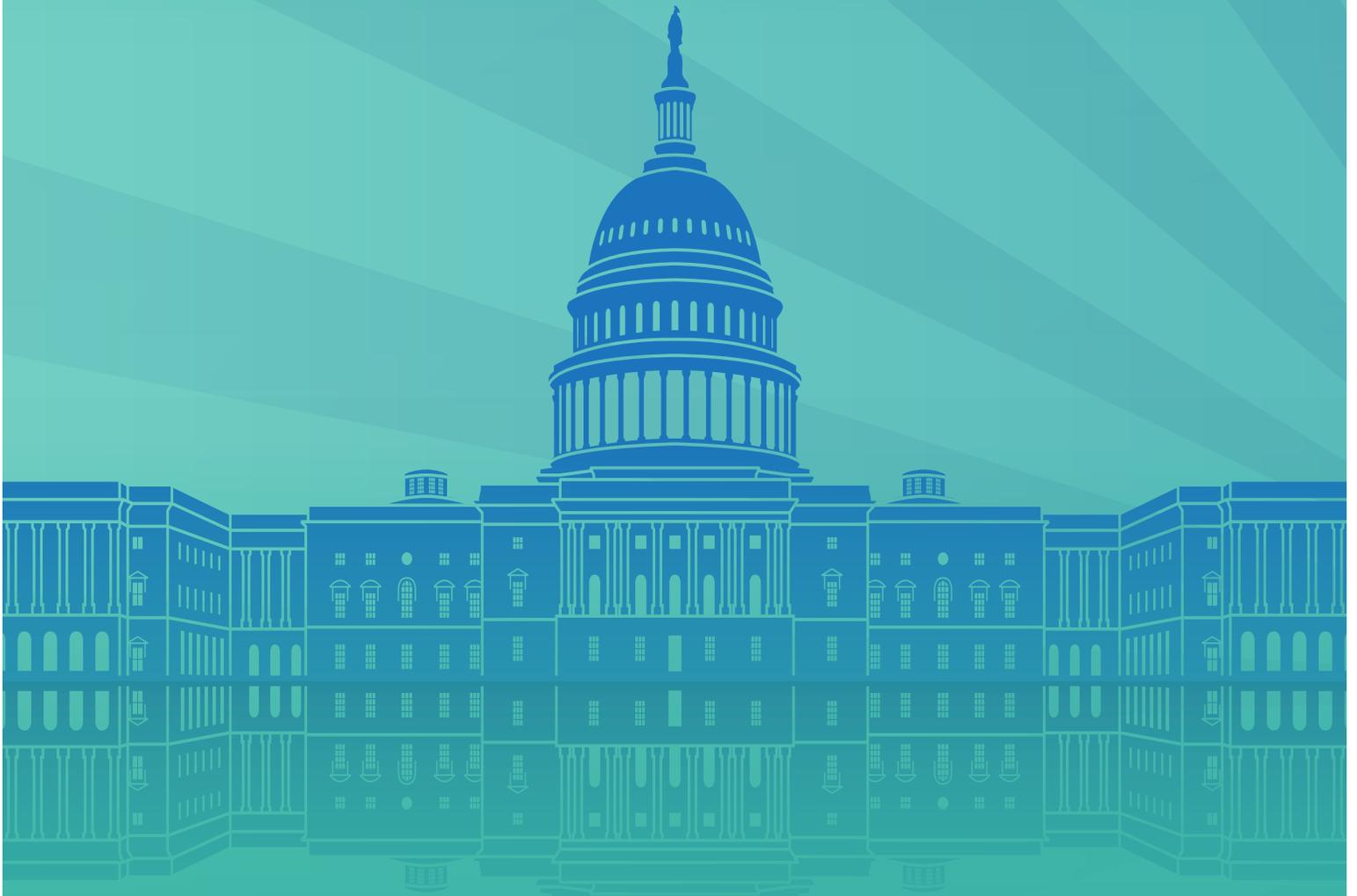


IMMUNIZATION PROGRAM POLICY

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# RESOURCE GUIDE



*Engage, inform, and educate for sound immunization policy*



[immunizationmanagers.org/policytoolkit](https://immunizationmanagers.org/policytoolkit)

## Introduction

Legislators at the federal and state levels have tremendous influence on policies and programs administered by state and local immunization program (IP) managers. However, we know state and local public health officials are often hesitant to engage in the political process. There is often confusion over what is and is not allowable depending on the funding source—along with the perception that policy decisions are not always based on scientific evidence.

This toolkit is designed to equip members of the Association of Immunization Managers (AIM) and their staff with the tools and information necessary to appropriately and effectively engage with elected officials. Engaging with elected officials can support program efforts to rid the nation of vaccine-preventable diseases, ensure adequate resources for programs, and promote sound immunization policies.

State legislatures in particular have witnessed increased vaccination-related activity in recent years. More than 300 bills addressing childhood vaccinations were introduced in state legislatures in 2019. Many proposed bills focused on repealing nonmedical exemption statutes in the wake of measles outbreaks. Other common legislative focus areas included school and daycare entry requirements, safety, scope of practice, and informed and minor consent. This guide focuses on state and federal policy development and highlights the range of partners available for immunization programs to collaborate with.

## Leadership Skills

Throughout the guide, we highlight the crucial role of the IP manager in leading programs through the policy development process. The guide builds upon these key aspects of program leadership:

- **Being strategic.** While IP managers will always be met with urgent requests, developing a policy agenda with broad buy-in from your agency's leadership can provide a unified structure and will clearly communicate priorities.
- **Finding a win-win value proposition.** Broad coalitions are usually involved in any vaccine policy issue. Making sure there is alignment in goals and broad consensus on shared values will help promote sound policies.
- **Cultivating potential champions within key stakeholder groups that share your vision.** Having trusted and credible spokespeople for vaccine issues is essential to clear and persuasive communication.

- **Creating alliances before you need them.** Coalitions are built on trust and shared values. This cannot usually be forged on the fly, so advance work is needed to lay a foundation for success.
- **Learning who your program detractors and opponents are and what drives them.** It's hard to respond effectively without a deep understanding of the other side's arguments and motivations. Understanding and empathy can provide insights and new paths to the mutual goal of safe and protected communities.
- **Creatively engaging non-traditional partners.** Since community health and workforce trends affect everyone, each member of a community has a stake in vaccine policy. Finding new ways to build connections and develop new partnerships will create additional opportunities to amplify your message and increase your impact.

## How to Use This Guide

The guide is comprised of three chapters, plus an online resource library.

Chapter 1 covers the basics of educating policymakers, including how to distinguish among education, advocacy, and lobbying; an overview of the relevant rules and regulations to ensure appropriate engagement; and fundamental information about the legislative process to guide effective action.

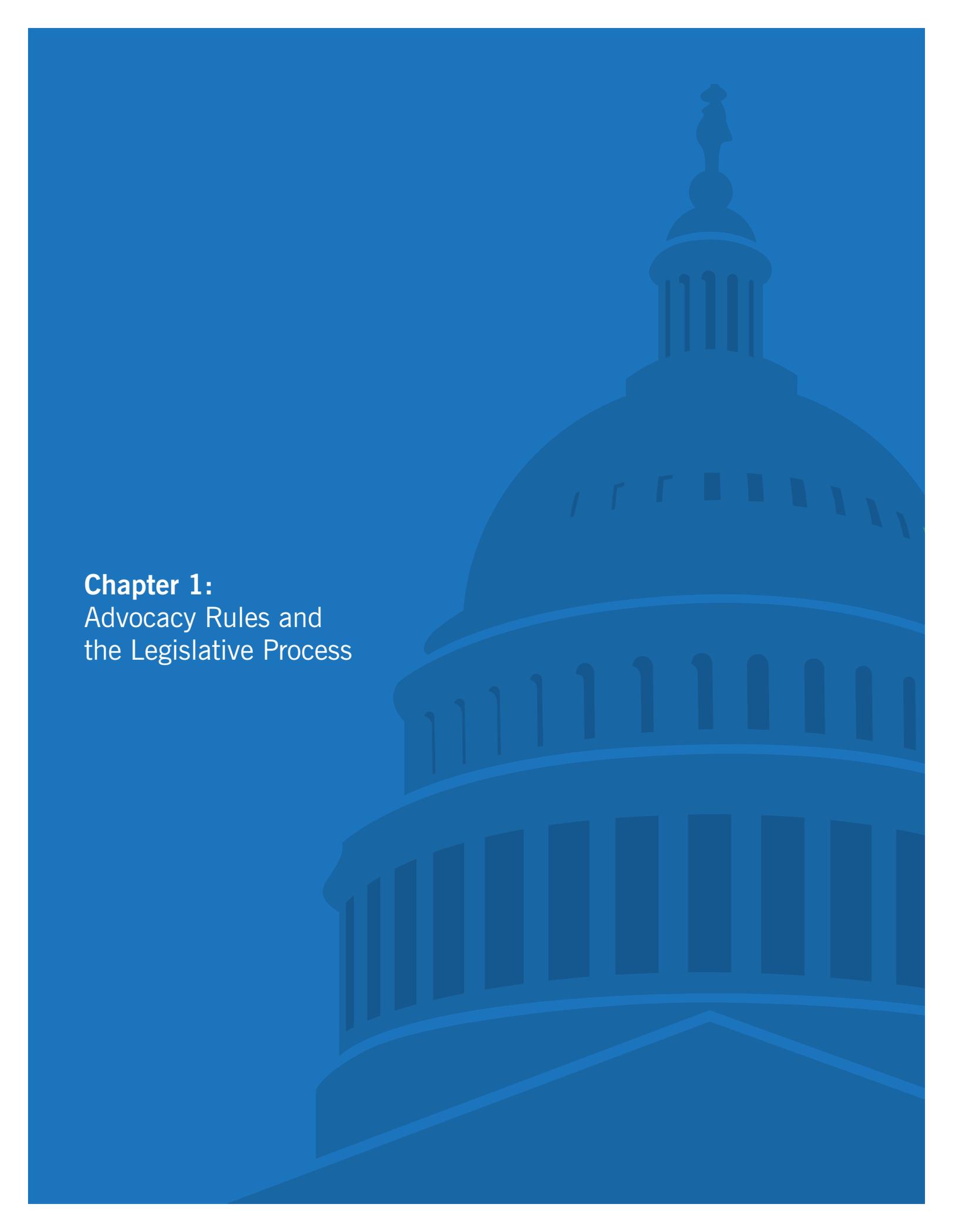
Chapter 2 covers the legislative landscape and highlights the roles of key players.

Chapter 3 discusses avenues for mobilization, including how to engage in a variety of advocacy activities such as analyzing legislation, crafting effective messages, and developing relationships with legislators where appropriate.

The resource library provides access to a collection of AIM, immunization program, and partner resources and tools for appropriately and effectively promoting sound immunization policies.

### ABOUT THIS GUIDE

The development of the *Immunization Program Policy Resource Guide* is supported by generous contributions from Pfizer and was developed under the guidance of an AIM Advisory Board consisting of members and key partners. While AIM is grateful for their support, the funder had no input on the content of this guide.



**Chapter 1:**  
Advocacy Rules and  
the Legislative Process

## Introduction

Legislators at the federal and state levels have enormous influence on policies and programs administered by state and local IP managers. By engaging with elected officials, IP managers support program efforts to rid the nation of vaccine-preventable diseases, ensure adequate resources for programs, and promote sound immunization policies.

Chapter 1 covers the basics of program policy, including how to distinguish among education, advocacy, and lobbying; an overview of the relevant rules and regulations to ensure appropriate engagement; and fundamental information about the legislative process to guide effective action.

## Why should immunization program managers engage in the legislative process?

State and local public health officials are often hesitant to engage in the political process. Confusion over what is and is not allowable depending on the source of funding—along with the perception that policy decisions are not always based on scientific evidence—have created an environment where many simply choose not to engage. As the former director of the Centers for Disease Control and Prevention’s (CDC) Washington, DC, office observed, “mutual suspicion and historically complex working relationships” have led to lost opportunities, and yet “achieving public health goals depends on a sustained, constructive engagement between public health and political systems.”<sup>1</sup>

Elected officials make decisions each year about the level of resources that will be allocated for IPs, as well as important policy decisions that impact the operation of programs. Public health officials are often surprised to learn that many elected officials and their staff want to hear from IPs. Program managers and staff are the experts on IPs and can uniquely demonstrate the extraordinary value of the scarce public resources allocated to IPs. Program managers are the best advocates for what the programs they lead need to be effective. If policymakers don’t hear from IPs, it’s possible they may only hear from those who are opposed to what they do.

That’s why it’s imperative for IP managers to engage in the policy process in an ethically responsible manner. Because the voices of opposition to evidence-based immunization policy have increased in recent years, IP managers should expect that activities in the policy arena will be closely scrutinized. Managers can also expect their opinion on certain policy issues to be challenged. The next section explains what types of activities are permitted when engaging with policymakers and will help you to create an action plan within the lines of allowable activities.

**Program managers are the best advocates for what the programs they lead need to be effective. If policymakers don’t hear from IPs, it’s possible they may only hear from those who are opposed to what they do.**

## Education, advocacy, and lobbying: What’s allowable and what’s the difference?

When communicating with elected officials about public policy, there are three general levels of activity: education, advocacy, and direct and grassroots lobbying. It is critical for AIM members to understand the difference, particularly because using any federal funds to lobby the federal government is strictly prohibited.

The U.S. Constitution guarantees the right of citizens to petition their government. Federal law, however, has consistently prohibited the use of federal funds for lobbying, with important exceptions for state and local agency grantees working with their corresponding state legislatures. CDC guidance permits work directly on policy-related matters across equivalent branches of state or local government.<sup>2</sup>

Language included in the Fiscal Year 2012 Consolidated Appropriations Act (P.L. 112-74) reinforced and expanded long-standing provisions governing the use of appropriated funds by CDC and its grantees for advocacy, lobbying, and related activities.<sup>3</sup> CDC issued subsequent guidance to all grantees in July 2012, available [here](#), which is usually referenced in most grant application packages. All IP managers and their staff should become familiar with this guidance as a primary resource on what is and is not permissible.

CDC also published a 2015 issue brief, “The State Health Department’s Role in the Policy Process: A Tool for State Health Department Injury and Violence Prevention Programs,” which defines the three levels of communication with policymakers.

### Education

Education gives factual information—data, program description, scientific evidence of effectiveness of prevention measures, goals, current budget, people served, and accomplishments—without conveying a value judgment or linking to any legislative action (e.g., laws, pending legislation, appropriation, regulation, or other policy decision). State health departments may use CDC funds to educate the public about health issues and their public health consequences.

- **Sample educational message to policymakers:** Our state receives \$1 million in federal immunization funds. We are able to serve approximately 900,000 individuals and protect the health of all communities through our work. We have identified these pockets of need.

### Advocacy

Advocacy conveys general support for a cause, promotes best practice, and supports a national recommendation, but does not seek a specific policy outcome or decision. CDC funds may be used to support a generalized policy such as “clean air” without a recommendation for a particular standard in law or regulation. CDC funds cannot be used to encourage members of the public to contact their elected representatives to urge support of—or opposition to—proposed or pending legislative proposals (known as grassroots lobbying).

- **Sample educational message to policymakers:** Our state is working hard to protect communities from vaccine-preventable diseases. We can and should do more by increasing vaccination rates, improving our data systems, and examining the enforcement of our school entry laws.

### Direct lobbying

Includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.<sup>4</sup>

- **Sample educational message to policymakers:** We urge Congress to include \$650 million for the CDC Section 317 Immunization Program in its next Labor-HHS Appropriations Bill.

### What’s allowable with CDC funds?

CDC guidance notes that grantees are permitted to prepare and disseminate “certain”:

1. Nonpartisan analyses, studies, or research reports
2. Examinations and discussions of broad social, economic, and similar problems in conferences and reports
3. Information provided upon request by a legislative body or committee for technical advice and assistance

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Along these lines, analysis, study, or research should contain a balanced, objective exposition of the facts to enable the public or an individual to form an independent opinion or conclusion. Materials must be posted or circulated widely to a diverse and numerous audience on a nonpartisan basis and must not contain an overt “call to action.” Below are examples of activities that are allowed.



- + Educating the public about personal health behaviors and choices.
- + Conducting research on policy alternatives and their impact.
- + Conducting educational campaigns that explain the advantages and disadvantages of certain public policies or that demonstrate the efficacy and possible ineffectiveness of certain measures, as long as those communications are widely disseminated, balanced in their analysis, and avoid an express call to action with respect to specific legislation.
- + Compiling and communicating research results on health issues and policy approaches that have successfully addressed them (e.g., presenting evidence on rates of injury associated with mandatory bike helmet laws and the extent to which different approaches may be more or less effective at preventing injuries based on the evidence). Such communication should contain a balanced view of the evidence that allows the public to form an independent opinion or conclusion.
- + Upon formal, written request, providing public officials with technical advice or assistance concerning evidence of program or policy effectiveness (e.g., an NGO funded wholly by a CDC grant may respond to a county commission’s written request to provide technical assistance to the county commission on a draft ordinance banning smoking in public buildings).
- + Educating the public using examples of best practices or success stories across states or localities. Such communication should contain a balanced view of the evidence that allows the public to form an independent opinion or conclusion.
- + Identifying and broadly disseminating balanced, objective evidence on options and alternatives for legislative or executive actions that would achieve a policy outcome (e.g. identifying and ranking effectiveness of policy options based on scientific evidence). The communications, however, may not refer to specific legislation or administrative action, may not state a point of view on that legislation or action, and may not make an explicit call to action encouraging the public to contact the legislative or executive body responsible for passing the law or issuing the order.
- + Identifying approaches for tracking and evaluating implementation of policy actions.
- + Compiling and sharing best practices and success stories from jurisdictions adopting policy approaches, provided such tools are not designed as a call to action on a proposed or pending matter or are a “how-to” guide for lobbying.

Allowable Educational Messaging	Lobbying (Prohibited with federal funds)
<p><b>Tweeting a message from your agency’s account describing what your program is doing to raise immunization rates.</b></p>	<p><b>Tweeting a message urging Congress to increase funding for federal immunization programs.</b></p>
<p><b>Meeting with members of Congress to share data on current immunization program successes and challenges and discussing the role of federal funds to support your state’s efforts.</b></p>	<p><b>Meeting with members of Congress to urge them to increase federal funding for immunization programs.</b></p>
<p><b>Issuing a press release or issue brief that provides factual data on how changes in immunization exemption laws or regulations have coincided with changes in immunization rates.</b></p>	<p><b>Urging the public to contact their elected officials to support changes to exemption laws.</b></p>

- + Broadly sharing balanced, objective information across large groups of interested parties (such as groups of other NGOs or state/local governments), e.g., meeting with an association of state or local education agencies to highlight evidence-based policy approaches to improve healthy choices in school lunches. This information may not make an explicit call that such policy approaches be adopted.
- + Developing information to inform the public of potential policy solutions and their impact (e.g., balanced, objective materials designed to educate community groups or the public about the extent to which policies such as healthy food choices and indoor air quality policies can lead to health improvements). Communications should be designed to allow individuals and the public to form an independent conclusion.

- + Communicating with the public about health issues and potential policy solutions (e.g., undertaking community outreach, media, or other campaigns designed to broadly disseminate the information described in the preceding example).
- + Working with private sector organizations to achieve institutional or systems changes that do not require governmental or executive action.
- + Communicating with the public about health risks and their consequences, provided the communications do not include a call for the public to engage in the policy process.

## What's restricted or not allowed using CDC-appropriated funds?

Federally-funded lobbying activities are prohibited. Below are examples of activities that are not allowed.

- ✗ Direct lobbying in support of or in opposition to a matter proposed or pending before a legislature, including a state or local legislature or the U.S. Congress, or to a proposed or pending decision by an executive agency (including regulations, executive orders, or other administrative action).
- ✗ Presenting materials relating to public policies that may require legislative or executive action that do not include an objective, balanced presentation of evidence.
- ✗ Presenting materials relating to public policies that may require legislative or executive action that are only made available to allies or a narrow or selective audience.
- ✗ Developing and/or disseminating materials that exhibit all three of the following characteristics: 1) reference to specific legislation or other order; 2) reflecting a point of view on that legislation or other order; and 3) containing an overt call to action.
- ✗ Encouraging the public or other entities to support or oppose specific action proposed or pending before the U.S. Congress, also referred to as grassroots lobbying.
- ✗ Encouraging the public or other entities to support or oppose specific legislation or executive action by a state or local government, also referred to as grassroots lobbying.
- ✗ Advocating to perpetuate or increase their own funding from the federal government.<sup>5</sup>

## What's allowed with state funds?

In addition to the federal rules, allowable activities can vary by state. Therefore, it is important to consult your state or local health agency rules to ensure full compliance. While there is no blanket prohibition on public officials lobbying, the National Conference of State Legislatures has developed [this table](#) describing each state's statutory provisions discussing restrictions on the use of public funds to lobby. The key is to ask.

Your state health agency likely has a designated legislative liaison who is charged with being the lead contact for the department for state and federal legislators. This person can likely help your IP fully understand what is and is not allowable for public employees in your state.

## Key Takeaways

- ▶ **Federal regulations have long recognized an exception to the anti-lobbying rules that allows CDC grantees to “work directly on policy-related matters across their equivalent branches of state or local government...permitting communications through a normal and recognized executive-legislative relationship.”**
- ▶ **Your state may have barriers to engaging in lobbying, particularly with your federal congressional delegation. The key is to ask and respect your state's rules. Staff may be surprised to find out they can do more than they thought. The key is to ask.**
- ▶ **No lobbying activity can be charged to a federal grant.**

## Understanding the policy process

A famous saying often attributed to former German Chancellor Otto von Bismarck asserts that, “people who love the law or good sausage should never watch either being made.” But if you want to educate, advocate, or lobby where permissible, it is essential to observe and understand the key steps in policy development process.

Most state legislatures operate similarly to the federal Congress in terms of the annual budget process and methods of authorizing legislation. However, there are some important differences to consider, including the length of your state's legislative session and whether your state legislature is full-time or part-time, paid or volunteer, and how it is staffed. One constant between state and federal legislatures is the importance of staff. Because legislators need to be well-informed about a range of public policy issues—from energy to criminal justice to transportation to health—they often rely on staff to gather information and conduct the deep-dive analyses needed to inform good policy. You are encouraged to develop relationships with both elected officials and the staff they rely on (see chapter 3 for more information).

### State level

State legislatures—with some exceptions—generally begin session in January and most complete work by June. The short length of sessions means that budgets and policy-related legislation are being considered in a compressed amount of time, so opportunities to engage are often presented on short notice. A key starting point is to understand which committees have jurisdiction over immunization issues for your state. Most state legislatures have two types of committees: authorizing committees that can create, amend, or discontinue programs, and budget committees that set annual funding levels for state public health activities. Knowing leaders' priorities for both committee types can help you anticipate the agenda of your legislature.

Governors serve as the chief executive of each state and have enormous influence in setting the legislative agenda by offering an annual (or in some states biennial) budget proposal, in which they suggest needed legislation and provide priority policy directives to state agency directors. State legislatures often use a governor's budget proposal as a starting point and make adjustments which reflect the priorities of legislative leaders. It is important to understand your state's budget process at all stages—from before the beginning of a session when state health

agencies often have the opportunity to help shape the governor's budget proposal—to how it is considered and adjusted by legislative budget committees during session, to final approval by the full body.

Legislatures can also take up a range of non-budget legislation related to immunization policy, typically at any time during their sessions. Remember that it is important to understand which committees in each body of your legislature have jurisdiction over public health issues, including immunization policy. Committees are important because after legislation is introduced, the committee of jurisdiction has the power to change, stop, or send the bill on to consideration by the full body.

Knowing who the key legislative leaders and key staff members are for each committee can be incredibly helpful in knowing whose priorities will dominate the committee's agenda. Developing long-term relationships with these leaders or ensuring you are connected via your state agency's designated legislative liaison can help make sure you are engaged as any immunization policy is developed.

### Federal level

Similar to most state legislatures, the U.S. Congress has two types of committees in the House and Senate that influence immunization policy. Many vaccine policy decisions are often delegated to states, although Congress occasionally considers legislation affecting both the Section 317 and VFC programs, as well as the coverage and affordability of immunizations through changes to health insurance programs including Medicaid, CHIP, Medicare, and the Affordable Care Act. Opportunities to engage on these issues can be assessed by monitoring regular updates from AIM and other key partners like Vaccinate Your Family.

One main focus for Congress is setting the annual federal budget for all public health activities, including the Section 317 Immunization Program. The House and Senate Labor, Health and Human Services, Education, and Related Agencies Committees consider public health appropriations on the following schedule.

<sup>1</sup> Hunter, Edward L. MA, "Politics and Public Health—Engaging the Third Rail," *Journal of Public Health Management and Practice*. 2016; 22(5): 436–441.

<sup>2</sup> Centers for Disease Control and Prevention, "Anti-Lobbying Restrictions for CDC Grantees," Page 1, July 2012. Available at [https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf). Accessed March 25, 2019.

<sup>3</sup> Centers for Disease Control and Prevention, "Anti-Lobbying Restrictions for CDC Grantees," July 2012. Available at [https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf). Accessed March 25, 2019. Other long-standing guides include Office of Management and Budget (OMB) Circular A-122: Cost Principles for Non-Profit Organizations; OMB Circular A-87: and Cost Principles for State, Local, and Indian Tribal Governments.

<sup>4</sup> Centers for Disease Control and Prevention, "The State Health Department's Role in the Policy Process: A Tool for State Health Department Injury and Violence Prevention Programs," 2015. [www.cdc.gov/injury/pdfs/shd\\_policy\\_tool-a.pdf](http://www.cdc.gov/injury/pdfs/shd_policy_tool-a.pdf). Accessed March 15, 2019.

<sup>5</sup> Centers for Disease Control and Prevention, "Anti-Lobbying Restrictions for CDC Grantees," July 2012. Available at [www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf). Accessed March 15, 2019.

## Key Dates in the Annual Congressional Appropriations Process\*

DATE	PROCESS	ACTIONS FOR CONSIDERATION
<b>January–March</b>	Congressional appropriators begin considering funding priorities for the upcoming fiscal year, which begins October 1. This is in advance of a deadline for each member of Congress to submit a funding request letter specifying their priorities to the subcommittee handling public health appropriations.	Weigh in with your state’s congressional delegation on the importance of immunization funding and ask them to consider making it a priority, especially if your state delegate is a member of the appropriations committee.
<b>First Monday in February</b>	The president submits a proposed budget to Congress for the next fiscal year.	Weigh in with the White House and members of Congress on proposed increases or cuts to immunization programs.
<b>February–April</b>	House and Senate appropriations committees hold hearings to review the president’s proposed budget.	Suggest questions that members of Congress could ask witnesses—typically the HHS secretary and CDC director—regarding immunization program funding levels.
<b>March or April</b>	Usual deadline for members of Congress to submit their funding priorities letter to appropriations committee leaders.	If allowable, weigh in with your elected official on recommended funding level requests.
<b>May</b>	The white house often begins developing its proposal for the following fiscal year.	Weigh in with committee members on preferred funding levels. If the Senate and House propose different levels, weigh in on preference for the higher number.
<b>May–July</b>	Appropriations subcommittees and full committees meet to “mark-up” and pass proposed appropriations bills. This is usually the first glimpse into if and how congressionally proposed funding levels differ from the president’s request.	
<b>June–September</b>	House and Senate sometimes pass spending bills and then work to agree on the differences between House and Senate versions so a final version can go to each floor for final passage. Often differences between House and Senate lead to delays that extend beyond October 1.	
<b>October 1</b>	On rare occasions, Congress passes the Labor-HHS appropriations bill prior to October 1. Often, they are required to pass a continuing resolution (CR) to fund programs at current levels while they complete negotiations.	
<b>Beyond October 1</b>	Congress passes a final version of the appropriations bill or a package of bills. If they fail to agree, they sometimes pass a full-year CR continuing the level funding.	Weigh in with Congress on why it is essential to complete a bill or CR to assure continued and adequate operation of immunization programs.

\*Please note that because these actions address pending legislation, they are formally considered to be lobbying. You are encouraged to work within your state process to assess if this is permissible.

See chapter 2 for information on the legislative landscape and the roles of key players.



**Chapter 2:**  
The Public Policy  
Landscape and  
Key Partners

## Introduction

To maximize your effectiveness as a proponent for sound immunization policy, it helps to make periodic assessments of the policy landscape in your state or jurisdiction. Understanding key players' roles and building relationships with them will allow you to anticipate, as well as shape, agendas where appropriate.

Chapter 1 of the *Immunization Program Policy Resource Guide* covered the federal rules and regulations that govern policy education. This chapter discusses the key players that shape the immunization policy landscape in your state, highlights the benefits of partnering with these key players, and offers suggestions for building effective relationships with them.

## Why should immunization program managers work with partners?

Partnerships are important to an effective advocacy strategy. They can help you by:

- ★ Strengthening your voice, amplifying key messages, and bringing the “power of many” to your work
- ★ Enhancing your reputation and bringing additional credibility to your cause
- ★ Filling in any gaps with additional expertise and resources
- ★ Sharing perspectives that governmental public health staff may not be able to express
- ★ Building the capacity of all partners by sharing experiences, knowledge, and lessons learned

### REMINDER! Know Your Role

Chapter 1 of AIM's *Immunization Program Policy Resource Guide* covers the relevant rules and regulations governing advocacy, as well as why immunization program managers should be actively and appropriately involved in the policy process.

Chapter 1 also includes links to CDC guidance on allowable educational activities, including 1) nonpartisan analysis, study, or research reports; 2) examinations and discussions of broad social, economic, and similar problems in conferences and reports; and 3) information provided upon request by a legislative body or committee for technical advice and assistance.

As an additional reminder, no federal funds may be used to support any lobbying activity and state rules vary. When in doubt, please check with your agency's legislative liaison or other leadership to ensure your policy engagement is fully in compliance with all applicable rules.

## Which key players make ideal partners?

### Public Sector Partners

#### Legislative Liaison

Perhaps the best in-house resource to help you navigate your role in public policy development is your state or local health agency's designated legislative liaison. This individual often serves on the department's leadership team, although in some states this person may be posted in your governor's office. The liaison is usually the central point of contact for all of the department's interactions with state and federal legislators. They are responsible for advocating for the department's agenda as well as responding to inquiries from the legislative branch.

Legislative liaisons are often the first to receive inquiries from legislators or governors' offices, and therefore need your assistance in formulating rapid responses to time-sensitive questions. Liaisons are also typically charged with leading your department's analysis of proposed legislation, formulating department positions, and supporting key department staff in testifying before the legislature when requested. They can help you understand any additional state rules that govern your interactions with policymakers.

Legislative liaisons can also provide insight into the culture of the state agency when it comes to legislative issues. For example, some states embrace wide-ranging debate and allow latitude for staff to express professional opinions while others centralize decision-making. While all agencies expect senior staff to support agency positions once adopted, there is sometimes wide latitude in how agencies conduct internal deliberations and whether they allow open public discussion. It is important for you to observe your colleagues and ask about your department's approach to policy development.

Establishing a solid relationship with your agency's designated liaison is critical for ensuring immunization policy priorities are understood and promoted. By making sure your liaison has the latest information about your program's needs, challenges, and successes, you can ensure they are equipped to help you effectively educate policymakers.

Proactively briefing liaisons on suspected outbreaks, vaccine shortages, potential controversies, and organized or emerging opposition can help prevent them from being caught off-guard in daily interactions and responsibilities. Particularly in states that limit or prohibit staff interaction with elected officials, it is imperative that your designated liaison is fully informed and supported so they can effectively carry your key messages for you.

For public health to implement efforts to reduce disparities and improve vaccination coverage among all communities, we must reach out to trusted community partners.

— Amy Pisani, *Vaccinate Your Family*

### Governors and Their Staff

Governors are the chiefs of each state's executive branch and therefore have primacy in setting the state health agency's policy agenda and formulating annual budget requests for programs and entire departments. It is well-advised to become familiar with your governor's priorities and any public positions taken on vaccine policy prior to taking office.

Is the governor a parent who has experience with vaccinating their own children? Who are the governor's biggest supporters and contributors? What are the health policy priorities of the governor's spouse? Recall that Vaccinate Your Family: The Next Generation of Every Child by Two (VYF) was founded in 1991 by Rosalynn Carter and Betty Bumpers, whose immunization partnership began as First Ladies of Georgia and Arkansas, respectively. After founding VYF, they traveled to every state in the nation to build coalitions and engage governors' spouses on the issue of immunization, and later supported immunization information system (IIS) efforts. Knowing your governor's background and exposure to immunization policy is crucial for anticipating possible new policy directives and identifying where targeted outreach and education may be beneficial.

The governor's staff can also have sizable influence in conveying priorities to your state's health agency and health system. Knowing the governor's priorities and establishing staff relationships where feasible can demonstrate your value as advisors and issue experts. Identifying and reaching out to your governor's chief health policy advisor in coordination with your department's legislative liaison is critical for ensuring coordination.

### State Health Officers

State health officers—often referred to as SHOs—serve as the head of a state's public health agency or division. They are often appointed by the governor or sometimes selected by the governor's appointed cabinet health secretary. The SHO will generally be expected to implement the governor's public health priorities and—with the support of your agency's legislative liaison—will often be the primary

spokesperson for the agency before the state legislature, federal congressional delegation, and the media.

These positions tend to turn over often, with an average tenure of one year, so it is prudent to anticipate the need to routinely brief a new boss on your program's priorities, needs, and successes. Learning about your SHO's background and experience with immunization policy can help you quickly assess how to adapt your briefings and best prepare them to represent your program in these and other important venues.

### Other State Programs and Agencies

Your state Maternal and Child Health; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Medicaid; and Children's Health Insurance Program (CHIP) programs all play critical roles in supporting the system of services needed to support high immunization coverage. Meeting regularly with your counterparts in these programs can support coordination and help identify gaps in the current system. Each program may have needs assessment findings, performance measures, or other data that can help inform policy efforts. They may also have political intelligence on working effectively as state employees with policymakers and cultivating potential champions for your issues.

### WIC

A Presidential mandate signed by President Bill Clinton in December 2000 orders all WIC agencies to assess children's immunization status during certification visits and offer referrals to those in need of vaccination. This is an unfunded mandate, but when surveyed by VYF and AIM in 2015, WIC local offices showed an overwhelming level of support for the important role of these visits in ensuring that the nearly 50 percent of U.S. children up to age five (and pregnant women) who receive WIC support are also protected from deadly vaccine-preventable diseases.

Each year, VYF and CDC provide an immunization update via webinar. In 2020, WIC recipients will have access to a mobile update which will offer vaccination information via the USDA/WIC program. It is essential that public health also offer support to local WIC staff to ensure that they are up-to-date on vaccine science and have current lists of local providers willing to accept low-income patients and/or health department resources.

### Local Health Agencies

The network of local health departments in your state likely represents the front line of the public immunization infrastructure. These agencies are also likely represented in the policy arena by a state association of local health

agencies, as well as in Washington via the National Association of County and City Health Officials (NACCHO). Tapping into their experience and network of contacts can extend and complement key messages and bring a local perspective, which is valued by policymakers following the maxim that “all politics is local.”

### Federally Qualified Health Centers

Community health centers are also key partners by virtue of their location in medically underserved areas and mission to treat all regardless of ability to pay. They are also organized via a State Primary Care Association that will usually have strong advocacy capabilities.

### Schools, Day Care Centers, Teachers, and School Nurses

Because of the importance of school-entry vaccination laws, school administrators and teachers make natural partners in advocating for optimal immunization policy. These groups are also on the frontlines of the debate over exemptions, so close coordination can be critical in understanding community dynamics and finding common ground solutions.

School systems may receive funding based on student attendance, so reducing absenteeism is a strong shared goal. However, in some instances superintendents may be reluctant to ban students due to the reflection it can have on participation rate incentives. It is important to understand the incentives and disincentives they are confronting, including promotion of teachers' wellness. Science and health education teachers, as well as school nurses, can be particularly helpful allies. We should also not overlook the role of teachers' unions and in-home day care centers. Associations representing school administrators, health teachers, and school nurses can all be strong allies.

## Private Sector Partners

### State and Local Immunizations Coalitions

In addition to being critical partners in advocating for policies that support vaccination, state and local coalitions help protect people of all ages from vaccine-preventable diseases by:

- ★ Raising awareness of the critical need for timely immunizations
- ★ Increasing the public's understanding of the benefits of vaccines
- ★ Increasing confidence in the safety of vaccines
- ★ Ensuring that all families have access to lifesaving vaccines

Many coalitions work to increase immunization rates and prevent disease by creating and distributing educational

materials for healthcare professionals and the public that enhance the delivery of safe and effective immunization services. Coalitions are often trusted voices that can facilitate and amplify communication about the safety, efficacy, and use of vaccines with key audiences, including patients, parents, healthcare organizations, and government health agencies.

Many states and localities already have thriving coalitions that bring together many of these partners to promote vaccines. Coalitions often organize and engage in advocacy work, although it is important to remember the prohibitions against using any federal grant funds to support any lobbying activity (as covered in chapter 1). You will also want to consider any state rules or regulations that govern how you as a state employee engage in any coalition work that could be considered lobbying. Some states may allow you to be part of the coalition to serve as a resource, but might restrict you from either urging them to take specific policy actions or participating in any direct lobbying. Again, your state's legislative liaison can provide guidance on allowable activities.

If your state or locality doesn't already have a coalition, you may want to consider forming one. The National Network of Immunization Coalitions provides support and multiple channels for communication among local, state, regional, national, and international immunization coalitions, and is an excellent resource for learning more. If you do have a coalition, you may want to assess for opportunities to engage additional types of partners.

### The Public

The voices and stories of the people who are impacted by your programs can have enormous impact on policy decisions. Legislators can relate much better to personal stories than a wealth of public health data. Having a repository of stories from individuals who benefit from your program can help reach legislators in ways that data alone cannot.

Several organizations have collected stories that you may want to consider utilizing or emulating as models for your own jurisdictions. Groups representing individuals who are immunocompromised or at heightened risk for infection will also be natural allies. The National Consumer League is traditionally very interested in the subject of immunizations as well.

### Health Professionals and Their Organizations

Health professionals have a great deal of credibility within the legislative process and often have established lobbying capacity at the state and federal levels. A Gallup poll found that nurses, medical doctors, and pharmacists are among the most trusted professions in American society.

## STORIES ON THE VALUE OF IMMUNIZATION

### American Academy of Pediatrics.

[Why I Vaccinate: Parent Testimonials](#)

**Centers for Disease Control and Prevention** [Fact Sheet](#), “What are the reasons to vaccinate my child?”

**Children’s Hospital of Philadelphia** has a collection of personal stories [here](#).

**Families Fighting Flu** has collected numerous emotional family stories recounting how lives have been permanently altered by flu [here](#).

**Immunization Action Coalition** maintains “Unprotected People.” These stories are an online collection of more than 100 personal accounts and case reports about vaccine-preventable diseases [here](#). They also feature numerous personal testimonies [here](#).

**National Foundation for Infectious Diseases** has a collection called “Real People, Real Stories” that are “real-life stories provide a sobering reminder about the dangers of remaining unvaccinated.” Available [here](#)

**National Meningitis Association** has several volunteers who have all been personally affected by meningococcal disease. They note their “hope that by sharing our personal experiences, others will learn about the dangers of meningococcal disease and have the opportunity to make informed decisions about immunization.” Stories available [here](#).

**Vaccinate Your Family** has many stories from “vaccine advocates who are willing to share their painful stories in hopes of saving the lives of people of all ages” [here](#).

**Voices for Vaccines.** A gallery of brief first-person testimonials answering the question “Why I choose to vaccinate” is [here](#).

Working closely with your state and local medical societies; nursing, hospital, and pharmacy associations; and other clinical organizations can create effective alliances and provide elected officials with information from highly trusted sources. Medical societies can also help you identify and deploy effective spokespeople when needed.

### Community-Based Organizations

Like local health agencies, your state or jurisdiction’s network of community-based organizations—particularly those in the health and human services and youth-service sectors—can be critical partners for amplifying the needs and successes of immunization programs. They can also bring the local perspective that many legislators value. Finding ways to amplify these organizations’ messages in conjunction with pro-vaccine messages can be a helpful way to expand your reach.

### Advocacy and Voluntary Agencies

Groups like your local March of Dimes chapter, affiliates of the Children’s Defense Fund, and other local groups with shared missions can also be helpful partners. These groups tend to have in-house capacity and expertise for advocacy and may even be able to connect you with grassroots supporters who can offer their support when needed.

### Business Community

Businesses benefit from healthy families. However, the business community may not immediately be engaged in promoting immunization policy. As major payors in the health care system via employer-sponsored health insurance, they should be amenable to messages that focus on the cost-effectiveness of vaccines as well as the potential for reducing costs due to employee absenteeism.

### Academic Institutions

Like your state medical societies, your state’s academic institutions may be credible messengers to highlight the current evidence in support of vaccine policies—especially schools of public health, medicine, and nursing. Your universities will also likely have heightened awareness due to recent meningitis outbreaks and will be important partners in navigating policy to address this risk.

## Tips for building policy education partnerships

- ★ **Be strategic.** Take time to identify partners whose priorities most effectively align with yours. More partners are not necessarily better than a core group of dedicated and knowledgeable advocates.
- ★ **Try to find a win-win value proposition.** Avoid approaching potential partners with the frame of how they can help your program. Rather, identify a value proposition that delivers wins for both organizations.

Examples of win-win propositions for partnering to increase immunization rates include fewer missed days of work for parent employees (for business audiences), help in meeting applicable performance measures (for health plan audiences), or fewer school disruptions (for school administrator audiences).

- ★ **Identify and cultivate potential champions within key stakeholder groups that share your vision.** Identify effective programs, associations, and other groups with similar missions. Learn about their goals and agendas and identify ways that you can support those goals within the context of your mission.
- ★ **Make friends before you need them.** Building relationships throughout the year—and before a crisis—will ensure that you’ve built adequate trust and understanding of your cause.
- ★ **Learn who your program detractors and opponents are and what drives them.** Then, identify strategies for responding to their concerns. Select and bookmark resources that can help to address opponents’ messages.
- ★ **Think creatively to engage non-traditional partners,** such as state real estate associations concerned with safe and healthy communities, unions that promote healthy workplaces, infant and child death review committees that have authority to make policy recommendations, and autism groups—who if approached with sensitivity can be strong allies.
- ★ **Form or utilize existing task forces,** advisory groups, and coalitions when appropriate to achieve specific strategic aims.

## Pearls of Wisdom from Maternal and Child Health Colleagues

- ▶ **The more difficult the relationship, the more important it is to meet face-to-face.**
- ▶ **Assess what you might do differently, but do not take all difficulties personally.**
- ▶ **Some responses to your outreach may be influenced by your predecessor’s past actions or sentiments. Find out key stakeholders’ views of your programs and learn from that history.**
- ▶ **Never, ever burn your bridges!**

**Chapter 3:**  
Effective Strategies  
for Educating  
Policymakers



## Introduction

Effective education utilizes a range of tools to shape public debate and inform sound policy. This chapter highlights several effective approaches to educating the public and policymakers, including developing outreach plans, building personal relationships, and working with the media to deliver compelling messages. Engaging coalition partners, anticipating opposition, and planning to evaluate are also covered.

AIM recommends that all immunization program managers actively educate their policymakers to increase understanding of the critical value of vaccines. With dozens of bills related to vaccination being introduced in state legislatures each year, the strategies covered in this chapter can help position your program as a key resource for the development of sound immunization policy.

Agency leaders are often tasked with developing an agency-wide plan to educate the public and policymakers about public health priorities at the state and federal levels. Below is a checklist of actions to consider taking to develop or contribute to such an outreach plan and meet your program's needs.

### REMINDER! Know Your Role

Chapter 1 of AIM's *Immunization Program Policy Resource Guide* covers the relevant rules and regulations governing advocacy, as well as why immunization program managers should be actively and appropriately involved in the policy process.

Chapter 1 also includes links to CDC guidance on allowable educational activities, including 1) nonpartisan analysis, study, or research reports; 2) examinations and discussions of broad social, economic, and similar problems in conferences and reports; and 3) information provided upon request by a legislative body or committee for technical advice and assistance.

As an additional reminder, no federal funds may be used to support any lobbying activity and state rules vary. When in doubt, please check with your agency's legislative liaison or other leadership to ensure your policy engagement is fully in compliance with all applicable rules.

## Overview of Suggested Strategies

Strategy	Key Tips
<b>Establish or contribute to an education outreach plan with goals, strategies, and action steps</b>	What are you hoping to accomplish? Your goals will naturally inform your strategies and action steps. Seek input and support from your senior leadership as you craft your plan.
<b>Develop key messages</b>	Prepare and practice an elevator pitch for your top priorities. Have additional talking points and other information resources prepared in advance.
<b>Establish relationships with key immunization policymakers</b>	Ask for meetings with key leaders and aim to become a trusted resource.
<b>Utilize annual and unique opportunities to educate policymakers</b>	What immunization policy activities occur in your state or jurisdiction on an annual basis and what opportunities occur sporadically? Utilize all opportunities to spread your key messages.
<b>Create a media plan to educate the public that emphasizes personal stories</b>	Work with your chief information officer to prepare and support your agency's chief spokesperson and utilize all appropriate media channels.
<b>Engage coalitions and enlist key partners</b>	Employ credible messengers where appropriate.
<b>Anticipate opposition</b>	Know the arguments being made and prepare factual responses.
<b>Evaluate and adapt</b>	Apply principles of continuous quality improvement.

## Prioritize What is Most Effective

With competing priorities and limited resources, it's helpful for immunization program managers to look for evidence-based, effective ways for communicating with policymakers. The Congressional Management Foundation's mission is to educate citizen groups about how Congress works and to give constituents a stronger voice in policy outcomes. The foundation conducted a survey of key Capitol Hill staffers "to better understand perceptions of citizen advocacy."

In the survey, they posed a question to learn how much influence certain advocacy strategies have on the decision-making of a member of Congress who is undecided on an issue. They found that the most effective tactic was in-person visits from constituents or contact from a constituent who represents other constituents. Personalized emails were also perceived as effective, while visits from lobbyists and form email messages were deemed less effective. Understanding these perceptions, as detailed in the chart on page 5, can help program managers prioritize strategies and avoid engaging in less effective activities.

## Establish or Contribute to an Education Outreach Plan

After becoming familiar with your state's policy engagement rules, consider crafting an outreach plan with explicit goals, priorities, strategies, action steps, and expected outcomes. It's likely that your state or locality may also have an agency-wide public policy plan (sometimes referred to as a legislative or policy agenda) to which you can contribute.

Stating what you intend to accomplish can help the state program and your partners focus on what you want them to, be it an increase in resources, a change in state exemption policy, new reporting on school entry requirements, or some other goal. You might consider creating a legislative agenda that ranks policy issues by priority. Your goals will naturally inform your strategies and action steps, and it's a best practice to also indicate what tasks each party is charged with completing to ensure accountability.

As you craft or update an education plan, it is highly advisable to seek input and support from your agency's senior leadership team—particularly your state's designated legislative liaison. Including them in early discussions about your plan and seeking their input can be crucial to securing buy-in and support. Your legislative liaison will likely bring experience in understanding the key policymakers who will need to be engaged to champion your goals. They can help you understand which policy education approaches work best with different legislators, as well as what to avoid and where to anticipate opposition. They can also help strategize how to best utilize your agency's media capabilities and ensure that

any activities you undertake are in full compliance with federal and state rules on advocacy.

## Develop Key Messages

Once you've determined your goals and enlisted the support of your agency's leadership, you can consider developing a single message for each priority that can convey what you are asking and what it is expected to achieve. Aim to keep messages as simple as possible. Policymakers are inundated with information, so you need a message that can break through the noise. This message can be shared in the context of what is called an elevator pitch. To develop your pitch, imagine you are in an elevator with your Governor or a key legislator and have limited time to make your case while you travel just a few floors.

The four key elements of an effective elevator pitch include: 1) a strong opening that explains why your issue matters, 2) a concise definition of the problem, 3) the offer of a viable solution, and 4) a specific ask or call to action. Here's an immunization example that includes these elements:

*Vaccines save lives. However, last year's deadly flu season resulted in 185 childhood flu-related deaths. In 2019, there were 1,282 individual cases of measles confirmed in 31 states, including xx right here in our community.*

*We know these cases can be prevented. But without stronger support for a public health support system that makes sure vaccines are administered to the children and adults who need them, vaccines would just sit on the shelf. This support system includes education of providers and consumers, surveillance of diseases, control of outbreaks, and management of the federal Vaccines for Children Program—which serves millions of children each year.*

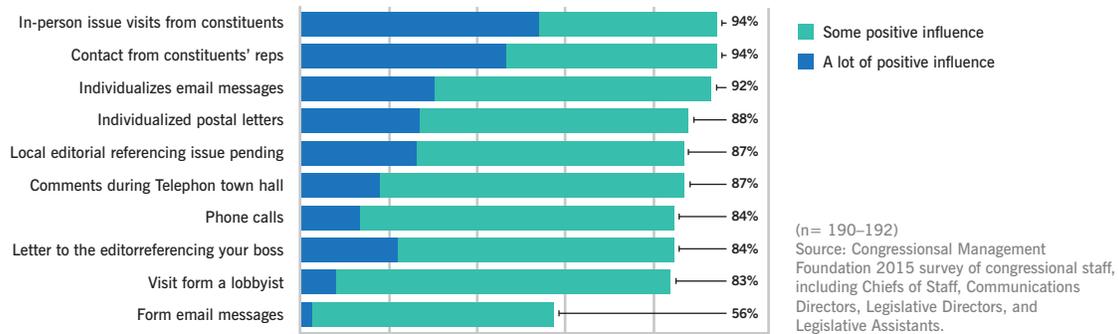
It is important for you to understand what is allowable under your state's rules on advocacy. The following are examples of possible messages depending on your state rules:

**Educational Message:** *Our state receives \$x in federal immunization funds. We are able to serve x individuals and protect the health of all communities by doing x, y, and z. (i.e. focus on success). We have identified these pockets of need.*

**Advocacy Message:** *Our state is working hard to protect communities from vaccine-preventable diseases. We can and should do more by increasing vaccination rates, improving our data systems, and examining the enforcement of our school entry laws.*

**Lobbying Message:** *We are asking all members of Congress to support an appropriation of \$710.8 million for the Section 317 Immunization Program, which*

**If your member/senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the Washington office have on their decision?**



*is a \$95 million or 13% increase above last year's enacted levels. This increase is critical to implement new vaccines, sustain and update immunization information systems, and respond to the growing number of hepatitis A, measles, mumps, influenza, and other outbreaks. Can we count on your support for this funding level?*

Practicing your pitch is important, along with the ability to adapt it for different audiences and timeframes. You may also want to consider developing additional internal talking points and public issue briefs or fact sheets that can incorporate and expound upon your key messages. Having a range of resources—including data, journal articles, testimony, white papers, synthesis of evidence, and other creative presentations—is needed to be able to quickly follow up with any parties that request additional information.

### Building Relationships with Key Policymakers

Research by the Congressional Management Foundation underscores the importance of building personal relationships to support effective engagement on public policy issues. A recent report suggests that “broader, more dynamic, and more diverse activities—conducted over a longer period of time and resulting in relationships between constituents and congressional offices—are more successful strategies than mass form email campaigns because they provide higher-quality and more nuanced content to inform decision-making.” In an ideal situation, elected officials and their staff would know that you are the go-to resource for any immunization policy-related questions and would seek your input before taking any action. But they cannot seek you out if they don't know

who you are. A good way to begin building relationships is to set up a series of introductory meetings with the key players in your state legislature and federal delegation. You can work through your legislative liaison and in accordance with your state's rules on engaging policymakers to do so.

An important first step in contemplating meetings with your elected officials is determining if your purpose is to educate for vaccine policy or if you plan to lobby if permissible (i.e. urge action on specific pending legislation). This will determine how you frame your request for a meeting, which is the second step. You can meet with your federally elected officials either in Washington, D.C. or in their district office closest to your location. Meetings with state legislators will usually be in your state's capitol building.

It is recommended that you first request a meeting with the staff person who advises the elected official on health issues. Some people initially feel put off by meeting with staff, but meeting with key staff is the norm. The reality is that every elected official is dealing with multiple, complex issues and

**“Broader, more dynamic, and more diverse activities—conducted over a longer period of time and resulting in relationships between constituents and congressional offices—are more successful strategies than mass form email campaigns because they provide higher-quality and more nuanced content to inform decision-making.”**

cannot be expected to fully delve into each issue before them. In most Congressional offices, staff handle most meetings on their assigned issues since busy members of Congress cannot be expected to meet with all interest groups. Legislators therefore rely on carefully chosen staff who they trust to hear all sides of every issue in their jurisdiction, synthesize the various viewpoints, and advise them accordingly. Staff have significant power to adopt or reject your recommendations, so it is important to understand and respect their role.

At an initial meeting, you can ask the staffer for guidance on the advisability of meeting directly with the legislator. On potential hot-button issues, it sometimes is best for the member to hear directly from constituents and experts. Again, the health legislative assistant can help you navigate this question.

Requesting a meeting is straightforward. Call the office and ask for the name and email address of the staff person who handles immunization issues. Here is a sample e-mail meeting request:

*Subject: Meeting Request with Local Health Department Professional*

*Body: Dear [insert Health Legislative Assistant's name], I am a constituent from your district, and the [insert job title] at the [insert health department]. I would like to request a time to speak to you at your office in [state capitol/home district/Washington]. Would there be an opportunity to set up a meeting with you [on date/time] to talk about the immunization policy issues affecting our community?*

*Thank you for your attention to this request.*

Once a meeting is set, here are some tips for ensuring a successful meeting:

- ★ **Don't be nervous.** Talking to powerful people can be intimidating, but most legislators and staff want to hear from you. You are the experts that can help them understand complex issues and how their decisions affect their constituents and communities. Remember that providing input as a citizen is a constitutionally protected right in the First Amendment (i.e. the right to petition the government). By following the guidance in chapter 1, you can rest assured you are complying with your state's rules on advocacy.
- ★ **Be concise.** You should generally plan to present your case in five to ten minutes, allowing additional time for questions and dialogue. Practice your key messages so you can stay focused.
- ★ **Be ready for opposition.** Know what your opposition is saying and be ready to respond to their arguments with factual and evidence-based responses. Have talking points that defend your positions, but don't focus on opposing arguments unless asked. If you are engaged in opposing arguments, be forceful without being argumentative.
- ★ **Be grateful and helpful.** Legislators and their staff are rarely thanked, especially in today's highly partisan environment. Starting your meeting with an expression of gratitude for their public service and willingness to hear from you can go a long way in building a strong relationship. During the meeting, offer to follow up with any additional information requested that might be helpful—and make sure it is delivered promptly. If there are any questions you don't know the answer to, tell them you will find out and respond quickly.
- ★ **Be able to connect the big picture to the community and constituent level.** Legislators generally want to know how any proposed policy will affect the people in the communities they represent. Having data specific to their district or region can go a long way in connecting national issues to local concerns. Sharing stories from constituents is always a great way to put a human face on public policy challenges.
- ★ **Be clear in your ask.** Legislative staff report that one of their biggest frustrations in meeting with interest groups is a lack of clarity in what they can do to help. Having a clear ask is critical to successful policy development. Are you asking them to support a specific bill or amendment? Are you asking for an increase in resources? Sometimes an appropriate ask is simply for that member to pass along your request by talking to another legislator who may be in the leadership or chair of an important committee.
- ★ **Be ready to follow up.** It is always good practice to follow up promptly with a thank you note that reinforces your key points and reiterates your ask.

## Educating Policymakers

Even if your state rules prevent you from making a specific legislative ask (i.e. lobbying), there are a range of permissible educational activities you can conduct to help inform sound immunization policy. CDC guidance notes that grantees are permitted to prepare and disseminate “certain (1) nonpartisan analysis, study, or research reports; (2) examinations and discussions of broad social, economic, and similar problems in conferences and reports; and (3) information provided upon request by a legislative body or committee for technical advice and assistance.” CDC further specifies that “materials must be posted or circulated widely to a diverse and numerous audiences on a nonpartisan basis and must not contain an overt ‘call to action.’”<sup>1</sup>

When considering opportunities to educate policymakers, a good place to start is an assessment of the immunization policy events that occur in your state or jurisdiction on an annual basis (such as state budget requests) and the opportunities that occur sporadically (such as review of policy in light of current outbreaks, etc.). How can you take advantage of recurring educational opportunities such as Mother’s Day, National Infant Immunization Week, National Public Health Week, and other observances or holidays? Crafting and circulating educational messages which promote the value of immunization during these events can increase awareness and help build public support.

Other opportunities might include regularly sharing newsletters, fact sheets, and reports with key stakeholders like advocates, policymakers, and the public. Sponsoring informational briefings and conferences for stakeholders—including advocates and policymakers—can also be effective. Some states have convened task forces and advisory committees to review information and develop policy recommendations.

Finally, one of the best tactics for educating policymakers is inviting them to visit programs where they can see vaccine program delivery in action. Each year, the Association of State and Territorial Health Officials encourages all state health officials to invite their Congressional delegation to visit the state health agency during the August Congressional recess. A toolkit supporting this program is available [here](#). You may want to check with your state health officer to find out if your state will be inviting policymakers to your agency. If so, make sure that immunization issues are on the agenda.



## Create a Media Plan to Educate the Public

Dramatic events like vaccine shortages or vaccine-preventable disease outbreaks inevitably attract media attention. Using this attention—as well as seeking proactive opportunities—to promote your key policy messages can ensure the public receives solid information about what your program is doing and what else is needed to improve services. Your state’s chief information officer can help you prepare for media activities, including interviews, background briefings, op-eds, letters to the editor, and supporting the department’s chief spokesperson. It also doesn’t hurt to remind your chief information officer that using pre-cleared personal stories puts a human face on policy issues and should be considered when appropriate.

## Engage Coalitions and Enlist Key Partners

Chapter 2 covered working with partners and coalitions in depth. It is worth considering who among your partners has the most credibility with specific audiences. Work with them to make sure they are supported with information about your key messages.

### Anticipate Opposition

It is critical to be aware of what immunization opponents are saying. Developing factual responses that are based on evidence and sound public health principles can counter their messages. Monitoring the web and social media channels in your state or jurisdiction can provide insight into what types of misinformation and organized opposition you might encounter. Reviewing videos of other state’s legislative hearings on vaccine bills (available in the [Immunization Program Policy Toolkit Resource Library](#)) can help you identify both the tactics and key themes of vaccine opposers.

<sup>1</sup> Centers for Disease Control and Prevention, “Anti-Lobbying Restrictions for CDC Grantees,” July 2012. Available at [https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf) Accessed March 15, 2019.

## Evaluate and Adapt

Finally, any good outreach plan should include benchmarks and evaluation measures to inform continuous quality improvement. Certain policy outcomes are easier to measure than others, such as whether legislation passed or failed. It may be helpful to plan an annual after-action meeting and report after each legislative session to review what went right and what could be improved.

Because building relationships is so critical in policy development, you may also want to consider measures that assess how often you or your agency leaders are meeting and/or substantively communicating with their senators and representatives on immunization issues.

Other potential measures to consider include:

- ★ How well are we collecting and communicating district- and state-specific data about immunization issues?
- ★ Are we monitoring the web and social media to monitor and address vaccine misinformation circulating in our community?
- ★ Has a key lawmaker visited a facility significant to our cause or participated in one of our events?

## Conclusion

Creating or contributing to an education outreach plan, building personal relationships, and educating the public and policymakers are fundamental steps for improving

immunization policy. Additional tactics include working with the media and utilizing data, evidence, and stories to create effective messages. Finally, engaging coalition partners, anticipating opposition, and planning to evaluate are all important steps in promoting sound immunization policy.

### Advocacy Tips from the National Association of County and City Health Officials

At the basic level, advocacy is building relationships. The goal is to become a valuable resource for policymakers. No matter who the audience is, you should keep in mind the following:

- ▶ Be confident.
- ▶ Frame your message to answer the question, “So what?”
- ▶ Plan and practice your message.
- ▶ Present a clear and compelling message. Less is more.
- ▶ Offer yourself as an expert resource and provide examples from your community. Stories are more compelling than statistics.

Source: The NACCHO Advocacy Toolkit, National Association of County and City Health Officials, Washington, DC, 2017.



# Immunization Program Policy Toolkit



## RESOURCE LIBRARY

Access a collection of AIM, immunization program, and partner resources and tools for appropriately and effectively promoting sound immunization policies.

Find bills, testimony, and immunization program resources for addressing legislation related to exemptions, vaccine ingredients, informed consent, minor consent, and school and daycare requirements.

[www.immunizationmanagers.org/PolicyLibrary](http://www.immunizationmanagers.org/PolicyLibrary)



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