Hello, my name is Kamaryn Norris, Project Associate for the National Campaign for Healthy Food Access. I will be your moderator for today’s webinar, Health Advocacy 101, brought to you by the National Urban League, The National Association for the Advancement of Colored People, and The Food Trust.

Building upon our organizations’ foundation in community organizing and community-based advocacy, which have garnered history-making policy and social changes, we are launching this web-based training series to streamline our outreach, education and engagement efforts and formally connect our organizations to participatory advocacy opportunities we can undertake as individual chapters and organizations, as well as in partnership together, in an effort to make communities healthier across the country.

During today’s webinar we will review the definition of advocacy, explore the foundations of effective advocacy, discuss creating a culture of advocacy, and explore various strategies for advocating at the local, state, and national levels. Participating on today’s webinar include active members and affiliates of the NAACP, NUL, and The Food Trust, as well as partners from the Food & Health Equity National Working Group and the American Heart Association.
Presenting today are three esteemed colleagues. Dwayne Wharton is the Director of External Affairs for The Food Trust. In this role, Dwayne develops partnerships and collaborations, especially those that focus on equity and reducing disparities in underserved communities. Prior to joining the Food Trust Dwayne served head lead a number of premier social service agencies and was a U.S. Peace Corps in the country of Mozambique. Dwayne serves on numerous boards including Philanthropy Network of Greater Philadelphia, Bryn Mawr College's Non-Profit Executive Leadership Institute and Philadelphia's Food Policy Advisory Council.

Nimaako Brown has been passionate about public health since she was a young girl. She received her B.S. in Health Promotion and Disease Prevention from the University of Southern California in 2008 and a Master’s in Public Health with a focus in Reproductive and Family Health from Columbia University in 2013. Nimaako has worked at non-profits in both her hometown of Newark and her current Harlem community. After working at the New York City Department of Health and Mental Hygiene Nimaako realized she wanted to return to the non-profit sector. In March of 2016 Nimaako joined the National Urban League as their Senior Director of Community Health and Wellness.

Bernadette Onyenaka is a Program Specialist for the NAACP, National Health Programs. There she functions as the program lead for the Childhood Obesity Initiative, providing oversight of the advocacy and programmatic efforts of currently funded affiliates, while providing implementation support for other health initiatives.
Bernadette serves on multiple health disparity and obesity committees, including the Strategic Advisory Committee for Voices for Healthy Kids and the Institute of Medicine’s Roundtable on Obesity Solutions. Bernadette has a Bachelor’s degree in Health Behavior Management and Master’s degree in Health Promotion from the University of Delaware.

Before we get started, here are a few housekeeping issues: your phones and video feeds have been muted. If you have questions, please use the chat box to the right throughout the presentation as they will be answered in the order in which they are received at the end of the presentation portion.

And, with that, I turn the presentation over to Nimaako Brown of the National Urban League who will define health advocacy and discuss the Foundations of Effective Advocacy.
NIMAAKO: Thank you Kamaryn for the introductions and thank you to all of you for joining today’s webinar. As noted, during our 60 minutes together we will provide an overview of what is health advocacy; what are the different approaches and levels to health advocacy; and how to create a culture of advocacy in the face of competing needs and priorities. This presentation is not mean to review every aspect of these question. In fact, each of these issues could serve as the subject of their own presentation. Instead, it is intended to highlight key foundational issues and how you and your organizations can be involved in health advocacy.
I’m sure for many of you this is not the first time you’ve heard the words “advocacy” or “health advocacy”. So what is advocacy? Based on this cartoon advocacy is simply utilizing good interpersonal skills, understanding your legislator’s interests...and persuading as many of his or her campaign contributors to support your interests as possible.

Advocacy is the act of taking a position on an issue and initiating actions in a deliberate attempt to influence private and public policy choices.

As with any change to the status quo, advocacy is a process and not an event. Advocacy can be used to promote almost any issue and health advocacy is defined as the efforts of a community around issues related to health, however that community is defined or formed.

As organizations that represent some of the most underrepresented communities that are often the most impacted by health policies, using our voice is critical to informing and, when necessary, directing the focus of health policy. Affiliates and chapters can play a larger role in shaping and determining the success of state and federal initiatives, along with leading change to close health disparities in their communities.

With this in mind, there are a number of approaches that can be utilized to advance health advocacy efforts.
By using the health advocacy approaches shown here, Engaging decision makers, recognizing your power, being the resource that builds the power of the community and effectively utilizing media affiliates and chapters can:

- Serve as a voice for the community and the constituents they serve
- Tell their stories to policymakers, and attract, sustain and increase funding for their programs
- Move from being a minority “checkbox” to an influencer in policy conversations
- Impact local and state level policies and execution of such policies
- Drive local and state policy changes to improve the lives of your constituents and your community
You not only speak for the needs and wants of the community, you have the power to create change within it. When you’re plugged into the day to day experiences of your community members, you can use the knowledge to direct change. It’s important both for your community and decision makers to recognize any achievements you may have, to demonstrate that you’re committed to the cause of bettering your community, and highlight that you have the power to get it done. This example of NAACP, TN State Conference President, Gloria Sweet-Love, announcing the Reading Round-Up summer pilot program this June at Westwood Recreation Center. The Reading Round-Up program is a collaborative effort between Jackson Recreation and Parks Department and the NAACP—with a main intent to increase learning skills and reinforce reading abilities—and retention of learned skills during the summer months—with a specific theme of “Commit to Health”, which is designed not only to cultivate children’s minds through reading, but also their bodies through the use of movement and hands-on activities. This is a great of example of organization using its position in the community to initiate...
As an organization, you can advocate on behalf of your community. But your true power resides within the community you serve, and your efforts will be received more effectively when the community is engaged in the advocacy as well. Your community knows the issues that it faces at a base level, but they may not be able to clearly articulate the what, the why, or the how. It serves your advocacy goals and the interests of your community that you enable them to understand not only the issue(s) at hand, but be engaged in process of advocacy and change making alongside you. Your interactions with the community are as important as interactions with the decision makers—these interactions are your opportunity to provide clarity on the issue, inform those who may not be aware, garner various forms of support, as well as providing the time and space for the community to be heard. It is in these interactions—between individuals of the community, leaders, and organizations with like minds, and shared goals come together, that the seeds of grassroots movements are planted. Every member of the community is a potential seed that can be grown into a rooted activist, spokesperson, organizer, leader, etc.
For many of you all collecting information, both quantitative and narrative data, is part of your regular practice. As a health advocate, you can organize and disseminate the information you collect to advance your cause.

Sharing your story can have two fold benefits. It can highlight the shared experiences of community members, so that they know they’re not alone. It also helps to underscore the common denominator(s) that can be addressed through policy for decision makers to see. Collecting stories in your community highlights diverse perspectives and uplifts marginalized voices, and shared experiences. Decision makers sometimes live and work in a bubble that’s isolated from the everyday realities and challenges experienced within your community. Sharing stories, can help penetrate that bubble, or remove blind spots from the perspectives of decision makers. Stories are especially impactful when they are supported by data—they can serve to connect the dots between the “statistics” and the “how” and “why” of those statistics. This can be particularly helpful in challenging political rhetoric and resistance. Don’t forget, as the story teller, you get to frame the issue in the way you see most beneficial.
As the story teller for your cause, utilizing media is an integral approach to amplifying your organization’s voice. Media advocacy, one of the most common advocacy strategies used to advocate on health related issues, requires the identification of the issue to increase public awareness. This includes sharing information, like data from your local health department and your programming efforts, with your local and state communities. Often time local public health departments seek community partners with whom to disseminate pertinent health data that can help galvanize your constituents around the health issue.

Enlisting public support to support a desired change is the core of health advocacy. By sharing the stories you’ve collected on Facebook, YouTube, Instagram, Twitter and the like, you are increasing the number of people who are exposed to and informed of your cause. An objective of utilizing media, radio, TV and social, is to maximize the reach of the stories you’ve collected to share to emphasis importance of the issue to community members to increase support for your efforts.

Media is also a effective tool for applying pressure to the target of your advocacy efforts to modify their actions in a certain direction. Crafting sound bites, which are brief quotable statements; visual images; and social math, which explains statistical data within relevant context are necessary for providing a frame for the health issue.
Decision makers are the people with the formal power or authority to take the desired policy action and/or their key advisors or staff. They exist at every level--city/municipal, county, state and federal. In addition to elected officials, this can include school board members, council members, law enforcement leadership, fiscal officers, appointed officials, etc. Engagement starts with finding out who are the relevant decision makers in relation to your advocacy goal, who is making the decisions that impact your community. Relationship building starts with persistence and repetition. Connecting directly with the decision maker may take several attempts of direct communications with them or their staff through emails and phones to ask for an in person meeting or to invite them an event in your community. Engaging with your decision makers requires you be prepared with:
1. A request for meeting/invitation to engage the community
2. Talking points, factual data, community perspectives (stories)
3. A clear ask of what you want
4. Follow up

It’s important to know decision makers past decisions to understand how best to communicate your concerns. For example—fiscally focused, communicate the economic factors. Empathetic to programmatic solutions—illustrate power of prevention, etc. Becoming the person they can call on or reference about the issue is also an excellent way to engage and build relationships with decision makers.

Health advocacy efforts can be implemented on a local, state or federal level.
The health advocacy approaches we just reviewed can be implemented on a local, state or federal level. The level at which advocacy is conducted is often determined by a number of factors including the scope of the issue, the short term and/or long term nature of the issue and the availability of resources. Although many issues may benefit from, not all require, multiple levels of advocacy efforts.

As an example, let’s consider the Urban League of Greater Kansas City...
• Based on the services they provided in their affiliate they recognized the need to establish a mental health component to their existing scope of services.
• They took advantage of local Mental Health First Aid Counselor Training and incorporated Life Coaches to provide well-being counseling to their program staff.
• Established themselves as thought leader in their community by working collaboratively with local and state health and community based organizations to publish the Picture of Health: State of Black Health in Kansas City which has served as a major public health resource tool.
• Attracted fellow community stakeholders and funders to support their health programming.
• Successfully ran program and collected qualitative and narrative data throughout.
• Presented on program to policymakers in Washington, DC as best practice.
The Urban League of Greater Kansas City engaged in health advocacy across a number of advocacy levels in their effort to bring enhanced mental and emotional health services to their community.

What is also important to note about these 3 advocacy levels is that they often influence each other. City smoking ban ordinances have led to state smoking policies. State marriage equality policies have led to federal legislation. These are just 2 examples of how a local advocacy effort and a state level advocacy success resulted in similar policies being enacted at the state and federal levels respectively.

And, with that, I turn the presentation over to Bernadette Onyenaka of the NAACP who will discuss How to Create a Culture of Advocacy.
BERNADETTE: Thank you Nimaako for that introduction to advocacy and its levels and approaches. I’m going to go ahead, and dive right into our next section, of “creating a culture of advocacy”, and talk about how a culture of advocacy presents of a solution to the always present challenges of competing needs and priorities, as it’s more of a shift in how you go about your current work, rather than adding more things to your plate.
So, I think it’s important to highlight that, advocacy, at its heart, is about making the voices of the less powerful many, ring loud enough to be heard over the roar of a powerful few. As Nimaako addressed there are 3 levels of advocacy, which all can be accomplished by one single person on behalf of themselves. Of course, the power of advocacy comes from creating a groundswell of individuals come together, to affect policy change. So, advocacy is not too big for you. Creating a culture of advocacy within your organization doesn’t mean you have to recreate the wheel, or add to your already full agenda. But it does require a clear vision, intention and goals rooted in advocacy. Advocacy doesn’t have to be a competing priority within your organization, but rather the driving force of all your activities and interactions. Thus far in this training we’ve cited some examples successful advocacy endeavors. So we want you to recognize that you may already be engaged in some form of these activities. Leverage the work you already do--you may only need to sharpen focus on your intention, your vision, or your goals, and package and deliver your activities accordingly.
So, to start at the beginning of this shift towards creating a culture of advocacy, you have to first commit to the idea of and actions that advocacy require. Then you must determine the intention of your advocacy. Ask yourself, intended to accomplish from your advocacy? How is do your advocacy intentions differ from your programmatic activities?

Advocacy requires commitment at every level of your organization. Every member of your organization should be considered and advocate, and should be able to advocate on the issues at any given opportunity. You cannot advocate by proxy—if you want something done you must do it yourself.

Advocacy is an ongoing process—you can build on, or redress the past polices based on their current impact. Consider policies that were detrimental—or policies that didn’t go far enough, or lack implementation. Advocacy is be based on the present environment, which has been shaped by the policies of the past, and should aim to create desired future outcomes.

Since advocacy is an ongoing process, it does Requires patience, and adaptability to challenges as they arise. Complacency is the signal of defeat and broken commitment to challenge, whereas defeat is signaled in complacency.

I want to circle back to intention one last time, a key part of creating a culture of advocacy is to make every interaction you have with both your community and
decision makers an opportunity to advocate for the issue(s).
So now, I want to talk about how you identify potential advocacy issues in your community. Often, there may be an obvious problem that’s easy to see, but is too large to tackle all at once. Broad problems are acute symptoms of smaller problems. An important part of the process is to identify the smaller problems that comprise the broader issue, and select the issues based on your community’s priorities and needs which can be addressed with the most impact through advocacy.

I’m going to break down a broad problem to identify advocacy issues. Let’s take an example of “bad health outcomes” in a community--at face value we understand what this means, but is too broad and needs to be more defined. If we break down the issue of bad health to Obesity—which is highly prevalent in the community among adults and children, now we identified a problem—one we can define our cause around. Obesity can be broken down further into the problems that arise from it such as high medical costs due to associated chronic diseases, absenteeism at work and school, etc, contributing factors and barriers to prevention and treatment--like lack access to quality food, insufficient infrastructure for physical activity, unsupportive school environment. These factors are now clearly identified, can be defined by metrics, and are targetable for advocacy work.

Potential policy solutions shouldn’t be too broad or too narrow, but should be prioritized based on which can have the most impact.

Circling back to determining your community's priorities and needs, I do want to highlight that this is where some extra work may be required of you as you shift
towards this culture of advocacy. Depending on the issue, you may be already positioned to clearly assess the needs and priorities of your community. But you may need to perform some analysis or surveying of the community. Your local health departments and even universities can be valuable resources to accessing local health data on your community, and performing basic community health assessments. When in doubt, this is when relationships and collaborations are key, which I’ll get to in the next few slides.
So, now that you’ve committed to advocacy, identified, and defined your cause, may or may not have performed a community health assessment the next step is to align your values, craft vision and set your advocacy goals appropriately. You may not realize this, but your personal values very are what that drive you to do this work. It may be capacity for empathy, or calling to serve others, or a reverence for perseverance—these values may be the moral foundation of your advocacy. This is valuable, especially if you’re particularly keen on perseverance. But it’s important to look beyond your own values, and learn the perspectives and values of those around you as well. Good advocates have to be good listeners in order to actually hear what the members of your community—especially those who have a stake in potential policy outcomes—have to say. Beware of any tendency to values shame, especially when your values may not align with stakeholders and members of the community. You may not hear what you expected or wanted to hear, but that’s why it’s all the more important to an ear as well as a mouthpiece for the community. Once you’ve heard what people’s perspectives are, you can begin to craft a vision of change.

What would the transformed landscape look like? — What do you envision as possible? — How do you get there? Goals are your benchmarks. Crafting clear advocacy goals is dependent upon your knowledge and understanding the research in regards to your issue, and leveraging that knowledge to transform your vision into specific, measurable, and achievable realistic, and time delineated.
policy changes. Informed goals are realistic and achievable goals.
And last, but not least in creating a culture of advocacy is collaboration. Collaboration is a big piece of advocacy—because most advocacy is grassroots, and starts small. Grassroots advocacy is an ideal starting place for community engagement, but it also requires collective voices to build power in order for advocacy to be impactful. Individual organizations might not have the capacity to advance a specific agenda alone. But they may be well positioned to build an aspect of the movement that another group can use to ultimately achieve success (policy win). Share your vision, goals, and success stories—build relationships with like minded organizations. Develop partnerships with the community at large—including local businesses, similar organizations. As your relationships develop, you’ll navigate how to work together toward the same goal. Get to know the perspectives, parallels, and contrasts of organizations in your community. Foster information sharing with organizations working on similar or related issues. Align communication and messaging frameworks on shared issue campaigns.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Good</th>
<th>Better</th>
<th>Best</th>
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</thead>
<tbody>
<tr>
<td>Voting behavior</td>
<td>Register and vote</td>
<td>Encourage others to register and vote</td>
<td>Register others to vote</td>
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<tr>
<td>Electioneering</td>
<td>Contribute to the campaign of a candidate friendly to public health and health education</td>
<td>Campaign for a candidate friendly to public health and health education</td>
<td>Run for office or seek a political appointment</td>
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<tr>
<td>Direct lobbying</td>
<td>Contact a policy maker</td>
<td>Meet with your policy makers</td>
<td>Develop ongoing relationships with your policy makers and their staff</td>
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<td>Integrate grassroots lobbying into direct lobbying activities</td>
<td>Start a petition drive to advocate a specific policy in your local community</td>
<td>Get on the agenda for a meeting of a policy-making body and provide testimony</td>
<td>Organize a community coalition to enact changes that influence health</td>
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<tr>
<td>Use the Internet</td>
<td>Use the Internet to access information related to health issues</td>
<td>Build a Web page that calls attention to a specific health issue, policy, or legislative proposal</td>
<td>Teach others to use the Internet for advocacy activities</td>
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<tr>
<td>Media advocacy:</td>
<td>Write a letter to the editor</td>
<td>Write an op-ed piece</td>
<td>Teach others to write letters and op-ed pieces for media advocacy</td>
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<td>Newspaper letters to the</td>
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<td>editor and op-ed articles</td>
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<tr>
<td>Media advocacy: Acting as a resource person</td>
<td>Respond to requests by members of the media for health-related information</td>
<td>Issue a news release</td>
<td>Develop and maintain ongoing relationships with the media personnel</td>
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Advocacy activities and strategy can be implemented in tiers of “good”, “better”, or “best” in relation to your capacity as an organization, resources, time, etc.

The table lays out several examples of this tiered classification of advocacy activities. I’ve highlighted three that are easily doable for any organization here, and I want to talk about voting, which doesn’t always come to mind when people talk about advocacy. But voting is one of the most important forms of advocacy, especially at the local level—since the decisions at the local level have the most immediate impact on communities. Nimaako addressed Media advocacy, and so I want to point out the different types of media advocacy, which range from opeds and letter campaigns all the way to being the resource that media come to about an issue.

Recognize the levels in which you can advocate, and the impacts of each level. Every strategy is a valuable approach to engaging in health advocacy.

The last slide lays out some additional examples of levels advocacy such as Convening a small sample of your community, like PTA around an issue is an example of good advocacy that can occur naturally or can be formally arranged (good)
Town hall meetings are fantastic ways to engage the community and decision makers at the same time, they require more planning, they enable a larger representation from the community, and can be a sounding stage for formal organization around an issue (better)
Providing public testimony on specific issues is an excellent form of advocacy, that happens as movements grows around an issue. It provides the opportunity to speak to an audience of multiple decision makers about a specific issue as a representative of the community (best).

Individually all these things are important pieces of the advocacy puzzle, and together it creates a cohesive way of planning, programming, communicating, and actively engaging in advocacy.

And, with that, I turn the presentation over to Dwayne Wharton of The Food Trust who will provide examples of Non-Profit Health Advocacy.
TFT is a Philadelphia-based non-profit organization working across the country to ensure everyone has access to healthy and affordable foods and education and information they need to make good decisions for them and their families. We focus on policy, systems and environmental changes and use research and data to advance our work. We believe that people have no chance to improve their health outcomes if they lack access to the resources to make better healthier choices possible. And, that access to affordable healthy food should be more than just a privilege for some; it should be a right for all. Lack of healthy food access is a social justice issue so we operate farmers’ markets which encourage low-income residents to shop using their SNAP benefits to get $2 back in coupons for every $5 they spend, nutrition education in schools, church basements and rec. centers, helping corner store owners stock and sell healthy items, advocate for policies that help to get supermarkets built in underserved areas, and more.
RWJF published a series of maps looking at life expectancies across communities. Disproportionately, low income communities of color are more underserved, have poorer health outcomes and lower life expectancies. When it comes to health, your zip code matters more than your genetic code.
If one understands the history of discrimination and disinvestment in this country, one should not be surprised that certain communities are more distressed than others. This FHA map of Philadelphia in 1936 highlights the practice of redlining – the inability of home owners and businesses to obtain loans and insurance in neighborhoods solely because people of color lived there. This encouraged white flight and supermarkets fleeing the city, leaving only fast food and convenience stores in their place. And on a related note, the historical implications are that families who were discriminated against in the 30s still feel the effect today as their families have not been able to accumulate wealth, which as you know is tied to homeownership. And, for those seeking to enter into homeownership today, there are plenty of examples of discrimination, maybe not overtly racist policies like redlining, but still harmful.
And this absence of supermarkets takes a toll on community health. Here in Philadelphia, and many other places, communities that consist of poor people, which also often tend to be people of color, without supermarkets, have higher episodes of diet-related disease and death. We shy away from the popular term “food desert” and note when communities have low supermarket access because there is often of food. But it’s stuff that’s more likely to be harmful from fast food restaurants and corner stores. Philadelphia, are 2x more likely to find fast food in their neighborhoods than produce, therefore it’s no surprise that adults are 2x more likely to eat fast food than a fruit or vegetable.
This is why as an organization, we are committed to targeting our support and efforts to groups that have been discriminated against, marginalized and the most under-resourced. We understand that problems are often universal, like obesity where 1/3 of the adult population is obese. But for AA, that number is 48%. And, for hispanics, that number is 43%. While for whites it’s 32.6% and asian 10.8%. And, generally speaking, obesity effects lower income areas and lesser educated people harder.
To understand better why grocers left and what it take to bring them back, TFT led a Grocery Access Task Force which consisted of key stakeholders which included other public health advocates, state and local political leaders, developers and of course grocers. We learned about the various barriers grocers faced, the biggest being the need to reduce their debt and bridge the finance gap to make operating in certain communities more viable. So, with advocacy efforts from The Food Trust, Reinvestment Fund, PolicyLink and other advocates and key stakeholders, a $30M grant was given by the State of PA, which was leveraged with an additional $145 by Reinvestment Fund, which led to loans and grants to help 88 projects grocery store projects in underserved areas across the state of PA. As a result of these new and renovated grocery stores, 500K people gained access to healthy and affordable food and 5,000 jobs were created or retained. And, these supermarkets serve as economic anchors, attracting other retail to these commercial spaces, improving the economic and community development of communities and more.

A federal HFFI program was launched by the Obama administration through the Departments of Treasury, Agriculture and Health and Human Services and a dozen states and cities have created their own programs. And, through the Voices for Healthy Kids Initiative, there are advocacy efforts currently happening across the country to get more states and municipalities to create programs.
As the nation’s 1st statewide program aimed at supermarket development, HFFI has twice been named one of the nation’s premier public policy programs. And, it started with the identification of a problem and raising the awareness of issue with someone who served as the champion.

*Policy is what the government chooses to do or not do about a particular issue or problem – this can be a law, a regulation, funding, or more.*

*The ideas, and identification or problems, often come from outside of government and people and special interest groups compete and collaborate to influence policymakers to act in a particular way.*

*The influencers include other politicians, content experts, lobbyists, for profit industries, affinity groups like Black Lives Matter, and even non-profits.*

*In fact, advocacy is an important function of most nonprofit organizations and most advocate to a varying degree. It’s how we fulfill our mission and how we try to make the world a better place.*

*It is our job to persuasively represent our unique perspectives and experiences, which are critical to advance our missions and influence decision makers. We speak up.*

*Reduced to its most basic level, effective nonprofit advocacy is about communication*
and relationships. It is the act of taking a position on an issue, and initiating actions in a deliberate attempt to influence policy.

And, advocacy should not be confused with lobbying. Lobbying involves attempts to influence specific legislation at the local, state or federal level.

Lobbying does always involve advocacy, but advocacy does not always involve lobbying.
As another example, in Philadelphia, in our new mayor’s inaugural address he laid out a vision for anti-poverty measures which included universal pre-K, improvements to parks, recreation centers and libraries, and community schools all to be funded by a tax on sweetened beverages. The effort to pass a soda tax in Philadelphia spectacularly failed two previous times but was successful this time because of the broad coalition of people and organizations who understood the potential for these initiatives to help build healthier communities. Rev. James Hall and Minister Rodney Muhammad of the NAACP played a huge role in swaying public opinion, and ultimately influencing the voting city council members. I truly believe that because of their advocacy effort, the measure was successful.
So, when initiatives like VFHK offer opportunities for organizations like NUL & NAACP to support policy efforts to ensure all children will grow up at a healthy weight in their community, I get excited. This joint effort between the American Heart Association, Robert Wood Johnson Foundation & Partners seeks to engage, organize and mobilize people to improve the health of their communities and reverse the childhood obesity epidemic by making strategic investments in ongoing state, local and tribal public policy advocacy campaigns. In turn, this effort helps policymakers pass policies to remove barriers and provide access to the tools that help people live healthy lives.

The VFHK initiative focuses on (5) key areas:
Ensuring that all children enter kindergarten at a healthy weight.
Making a healthy school environment the norm and not the exception across the U.S.
Making physical activity part of the everyday experience for children and youth.
Making healthy foods the affordable, available, and desired choice in all neighborhoods.
Eliminating consumption of sugar-sweetened beverages before the age of 5.
DWAYNE: I invite you to check out VFHK website to learn about the advocacy campaigns happening around the country, how you and your organization can be involved, including applying for grants to ensure that the campaign is reaching the populations most adversely affected by childhood obesity and that equity truly is the center of the efforts. And, next month will be the launch of the Voices for Healthy Kids Action Center, a website that serves as a hub for advocates to learn, connect, and act. We encourage you to join.

NIMAAKO: For my fellow Urban Leaguers, I encourage you all to join the National Urban League Affiliate Health Policy Taskforce in addition to reaching out to the Washington Bureau for supporting talking points, policy briefs, speakers, key contacts and additional technical assistance.

BERNADETTE: ????

Recommendations

- Visit [www.voicesforhealthykids.org](http://www.voicesforhealthykids.org) & join Voices for Healthy Kids Action Center. Be on the lookout for opportunities to support Voices for Healthy Kids campaigns across the country. Be on the lookout for opportunities to apply for funding from Voices for Healthy Kids to improve the health of communities across the U.S.

- Join the NUL Affiliate Health Policy Taskforce Engage in outreach, education and/or enrollment efforts of your organizations health/health advocacy programs

- Become a member of your local/statewide health equity coalition/committee (NAACP)

- Contact the Washington Bureau/National Health Programs Staff for talking points, policy briefs, speakers, key contacts, and additional technical assistance
KAMARYN:

Thank you all for the insightful and engaging presentations. At this time we’d like to open the discussion up to questions.

Thank you for your participation in today’s webinar, Health Advocacy 101. Again, today’s session was meant to highlight key foundational issues to help you think about how you and your organizations can be involved in health advocacy.

If you have any questions or would like to continue the conversation offline please feel free to reach out to any of us. Our contact information can be found on the screen. And, please stay tuned for future webinars. Have a great day and thanks again.
Thank you for your participation in today’s webinar, Health Advocacy 101. Again, today’s session was meant to highlight key foundational issues to help you think about how you and your organizations can be involved in health advocacy.

If you have any questions or would like to continue the conversation offline please feel free to reach out to any of us. Our contact information can be found on the screen. And, please stay tuned for future webinars. Have a great day and thanks again.
Monday, October 12 NY Times article mentioned Enroll America’s new Get Covered Plan Explorer

Get Covered America is a nonprofit, nonpartisan campaign of Enroll America focused on raising public awareness and engaging consumers about their new, affordable health insurance options

Healthy People 2020, is the federal government’s national plan for improving the health of all Americans by 2020. It contains goals organized by 42 topic areas and more than 1,200 objectives. The objectives focus on interventions that are designed to reduce or eliminate illness, disability, and premature death among individuals and communities
References

http://doi.org/10.1136/jech.2004.023044

doi:10.1093/heapro/15.4.369