon was Executive Director of the National Association of Local Boards of Health. With her passing, many of us lost a long-time personal colleague who sensibly guided an important organizational partner and ally. She will be missed. Our love and support go out to her personal and professional family. We are reminded that life is short. As often as possible, let those precious to you know that they are. During life, recognize even the smallest and unlikeliest blessing. Let us honor her life by redoubling our efforts to ensure the conditions that make health and safety more likely for everyone in any community.

experience-based, data or stories, written or verbal, presented during an informal encounter or during a scheduled meeting. Messages can also be delivered effectively by community members who have benefited from their encounter with an LHD.

Most important is regular contact with elected and appointed officials. You do not need to visit their offices to have an impact. Develop close relationships in your own jurisdiction. Staff in local and regional offices regularly convey what they have heard to their capital and Capitol colleagues.

Real and perceived obstacles can make these relationships difficult to form. Some local health officials may be prohibited from having contact with federal officials or may be required to obtain approval before each contact. In other cases, personal shyness or inexperience raises a barrier. Trained, perhaps, as scientists, local health officials may view the need to engage in "politics" as someone else's work. Current economic challenges have shrunk local staffing levels, pushing these important personal engagements lower on the "to-do" list. Training for this aspect of a local health official's job is not necessarily part of most academic curricula.

Despite these barriers, your voices are more important than ever. NACCHO can help you learn how to be heard by signing up for the CAN *(www.naccho.org/advocacy/can.cfm)* or using tools on the NACCHO website. We are working on your behalf daily and need you by our side. Thanks for responding to the "Help Wanted" notice.

Out of Sight, Out of Mind, Out of Budget?

By Rex D. Archer, MD, MPH, Director of Health, and Jeff Hershberger, Public Information Officer and Web Manager, City of Kansas City, Mo., Health Department

Public health professionals tend to have very set ideas for promoting public health in communities. They have methods that they absolutely know will work because those same methods worked the last time, perhaps for a campaign just five years ago. But as baseball great Satchel Paige once said, "It is not what you don't know that hurts you, it is what you think you know that just ain't so."

A popular saying years ago in public health was, "If you don't see me doing my job, I'm doing it right." That mindset, while maybe appropriate in some settings, has led to many challenges for local health departments (LHDs).

The techniques of promoting and marketing have changed drastically over the last few years and continue to do so. Public health professionals need to understand how the field of marketing is changing if they are to avoid loss of market share or even their existence.

One thing that has not changed is the relationship between perceived value of public health, including LHDs, and the amount of money that is allotted to fund public health. When the perceived value of public health is high, LHDs tend to have more resources. Even occasionally not meeting an objective can result in a temporary major increase in funding to address the need. Ironically, as shown in Figure 1, when agencies with high perceived value, like many police departments, experience high homicide rates, they receive some increased funding even in tight budget years and substantial increases in good budget years. Of course, consistently failing to meet an objective will decrease the perceived value of the LHD.

On the other hand, if the public or elected officials perceive the value of public health or the LHD to be of lower importance, the effect is just the opposite. In recent years, as other issues have grown to be considered to be of higher importance by elected officials, even very successful LHDs are seeing level funding or budget cuts. When the perceived value is low, and the LHD has challenges meeting objectives, the result is even more extreme, with leadership being replaced, positions lost, and in some situations, the LHD merged into other agencies or even dissolved.

Why do most of the public currently not know or necessarily value what LHDs

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Out of Sight, Out of Mind, Out of Budget?

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KC awaits new anthrax tests

■ Missouri health officials interview at least 246 people who work at, or have recently visited, the stamp center where anthrax was found.

BY MATT CAMPBELL, ALAN BAILEY AND TANYANIKA SAMUELS
Kansas City Star

KANSAS CITY, Mo. — Nearly 250 people are taking antibiotics as health officials await confirmation Friday on whether anthrax spores have invaded a Kansas City stamp center.

The Centers for Disease Control and Prevention is growing cultures from samples taken in the Stamp Fulfillment Services center in Kansas City, Mo. An initial test proved positive for the bacteria.

If the tests confirm anthrax, the fulfillment center must be decontaminated and will become part of the widening criminal investigation of biological terrorism.

District Postal Manager Ormer Rogers Jr. said Thursday that the main Kansas City processing and distribution center was one of 200 facilities around the country that also will be tested for anthrax. That is a precaution because of the volume of mail it handles, but he said there was no reason to suspect contamination.

Health officials in Kansas City on Thursday interviewed at least 246 people who either worked in the stamp center or visited it recently. None reported alarming symptoms.

HEALTH KCMO

Associated Press

Bill Snook, an information officer with the Missouri Health Department, gathers postal employees for interviews Thursday. Officials interviewed at least 246 people who worked in the Kansas City stamp center or visited it recently. None reported alarming symptoms.

If your nose is running,

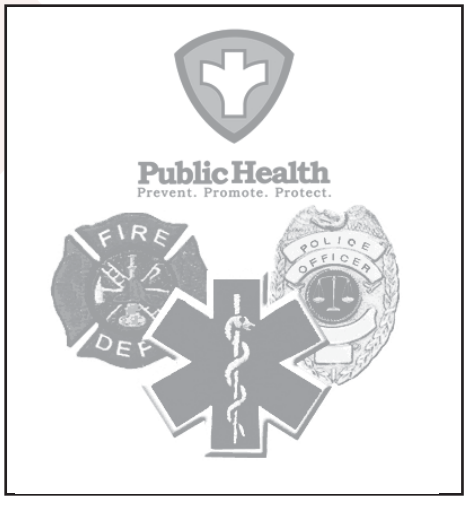
do, but they both know and value what police and fire departments do? Market research tells us that messages with a common theme that are executed in a visually consistent manner may prompt a stronger attitude towards the brand than similar messages executed with a more traditional education strategy without the visual consistency.[1] In a study on the impact of message format, Decrop reminds us that traditional marketing has long recognized the importance of visuals in impacting beliefs and attitudes and potentially directly leading to both cognitive and affective responses.[2,3,4,5] In other words, what people see affects how they think.

In 1971, Mehrabian coined the 7-38-55 rule when he wrote that in communications about feelings and attitudes, seven percent of the "total liking" was based on words spoken, 38 percent on intonation, and 55 percent on facial or body cues.[6] While the percentages cannot be directly transferred to other forms of communication, the concept that visual cues are highly important does transfer.

A search of the Associated Press photo archive of anthrax in 2001 resulted in 395 pictures. Of those 395 pictures, only one was identified in the caption as being of an LHD. Far more prevalent were images of hazmat teams in moon suits, bottles of antibiotics, postal workers taking precautions while sorting the mail, and politicians speaking out against the anthrax attacks. Judging solely by the pictures, one might get the impression that public health had very little to do during the aftermath of the anthrax discovery, while anyone working at an affected LHD during that time knows otherwise.

Police and fire departments learned this lesson long ago. Both understand the importance of being highly visible and having an established a brand identity—not just their logo but also the overall experience, expectations, and trust placed in them as individuals and as groups—and both go to great lengths to maintain this image. During televised interviews following 9/11, police and fire representatives spoke often to the media, usually wearing a very recognizable uniform, and often with the American flag visible in the background. Unfortunately, most of public health has not yet learned this lesson, and its representatives, though highly respected in their fields, were not and are not necessarily recognized or trusted by the general public. What percent of the public today knows who their police and fire chiefs are but do not know their local health director?

The National Association of County and City Health Officials (NACCHO) recognized the trend of growing support for fire and police departments, while LHDs fell further from the public eye. In 2004, NACCHO's number-one strategic priority was "Communicate the value of local governmental public health agencies to the media, policymakers, decision-makers, and the public," so NACCHO set out to develop a stronger, more universally recognized national identity and brand for local public health.



Although NACCHO understood that branding involved more than just a logo, it also recognized that a visual cue like a logo could trigger a visceral response to an identity. For example, the logos for police, fire, and emergency medical services have been used for decades, and most of the general public recognize those logos by just their silhouettes; however, at the time public health had no comparable logo. Having a strong brand is practically impossible without having a recognizable visual identity.

In July 2005, as incoming president of NACCHO, I asked NACCHO's Committee to Promote Public Health, made up of representatives from 15 diverse LHDs around the nation, to develop a logo as part of an overall branding of public health. (For more thoughts on the importance of communicating the value of public health, see the "President's

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Why do most of the public currently not know or necessarily value what LHDs do, but they both know and value what police and fire departments do?

Column" in the summer 2005 issue of *NACCHO Exchange*, available at *http://eweb.naccho.org/prd/?na83*. In July 2006, NACCHO rolled out the public health logo, which many LHDs around the nation use today. Just two years after the logo was introduced, a third of the LHDs surveyed by NACCHO were using the logo and tagline "Prevent. Promote. Protect."

Some LHDs that already have a logo have incorporated the public health shield into their logo or use it in conjunction with their logo. Others have adopted the shield as their stand-alone department logo. The logo can be easily incorporated into letterheads, e-mail signatures, identification badges, internal annual reports for elected officials and public marketing campaigns. Many have received very positive feedback when incorporating it into a uniform or jacket, especially in public interactions with police, fire, or EMS workers who know the value of a recognized logo. (For examples of the public health logo in use, see *www.naccho.org/advocacy/phlogo/gallery.cfm.*)

The logo as a stand-alone image might not immediately impact a community, but over time, if LHDs use the logo consistently and appropriately, then their visitors, clients, and constituents will begin to associate the logo with the LHD, with their experiences and interactions with the LHD, and with their perceived value of public health. As time passes, the reputation LHDs develop in the community also reinforces the national brand identity of the logo, which then feeds back into increasing the visibility of the LHD and workers in the community. NACCHO hopes that the brand identity associated with the public health shield will grow to match that of the police and fire logo.

A powerful "visual hammer" can often drive the message home.[7] When Steve Jobs announced the iPhone 3G in 2008, he used a presentation with 11 slides, only one of which contained words. The other 10 slides were photographs. His carefully selected messages, combined with specific visual images and the iconic Apple/MAC logo were sufficient to tell the world exactly what he wanted everyone to know.

Public health professionals must learn from this. As LHDs continue to develop the brand identity for public health departments, they help themselves to be more visible and more valued. Remember, the job is not done until the paperwork is done, the public and elected officials know who did the job, and they value the work done. If LHDs take only one or two of these steps, they risk being out of sight and out of mind when elected officials consider budgets.

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How NACCHO Helps Local Health Departments Communicate Their Value

NACCHO develops numerous resources in consultation with local health departments (LHDs). NACCHO also enables LHD leaders and staff to do their jobs more effectively by making information and practical tools easily accessible. A wealth of tools and resources is available to all LHDs on NACCHO's website. Most of the resources listed below can be accessed from NACCHO's advocacy webpage at www.naccho.org/advocacy/. These are some of NACCHO's most popular advocacy, media, and public relations resources:

Communications to Congress and the Administration
(www.naccho.org/advocacy/action/)
All of NACCHO's recent communications to Congress and the Administration, including sign-on letters, testimony, and comments on proposed regulations, can be found here.

Congressional Action Network
(www.naccho.org/advocacy/can.cfm/)
Information of interest to CAN members can be found here, including contact information for key Congressional Committees and links to action alerts. Interested NACCHO members can sign up for the CAN here.

Legislative Action Center *(www.naccho.org/advocacy/lac/)*
NACCHO's Legislative Action Center contains action alerts, contact information for Members of Congress and local media, and information about legislation and key votes.

LHD Communications
(www.naccho.org/advocacy/lhdcommunications/)
LHDs use communications to help promote healthy behavior in the community, build support for local public health efforts, and increase an LHD's impact and influence with policymakers, the media, and the public. Learn why and how to communicate effectively, develop a communications plan, and engage with community partners here.

LHDs in the News
(www.naccho.org/press/coverage/newsmap/)
This collection of news stories featuring NACCHO and LHD leaders may be the first publicly available collection of media coverage of local public health.

Media Outreach Guide
(www.naccho.org/advocacy/lhdcommunications/media.cfm)
This comprehensive guide offers tips on crafting a robust media strategy and suggestions on how to effectively engage the media—from developing messages and pitching stories to local print media to partnering with local radio and televisions outlets.

News from Washington
(www.naccho.org/advocacy/news-from-dc.cfm)
Sign up for the weekly News from Washington e-newsletter to learn the latest information about public health issues at the federal level and activities of Congress and the Administration. The page includes an archive of past issues.

Online Advocacy Guide
(www.naccho.org/advocacy/resources/guide/)
The online advocacy guide provides background information about advocacy, including the difference between advocacy and lobbying, and an easy-to-use primer to start building relationships with Members of Congress.

Policy statements *(www.naccho.org/advocacy/positions/)*
Policy statements approved by NACCHO's board of directors on many topics and a compendium of NACCHO policy recommendations can be found here.

Press Room (www.naccho.org/press/releases/)
NACCHO's press releases cover critical topics in public health, presenting messages to local and national media on the important role LHDs play in keeping communities healthy and safe.

Public Health Brand *(www.naccho.org/advocacy/phlogo/)*
The national identity for public health departments (also known as the public health logo) raises the visibility and perceived value of governmental public health by offering public health departments a common visual symbol and message that immediately and consistently identifies the people and work of public health departments. Downloadable logos and usage guidelines can be found here.

Public Health Video
(www.naccho.org/advocacy/phlogo/video.cfm)
This dynamic video raises awareness of LHDs, strengthens the LHD brand, and helps LHDs get the recognition they deserve. Download the video to your LHD webpage or thumb drive here.

Staff Contacts *(www.naccho.org/advocacy/contacts/)*
Find contact information for NACCHO's government and public affairs staff.

Toolbox *(www.naccho.org/toolbox)*
This free, online collection of local public health tools produced by NACCHO and the public health community includes communications, marketing, and media resources such as case examples, presentations, fact sheets, templates, reports, and training materials.

Engaging the Community for Change: The Role of Vision and Image for the Local Health Department

By M. Jane Ford Witthoff, BSPH, MBA, Director, Public Health Solutions District Health Department, Crete, NE

Increasingly local health departments (LHDs) are being encouraged to improve the health of the public though "policy change." This imperative echoes through newsletters and guidance. The most frequently cited policy change activities include adoption of policies or practices by institutions or agencies, passage of legislation that improves health, and the growth of mores and beliefs within a community. However, LHD staff members are often puzzled about how to achieve policy change.

Public health professionals often are schooled not to advertise, compete, or market. They are to do what others do not want to do or be associated with, for example, serving the uninsured, dealing with sanitation, handling animal-control issues, and providing unreimbursed preventive services. Consequently, many LHDs feel poorly prepared to be a major influence on local and community-wide public health policy, despite the current emphasis on policy change. While LHDs endeavor to mobilize the whole community to cause change, their efforts are often focused on what the larger community may consider to be fringe concerns involving people who are on the outskirts of policy influence. Enabling effective local or community-wide policy change requires community influence and respect. The broader the influence and respect for an organization, the more significant policy change the organization can influence. Becoming more influential and respected is an important objective for an LHD.

Increasing public awareness of the importance of public health is a frequent strategy to achieve community influence and respect. Various techniques to enhance this awareness include developing media spots, creating a public health week, and using social media. However, public health awareness by itself is not sufficient to lead a community to recognize the importance of public health initiatives or, more important, to engage in supporting public health activities. More directed effort is required to achieve influence and respect. Creating community opinion and gaining respect and influence must be a function of LHDs' work, image, relation to those who support the LHD, and relation to the community as a whole.

Vision

Developing a shared vision among LHD staff is the most important action that public health professionals can take to improve current and future organizational effectiveness. A vision statement captures a dynamic process in contrast to a static mission statement. A mission does not change, but the mode of achieving it does as the environment changes. A vision is a statement of how the LHD will work toward achieving its mission through time. It is a flexible view that guides program development, partnership development, functions, and image in a changing environment.

A shared vision improves the potency and consistency of LHDs' work. Through the vision-development process, LHDs can anticipate the impact of various forces in the environment, and plan strategies to counteract negative forces, while promoting positive action. An LHD's vision must be put in practice, discussed, and debated every day for it to have an effect on product.

Having a shared vision is valued in the private sector. When employees of a business are not working together towards a shared vision of success, that lack of vision is apparent through falling sales, lost revenue, and customer complaints. This prompts businesses to assess the performance of specific employee subgroups to identify performance problems and solutions. In the public sector, particularly in public organizations with complex responsibilities such as LHDs, achieving a shared vision is no less important but is often overlooked. This happens for many reasons, including the following:

- Lack of training in management and organizational development for public health leaders;
- Difficulty in identifying LHD "customers" and "products"; and
- Lack of clear and consistently supported role definitions of the LHDs, at state or national levels.

Whether in the public or private sectors, organizations that have an unclear view of the future have difficulty recognizing and adapting to changing opportunities and threats. Successful entities are agile and innovative (e.g., Apple), and they accept the need to change as the environment changes, in contrast to those that are mired in tradition and that have become an answer looking for a problem. Businesses that offer products for which no market exists (e.g., Polaroid) or provide an unneeded service (e.g., Kodak in photo processing) did not have a strong, flexible vision.

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Similarly, an LHD might focus only on the need for food inspections and water testing, while the public is increasingly concerned about environmental contamination. This can lead to the public marginalizing the role of the LHD as a protector of the public health, and the community may no longer perceive the LHD as responsive to emerging environmental concerns because it may have long forgotten the importance of clean water and food. The LHD need not assume responsibility for all emerging concerns, but the public must perceive the LHD as actively collaborating to identify and assess threats and to enable public discussion of the appropriate actions to protect the public in a complex environment of competing interests and community needs.

If each LHD staff member operates with a different view of the LHD's role and function, then the public view of the LHD role will be blurred, and the LHD's ability to accomplish its goals will be impaired. In contrast, if each staff member thinks of and believes in one LHD vision, his or her work will express a consistent theme that results in a more clearly defined public image. The vision will be exemplified in work products and will have the salutary effect of enhancing the community's view of the LHD and the effectiveness of its work.

The Community and Change

The makeup of the community, its needs, functional health, problems, resources, strengths and weaknesses, the changing forces within which it functions, and power structure are some factors an LHD should consider when developing its vision. If the LHD envisions itself as a strong catalyst for change, it will become so. The LHD must also be aware of the impact of its actions on the community and its power structure. An LHD cannot be all things to all people, nor can it focus exclusively on a few groups and expect to maintain public and financial support. If an LHD tries to do everything, it may end up doing little or nothing. To monitor public response to its approach, the LHD must have a constant source of feedback to become aware of potential pitfalls in order to make midcourse corrections.

By emphasizing the need to advocate for a specific group or agenda, an LHD limits its capacity for causing overall community and policy change. To engender support and engagement, an LHD must switch from a focus on what the public health professional wants the public to do to a focus on what an *enlightened* community wants or needs to do to improve its health and well-being. This does not suggest ignoring those at highest risk or in the poorest health; rather, it suggests addressing their needs in the context of overall community health. Focusing primarily on populations in need supports the perception of that population as different, having different attitudes towards health, personal responsibility, and lifestyle values. For example, establishing a public health program that will increase screening among underserved populations will cause tangible and specific health benefits for this population, but the public perception may be that this expenditure is another accommodation for a group with problems separate from those of the larger community. Services primarily for those "in need" contribute to the view of a divided community and will make it more difficult for the broader community to connect an initiative to its health.

Engaging the community in strategies to improve its health can lead to a shared view of problems and an opportunity to address root causes of poor health that affect the entire community, even though some groups may be affected to a greater or lesser extent. This approach encourages a shared view of factors affecting health, such as infrastructure, health resources, and community practices. The *community becomes the patient*, one with whom LHDs work to make decisions that are health affirming and that prevent future problems. Just as public health professionals are concerned with an individual's life choices, they are concerned about those of families and communities. In turn, decisions about the health of the state and nation are the most general application of the concept of "community-as-patient," even as increasing the size of the "patient" increases the challenges. A focus on community health, the root causes of poor health, and the foundations of well-being (e.g., healthy economy, good housing, healthful behaviors, and health-affirming values) centers the mainstream community's attention on the promotion of good health. These issues are not solely the purview of LHDs, but this approach helps forge a link between health/health promotion and broader community issues for the community power structure.

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Effective Community Engagement by Identifying and Influencing Gatekeepers and Decision-Makers

There are those who make decisions that directly affect an LHD's public and financial support and those who influence those decision-makers. Both constituencies require attention. When an LHD has support from elected and appointed officials, the LHD may be tempted to set aside the need to develop support from those who influence the decision-makers. Yet, elected officials can lose power as rapidly as they gained it.

Garnering public and financial support from decision-makers is of immediate importance for an LHD, but longer-term public and financial support is equally important. An effective process for vision development will analyze the community power structure and identify key influential people and prominent groups and their interests. This process helps an LHD target its work and messages to key stakeholders and community thought leaders. For an LHD to become single-minded and think that others will be motivated only by what motivates the health department is a losing strategy.

Developing a shared vision among LHD staff is the most important action that public health professionals can take to improve current and future organizational effectiveness.

Image

An LHD must match its image to its vision. In marketing an LHD, the message must be about what the LHD does, what difference it makes, and its importance to the community. Image is the expression or statement of the LHD's vision to the community. If the LHD staff is viewed as inefficient, uncommitted, or unresponsive, the LHD will have difficulty engendering the confidence and trust of the community. If the LHD talks more than acts, its promises will be meaningless. An important step in establishing a cohesive and strong image is to have a unified vision that is lived by all LHD staff. Image and vision must extend to an LHD's priorities and what it chooses to tackle and emphasize.

LHDs can be a vehicle for the community to support and affirm good health. The LHD must listen to the whole community; people tend to listen to those who listen to them, and people tend to join forces with like-minded individuals and groups. LHDs must listen to and understand any opposing messages to find common ground and interests, which is part of the process of having a message and voice heard. This approach is the foundation for effectively communicating the LHD message, engaging the community, and promoting and protecting the health of the community.

Similarly, the subtle expression of personal power is important in developing support and engaging the community for change. The actions of the leader(s) are the most powerful representation of the LHD image. While strident actions may lead to marginalization, timid actions may lead to invisibility. So a subtle balance of power, influence, and respect best positions the LHD in a community. This is challenging, and staff members can be an excellent source of feedback, even though staff may have a tendency to tell a leader what they think the leader wants to hear. Having community sources helps to counterbalance this bias.

Power and Vision

Finally, everybody loves a winner, and the appearance of power results in power being granted. Power and leadership are awarded by others. The title of "leader" does not make a person a leader; nor does the mantle of power result in the creation of real power for the recipient. It is a decision of others. The LHD creates a public perception by its every action and expression within the community. The more unified the vision of the LHD's role, the stronger public perception will be. When a unified vision is reflected in work effectiveness, responsiveness, knowledge, responsibility, honesty, and loyalty to the mission of promoting and protecting the health of the community, the LHD will possess the needed power and leadership to accomplish its mission and enable community policy change.

For more information, contact jfordwitthoff@phsneb.org.

Tips for Successful Media Interviews

By Alisa Blum, Director of Media and Public Relations, NACCHO

Public health is an increasingly complex field, and local health departments (LHDs) have unique roles and responsibilities. LHDs can inform target audiences about their roles, programs, projects, and events in many ways, but the media is perhaps the most effective conduit for delivering messages. Clear, well-constructed messages help members of the media break through information overload and choose among many different sources of information. To ensure that a message resonates with reporters in a way that gets them to write about it, LHDs should make the message dynamic, memorable, and local. Here are some tips:

1. Know your audience.

When a member of the media calls you directly, contact your media staff person before doing an interview. He or she can inquire about the topic, angle, and deadline and find out who else is being interviewed for the piece so that you can tailor your message accordingly. The media staff person should also be able to provide guidance on how to tie in strategic organizational messages.

2. Plan your message prior to the interview.

Local stories, local people, and local data will be most interesting to media and the public and most persuasive to policymakers. Talk about people in the community who are affected, not the details of the programs, initiatives, or objectives. Tell stories to illustrate what you seek to achieve.

3. Practice the interview.

Find someone to throw tough questions at you. Prepare your response and how best to pivot back to the points you are trying to make. Be prepared to find ways to get your message across even if you are not exactly answering the reporter's question.

4. Avoid tech talk and industry jargon.

Research shows that listeners give greater credence and respect to experts who express ideas in simple terms than to those who use a lot of technical and bureaucratic terminology. Practice your answers with someone from outside your industry and try to speak in plain English.

5. Stories are better than statistics.

A personalized anecdote is much more effective and memorable than numbers and percentages. Some reporters will want data too, so be prepared if asked.

6. Less is more.

Most taped sound bites are only 10- to 15-seconds long, and printed quotes are typically one sentence. Do not give the reporter more information than he or she is asking for.

7. Play it cool.

This is your interview, not the reporter's. If you are asked a tough question, stay calm, acknowledge the question, and bridge back to your message. Remember, the reporter is doing his or her job, so do not take questions personally. Plus, the reader/viewer will not hear a hostile question but will read or hear a defensive answer.

8. Never answer hypothetical questions.

The reporter could use your response to make you look like you are predicting something that may not occur. Instead, react to an open-ended question by acknowledging it but then pivoting to your prepared answer.

9. Check your appearance and interview background.

Most interviews take place on the telephone. However, if your interview is on television, wear solid, dark colors. Busy patterns and bow ties distract the viewer.

10. Be yourself.

For those who have not had much experience doing interviews, remember this: (1) Take your time—you can always pause to think about an answer before speaking and offer to provide additional information after the interview; and (2) Smile and be friendly, even on the telephone. If a reporter or viewer does not like you, he or she will not listen to you.

Adapted from "Q Tips for Successful Media Interviews," Qorvis Communications, www.qorvis.com

The Voice of Local Health Departments: How NACCHO Members Can Get Involved

By Eli Briggs, Director of Government Affairs, and Alisa Blum, Director of Media and Public Relations, NACCHO

"NACCHO works full-time to advocate for public health with the Administration, Members of Congress, and their staff. They provide weekly updates on federal policy issues that affect local health departments. They help me know the right time to get the right message to the right people in Washington, DC. Joining the Congressional Action Network has saved me time and helps give my colleagues and my constituents a voice they would not otherwise have."

—John Wiesman,
Director, Clark County (WA) Public Health,
NACCHO President-Elect

In the past three years, NACCHO, local health departments (LHDs), and the public health field as a whole have accomplished several major milestones and faced significant challenges.

- LHD capacity continues to shrink in the face of federal, state, and local cuts. Since 2008, nearly 40,000 LHD jobs have been eliminated.

- From 2009 to 2010, NACCHO actively advocated for the passage of the Affordable Care Act and continues to defend the need for the Prevention and Public Health Fund (PPHF), a dedicated public health funding stream. The PPHF funding is in jeopardy of being cut or eliminated. In addition, when the law's major access expansions take place in 2014 and beyond (barring action from the Supreme Court), the law will have a profound impact on governmental public health practice.

- The U.S. House of Representatives and Senate have passed bills updating and renewing their support for the Pandemic and All-Hazards Preparedness Act, which expired on Sept. 30, 2011. While the final bill is expected to be passed this year, important programs in its purview are being deeply cut. For example, the Centers for Disease Control and Prevention's Public Health Emergency Preparedness program has been cut by more than 27 percent since 2004, significantly undermining community-level preparedness activities for ever-present threats.

So what do these developments mean for how NACCHO members talk about public health and the important role of LHDs moving forward?

Widespread public support for public health and prevention already exists, and consensus is growing that health happens where people live, learn, work, and play. LHDs play a critical role in communities, but the public and policymakers are often unaware of the quiet contributions they make to keeping local residents safe and healthy. So, general awareness and understanding need to be converted into support for LHDs and the vital role they play in making it easier for people to be healthy.

To effectively turn awareness into action, LHDs need to speak in one voice and take the opportunity to generate and sustain support for their work and drive policy changes that can improve Americans' health. Whether a public health professional is talking to someone in the community, a local or national reporter, or a policymaker, LHDs all need to be saying the same thing because LHDs all have the same goal—generating support for their work and public health.

In this issue of *Exchange*, Senator Tom Harkin (D-IA) describes how critical it is that the voice of LHDs be heard at the federal level. Senator Harkin writes, "…unless you raise your voices—and raise awareness—so many of the gains we have made could be lost." One way to raise your voice is through NACCHO's Congressional Action Network (CAN).

In 2009, in the midst of the debate over health reform legislation, NACCHO launched the CAN, whose membership includes public health officials and LHD staff at all levels with an interest in and a desire to connect with federal elected officials on issues that affect the public's health. NACCHO engages this dedicated group of advocates to take action at critical points in the legislative process. The CAN has grown

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to more than 500 representatives from LHDs across the country.

CAN members provide a positive voice for LHDs. They educate Members of Congress and their staff to understand the unique role of LHDs, the value of the federal investment in health departments, and the challenges they face while continuing to ensure that the public is healthy and safe. Members of Congress are barraged with information from all directions and need reliable information from a trusted source about how federal policies and legislation will affect their constituents.

CAN membership is free and open to all LHD staff. CAN members receive legislative updates and technical assistance about advocacy topics throughout the year and action alerts when contacting Members of Congress is needed most. They also receive time-sensitive information from NACCHO including the weekly *News from Washington* e-newsletter and tips on how to communicate with policymakers from their state and Congressional district. The CAN meets twice a year in person—at the Public Health Preparedness Summit and the NACCHO Annual Conference. To extend the reach and voice of NACCHO and LHDs, the CAN seeks additional members. Lend your voice and sign up for the CAN today at *www.naccho.org/advocacy/can.cfm/*.

"The Congressional Action Network provides timely updates that allow our members to keep up on the discussion of important national health-related issues."

—Tami Dillman, Finance Manager/Director, North Dakota State Association of County and City Health Officials, Central Valley (ND) Health District

About *NACCHO Exchange*

NACCHO Exchange, the quarterly magazine of the National Association of County and City Health Officials (NACCHO), reaches every local health department in the nation. It presents successful and effective resources, tools, programs, and practices to help local public health professionals protect and improve the health of all people and all communities.

Mailing and Contact Information

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