
Introduction

Imagine if public health science, research, and history were the basis for this country's policies. The United States could be one of the healthiest places on earth. That is not the current reality, but it could be.

Facts alone have never been and will never be enough to produce healthier living conditions. While today's political climate is particularly challenging, with an unprecedented presence of misinformation and a growing mistrust in science, the field of political science has long noted that expert advice does not drive the policy process.¹ Facts must be paired with a nuanced understanding of the political environment, which includes individual policymaker perceptions, outside interest groups (both aligning and opposing), and potential windows of opportunities.² We can only build a healthier nation when we combine sound public health research with skillful advocacy to navigate the complex political forces shaping our nation's policy.

WHAT IS ADVOCACY?

The American Public Health Association defines an advocate as “a person who argues for a cause - a supporter or a defender” and to advocate as an “act in support of a particular issue or cause.”³ Arguably, being an advocate is a fundamental part of being a public health professional. “Public health is the science of protecting and improving the health of people and their communities,” and “protecting the health of entire populations.”⁴

Protecting, defending, making an evidence-based case are routine actions, often in the face of opposition and special interests. Advocacy, in its simplest form, reflects the very ethos of public health.

The public call for enhancing policy engagement has been getting louder and louder. Over the last two decades, the National Academies of Science (NAS) has produced numerous reports that document public health's challenges. NAS cites lack of political will as an overarching theme, pointing to the need for the public health field to become better at policymaker engagement.^{5,6} The 2003 Institute of Medicine (now National Academy of Medicine) report, *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*, acknowledged that for public health to have a significant impact, the field needs to pay attention to both politics and policy.⁷ That's a polite way of saying that we need to step up our advocacy skills and tactics.

The public health workforce has been calling for help too. Surveys of the public health workforce reveal that policy engagement is seen as a critically needed skill, one which most public health workers lack proficiency in.⁸ For governmental public health managers, supervisors, and executives, policy engagement skills are a top priority.⁸ A recent Network for Public Health Law report called for advocacy training at all educational levels (undergraduate, graduate, and professional development) to ensure that public health voices and expertise are embedded in the public discourse and overcome the field's skittishness about policy advocacy.⁹

OVERCOMING THE OBSTACLES

Public health professionals have not always been timid about policy advocacy. In the mid-nineteenth century, public health emerged as a powerful political force that battled social injustices and waves of infectious diseases that threatened the nation's physical health and economic progress. It was the time of anti-slavery and women's rights movements in the United States. Extensive political investments were made in public health, including comprehensive sanitation systems, public water supplies, and strong health departments with vast authority.¹⁰ Public health officials and professionals were highly engaged in the political arena to advance new scientific discoveries and address societal ills. The term *public health* was coined at that time to signal the governmental actions needed to protect the population's health.¹¹

Over time, however, public health as a field of practice began to shy away from political dynamics. Starting with the perceived mishandling of 1976 Swine Flu outbreak¹² public health officials have faced political backlash on a variety of health matters. In the past few decades, members of Congress have challenged the Centers for Disease Control and Prevention (CDC) for what has been perceived as overstepping its authority (dare we mention the mask mandates during the COVID-19 pandemic!). Grant programs that engaged in community support or policy assessment were questioned, causing CDC to provide more careful guidance to its grantees on the appropriate use of federal funds.¹³ Subsequently, many public health agencies became more cautious about policy engagement. Some public health professionals, from scientists to governmental officials, became apprehensive about partaking in policy development for fear of violating laws or negatively impacting their careers. To this day, some incorrectly perceive advocacy as synonymous with bias or a lack of objectivity.

Too often, public health professionals ask how we can depoliticize public health; however, this is not the question that needs answering. Instead, we need to become proficient at engaging in the political and policymaking process to ensure public health has a seat at the table from the beginning. As we continue to witness converging public health crises, including ever-evolving pandemics, racism, and climate change, it has never been

more important for the public health profession to engage in political discourse and policy change. Public health professionals need to take inspiration from the successful 1848 social justice-oriented public health movement and exercise their old advocacy muscles. As a former CDC Washington official noted:

Public health officials cannot simply ignore the political system because in reality nearly all governmental public health activity is based on authority and funding that is provided through a political decision-making process, usually through enactment of legislation. The ability of federal, state, and local public health officials to regulate, implement programs, spend public money, or receive private funding through user fees or other means is derived through a political process. Furthermore, the aspiration of public health officials to influence policies that *impact* health—such as housing, transportation, and other social and economic determinants—will continue to rely on decision-making by legislators and other elected officials, many of them who do not consider themselves connected to the health system.¹⁴

Essentially, policymakers need public health professionals in all facets of the policymaking process. Whether you are an academic, a governmental official, or working in the field, you have valuable insights and experience, and there is a role for you. It does not matter if you are the state health commissioner or a bench scientist, your knowledge and expertise can influence the decision-making process. Legislators and other decision-makers (i.e., any person with power and authority to influence or determine actions, policies, and practices at the federal, state, or local level) rarely have the research skills or time needed to review the data and formulate evidence-informed policies. They need public health professionals to translate the science, provide counsel, and propose recommendations and solutions based on high quality research.^{15,16} Moreover, they also need public health professionals to be dependable when fights get tough. The more public health professionals are engaged in the policymaking process, the greater influence and impact we can have on the public's health.

CHANGE IS HAPPENING: THIS BOOK IS ONE CATALYZING STEP

While the public health field has limited resources in regard to access to training, continuing education, and even support for policy engagement,⁹ changes are on the horizon. The national organization that accredits public health schools and programs, the Council for Education of Public Health (CEPH), maps out the basic competencies that students are expected to acquire. Graduates of public health programs are now expected to have the skills needed to “advocate for political, social, or economic policies and programs that will improve health in diverse populations.” This extends beyond a basic ability to make a case for or against a position. By CEPH standards, the next generation of public health leaders must have the comprehensive knowledge and skills needed “to influence

policy and/or decision-making, such as through stakeholder mobilization, educating policymakers, etc. . . . Students must produce a product that would be part of an advocacy campaign or effort (e.g., legislative testimony, fact sheets, advocacy strategy outline, etc.).”^{17(p18)}

Many leading public health institutions have invested in this work already. In 2018, the Johns Hopkins Bloomberg School of Public Health revitalized its strategic plan to include advocacy as one of its core goals, including comprehensive training and faculty awards for policy engagement.¹⁸ They also offer a certificate program in public health advocacy. Boston University created the Activist Lab, which provides resources for students to learn the skills necessary to engage in advocacy, activism, and social justice, as well as offering a variety of related practicums, fellowships, and advocacy workshops.¹⁹ Many professional organizations offer advocacy trainings as part of their membership, including the American Public Health Association (APHA) and the Association of Public Health Laboratories. However, much more is needed, especially when it comes to building the capacity of professionals already on the front lines.

This book will introduce you to the who, what, how, when, and where to engage in the policymaking process as a public health professional. The goal is to offer a practical field guide to the unwritten rules, lessons, and insights needed to be successful.

While most insights, strategies, and tactics discussed in this book can easily be applied to international policy engagement, we will focus exclusively on US policies. We will target the skills and strategies needed to engage in the process of translating policies into action by directly engaging, informing, and influencing policymakers in the legislative, regulatory, and budgetary spheres. This book will not cover how to use legal courts to advance policymaking or strategies for influencing business or private sector policies. It is not a substitute for comprehensive advocacy curriculum in public health schools and programs. Rather, it is designed to provide public health professionals with the basic tools for playing an impactful role in shaping policies that improve the health of communities.

When asked at the 2021 AcademyHealth conference how to get politics out of public health, Georges C. Benjamin, MD, MACP, APHA’s executive director, answered, “If you do policy, you do politics.”²⁰ This field guide is the first step to help you roll up your sleeves and dive into public health policy with confidence.

Key Takeaways

- Policymakers need help from public health professionals to understand the science behind public health issues and develop solutions based on high-quality research. This cooperative relationship will ensure that health evidence and its impact are a part of how policies are shaped, implemented, funded, and enforced.
- Advocacy skills are being incorporated into competency requirements and are becoming a foundational skill expected of graduates of public health programs.
- The more public health professionals are engaged in the policymaking process, the greater influence and impact we will have on the public’s health.

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