Greetings and welcome to today's Dialogue4Health Web forum on opportunities and challenges for prevention in the new administration brought to you by the Public Health Institute, the Prevention Institute, the Public Health Institute and the Trust for America's Health. My name is Dave Clark. I will be your host for today's event.

Before we get started, there are a couple of things I would like for you to know about. First of all, realtime captioning is provided for today's forum. The captioning panel is provided on the right side of your screen, and it can be toggled on and off. If you are on a Mac, you will see on the icon on the bottom right of your screen. If you would like to use captioning, there will be a link in the captioning panel that says show, hide, header. If you click that link, you will be able to see the captioning much more easily.

If you don't want to use captioning, you can just turn that panel off. If you are using captioning and it disappears on you for some reason, you can just click that "media viewer" icon I mentioned to bring it back again.

Concerning the audio, today's Web Forum is listen only. That means that you can hear us but we can't hear you. But that doesn't mean that today's event won't be interactive. We'll have a Q&A session at the end of the Web Forum and you can type your questions at any time into the Q&A panel. The Q&A panel is also located on the right side of your screen and it can be toggled on and off by clicking, you guess it, the Q&A icon that you’ll see on the top right of your screen. Again, if you are on a Mac, you will see that icon on the bottom right of your screen.

Now, in the Q&A panel, this is important, make sure that all panelists is selected. If it doesn't say all panelists, choose that option. That will ensure that your question gets sent to the right place.

And you can also use the Q&A panel to communicate with me and my colleague, Laura Burr. We will be behind the scenes. So if you are having any technical problems or audio issues, just use the Q&A panel to communicate with us.

We are really interested today in your thoughts, your questions, your feedback. So get all of that into the Q&A panel. We'll try to answer as many of your questions today as we can, I promise.

In fact, why don't we bring your voice into the conversation right now. Let's get interactive right off the bat here. We thought that you might be interested in seeing who you're attending today's event with. So we're going to bring up a quick poll. You can see that on the
right side of your screen right now, so that you can tell us whether you are attending today's event alone or whether you are attending in a group. So you'll see that question. Go ahead and select one of the four options that you're given. And when you have made that selection, make sure to click the submit button. If you don't click the submit button, your choice won't get submitted. Make your choice, click the submit button. Let us know, are you attending today's event alone, all by yourself, are you in a small group of, let's say, two to five people. Maybe you are in a larger group of six to ten people or perhaps you are in a large conference room with all of your colleagues today, let's say more than ten people. Let us know who you are attending today's event with. Let's get those results up on the screen.

Let's take a look who is attending us today. If you are not seeing the results right away. Give them a moment, they will appear. If you didn't click the submit button, you will see an option right about now to submit your answer. I can tell you that a very high percentage of you, as usual, are attending individually today. There you go, about 91%. And another 7% of you are attending in a relatively small group of two to five people. Doesn't really look like we have anyone in larger groups today.

Well, if you are attending in a group, you may want to assign a single person the responsibility of submitting questions on behalf of the entire group or on behalf of individual group members. On the other hand, if you are attending alone, we don't want you to feel like you are there all by yourself today. We really do want this to be an interactive, immersive group event. Make sure to get your questions into the Q&A panel like I explained and join in on the conversation today.

All right. Well, let's get started with today's presentation on opportunities and challenges for prevention in the new administration. Our moderator today is Matthew Marsom, vice president of public policy and programs at the Public Health Institute. Matthew works to advance and support the public policy goals of the Public Health Institute's domestic and global health programs. He's responsible for designing and implementing strategy for monitoring and influencing public policy, legislation, and regulations affecting PHI projects and public health policy relevant to PHI interests.

Matthew will be serving as our moderator today. He's going to lead us through the rest of today's event. So, Matthew, over to you.

>> Matthew Marsom: Thank you so much, Dave. And thank you, everybody, for joining us today for this really important Webinar as we look at the beginning of a new administration, we look ahead to the next four years. We look ahead, I think, particularly to the next few weeks and months, what are the implications. What are going to be the challenges and also the opportunities for prevention and public health. I'm extremely grateful to the co-sponsors who as always are joining us to moderate today's web forum. I want to thank them. Particularly the American Public Health Association, Prevention Institute, PHI, and Trust for America's Health. We work together on these web forums now since the beginning of the last administration, so since 2008 and 2009. I feel sometimes we're in deja vous land but I also appreciate the strength and solidarity of the partnership and, of course, so many of you who have been working with us on these web forums over many years.

That sentiment and these partnerships are going to be more important now than ever as we work together to prioritize these issues for public health.

We have an incredible panel today. It's my pleasure to moderate the discussion. But I really want to acknowledge and thank our speakers for joining us and for their leadership on this
I'm going to quickly run through who they are for you, and we'll have an opportunity to hear from all of them.

Becky Salay, the director of government relations at Trust for America's Health where she works to ensure that their public policy agenda for TFAH is implemented at all levels of government, federal, state and local. Prior to joining TFAH, she was the associate director of government affairs at the Center for American Progress where she worked on health reform education, worklife balance, LGBT and poverty issues. And prior to that, she worked on Capitol Hill.

Nora Connors, my colleague at PHI, our Deputy Director of public policy and partnerships, she takes the lead to highlight the impact of PHI and its impact with funders. And prior to joining PHI, she was with the Podesta and Senator Feinstein.

Donald Hoppert, director of public relations at the American Public Health Association. Another familiar face to many of you. Don works to lead APHA's government relations and grassroots activities on a variety of legislative issues including public health funding, health reform climate change, injury control and prevention in nutrition and agriculture issues. We know what a strong leader Don is for our field.

Last, but not least, somebody who has been a very familiar speaker and champion on these issues, Sana Chehimi with Prevention Institute. Sana is program director. She's based in the Washington, D.C. office and directs projects that advance momentum and understanding of community prevention practice, and is co-editor of "prevention is primary, strategies for community well-being."

So thank you to our incredible panel. But, also, it's so important as well as hearing from them is to hear from you. We have an audience that comes from across the spectrum in 48 U.S. states, Washington, D.C., American Samoa, Puerto Rico, Australia, Canada, Ireland, Portugal and Switzerland. We have participants from across the country. I think there's more people attending this Webinar than any other Webinar in history, at least 1.4, 1.5 million people, the best attended Webinar we have ever seen, which is fantastic. I'm kidding, of course.

But we have a really good dialogue for us. And I want to waste no more time than just look very quickly where we are seeing the sectors of our audience across public health, working in city or county, state government, healthcare providers, universities, advocacy and others. So, again, a real diversity of speakers.

I want to hear from you. And so I'm going to ask if we can bring up poll 2 just very quickly on what sector or industry best represents you. Are you in advocacy? Are you in government, community-based, faith-based, education, health, public health, or other? Please do send that in. And this is a test for you to use the Q&A. Please, can you send in in the Q&A, if you are not represented there, what sector you work in and then also perhaps what your priority focus is. So, for example, are you working on healthcare policy? Are you working on community prevention? Are you working on communicable disease or chronic disease or something? Just send in those comments on Q&A so we can begin to see and get you guys using that system so you're familiar with it's time to ask questions from the audience.

So while you're doing that, click "submit." Make sure you click "submit" with your responses. I'm going to hand over to our first speaker, and that is Becky at Trust for America's Health. Becky, over to you.

>> Becky Salay: Great, thanks, Matthew.

Hi, everyone. Happy to join you here today. I know our Webinar is it officially entitled
challenges and opportunities. Most of my presentation are challenges. There are some opportunities, so it's not completely negative.

What I thought I would do is give an overview of the overall ACA repeal process and where we are now, then get into more specifics about how that will impact public health, what we might do in a replacement vehicle and then a sort of overall budget update.

So I put a lot of information on my slides so that folks can go back to them at a later time for reference. And I will try to go through this and not get too bogged down in procedural details.

But I'm sure everyone knows in terms of the Affordable Care Act, Congress has already taken the first step toward repealing the bill overall. And what they are doing is using a budget procedure that is called reconciliation. The reason they're using this is that it gives them the opportunity to move the bill through the Senate in an expedited fashion where members are very limited in what kinds of amendments they can offer, and also the bill cannot be filibustered. They only need 51 votes to pass it.

Reconciliation is two steps. The first step is passing the budget. And that is what they have already done. And then that budget includes instructions to specific committees asking them to report back with how they will find savings in different areas.

What those committees give back to the budget committee will then be put together into a bill, and that is where we will see what their actual repeal plan is and what the time frame is. There's a lot of debate right now about whether they will repeal it and then figure out replacement in a year or two years or three years. There's a lot of fear from people who support health reform that, that will be devastating for the overall insurance market, not just people covered by the ACA but the market overall.

But there's been so much pushback on that, that I think that entire thing is still up in the air. We're not sure what they're going to do.

One important thing to note is that the entire ACA cannot be repealed through reconciliation. Reconciliation is a special process that can only be used for tax and spending-type provisions. So that means really popular pieces of the Affordable Care Act such as coverage of preexisting -- people with preexisting conditions, letting your child stay on your health plan until they're 26, a number of other things that I think people really love, those cannot be repealed through reconciliation. But we know that all the pieces of the ACA that pay for those parts can be. So it's very unclear how they can do one part and then maintain the other piece. So we're all waiting for that.

This slide is just information for those really interested in the time line and how reconciliation works. They've already completed the first -- sort of the top part of that slide, the budget resolution. And you can see initially they had a January 27th deadline for a reconciliation bill vote. That has already lagged. They're now talking about having something together for a vote end of February, potentially March. The Republicans on the House and Senate are actually in Philadelphia this week for a retreat where they are supposed to be working out their plans for how they're going to do this. The President will be joining them at some point. So we may see more information coming out either later this week or next week about what the timing is going to be and what the plan is going to be. But, you know, the longer it takes I feel like is a victory for people who support health reform. So that's a good thing.

Overall, just so folks are aware, there are obviously everyone who worked so hard to pass the ACA is now working equally hard to keep it alive. There is a large coalition called the
Protect Our Care Coalition which you can look up if you are interested and signing up and getting on their listserv. They're organizing groups in D.C. and actions around the country. They're doing big call-in days. Apparently it's been very successful. I have seen a lot of press about folks turning up at members' town hall. They are really focusing purely right now on the message of no repeal without replace, no repeal and delay, and the impact on the insurance market of what will happen if you repeal it without an immediate plan in place.

There are a number of different studies out that talk about 30 million people losing their health insurance, and that's not just people covered by the ACA or through Medicaid expansion but the impact on the private market.

The Protect Our Care Coalition has a story bank. The link is in the slides. Really encourage any of you to go to that bank -- story bank and submit information either on folks you know who have been covered because of the ACA or if you have stories about how the ACA has improved prevention. I think that's really important to share.

We are -- at Trust for America's Health, and I know a couple of other presenters are part of this coalition. They are focused on coverage and Medicaid. We are trying to get them to also talk about the impact of repealing the ACA on prevention and wellness. So I think submitting those stories can really help sort of get us into the conversation.

I mentioned that reconciliation only needs 51 votes to pass the Senate. The Senate split is actually 52 to 48. So really you only need three votes to block reconciliation completely. And I say three because obviously the vice president can vote to break a tie. And I think it's because several Senators have expressed concern about repealing without a replacement plan in line that the time line has slipped. So things have been pretty successful so far.

The slide will show you what the target dates are that this bigger coalition is focusing on. Don is going to talk later about reaching out to members. And I would say you should be reaching out to your members in every state. But if you are in those states, it is particularly important and I hope that you will share some of this information with your colleagues and friends.

So when it comes to what the ACA repeal means to public health, our number one immediate concern is the Prevention And Public Health Fund which I know a lot of folks on this Webinar have heard us talk about in the past over the years. It's been a target. They have tried to repeal it through reconciliation before. We always had safety in the knowledge that the President would veto it ultimately. But now that it is a very big risk for repeal through the reconciliation process.

Right now, the Prevention Fund makes up 12% of the CDC's budget. That's almost $1 billion that's going to really essential public health activities. And Nora will talk more about that during her presentation. I'm trying not to steal everyone else's thunder.

But this is something that would be a really critical, potentially immediate impact on public health. So those of us here in D.C. have been doing a lot of meetings on Capitol Hill and trying to really educate these folks about what it would mean to repeal the Prevention Fund and really push them to obviously, number one, don't repeal it. Number two, don't repeal the prevention fund unless you have a plan to replace that money.

So we will continue doing that here. Anything that you guys in the field can do to share that message with your members of Congress is very helpful. Trust for America's Health has put together some resources on the prevention fund and we will be adding more as we put more documents together. So really hope that folks will use that. And if there's anything else we can do to be helpful, we are happy to do it.
We have been reaching out to our allies on Capitol Hill and trying to get folks to talk about the prevention aspect and have been happy with how it's gone. But it's always great to have more people talking about it.

Number two -- and this is where I'm trying to be more optimistic -- if there is going to be a replacement vehicle, we want to make sure that replacement bill includes prevention and wellness priorities. The ACA has an entire title on prevention, Title 4 called the prevention of chronic diseases and improving public health. It's 131 pages. So the ACA includes a lot of provisions that go beyond the Prevention and Public Health Fund that have been supporting prevention and wellness.

And we want to make sure that either, you know, those items don't get repealed or that a new bill will include some of that -- some of those measures.

And we can take an optimistic view and hope that this will give us an opportunity to sort of move beyond the politics of the ACA and really promote some bipartisan solutions to issues that really have bipartisan support on both sides. It's just sort of how that tends to trip people up.

Right now we're in the heat of the no repeal without replace debate. But I think once we get to the nitty-gritty of crafting a replacement bill, we will really be working hard to make sure it does include prevention.

But, again, having -- raising the profile of prevention in the overall debate is sort of essential to make sure that that happens.

Just to go beyond the ACA issue, we're also all monitoring overall funding for public health. Those of you who pay attention to this stuff know that Congress did not actually finish their work on appropriations last year, so they passed what's called a continuing resolution that goes until April 1st. That basically funds almost all programs at pretty much level funding from FY16. So we don't know right now whether they are going to do a continuing resolution for the entire fiscal year or if they will actually, you know, put a new real bill together by April.

One unknown for all of us is if they manage to pass a repeal bill before April, will that bill repeal the Prevention Fund immediately in FY17 or would it not go into effect until '18 or later? That's something we are trying to talk with members about now as we're doing our meetings.

Just to -- in terms of the overall budget picture, we know that in FY2018 the sequestration is going to be come back into effect unless they reach some kind of budget deal. There's also a lot of talk in Washington right now about increasing spending on defense. You know, if we're going to build a wall, they have to figure out how to pay for it. That's going to be -- mean domestic priorities will be squeezed. If we lose the prevention fund, it will make it even more difficult to fund public health at an appropriate level. So that is an ongoing concern. And, again, always great to have members hearing from their districts about why funding these programs is so vitally important.

One last thing to just kind of flag in terms of challenges for the year. Something called the Congressional Review Act which has gotten a little bit of press but not quite as much attention as obviously the Affordable Care Act. This is something that the Republicans passed back in the '90s. And it gives Congress the ability to overturn major regulations that come out of the agencies within a concern time period. And where we are right now is sort of a perfect storm of where the administration has changed, Republicans are -- or one party is in control of House, Senate, and White House. There's no check on what they can do on the Congressional Review Act.

And because that look-back period is based on legislative days and they were not in
session for all that long last year, rules that had been passed back to May 30th last year are at risk.

What we've heard is that they are -- and one more thing just to mention, is not only would -- can they repeal a rule, but passing one of these resolutions means that the agency cannot issue a substantially similar rule without statutory approval. So it's really quite sweeping and dangerous to think that they can kind of ban an agency from looking at an entire subject.

We know that they are likely to introduce a big number of these resolutions, but they might not act on all of them because the limited window of time goes through February. They are trying to confirm all the nominees for the new administration. They're talking about this ACA stuff. Even with the expedited process, there's going to be, you know, a big chunk of time and the Senate will be required to pass the next reconciliation bill.

But we are very concerned of what this is going to mean for clean air, clean water, tobacco, nutrition regulations. Those are all things that came out towards the end of last year which are at risk. So that is something else for our community to pay attention to and really hold them accountable. Again, the more they hear from people, the better.

So that is a brief but probably pessimistic overview of some of the things that we are all working on here in D.C. And I'll let my colleagues talk and look forward to answering any questions from folks when we get to that section of the broadcast, of the Webinar. So back to you, Matthew.

>> Matthew Marsom: Thanks, Becky. And I don't think it was pessimistic. I think it was a reflection of where we are. We are going to be looking at additional appointments happening as well. I know we still don't yet have anyone named for the Centers for Disease Control. And that will be a critical appointment. Perhaps we can talk about that shortly.

We're going to come to poll 3. But in a moment -- first I want to ask just a reminder to our audience that the audio and the slides from today will be available on the Dialogue4Health website to download. If not in the next couple of days, early next week. So for those of you who were making notes furiously, we will be able to download the slides. You will be able to go back and listen to this audio as well which is incredibly helpful.

I know Becky covered a lot of ground. We will have some other speakers. Send in your comments on Q&A so we can make sure we capture all the discussion items that you want to cover.

And bring up poll 3 if we can. Based on what you've heard in terms of the challenges and opportunities, are you and your organization putting together an advocacy strategy to engage the administration and Congress on public health and prevention issues? So are you are our organization putting together an advocacy strategy to engage the administration and Congress on public health and prevention issues? Click on submit. It should be a pretty easy answer to do that. As soon as we can, I'd like to bring up the poll answers so we can look at that. I'm going to have my colleague Nora get ready to begin her remarks. And we'll see if we can -- perhaps, Nora, you can reference when we see the poll. I don't know how long it will take. We will give it a moment.

In the meantime, it is my pleasure to introduce my colleague Nora Connors who is the Deputy Director of public policy and partnerships at Public Health Institute based in our Washington, D.C. office.

Pretty even split. But 43 of you are, 57 are not. A significant number are not yet planning an advocacy strategy. I think that underscores there's an opportunity there for the public
health community and our partners, recognizing not everyone is able to do that. But for those of you who have partners, there's a lot of work to be done still.

Okay. So, Nora, again, thank you for joining us. And it's over to you.

>> Nora Connors: Thank you, Matthew. And thank you for everyone joining the call. And thanks to my fellow panelists. This is a really important and timely discussion.

So as Becky mentioned, I'm going to dig a little bit deeper into the Prevention and Public Health Fund as well as touch on at the end a few other ACA-related public health --

>> Dave Clark: It can looks like we may have lost Nora's audio. Are you there, Nora? All right. Why don't we give Nora a chance to dial back in. Looks like we lost her connection as well as Matthew. Sorry for the delay. We'll wait for them to dial back in.

>> Matthew Marsom: Sorry about that. We lost our audio momentarily but we are back online if you can hear us. Nora, you can continue. Sorry about that.


At any rate, I was just saying that I'm just going to dig a little bit deeper into the Prevention Fund and what it does, impacts of repeal, as well as highlight a few other public health pieces of the ACA that would be impacted by a repeal. And as Becky mentioned, potential opportunities in a replacement discussion depending on your priorities and where you are receiving funding. You can look hoping to elevate the work that you're doing in those spaces.

So as all of you know, Prevention and Public Health Fund was created in 2010 as part of the Affordable Care Act to provide expand and sustain public health to improve health outcomes and enhance healthcare quality. As Becky mentioned, this fund is very at risk, not only because it's part of the ACA but also because it was included in a 2016 reconciliation passed by -- reconciliation package passed by Congress in 2016 that Obama vetoed.

So it's been a target of the Republican Party especially. And so we're being very proactive on the Hill in Washington and working to educate members on both side of the aisle, in leadership and committees about what the fund actually does. And as Becky referenced as well, how it's completely built into the base of the CDC funding now. This is not separate funding. 12% of CDC's annual budget is funded by the prevention fund. So if it was repealed and none of those funds were replaced, it would leave an extremely significant gap in the CDC budget. Not only the CDC budget but the labor, health and human services budget which you really wouldn't be able to replace that money easily.

So I have a couple of facts here from Trust for America's Health. Thank you. It would create a 800 -- almost $900 million gap in funding. And over the next five years, CDC could lose over 5 billion in funding and states could lose over 3 billion. So this is just, you know, some pretty -- pretty shocking numbers to highlight how repealing the Prevention Fund would create a really detrimental environment and jeopardize the ability of states, non-profits, the CDC to respond to existing and emerging health threats, injury, illness and preventable deaths would increase because it would do away with a lot of our basic chronic disease prevention programs.

So thank you.

I just wanted to put up this map also developed by TFAH. They put it together to just demonstrate the potential loss of funding to states in the next five years. So you can see where you are in your state and how that might impact your organization. I do also want to point out that the Prevention Fund also directs money to non-profits and other organizations. So with such a large hole created in the CDC budget with no way to backfill it, states would be impacted but also other non-profits and organizations would be really impacted in the work that we all are doing. So
it's an area of great concern.

So what The Prevention and Public Health Fund does, this is part of the work we're doing in Washington, tailoring offices we're going into based on the demographics of the constituents in that state or district. But as you can see here, the Prevention Fund is basic public health infrastructure, minimum public health capacity like immunizations, reduction in premature births, reducing tobacco use, reducing chronic diseases as well as surge capacity, dealing with outbreaks and emerging diseases. So there's a variety of other program specifics that the Prevention Fund does. I've just highlighted a few of them on this slide.

But in addition to that, there's examples like promoting access to smoke-free housing and subsidized housing units in Boston, improving physical activity in afterschool programs among African American and Latino students. Promoting healthy foods in corner stores in Montgomery, Alabama. Some really critical and key investments in improving the health of communities.

I wanted to highlight just a few specific programs. PHI has a Prevention Fund-funded program, the racial and ethnic approaches to community health or REACH. This program now, like many of the programs is entirely founded through the Prevention Fund. It receives no other funding. It is one of the few programs focused on reducing racial and ethnic disparities which as you all know are really critical. Non-Hispanic blacks have the highest rate of obesity, 48%, followed by Mexican Americans of 43% compared to non-Hispanic whites, the risk of diagnosed diabetes is 77% higher among non-Hispanic blacks. And 66% higher among Hispanics and Latinos. So this is a really critical area of investment in improving the health of our communities.

The REACH program partners carry out local, culturally appropriate programs to address a wide range of health issues that are unique to the communities that they serve. Just a couple of outcomes to highlight that the programs have been able to achieve such as decreasing smoking prevalence among African Americans, increasing the percentage of older adults getting flu shots, and promoting access to smoke-free subsidized housing. So very important work.

Another example is the prevention health and human services block grant which we like to highlight because it is a program that receives bipartisan support. It really allows great flexibility to respond to emerging health threats within localities and communities. So both Republicans and Democrats really like that capacity of this funding to allow local communities to decide what their specific needs are and how they might want to spend the money to decrease premature deaths and disabilities, using evidence-based interventions. It supports funding in the 50 states where the block grant, supports clinical services and screening, for example, outbreak control, injury and violence prevention, infectious disease control, tobacco prevention, and the list goes on. So I definitely wanted to highlight this one because it shows the breadth and the depth of what the Prevention Fund is doing in every state.

So eliminating the Prevention Fund, of course, is very detrimental, not only to the CDC budget but to public health at-large. It really helps fill a lot of the gaps that have been created by cuts and reductions in budget authority to the CDC previously. So removing it is not only just a major cut to public health funding but it creates an even bigger gap than the 12% part of the CDC budget because it has been used to sort of backfill additional cuts that have been put in place on prevention and public health.

It would really take a toll on our ability to reduce healthcare costs, by reducing chronic diseases. The public health system and infrastructure at-large for basic needs such as immunizations would be impacted and put at risk as well as, as I mentioned, future needs such as
infectious diseases and outbreaks.

This would not only impact the fund -- the programs funded through the Prevention Fund but also other CDC-funded programs. If CDC did have to work around this huge gap in their budget, they would have to make some difficult choices about what other programs would be cut and what other funding would be redirected into other places. So I think that, you know, in a short sentence, it would greatly reduce the capacity of our nation to respond to existing and emerging threats.

So as I mentioned, this is just a short example, pulling from that Title 4 that Becky mentioned in the ACA. I just want to point this out as while the Prevention Fund is a huge part of our advocacy effort in D.C. surrounding public health, there are also a lot of other programs outside of the Prevention Fund that relate directly to public health and prevention that if the ACA was just blanket repealed would be lost. So this includes sort of the more high level if people lose or are priced out of coverage, they don't get care, they don't get access to preventive care. They don't get their annual screenings or immunizations. We all know how much those preventive investments help healthy communities.

We, as I mentioned before, would really lose the ability to help reduce chronic and preventable diseases. A couple of other examples, the Essential Health Benefits Package, like maternity, newborn care, preventive and wellness services, if the ACA was just blanket repealed, those coverage benefits within insurance plans could be lost. The community health needs assessments that were created as part of the ACA could be gone. And then also more upstream innovative payment reform could be put really at risk, and we could be kind of put backwards. Clock could turn backwards and we could go towards just reacting to healthcare needs as opposed to working on reducing costs in the long-term.

So with that, I think I will stop and pass it back to Matthew. Thank you.

Some great comments and questions coming in on the Q&A. I do want to encourage you, if you haven't yet sent in your comment for the panel, we will have an opportunity for dialogue in a moment. So please do send in a question. We're going to hear in a moment from Donald Hoppert with APHA. First if we could bring up our next poll on poll 4. This is going to be absolutely critical as we move forward in the coming days, weeks and months and advocacy.

What kind of materials and resources would help you prepare to engage policy makers? I'd like you to check all that apply. Fact sheets, talking points, phone calls with Webinar partners and staff, sample letters, or other. And if there are other, please send that in through submitting your comment on the Q&A.

Maybe there's a tool that you just particularly think would be helpful for you. Please let us know about that. That would be really excellent.

When we can, we will bring up poll 4 so we can look and see what the responses have been so far from the audience. We will take a moment or two to do that. When we do that, I will remind you, you will be able to download the audio and the slides. We do want to make sure we hear from you, the audience.

We can bring that up while, Don, we hand over to you. Again, it's my pleasure to hand you over to a familiar name and face for many of you in the public health community. Donald Hoppert, director of government relations with the American Public Health Association.

Don?

>> Donald Hoppert: Great, thanks, Matthew. Happy to be here today.
So now I'm going to talk a little bit about -- now that you have heard from Becky and Nora about some of the big issues that we're facing -- many of you, I'm sure, are aware of what's happening here in D.C. because you hopefully are either members much APHA or follow TFAH, PHI, and others -- and Prevention Institute, and are familiar with the work that we're doing. We want to make sure that we can engage you in our effort as well.

First, I'm going to talk a big -- this was mentioned by Becky and Nora -- obviously some of the things we are doing here in Washington to protect and improve public health whether it be through the ACA or public health funding more broadly.

We're doing direct lobbying, so we are doing those meetings directly up on the Hill with members of Congress, their staff, and staff that work on the committees that have jurisdiction over the issues including ACA and Public Health Funding. We're writing letters to Congress and federal agencies in support of public health issues and, of course, also opposing things that we thing aren't so good.

Writing testimony for congressional hearings. There haven't been a lot of opportunities for public health in the recent several sessions of Congress, primarily because a lot of the issues that we all want Congress to focus on have not been at the top of their agenda. Occasionally, there are still opportunities to get up there. And there are also opportunities occasionally to just submit written testimony for the record. So depending on bandwidth and time and what issues are being discussed, occasionally that's another opportunity to weigh in with Congress.

Submitting briefs to support or oppose various cases that come before, in APHA's case, federal issues that are appearing in the federal courts. APHA has chimed in on a number of issues ranging from the Clean Air Act to the Affordable Care Act to reproductive health issues. That's just yet another way.

And, again, the next issue deals again with weighing in with federal agencies, when federal agencies have open comment periods on public health issues, anybody can submit comments. So this is another good way to put your two cents in on a proposed rule to make sure it's written in a way that's most protective of public health.

Of course, hosting educational briefings on Capitol Hill. Oftentimes we'll do this jointly, band together on a particular issue and host a briefing. Bring in experts on the particular issue and let's try to educate the staff on the Hill and new members of Congress that choose to show up on these various public health issues. We have done that many times in the past ranging from the Prevention Fund to public health funding to climate change to gun violence. So really a brought variety of public health issues.

And while all of these are important and provide many of us with our employment, it's also really critical that members of Congress hear from their constituents. And honestly, I personally think that the key to getting members of Congress, particularly those who might be indifferent to issues about public health because they just don't hear a lot about it or they don't really understand it, having a constituent weigh in is really an important way to get folks -- to get members of Congress to start paying attention.

Now, I will run through some of the ways you all as advocates can weigh in. And I know some of you get nervous about what you can or can't do. I would just say you're always -- if you are ever concerned about your ability on your personal time when you're not at your job and not using your office equipment, ask your supervisor if you have concerns. But most of the time if you are on your personal time, you're not on the clock and you're not using your office phone or your office computer, you can pretty much advocate as much as you would like.
Some ways that you can do that is by sending a letter to your member of Congress. We hear at APHA encourage our members to participate in that as well as our state affiliates. We have got affiliates in every state. And we often try to help them tailor those so the message is specific to the state that they are living in. For instance, Becky and Nora talked about some of the background information that's available on the prevention of public health fund.

We do have information about how much money is going to the states and what the states are using that money for. So it's an easy way for you to take a template letter and really tailor it to your needs. Making a phone call. Pretty much nobody pays long distance anymore if you have a cell phone. So it's really just calling your member of Congress, the person who answers the phone will be well-versed in handling a call like this and just laying out your position on a particular issue. All of those phone calls will end up getting reported back to the legislative staff in the office. And oftentimes even members of Congress, if there's a flood of calls going to an office will end up hearing about them as well.

Hill meetings or visits, while you're in your district during a congressional recess, Congress is traditionally on recess in the summer. Usually almost the entire month of August they are back in their states and congressional districts. They are usually back during the week of 4th July. Generally around other major holidays they tend to be not in Washington and back in their states. And oftentimes will hold office hours, town halls or one-on-one meetings. So if you're not familiar with your local district offices, I would strongly encourage you to go to your member — almost every single member of Congress has a website, and you can click on your website and they all list the various offices that they have both here in Washington as well as in their states. And they all have at least one or two additional offices back in the states. Familiarize yourselves with those.

Reach out to the health LA, if you have done this before, you have been in D.C. or you have met with the health LA, if they have ever been back in the straight or district during a congressional break and you have met with them, start building that relationship so as issues come up down the road, you will have their contact information and you can start to build a good rapport with them and provide them with background information and really educate them about various public health issues.

Host meetings, roundtables and other forms of discussion with your legislators. Here at APHA, we've had a number of our affiliates that have done this. Our Montana affiliate has been very active in our summer advocacy campaign. One year they held a great roundtable with Senator Kester and really got him more interested, quite frankly, in public health. Now when that office has questions or concerns about various public health issues, they proactively reach out to our affiliate. That's the kind of relationship you really want to build.

Join sign-on letters, of course, TFAH is great about pulling together sign-on letters around the Prevention and Public Health Fund. Many of you have probably received through APHA and others sign-on letters for the coalition of health funding or LTE United where we're advocated for ensuring that federal funding for public health and other critical non-defense programs is adequately funded. So we try to make those opportunities available so that folks in the states and localities, organizations at the state and local level can also join in those efforts.

Invite your legislators to a site visit. If you work on a program that's funded from the CDC or the Prevention Fund, this is a great way to show your legislators how those dollars are benefiting their constituents right in their backyard. And creating jobs, quite honestly.

Media advocacy, this is a great one for folks who are maybe a little bit more hesitant
and think they can't meet with a member of Congress. Write a letter to the editor or an op-ed. You don't have to take a particular position on a bill, but you could just write a letter talking about the benefit that your community has seen because of public health funding or because of dollars from the Prevention Fund that have funded programs in your state. So that's an easy way.

And I will tell you that most local newspapers are really open to publishing these types of letters. They're often looking for material. So it's a great way -- it's a win-win for them and for you. And most newspapers have easy instructions on their website on how exactly you go about submitting these letters and op-eds.

Of course, social media, Facebook, Twitter, Instagram and other platforms. If you send a letter to a member of Congress on behalf of your state affiliate, sharing that with your members through social media -- members and followers through your social media platforms as well as any media advocacy -- or if you hosted a town hall, that's a great -- something like Instagram is a great way to post pictures of that town hall meeting or even if you just attended a town hall meeting to post that on your social media and in the caption let folks know why you were there and encourage them to participate in those activities as well.

Some resources, obviously one of those resources you're sitting through right now a Webinar. We'll often do these on advocacy issues as well as on other topics. APHA's center for public health policy has done an entire series of Webinars on the impacts and the connection between climate change and health. And they have also done a number of Webinars on racism and how that impacts health and on a variety of other topics. I know my colleagues at the other sponsors of this Webinar have done similar Webinars in the past.

Fact sheets and issue briefs. You know, there are lots of these available on all of the topics that have been discussed today, particularly on the Prevention Fund. I know many of our organizations have our own fact sheets on the Prevention Fund. And they're all available on our websites for your use. So if you are ever looking for tools, definitely check out the advocacy portion of our websites for any tools. Or feel free to reach out to us and we can direct you to how you can access those.

APHA also provided tips for meeting with your member of Congress, tips for writing and submitting op-eds. And I will say some of these are more restricted to APHA members just because of capacity issues. So, again, if you are not a member, you might want to consider looking into APHA and enjoy some of these benefits.

We also -- if any of you have attended our annual meeting, we do provide a number of advocacy sessions at the annual meeting, basic tutorials about how to be a good advocate, what works, what doesn't, learning about restrictions you might be under as an employee of a particular agency, et cetera. Another APHA benefit member is a legislative update where we do a recap each month to let our folks know what we have been up to and what they can expect us asking them to engage on in the near future.

As I mentioned, all of our other public health partners have similar and additional materials that are available for your use.

This is just a quick example. This is kind of our easiest possible way to advocate. APHA does have an action alert system. This is open to anyone. You do not have to be an APHA member to use these tools. So I would encourage you to take advantage of them. We try to keep them as updated as possible. This is a snapshot of our most recent alert, protecting the Affordable Care Act.

And generally we write them in a way so you can edit them, so you can tailor them to
And just a couple other examples, fact sheets, often between APHA, TFAH, and our other partners, we will develop state-specific fact sheets. I will also say at least at this current time, some of the agencies that we work with have state-specific information around Prevention and Public Health Fund as well as other discretionary public health spending. You can go to the CDC website or the HRS website and pull down a state snapshot that will tell you how much money each of those agencies is sending to your state. That's often good information to share with your members of Congress so that they can see why those resources are so important.

We talked about Prevention and Public Health Fund. And we have fact sheets on that. And we just put out our most recent version of the ACA fact sheet. So I would encourage folks to check that out. And, of course, any reports and issue briefs that our organizations put out are all generally also available for your views and consumption on our website.

And that my overview. And I will turn it back over to Matthew.

>> Matthew Marsom: Thank you very much, Don. That was a great overview of the importance of the grassroot advocacy. I think we have to emphasize how important that's going to be in the coming time and also the incredible resources that are available. And I know there are a whole plethora of resources. And we'll make sure those are available to access on the Dialogue4Health website. And perhaps we can send out more information to those who signed up today so you can get access to that.

Partnerships are going to be critical as well. And I want to bring up poll 5, if we can. Will you be willing to partner with organizations from today's Web forum to reach out to policymakers to help educate them about prevention and public health issues? Yes, you would like to be contacted by email or no. You know, we want to make sure that if you're out there in the community, you want to be contacted with resources and information and partnership. Please let us know. So please do submit on that poll right now on the screen. And the response is on the right-hand side of your screen. That would be great.

We're going to go to our last speaker, last, but not least, again, Sana with Prevention Institute to talk about framing and messaging which, again, couldn't be more important at this time. Sana, over to you.

>> Sana Chehimi: Thank you so much, Matthew. And a big thank you to everyone who is attending today. So my message today is really a simple one. And, in fact, it's the same core message that all of today's sponsors have come back to time and time again since we first started holding these Web forums in 2008, 2009. And that message is that it's going to be up to all of us -- that really does mean all of you listening today -- to really make the case for prevention and public health.

We really need to work together to educate and inform our elected officials. And this includes at the local, state, and federal level about the impact and progress that has been made through community prevention. And we need to share the many, many stories that explain the essential role of prevention in advancing healthy, safe, equitable and thriving communities.

So as much as the repeal of the ACA itself has been dominating the national dialogue, the national coverage, up until as recently as last week actually, there has been very little mention of the impact that repeal efforts could have on community prevention and public health.

And obviously based on everything that Becky and Nora have just shared earlier, we should all be deeply concerned about this gap in information because we know that prevention
and public health impacts would be felt in every state, locale, and community.

So while we are starting to see coverage -- and this is all coverage from last week. And TFAH's excellent analysis on what the impacts would be with the loss of the Prevention and Public Health Fund on both a federal and state-by-state levels was released last week. And is responsible actually for several of the headlines you are seeing on the slide before you.

So in addition to the conversations around no repeal without replace and no repeal and delay, the other big message that needs to get out there is what the consequence would be of repealing the Prevention Fund and the other many prevention and public health aspects of the ACA that aren't getting the attention that they need and what would happen to communities if those programs and initiatives were repealed without a plan in place to really support these vital public health programs and community prevention initiatives.

So what this really means is that we have an opportunity -- and I went too quickly. We have an opportunity to get back to basics in terms of our communication and messaging. And the first thing that we really need to do is widely share our prevention successes and outcomes with elected officials. And there are organizations like Alliance for Justice and others out there that can provide you with guy dance and advice on what constitutes lobbying and what doesn't constitute lobbying. So there are ways to educate and talk about work that is happening that doesn't fall under lobbying.

But when reaching out and talking about the work that you have engaged in or are engaged in, in particular, taking the time to reflect the local impacts of these efforts, talking about who is part of your coalitions and network. You know, reflecting on the fact that it goes beyond health and public health, that they're co-benefits to healthcare, education, and these are multidisciplinary coalitions and networks.

And even if you have reached out in the past to describe your work and progress, it's really time to do so again because that is the only way we're going to be able to expand the narrative so that we're also including prevention as a core component to addressing continued health improvements across the nation.

As much as I and others at Prevention Institute do not want to see the ACA repealed, we also don't want to see a potential replace strategy -- and I know that my fellow speakers feel the same way -- that does not include prevention and public health. And in order for that to happen, we have to expand this narrative.

And last, but not least, it's important that we connect prevention to shared values because prevention is rooted in values that are broadly shared across the aisle. At the end of the day, this is about stronger, healthier, more resilient communities that offer equitable communities to everyone. And we've focused on how the ACA has been politicized, but prevention really isn't political. And there is a lot of agreement on what can be accomplished through prevention and the need for prevention.

So remembering that it's not the "what" as much in terms of prevention that has been politicized but the vehicle through the ACA. That allows us to get into another set of conversations about the importance of this work.

And I wanted to share one message that stood out to me in particular because this is a clear and powerful message. It's from Michael Fraser, that prevention not only impacts all of us as individuals and also states and locales to address their own pressing priorities. He writes that while millions may lose insurance coverage in the ACA repeal, all Americans -- so all Americans -- will lose what the repeal of the Prevention and Public Health Fund. And that is a
very, very powerful message that we need to broadcast more widely.  
Because our prevention stories and successes really do matter.  We have a new administration.  We have a new Congress.  We have an opportunity to educate and inform them about the work that many of us have been doing for decades.  And I wanted to close before the Q&A on what I found to be a really inspiring quote from Zadie Smith that reminds us that progress is never permanent. It's always going to be threatened and it has to be redoubled, restated, and reimagined if it is to survive.

And the progress that we're talking about here is the very health, safety and resilience of communities across the country.  And that is an incredibly powerful, clear message that all of us can carry forward, whether through our professional or our personal efforts as citizens.

And with that, I'm going to hand it back off to Matthew.  And we have a nice chunk of time for Q&A.

>> Matthew Marsom: We really do.  Thank you to our panelists for all keeping to time today.  It does allow us the opportunity for a rich conversation.  Thank you, Sana, for underscoring the importance of the messaging and for also ending on that important quote about that you cannot rest on these issues.  You can't make change and then expect it to persist.  You need to continue to go back to reinforce it.  That, I think, is fantastic.

We do have some great questions that have come in.  I want to remind our audience in the time we have left to continue to send in your comments and Q&A.  I want to invite all of our panelists now to come back up and join us in this conversation.  Becky, Nora, Don, and Sana, so we can have a dialogue through the end of the Web forum.  I'll moderate this, but I don't want to be the only one to ask questions.  I want this to be very much a dialogue and a conversation between the five of us as well as we feed in some comments.

I do want to acknowledge a couple of people who have sent in some comments that I just want to say aren't questions but underscore some of the partnerships that are going on around the country.  First is Diana who directs the Prevention Resource Center at Penn State as well as the National Prevention Science Coalition to improve lives in both activities.  She says they're actively engaged in the translation of prevention science to inform policy.  And they are very willing to partner which is wonderful.  Thank you, Diana.

We also have a comment from the Arizona public health association, from Pat who says they are working on a plan to talk with their elected officials and would love to talk about those and to strategize which is fantastic.  So just a couple of questions.

Christine also says, she doesn't want to be negative but she's at a loss here.  To think some people perhaps are sitting there and not completely obsessing on their Twitter feeds but certainly watching the news, reading the newspapers, seeing issue after issue.  You know, yesterday the restatement or the day before the restatement of the Mexico City policy.  Today's attack on funding for the U.N.  The EPA impact with the freezing of grants, which I know affects many people working on clean air and other environmental policies.

And they could feel immobilized, perhaps, with an insurmountable set of challenges to overcome.  That almost is a strategy to sometimes undermine the impact and the effectiveness of advocates.  And I want to ask our panel -- perhaps I could start with -- we'll go backwards and start with you, Sana, first, what counsel can we provide people who feel these challenges are insurmountable and there are some opportunities to make a positive impact?  Any thoughts from all of you?  But, Sana, if I might put you on the spot first.

>> Sana Chehimi: Sure.  I'm going to -- I'm going to channel Larry Cohen who is the executive
director of Prevention Institute and hopefully someone most, if not all of you know. It comes down to tenacity and audacity. I think it's incredibly important that we not -- that we not be so disheartened that we back down or step away from the core message and the core knowledge and information we have about the importance of this work.

And while the administration may be coming in with a particular view on how they're approaching data and information, if the ACA is repealed and then replaced, that is going to be done through Congress. And folks in Congress still want to know what the facts are at the end of the day. And as Becky mentioned earlier, in several of the meetings that we've been having with folks on both sides of the aisle, there is this willingness to try to understand -- and this willingness to listen and this acceptance that prevention and public health is incredibly important.

So I do think that there is an opportunity but not if we stay quiet. That's the danger. We can't be so discouraged that we don't broadcast the work that we're doing.

>> Matthew Marsom: Thank you, Sana.

Don, your thoughts on how to stay encouraged, how to stay focused? And where are there some positive opportunities? You might be muted, Don.

>> Donald Hoppert: Sorry about that. I think, you know, the opportunities are really primarily because you all are the public health professionals. And I think that oftentimes members of Congress are not hearing from you all for one reason or another.

So bringing your expertise and trying to help us educate your members of Congress about the importance of these programs, the prevention provisions in the ACA, the funding from CDC, the prevention from fund dollars that are going to your state really helps us, too, because then we can go in there and know that we're talking to folks that have already been briefed or contacted by folks in the district be who have shown them that these are things that they need to support. So I think that's a big opportunity, educating members about what these programs really mean.

>> Matthew Marsom: Thanks, Don.

Nora?

>> Nora Connors: Thanks, Matthew.

So I would just add on top of what Sana and Don have said that I do think that there are a lot of programs that we all are working on that as Don referenced members really just don't understand what they're doing. So I think that this is a real opportunity to kind of reframe, refocus, rebrand and really weigh in not just with your federal congressional members but also your governors, your state elected officials who also have a significant amount of influence with their federal representatives who are going to be working on these policy measures.

I think that this is an administration that's focused on jobs, on national security, on increasing local and community effort in the place of federal engagement. And I think that many of these programs can be framed in those ways. So I think that's one of the opportunities. The other thing I would say, too, is that in public health it can be a challenge on the long-term return on investment and numbers. But any time that you can put forward solid evidence and data that shows that your programs and the work that we're all doing is improving not only the health in the community but the ability of people to hold jobs and the improvement in economic workforce, those are all really important things.

So I do think that this is, as I'm sure many of you -- at PHI we have been digging deep and trying to think of what we can lift up and elevate, maybe that we hadn't thought of before. I think this is the opportunity that we all have to put our heads together and put forward maybe a
different public health than we have in the past.

>> Matthew Marsom: And last on this specific question, Becky, your thoughts and TFAH's thoughts on where there are some opportunities and how can people perhaps who are feeling overwhelmed with some of the challenges stay positive and focused?

>> Becky Salay: We're all feeling overwhelmed so I'm not sure I have words of wisdom on that one. I think just focusing on the pieces you can do and kind of building into the -- plugging into those larger efforts are really important.

I mean, I think my colleagues covered all this really, really well. I will just chime in on what Nora was saying about data. I think especially for a lot of us who work in public health, it's our instinct to just say, you know, you need to invest in these programs because it's the right thing to do to keep people healthy. And I think we all need to do whatever we can to sort of emphasize the data and the economic resolve and all of that stuff that might not be -- we all believe it's the right thing to do, but other people actually need to see the numbers. And I think that's important for all of us to remember.

One other thing that, I guess, we're using -- I don't know if I would call it an opportunity, but that we're certainly using in our messaging is this all the press coverage of the increase in death rates for white middle-class, mostly rural America. This seems to have clued people in that health inequalities exist, people who didn't realize it before. While we certainly don't want to get into a rural versus urban debate or ignore racial and ethnic inequalities, I think it is something important when talking to people from red states to say, look what's happening to the folks in your state and all of these conditions are preventable. This is not the time to reduce our investment in public health. That's sort of a newish method that we are trying to incorporate into some of our stuff. Just something to think about in the coming years.

>> Matthew Marsom: Thanks. Thank you, Becky.

Just a couple of questions have come in. Some of them have been answered online. What percentage of the CDC funding is from the Prevention Fund, it's about 12%. That's a significant amount. Even those programs that traditionally weren't from Prevention Fund, what happened over time, it was the supplanting of funding and existing programs that were at CDC, were moved under the fund. So programs are under jeopardy. Many of you at state and local health departments would be familiar with block grants which had bipartisan support is now through the Prevention Fund. And those funds would be at jeopardy. And so absolutely essential that we continue to highlight the comprehensive impact that would happen to CDC.

So one question has come from Shawn which is what resources are available for the economic and the cost analysis? I think that's something which people would really want to have in their back pocket to talk about the economic impact. We can always provide resource links later. But on the call right now, immediate resources that we can share with the audience?

>> TFAH has a report that's a few years old that looks on the return of investment and prevention. And we also did some modeling a couple of years ago that shows what the impact -- if the obesity epidemic doesn't change, what the heart disease and diabetes epidemics will look like and what they will cost. We can certainly share that with folks after the Webinar.

>> Matthew Marsom: That's great.

Tom has asked a question: Has the new administration signaled support for any public health-friendly efforts? And I would love to hear from the audience. I know one thing that we've acknowledged or identified is that there has been bipartisan support -- and I think people in the campaign have spoken about opioid impact addiction and abuse. And I think it's an issue which
hits red and blue states, all income and social groups. And many of the areas that voted heavily for Donald Trump have significant impact on opioid abuse.

But that one or others that Nora or other members of the panel would like to say where there are some specific areas that the administration has spoken about public health priorities that are positive? Deep in thought.

>> Sana Chehimi: Matthew, this is Sana. From my perspective, I think we don't have a lot of information yet in terms of the new, the very new administration itself. There were perhaps a few hints but not that many for that if you listen to Tom Price's confirmation hearings. Certainly if you are looking at current members of Congress, there's broad interest on both sides of the aisle, nearly all of the issues that have been mentioned today that are prevention and public health, chronic disease prevention, diabetes prevention in particular, so across the board from a congressional perspective, these are not necessarily issues where there isn't interest. The question is: What's the best vehicle and how to advance those efforts?

>> Matthew Marsom: Craig has referenced this, although he acknowledges that perhaps it was not framed well. But on the campaign trail, the President spoke about violence. I think yesterday he tweeted as well about gun violence. I think there would be many who would disagree with the focus of his messaging. But I think it's an issue which he himself has raised and many of us have advocated to remove the restrictions that are on the CDC for doing research into gun violence which is a critical public health problem and needs a public health solution. But I don't hold out hope personally to see that change. But I think we should call them on it, and I think it's an issue that needs to get prioritized.

I think another issue that has, I think, come up is that many of us feel like we're in two camps. One is those who are defenders of science and those who question science. Christine asks: What messages resonate with science deniers? It's a big issue. But I'm wondering if the panel could speak to how can you frame this, how can you frame science and evidence in a way that it's not you are losing but you can continue to support an evidence-based solution? I think it's critical to public health. Who wants to tackle that one? Anybody?

Well, maybe --

>> I feel like we are still trying to figure that out unfortunately. How do you convey data and science in a world of alternative facts? That's the challenge for all of us, I think.

>> Nora Connors: Yeah, I agree. I don't have the answer for that. But I do kind of want to go back to Sana's point about the support from members of Congress for a lot of these issues. And I think we've seen especially with ACA repeal efforts that members, especially in the Senate, are really sort of backing off from the initial rhetoric that it's going to be a repeal without replacement because they have heard from people in their states and their governors who are -- they're adamant that a repeal without replacement won't work. It will cause crash to the markets, et cetera.

So I think that there are members who at first kind of blush will go along with their party. But there are members who when they hear from their constituents and respected people in their communities will listen very closely.

So I do think that that's an opportunity to engage and use relevant stories that impact the policymakers where it's really, really helpful I do also think, too, that engaging maybe non-traditional partners in public health such as businesses, there's a lot of businesses that have been getting into healthy workers. That's a great example of lifting up some traditional public health efforts that businesses and C.E.O.s could take to their policymakers, kind of adding voice,
putting it forward to the echo chamber.

So I just wanted to highlight that piece of the messaging.

>> Matthew Marsom: Thanks, Nora. I want to, Becky, ask you perhaps and Don with the advocacy hat on specifically, you mentioned the need to get to those three votes. I know obviously there are a number of members who are the targets. But when we have the opportunities with such still, albeit challenging and narrow majority in the Senate, where should we be putting our focus? And those listening in different parts of the country, I know everyone needs to advocate. Where are those three targets? And then specifically for those of us in other areas of the country, maybe the deep blue states, how can we be helping in those areas maybe where there are members not -- I'll give an example, not in California but there are other states where we can make an impact. That's a big question.

First, where are the three? And then how can those of us in the blue states get engaged?

>> Becky Salay: Do you want me to start, Don? I want to say Nora made a great point about engaging business and other non-traditional partners. I think that's going to be really, really important in the coming years. I was glad she mentioned that.

Targets, I listed on one of my slides the states, the states that the broader coalition has sort of designated as targets. I think there's sort of different levels of advocacy. There's developing relationships with the members in your own state and getting to the point where you know their health staffer and could call them. Especially if you are off duty calling the front desk and flooding the office with calls is also really important and I think has been really happening lately.

And that's important for those target states, but I think it's equally important in every state because even if you have a blue state -- and you are in a blue state -- your Senator wants to be able to say my office is flooded with calls with people who are so upset about this. Submitting a story and giving members, you know, examples to talk about, that's all really, really important. Or even just, you know, using your own social media and your contacts to encourage your friends and colleagues and people that you know around the country to do the same thing.

From what I'm hearing, the folks on the Hill have been really flooded with calls in their offices and people turning up at town halls and all that sort of stuff. And I really think that's important in almost every state that we're in.

And I would just mention if you look at those target states, a couple of them, for instance, like West Virginia and Ohio, they're focusing on those states because of the impact of ACA repeal on access to substance misuse treatment because those states are sort of in the heart of the opioid epidemic. So if you're in one of those states or even another one, think about what the big issue is in your state and use that as the basis for your message to your member of Congress. I will let Don chime in.

>> Donald Hoppert: I agree with everything Becky say. What I would not encourage people to do is to -- if you live in a blue state, to start calling states you don't live in because they're going to screen you out and you're going to potentially prevent actual constituents from getting through. If you want to call leadership officers, go for it. I don't know how they handle it if you are calling the speaker's office that's fair game. I would focus on your own.

As Becky said, while your members may generally have good voting records and agree with you on everything, it's going to be a tough Congress and they're not going to be able to step up or they're going to have to hear from a lot of people if you want them to step up every time
there's, like, an important public health issue on the floor or in a committee hearing. So I think just being persistent with them and thanking them as well. If they do give a speech on the floor in support of what we're doing or in opposition to efforts to repeal or reduce funding or whatever from something that we're all committed to thanking them, thanking -- if you know the health LA, making sure you thank them, that your other colleagues in your community within that congressional district or state thank them. I think that goes a long way to really helping to build them as real champions in the future so we can rely on them to kind of always be there when we need them.

>> Matthew Marsom: Thank you. Thanks, Don.

>> Becky Salay: Let me say one more thing. We are almost done, sorry. Just to emphasize Don's point, we here in Washington are not only meeting with members who oppose the ACA but we're meeting with folks who we know are supporters and just asking them to emphasize the public health aspect of it as well as the other pieces. I think that's just something that we all need to do. Sorry. I know we're at 4:00.

>> Matthew Marsom: No, that's good, Becky. I'm glad you made that comment. This is just the beginning of the dialogue. We recognize that this is a conversation that's beginning and will continue. I want to acknowledge and thank our presenters for their incredible input today, Becky, Nora, Don and Sana. Thank you all. We will be continuing this conversation. Join us in February where we will be moderating a panel from the leaders, the C.E.O.s of our respective organizations discussing this conversation and the dialogue around the new administration for public health.

Thank you to our audience for your participation and for your support in the coming days and weeks to come. I want to acknowledge the American Public Health Association, Prevention Institute, Public Health Institute and Trust for America's Health for your support in convening this Web forum today. It couldn't be more important. And I want to thank all of our panel.

With that, I'm going to hand back to Dialogue4Health staff and to Dave. Thank you, everybody.

>> Dave Clark: Thanks so much, Matthew. Thanks to all of our presenters today for this insightful discussion. Just a quick note -- and this was mentioned several times, and some of you have already asked about this. A recording of today's session as well as the presentation slides will be available shortly at dialogue4health.org. You will also receive an email with a link to the recording and the slides. So check your inboxes for that.

And that email will also include a link to a survey, a very brief survey, that we hope you'll take. We would like to know your thoughts concerning today's Web forum and what topics you would be interested in for future Dialogue4Health Web forums. So please do participate in that survey. We would really like to hear from you.

Thanks so much for being with us today. That does conclude today's Web forum. Have a great day.