



# A PATH TO POLICY

*A Blueprint for Community Engagement and Advocacy*

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# INTRODUCTION

An effective advocacy effort must include many partners and take many forms.

This toolkit is intended to be used by anyone involved in a state health department HIV and viral hepatitis program to assist in advocacy, policy development and implementation and community engagement. It is intended to be used by health department staff and other interested persons with all levels of policy experience. Some state and local government employees using this toolkit may be restricted in which advocacy activities they can actively participate and are encouraged to undertake what is allowable and to share this document with their advocacy partners outside the health department who may be free to conduct additional advocacy on your program's behalf.

An effective advocacy effort must include many partners and take many forms. This toolkit will assist you in improving and forming a cohesive advocacy strategy and coalition in your jurisdiction and will lay out the many advocacy efforts that can be utilized at the local, state and national levels. We hope that you will find this toolkit useful.

## *The Critical Role of Public Health*

Public health agencies are the central authorities of the nation's public health system; as such, they serve an essential role in the monitoring, prevention and management of HIV and viral hepatitis. Evidence informed, science based and effective public health programs that increase access to prevention, care, treatment and support for people living with HIV and viral hepatitis are part of the answer. Creating an enabling legal and policy environment based on a human rights approach to HIV and viral hepatitis is also part of the answer.

The **Affordable Care Act (ACA)**, the **National HIV/AIDS Strategy (NHAS)** and the **Action Plan to Combat Viral Hepatitis** all provide overarching goals and opportunities for action at the state and local levels to help lower the number of new infections and care for people living with HIV and viral hepatitis. Health departments are largely responsible for ensuring the successful

implementation of these national plans and the coordination of the systems-level changes brought about by the ACA. Additionally, while the ACA is expanding access to insurance coverage across the United States, the roles of public health and health departments remain the same — ensuring the improvement of population-level health outcomes, averting and ending epidemics, recognizing and addressing root causes of diseases and co-occurring social determinants, and ensuring equitable disease care and treatment. In order for health departments to meet these demands, it is critical to have policies in place that support these efforts, that community and constituents be engaged in the process, and that there is proper advocacy by both health departments and the communities they serve. This toolkit is intended to provide health departments with guidance for establishing, improving and

sustaining meaningful community engagement, advocating for resources and policies necessary to end the epidemics, and educating policymakers and the public about your role, your programs and the importance of accelerating HIV and viral hepatitis prevention, treatment and care nationwide.

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# ADVOCACY

Advocacy does not endorse, but informs.

## *What is Advocacy?*

Advocacy is targeted action directed at changing the policies, positions or programs at any type of institution, at any level, and encompasses a broad range of activities. Effective advocacy can:

- ▶ Educate leaders, policymakers or administrators who implement policies
- ▶ Alter existing policies, laws and budgets
- ▶ Develop new programs
- ▶ Create more open dialogue with decision-makers

## *Advocacy vs. Lobbying*

Although most people use the words advocacy and lobbying interchangeably, there is an important distinction between the two. Advocacy is educating and creating awareness among key stakeholders (e.g., internal health department administration, legislators, the general public, etc.) on issues facing the community and the importance of aligning public policy to address the needs within the community. Advocacy does not endorse or oppose specific legislation, but rather informs the community at large how public policy decisions impact service provision.

Lobbying is the act of asking an elected official to take a particular position on a specific piece of legislation or issue. Lobbying can often be thought of as educating a legislator on an issue and including a specific request, such as explicit support of a bill or increased funding for a particular program. Government employees and other health department staff are often prohibited from *lobbying*, but are not prohibited from doing *advocacy*, such as educating policymakers on the facts associated with the burden of HIV and viral hepatitis in their jurisdictions, key elements of programmatic activities and efforts to address the epidemics.

Advocating to public officials is an integral part of policy development and implementation at every level. Without your data, analysis, knowledge of jurisdictional needs and expert opinion, lawmakers would not be able to develop effective solutions. Additionally, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) encourage health departments to educate and share key core public health information including educating the public on population prevention, care and treatment trends and outcomes, science-based strategies and policies to reduce HIV and viral hepatitis incidence, and population-based research (e.g., CDC's Morbidity and Mortality Weekly Report).

## QUICK FACTS ▶

### What You Can Do

Depending on the specific policies in your health department, here are some examples of advocacy activities:

- ❑ **Share your efforts** with policymakers, clients, constituencies, coalition partners, friends and family
- ❑ **Share your success** in these efforts by using data, explaining and analyzing trends found in your state, providing evidence of the ability of state and local health departments to curb new infections, identify people living with HIV and viral hepatitis, lead them to optimal health outcomes and improve population-level health
- ❑ **Recruit community coalition members** and local advocates to meet with your congressional delegation district staff or participate in a public forum being held by your legislator(s) or candidates
- ❑ **Build relationships** with your local congressional district staff and the staff of state officials so they will come to you as the expert in issue areas
- ❑ **Conduct educational Hill visits** with your congressional delegation in Washington, D.C. and with your state legislators
- ❑ **Submit a letter to the editor** on an issue area and the impact that it has on HIV or viral hepatitis prevention, care and treatment programs or write a policy statement
- ❑ **Provide policymakers with the background information they need** to write legislation or proclamations for World AIDS Day, World Hepatitis Day or any HIV and viral hepatitis-related awareness days
- ❑ **Engage in social media platforms** like Twitter and Facebook to reach the public, elected officials and your constituencies.

### EXAMPLE FROM THE FIELD

In Iowa, the Chief of the Bureau of HIV, STD and Hepatitis at the Iowa Department of Public Health authored an op-ed in the Des Moines Register titled **“HIV Law Should Reflect Medicine’s Reality”** explaining an HIV-related policy issue and possible solutions.

Sample Tweet: @NASTAD



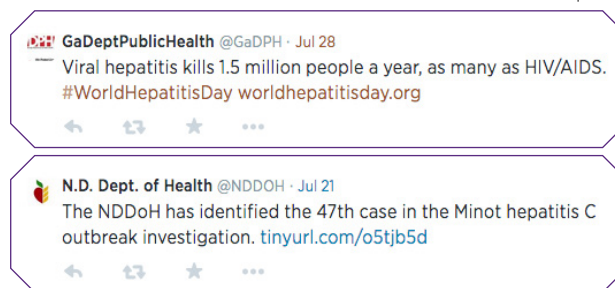
## Using Social Media to Amplify Education

Social media allows you to reach wider audiences and can be integrated into most of your efforts, including your public health advocacy work and outreach to consumers on health department policy development and community engagement. Below is a list of social media outlets that can bring more attention to work being done in both HIV and viral hepatitis. For more information on advocacy opportunities and information, please see the Hill Day and Visit Guide Appendix.

### Twitter ▶ Twitter.com

Send short messages (140 characters or less) about your advocacy activities or about public health issues to your followers. The tweets can be easily “retweeted” by other users. NASTAD’s Twitter feed provides frequent updates on our national and global work.

Twitter feed example



Example of a Facebook infographic post



### ◀ Facebook Facebook.com

Post information about public health issues on your program or health department’s wall or status and update the page with new advocacy activities in which you are participating. Invite your friends to join you at a town hall or meeting. Share pictures, stories and infographics about the activities. If your bureau or program does not have a Facebook account, work with your health department’s communication office to share HIV and viral hepatitis related materials on their page.

### Blogs

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



# POLICY

## Strategies developed at health departments can effect policy development across the country.

The CDC defines policy as a law, regulation, procedure, administrative action, incentive or voluntary practice of governments or other institutions.<sup>1</sup> Through this lens, the strategies and plans developed at health departments across the country are affected by and have an effect on policy development and implementation. We know that maintaining public health infrastructure is vitally important to improving and protecting the health of all Americans, and policymakers need to be aware of the health department's perspective and needs when developing program and funding plans. Therefore, in addition to your advocacy and community engagement efforts, developing "living" policy statements or recommendations that can be shared will allow you to better educate policymakers and the public on your efforts.

Although there are certainly legislative policies that health departments can influence, there are also many more non-legislative policies that health departments can explore to enhance their response to HIV and viral hepatitis. Examples of effective policy include:

- ▶ Developing policy statements and issue briefs on specific issues
- ▶ Promoting media campaigns to educate a larger audience
- ▶ Establishing new partnerships or improving existing relationships with other health department offices or state agencies that work with the same populations (e.g., state substance use agencies, offices of minority health, social services, education agencies, etc.)
- ▶ Modernizing state administrative rules and policies for conducting certain program activities such as HIV and viral hepatitis screening
- ▶ Examining your message development (e.g., defining the problem, framing, naming) internally
- ▶ Fostering a network of trusted messengers and champions through coalitions

### *Elected Officials and Government Policymakers*

While much emphasis is placed on advocating for additional funding and policy change with elected officials, there are other parts of government that are important in budget development, funding allocations and policy

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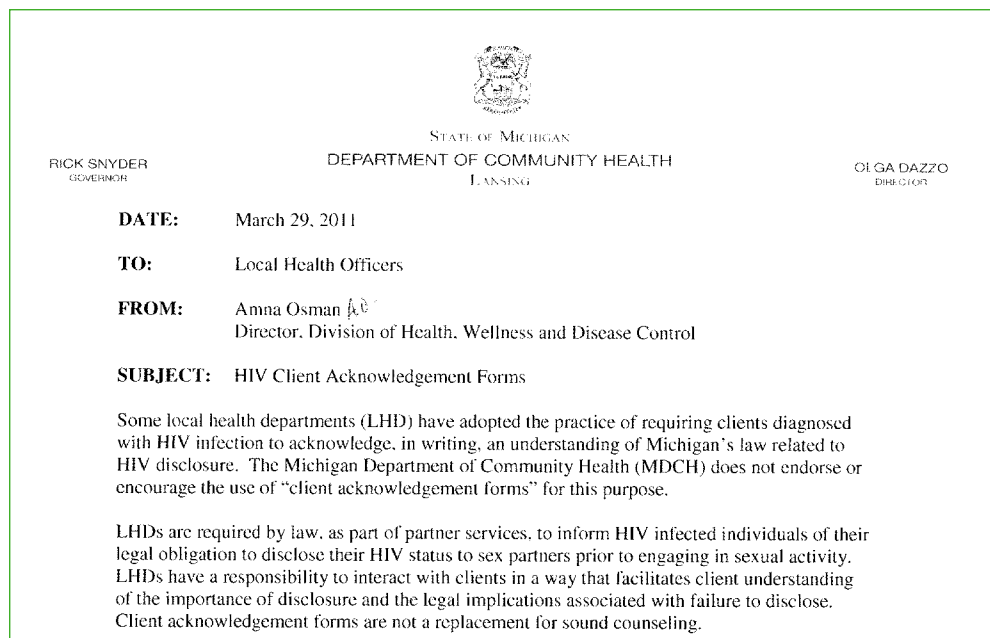
<sup>1</sup> Source: <http://www.cdc.gov/stltpublichealth/policy/> last accessed February 2014.

development. Administrators and staff at the CDC, HRSA and other agencies within the Department of Health and Human Services (HHS) are important resources and should be included in your outreach. It is equally important to identify opportunities within state and local government agencies to educate and impact HIV and viral hepatitis prioritization.

Advocates and health officials on the state and local levels should be working together to unify their efforts across all levels of government. Both groups, including advocates, AIDS directors, hepatitis coordinators, immunization program managers, communicable disease program managers, behavioral health program staff and other chronic disease directors should be reaching out to one another to discuss the commonalities and differences in terms of their priorities, programs and policies. Health departments should seek the input of advocates on their advisory committees. Similarly, state and local advocates should seek to become involved in their jurisdiction's task forces, HIV planning groups, adult immunization coalitions and other relevant advisory bodies.

Some things you can advocate for in your policy recommendations:

- ▶ Development of new or improving existing federal or state comprehensive HIV and hepatitis prevention programs
- ▶ Proclamations and resolutions to commemorate World Hepatitis Day and World AIDS Day along with other awareness days from your Congressional delegation, Governor, state legislators, Mayor, City Council or County Supervisors
- ▶ Formal creation of a state and city task force on HIV or hepatitis by your elected officials, if not already in place
- ▶ Review of practices surrounding HIV testing and disclosure at local health departments. The Michigan Department of Community Health, for example, sent a **policy guidance** to local health departments discouraging the use of acknowledgement forms (see picture below).



## *Policy Statements*

Developing policy statements and recommendations can inform policymakers and the public of your plans and provide an outline of the specific issue areas where your department intends to focus. Once you have cultivated a working relationship with the staff of your local, state and federal elected officials, they will often come to you for insight on public health-related issues. In the interim, releasing policy statements can be influential tools that ensure health departments and the people they serve have a voice in the policy-making process.

There are two categories of recommendations: proactive and reactive. Reactive policies often address issues after they have become large scale public problems, while proactive policies often address new trends and arising issues and are usually used to prevent an issue from occurring in the future. Public health often uses both proactive and reactive policies. As an example of reactive policies, law makers have introduced legislation to expand access to medication for opioid use treatment, which is in response to the growing epidemic. Conversely, if policy makers had instituted legislation that invested in opioid abuse prevention and education, it would be an example of proactive policy.

In a legislative context for health departments, proactive policy recommendations allow you to provide input on legislation without fear of overstepping lobbying rules applied to government employees because you are able to preemptively influence policy without taking a stance on already introduced legislation.

This is not to say that policy statements that address laws currently in place are ineffective. For example, the Iowa Department of Public Health's Bureau of HIV, STD and Hepatitis released a **fact sheet** discussing "Revisions to Iowa Code 709C – Criminal Transmission of HIV" summarizing the statute, placing it in the national perspective and providing principles for modernizing the statute to a public health perspective. The fact sheet, in concert with their conjoined efforts with HIV advocates in the state, is an example of a successful policy push. The Iowa State General Assembly filed a bill to decriminalize failure to disclose and make other reforms in Iowa's HIV notification law. This combined effort demonstrates the important potential impact that preemptive policy statements from the health department and advocacy can have in an engaged community and an informed legislature and electorate.





# COMMUNITY ENGAGEMENT

Projects move faster with effective engagement.

Community or public engagement is a general term used for a number of methods where members of the public become more informed about or work to influence public decisions.<sup>2</sup> Effective engagement efforts provide policymakers and other state officials, like health department staff, more insight into identifying the values, ideas and recommendations of the communities that they serve. It also presents an opportunity for residents to better understand an issue and its impact, leading to greater community ownership for the initiative. Due to this increased understanding, transparency and trust, projects move faster with less need to revisit specific details repeatedly. Community engagement goes beyond the legislative and grant-required planning activities that come with specific funding.

Some principles to use when trying to increase community engagement are:<sup>3</sup>

- ▶ **Inclusive Planning and Internal/External Participation** — Developing a successful engagement effort should include input from health department staff, local advocates and members of the communities that will be served. The planning should include a wide array of people and viewpoints that will be reflective of the community population. As you know, CDC and HRSA both require planning bodies. This provides health departments a built-in opportunity to include outside partners. However, planning processes are not the only way to obtain meaningful community engagement.
- ▶ **Transparency** — The process of planning, designing and making decisions should be as clear as possible for all involved stakeholders
- ▶ **Evaluation** — Sponsors and participants should evaluate efforts by collecting feedback and actively working to incorporate these suggestions into the next engagement opportunity
- ▶ **Opportunity** — Community members have a wealth of first-hand experience from either living with HIV or viral hepatitis themselves or working closely with people living with or at highest risk. Oftentimes, they need to know that the opportunities are there for them to share their experience themselves and share any concerns.

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<sup>2</sup> “What is Public Engagement?” Institute for Local Government.  
[http://www.ca-ilg.org/sites/main/files/file-attachments/what\\_is\\_public\\_engagement\\_jan\\_2012\\_2.pdf](http://www.ca-ilg.org/sites/main/files/file-attachments/what_is_public_engagement_jan_2012_2.pdf). July 2012. Accessed February 2014.

<sup>3</sup> “Principles of Local Government Public Engagement.” Institute for Local Government.  
[http://www.ca-ilg.org/sites/main/files/file-attachments/principles\\_of\\_local\\_government\\_public\\_engagement\\_kp\\_6.pdf](http://www.ca-ilg.org/sites/main/files/file-attachments/principles_of_local_government_public_engagement_kp_6.pdf) November 2012. Accessed February 2014.

Meaningful community engagement can lead to higher rates of community participation, buy-in and support. In communities most impacted by HIV and viral hepatitis, this may include community members who have traditionally participated less than others. Developing an effective communication plan to reach these communities is important to ensure that their input is being captured. Reaching out to local media, clergy and congregations, leadership and advocacy groups, and others, particularly those that serve your target communities can be very effective. Newsletters and blog posts are flexible ways that can be updated regularly to reflect any changing or evolving policy, program, activity, or general updates. The “[New York City Hep ABC Newsletter](#)” is a great example of an innovative way of keeping community partners engaged through online communication.

## EXAMPLE FROM THE FIELD

The Florida Department of Health established a Gay Men’s Advisory Group, which regularly reviews documents and materials created by the health department and provides feedback on the effectiveness and the messages that speak best to diverse populations of gay men in Florida.

### *Examples of effective community engagement:*<sup>4</sup>

- ▶ **Public Information Outreach:** This usually entails uninterrupted communication from the health department to residents of the community, informing them of a public problem, issue or policy matter. Examples include a newspaper article, newsletter or a presentation.
- ▶ **Public Consultation:** Often characterized by local officials asking for recommendations from residents about public decisions and actions with little discussion or interchange. Examples include stand-alone community conversations for specific issues.
- ▶ **Sustained Public Problem Solving:** This type of engagement typically occurs through coalitions, committees and task forces that work to address an issue for a sustained period of time.



<sup>4</sup> “What is Public Engagement?” Institute for Local Government. [http://www.ca-ilg.org/sites/main/files/file-attachments/what\\_is\\_public\\_engagement\\_jan\\_2012\\_2.pdf](http://www.ca-ilg.org/sites/main/files/file-attachments/what_is_public_engagement_jan_2012_2.pdf). July 2012. Accessed February 2014.

## *Coalition Building*

A coalition is a group of individuals or organizations with a common interest working together toward a shared goal. The goal can be as finite as securing funding for a policy intercession, or as expansive as working to identify a permanent solution to advance the quality of life for people in a community.<sup>5</sup>

Community issues, like HIV and hepatitis, are too large and complex for any one agency or organization to fully address. In addition to other public engagement efforts, creating a coalition of groups and individuals is an effective strategy to bring the community's resources to bear, and get everyone moving in the same direction. Generally, coalitions can concentrate the community's focus on a particular problem, create alliances among those who might not normally work together and keep the community's approach to issues consistent.

Coalition goals are as varied as coalitions themselves, but often contain elements of one or more of the following:

- ▶ Influencing or developing public policy, usually around a specific issue
- ▶ Increasing funding for specific aspects of HIV and hepatitis programs
- ▶ Changing people's behavior (increasing condom use, for instance)
- ▶ Building a mentally, physically and socially healthy community.

## *Barriers to Starting a Coalition*

There are often barriers to starting a coalition, and it is important to be aware of and anticipate them, because they may dictate the process the coalition will need to follow in order to begin successfully. Among the most likely:

- ▶ **Turf issues** — Organizations are often hesitant about sharing their work, stakeholders and especially their funding. Part of starting a coalition may be to demonstrate the benefits to the involved organizations that working together will bring.
- ▶ **Bad history** — Organizations, individuals or the community as a whole may have had previous experiences with the health department or government officials that make working with particular groups not possible. A new coalition will need to contend with this history before it can actually start the work it needs to do.
- ▶ **Domination by “professionals”** — At times, health department staff, sometimes with advanced degrees, local politicians, business leaders and others, in a rush to solve problems, neglect to involve the people most impacted by the issue at hand, in this case people living with or those at highest-risk of acquiring HIV and viral hepatitis, and other community members. Creating a participatory atmosphere with those who have first-hand experience with these issues is almost always part of starting a coalition.

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<sup>5</sup> “Choosing Strategies to Promote Community Health and Development,” in Community Tool Box. <http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>. 2013. Accessed February 2014

## SOCIAL MEDIA

Engaging community members, clients and consumers through technology is a way to reach audiences who cannot or would not normally participate in more standard engagement methods, such as forums or coalitions. Creating and maintaining interactive Twitter and Facebook pages allows for constructive input to help shape your continued efforts. Additionally, online survey platforms, like SurveyMonkey or SurveyGizmo, allow a greater number of people to voice their opinions. These methods will also help to tap into younger demographics and their much needed point-of-view in addressing the evolving HIV and viral hepatitis epidemics.

Part of a solution may be providing support for those who are not used to a more formal way of holding meetings and reaching conclusions, while at the same time training professionals and others to be more inclusive of differing opinions. This might mean bringing in an outside facilitator or simply paying careful attention to guiding the process from within the group. In addition, hosting meetings in non-traditional spaces and creating events for discussion-based sharing, may provide informal opportunities for community members to engage and share their experiences. Community members at times have trouble dealing with or understanding the bureaucracy that surrounds HIV and viral hepatitis programs so it is important to communicate these barriers to them and provide them with avenues to share their concerns.

## Online Survey Examples

Survey Monkey

**General Event Feedback Template**

**1. Overall, how would you rate the event?**

- Excellent
- Very good
- Fairly good
- Mildly good
- Not good at all

**2. What did you like about the event?**

Survey Gizmo

**Post Event Survey**

Thank you for attending our event! Please take a few moments to help us get to know you better. We appreciate your answers to these brief questions.

**1. What is your email address?**



## APPENDIX: HILL DAY AND VISITS GUIDE

Hill Days are one of the most effective ways to deliver your message.

### *Organizing a Hill Day in Your Jurisdiction*

A “Hill Day” is a day of doing educational and advocacy visits with offices of elected officials. In tandem with the Advocacy Module, this appendix is for organizing a Hill day that can be applied to federal, state and local advocacy. While organizing a Hill day can be a lot of work, it is one of the most effective ways of delivering messages to officials and can easily be tagged on to meetings that bring in many people who would not otherwise be able to do visits. Further, a well-organized Hill day will be a positive experience for many who will come out of it feeling more confident and empowered to do more visits. Here are some tips for organizing a Hill day.

### *Determine the Best Time for a Hill Day*

Ideally a Hill day should be during a legislative session and should not conflict with capitol-wide activities that would limit the meeting availability of staff and elected officials. Since most staff will not know their schedule far in advance, scheduling visits 4-8 weeks before the Hill day is a good amount of time. At least two months are needed to plan an effective Hill day.

### *Determine Who Can Do a Hill Day*

A Hill day will typically be a half or whole day in capitol and legislative buildings with constituents doing numerous visits. Advocates must dress appropriately for the capitol building but also for standing and walking at length. Further, not all people in their professional capacity may be able to do a visit without prior authorization.

### *Hill Visit Preparation*

While some participants may be veteran advocates, many will need preparation. Send out and incorporate materials prior to the Hill day and set aside at least one hour to go over the materials and respond to questions and concerns, especially for people who have never done a visit. If the majority of the group are novices, the evening before the Hill day is the best time for preparation. This will give participants time to review background materials and become more comfortable with doing the visits.

As part of the preparation, you may want to role play a typical visit starting with someone who is seasoned and then eliciting participation from the audience to role play another meeting with a novice. Then allow time for discussion at the end. If the majority of the group is experienced with Hill visits, a refresher can be done the morning of the Hill day. Keep in mind the location of the facility where the preparation meeting is taking place to account for traveling to the Hill visits. The meeting can also provide time to go over logistics and provide additional materials.

### ***Hill Visit Debrief Meeting***

At the end of the Hill day, reserve time for a debrief to share intelligence and experiences while it is still fresh in everyone's mind. Collect evaluation forms from participants to incorporate suggestions for improving future Hill days and determine whether any offices need follow-up.

### ***Hill Visit Coordinator***

Depending on the size of the group, scheduling visits can be an incredibly time intensive process. In general, it is highly recommended to have a Hill visit coordinator who is able to dedicate the time it will take to schedule and coordinate visits, create a master schedule, and be present at the last minute when visits may need to be rescheduled or canceled. Participants must be able to contact the coordinator and it is best if only one person is responsible for all scheduling and maintaining a master schedule of visits. If some participants end up scheduling their own visits, this person must be notified of these visits to incorporate them. Visits always must take into consideration the time it takes getting from one office to the other and duration of the visit. After visits are scheduled, other advocates may be added to the visit to make group visits.

The Hill visit coordinator should also make individual schedules for those doing Hill visits. The schedule should include the time and location of the visit, as well as the name of the staffer and Member office. A helpful resource to add to a schedule is some background information on the Member with whom they are meeting, including relevant committee membership, co-sponsorship of bills, and signatories to letters.

On the Hill day, someone must have a copy of the master schedule with contact information of all participants and offices, with additional leave-behind packets on site in case someone gets lost or needs more materials.

### ***Group Hill Visits***

The best way to organize a Hill day with numerous participants is to team people up for each visit. Ideally each visit must have at least one actual constituent from the district present. Other non-constituents are usually welcome to attend; however, some offices will only allow the constituent to be present. A group visit should consist of no more than 3-5 people. Groups do not have to stay the same in each visit. Depending on the visit, the group can be assigned by home geographic area, diversity of perspective, diversity of Hill experience and availability. Group visits will give the staff

person or elected official a greater sense of the importance of the issue and a more diverse perspective. Participants on the other hand are able to take turns or have different roles in the visit and will have the support of their peers. It is important that novice advocates are paired up with experienced advocates. Depending on the comfort level of the novice advocate, the first visit should be led by the experienced advocate. The novice advocate should never be alone in a visit or without a more experienced advocate.

## *Security*

For advocates who may have their luggage or other travel bags, a space must be reserved at the meeting or lodging site to hold luggage for the duration of the Hill day. Bringing luggage to a capitol building will increase time at the security checkpoints and become a major inconvenience in doing multiple visits. Check your capitol building's security rules in advance of the Hill day.

## *Hill Visits in Washington, D.C.*

### **BEFORE THE HILL VISIT**

Sending an email is the best method for scheduling an appointment. Congressional Member websites often have online submission forms to requests meetings, but will also include front office information, where they will provide you with the appropriate staffers' contact information to directly request meetings, in both the Washington and district offices. When requesting the meeting, include that you are a constituent, what you would like to discuss and when you would like to meet. Some offices will ask that you include the names of colleagues that may accompany you. After the initial request, follow up with a phone call if you have not received a response to your initial request.

When you are going on a visit take time to identify the issues you would like to discuss prior to beginning the visit. Be sure to know party affiliation, committee or subcommittee membership of the member and their past record on the issues. These facts will help guide your discussion and convey that you have done your homework. Anticipate questions or arguments against your position on an issue. You should have materials to leave with the staffer that contains pertinent information on the topics addressed. Brief, jurisdiction-specific information on the epidemics is always preferred.

Be sure to explain all acronyms, programs, funding sources and which agencies administer the funds. Be comfortable with having to dedicate more time in the meeting to going over the basics of a program or even the disease itself. Any chance you have to further a staffer's knowledge will help establish you as a trusted resource for the office.

### **DURING THE HILL VISIT**

Open the meeting with an introduction. Handing out your business card at the beginning of the meeting provides ease in name recognition and may be used by the staff for future reference.

The staffer is expecting concise and clear information from you on your issue, as well as a specific request for an action. Your conversation should revolve around the requests and address any of the

staffer's concerns. If possible, explain your position in terms that relate to the Member's district or state. Provide information on the status of the epidemics in their jurisdiction or district. This helps them identify with the problem and understand why they need to be of assistance. You can verbally ask for a commitment such as "Can I count on Member X to support this?" or "How can I ensure that Member X will support this?" Requests can include researching specific legislation, sending a letter to an Administration official on this issue, reading your policy recommendations or joining an issue-specific caucus, like the Congressional HIV/AIDS or Hepatitis Caucuses.

For both State-specific Hill visits and D.C. visits, you should make sure you have materials as a leave-behind packet that contains pertinent information on the topics you are going to address. Brief jurisdiction-specific information on your topic is always preferred. While introducing yourself, you can briefly go over what the leave-behind packet contains or point to which sheet is relevant while discussing the issues with the staffer. Do not assume that staffers will not use the materials. Be sure you have all your facts and arguments lined up prior to the meeting. If you cannot answer a question, tell them you will get back to them with the information and be sure to do so or ask a colleague who can get the information to follow-up. Anticipate questions or arguments against your position on an issue.

Finally, meetings should be seen as a two-way street, with information flowing both ways. Take the opportunity to find out where the Member stands on the issues you are presenting.

### **AFTER THE HILL VISIT**

Be sure to write down any information that was disclosed in the meeting that needs follow-up. The most important information is a definitive answer to your requests such as: "Yes/no the Member will sign X letter." Other useful information can be any personal connections that relate to the issues you discussed and jurisdiction-specific information that influence the Member's understanding and support for the issues.

Finally, be sure to send a thank you email to people you met with reiterating your points, providing them with any information you promised and thanking them for their time. The underlying goal is to maintain these relationships so staffers turn to you for information when legislative decisions are made.



## HILL VISIT CHECKLIST

### BEFORE THE HILL VISIT

- Determine the Date and Time for Your Hill Day
- Determine Who Will Participate in Your Hill Day
- Identify a Hill Visit Coordinator
- Hill Visit Coordinator Schedules Visits
- Create and Organize Materials for the Hill Day
- Create Individual Schedules for Participants with Background Information
- Identify a Time for Hill Visit Preparation with Participants
- Hill Visit Preparation with Participants:**
  - Review Materials and Logistics
  - Role Play a Hill Visit
  - Address Questions and Concerns

### DURING THE HILL VISIT

- Conduct Hill Visits:**
  - Introduce Yourself
  - Explain Your Position and Provide Information
  - Leave Materials for Staffer
  - Answer Questions

### AFTER THE HILL VISIT

- Host Hill Visit Debrief for Participants
- Send Thank You Note Template to Participants



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