15 Ways to Influence Health Care Policy and Advance the Health Literacy Agenda

Doug Seubert
Health Communication Specialist
Literacy Council of Wood County
Learning Objectives

• Examine recent and forthcoming legislation, both State and Federal, related to health literacy, plain language and health care reform.

• Identify 15 powerful actions that can raise health literacy awareness among policy makers and legislators.

• Practice various strategies in small group exercises and leave this presentation prepared to take action!
Introductions

• Doug Seubert
  • Literacy Council of Wood County
  • Health communications consultant, Advantage Consulting Services
  • UW-Milwaukee, majored in English
  • Chapman University, graduate studies in health risk and crisis communication
  • Community organizer, Chicago
  • National People's Action and the National Training and Information Center, Chicago
  • Work in health literacy and patient activation was included in a 2010 Medicare Payment Advisory Commission (MedPAC) report to the U.S. Congress
Introductions

- Dave Anderson
  - District Director for Wisconsin's 7th Congressional District (U.S. Rep. Sean Duffy)
  - UW-Superior, majored in political science, social studies and German
  - Taught for several years and served in local government
Disclaimer

- I, Doug Seubert, do not have any relevant financial interest or other relationship(s) with any commercial entities producing health care related products and/or services.
What is the Health Literacy Agenda?

- What is our message?
- Who will deliver our message?
- Who needs to hear it?
Toolbox

• NALS and NAAL
• Growing field of research
• National Action Plan to Improve Health Literacy (U.S. Department of Health and Human Services)
• Making Health Literacy Real: The Beginnings of My Organization’s Plan for Action (CDC)
• Healthy People 2020 (U.S. Department of Health and Human Services)
  • State health plans
• Organizations and agencies leading the way:
  • Agency for Healthcare Research and Quality
Low Health Literacy Linked to Higher Risk of Death and More Emergency Room Visits and Hospitalizations

Press Release Date: March 28, 2011

Low health literacy in older Americans is linked to poorer health status and a higher risk of death, according to a new evidence report by HHS' Agency for Healthcare Research and Quality (AHRQ). More than 76 million English-speaking adults in the United States have limited health literacy, making it difficult for them to understand and use basic health information.

The report, an update of a 2004 literature review featuring findings from more than 100 new studies, also found an association between low health literacy in all adults, regardless of age, and more frequent use of hospital emergency rooms and inpatient care, compared with other adults.

The report's authors also found a link between low health literacy and a lower likelihood of getting flu shots and of understanding medical labels and instructions and a greater likelihood of taking medicines incorrectly compared with adults with higher health literacy. They also found evidence linking poor health literacy among adult women and undergoers of mammograms.

Furthermore, evidence from a small but growing body of studies suggests that differences in health literacy levels are related to racial and ethnic disparities. For example, flu shot rates among seniors, enrollment of children in health insurance programs and taking medications as instructed by a health care professional are lower among minorities.

"Ensuring that people understand health care information is critical to a high-quality, safe health care system," said AHRQ Director Carolyn M. Clancy, M.D. "Improving health literacy will be a major step in the nation's efforts to enhance health care quality and safety."

In addition, the authors, who were led by Nancy D. Berkman, Ph.D. and Stacey Sheridan, M.D., M.P.H. of the AHRQ-supported RTI International-University of North Carolina Evidence-based Practice Center, concluded that intensive self and/or disease management programs appear to reduce disease severity, emergency room visits and hospital admissions among patients with limited health literacy.

In May 2010, the U.S. Department of Health and Human Services (HHS) launched the National Action Plan to Improve Health Literacy to engage organizations, professionals, policymakers, communities, individuals and families in a linked, multi-sector effort to improve health literacy.

The plan calls for improving the jargon-filled language, dense writing, and complex explanations that often fill patient handouts, medical forms, health web sites and recommendations to the public. Among the other objectives of the plan are promoting changes in the health care system that improve health care information, as well as improving patient-provider communication, low health literacy individuals' ability to make health care decisions based on evidence, and access to health care. Information on the plan is available at http://www.health.gov/communication/healthliteracyplan/

The report, Health Literacy Interventions and Outcomes: An Update of the Literacy and Health Outcomes Systematic Review of the Literature, is available on the AHRQ Web site at http://www.ahrq.gov/clinic/hltpo.htm. For more information on AHRQ funding, studies, tools and other resources related to health literacy and cultural competency, go to http://www.ahrq.gov/browse/alcix.htm

For more information, please contact AHRQ Public Affairs, (301) 427-1539 or (301) 427-1800.

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Goal 1—Develop and Disseminate Health and Safety Information That Is Accurate, Accessible, and Actionable ................................................................. 18

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Objective 1
By 2020, increase awareness of the impact of literacy and health literacy on health outcomes.

Objective 1 Indicators
• Proportion of Adult Basic Education and English Language Learners programs that include a health literacy component. (Indicator to be developed.)
• Proportion of health professional curricula that include literacy and health literacy. (Indicator to be developed.)
• Number of organizations represented at annual Wisconsin Health Literacy summits. (Indicator to be developed.)

Objective 2
By 2020, increase effective communication so that individuals, organizations, and communities can access, understand, share, and act on health information and services.

Objective 2 Indicator
Proportion of health care providers with effective consumer communication (Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Indicator to be developed.)
FOR IMMEDIATE RELEASE

NEW REPORT ESTIMATES COST OF LOW HEALTH LITERACY BETWEEN $106 - $236 BILLION DOLLARS ANNUALLY

Experts discuss if improving health literacy is the solution to providing coverage for the nation’s 47 million uninsured people

STORRS, CT-- October 10, 2007 – A new report released today from the University of Connecticut states that the cost of low health literacy to the United States economy is in the range of $106 billion to $236 billion annually. According to the report, Low Health Literacy: Implications for National Health Policy, the savings that could be achieved by improving health literacy translates into enough funds to insure every one of the more than 47 million persons who lacked coverage in the United States in 2006, according to recent Census Bureau estimates.

“Health literacy” is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information. According to the U.S. Department of Education’s 2003 National Assessment of Adult Literacy (NAAL), which contained a health literacy component for the first time, 36 percent of the adult U.S. population – approximately 87 million people – has only Basic or Below Basic health literacy levels.

Persons with Basic health literacy would have trouble, even when using information from a clearly written

**Low Health Literacy: Implications for National Health Policy**

**John A. Vernon, PhD**  
Department of Finance,  
University of Connecticut  
National Bureau of Economic Research (NBER)

**Antonio Trujillo, PhD**  
College of Health and  
Public Affairs  
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Department of Health Policy  
School of Public Health and  
Health Services  
George Washington University

**Barbara DeBuono, MD, MPH**  
Executive Director  
Public Health and Government  
Pfizer Inc

**Health Literacy:** The Institute of Medicine defines health literacy as “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

**A Failing Grade:** The 2003 U.S. Department of Education National Assessment of Adult Literacy (NAAL) contained, for the first time, a Health Literacy Component. The survey finds that 36 percent of the adult U.S. population has Basic or Below Basic health literacy levels.

**An Economic Drain:** Low health literacy is a major source of economic inefficiency in the U.S. healthcare system. An initial approximation places the order of magnitude of the cost of low health literacy to the U.S. economy in the range of **$106 billion to $238 billion** annually. This represents between 7 percent and 17 percent of all personal healthcare expenditures.

**The Financial Burden in Perspective:** The savings that could be achieved by improving health literacy – a lower bound of $106 billion and an upper bound of $238 billion – translate into enough funds to insure every one of the more than 47 million persons who lacked coverage in the United States in 2006, according to recent Census Bureau estimates.
Health Literacy Video

Included as part of its Health Literacy Kits, the AMA Foundation has created informational and instructional videos with case studies. The 2001 video, "Low health literacy: You can't tell by looking," features actual physicians and office staff interacting with real patients challenged by low health literacy. The 2007 video, "Health literacy and patient safety: Help patients understand," gives more detailed techniques and specific steps for physicians and their staff on helping patients with limited health literacy.

Physicians rated the AMA Foundation's Health Literacy video as the most effective tool in raising awareness and sparking discussion about patients' low health literacy skills.

Both videos can be viewed in their entirety below. The links below are hosted by the Kansas University Web site and take you off of the AMA Foundation Web site. The AMA Foundation is grateful to Kansas University for partnering with us in our efforts.

2007 Health Literacy Program Video
"Health literacy and patient safety: Help patients understand" (23 minutes)

To view the video please select from the following links:

Health literacy and patient safety: Help patients understand

Where do we begin?
Setting the Agenda

- What do we want?
- Health literacy: present and future
  (the world as it is/the world as it should be)
  - What the research shows
  - What you already know or experienced
  - What you learned at this health literacy summit
Health Literacy: Present and Future

The world as it is...
• Most health information is written at the 10th grade level and above

The world as it should be...
• Healthcare organizations, agencies and providers follow standardized guidelines for plain language and clear writing.

Who has the power to accomplish this?

Other examples?
Collaboration Math

- **Definition of problem**
  - What language does each organization use to define the issue?

- **Key issues**
  - What are each organization’s priorities relating to the issue?

- **Data**
  - What information does each organization collect, and how does it collect it?

- **Funding**
  - What funding sources and other resources does each organization bring?

Collaboration Math

- **Training**
  - What expertise can each organization share with other participants; whom does each organization typically train?

- **Partners**
  - With what other types of groups is each organization connected?

- **Solutions/outcomes**
  - What specific objectives has each organization set in relation to the issue?

Collaboration Math

• **Definition of problem**
  • definitions are “averaged” (for diverse groups to work together, a common way of defining and speaking about the issue needs to be agreed upon)

• **Data**
  • data can be “added” (collaboration greatly increases the amount of information available to each of the participants)

• **Training**
  • training “multiplies” the capacity of the individual groups and of the coalition (by sharing expertise and methodologies, participants strengthen their ability to achieve success)

What does it take to influence policy?

POWER

Knowledge = power
People = power
Money = power
Public relationships = power
Organizing = power
Advancing the Agenda

- Clarify our agenda (be specific)
- Link health literacy to health care reform
  - Patient safety
  - Improved quality
  - Reduced cost
- Strike while the iron is hot
- Collaborate
- Organize
- Build support
- Develop key allies and champions
Patient Protection and Affordable Care Act

- Signed into law Mar 23, 2010
- TITLE III—IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE
  - Subtitle A—Transforming the Health Care Delivery System
    - Sec. 3025. Hospital readmissions reduction program.
  - Subtitle F—Health Care Quality Improvements
    - Sec. 3506. Program to facilitate shared decision making.
    - Sec. 3507. Presentation of prescription drug benefit and risk information.
    - Sec. 3508. Demonstration program to integrate quality improvement and patient safety training into clinical education of health professionals.
(b) **Review and Consultation.**—In making the
determination under subsection (a), the Secretary shall re-
view all available scientific evidence and research on deci-
sionmaking and social and cognitive psychology and con-
sult with drug manufacturers, clinicians, patients and con-
sumers, experts in health literacy, representatives of racial
and ethnic minorities, and experts in women’s and pedi-
antic health.
Patient Protection and Affordable Care Act

- TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH
  - Subtitle A—Modernizing Disease Prevention & Public Health Systems
    - Sec. 4004. Education and outreach campaign regarding preventive benefits.
  - Subtitle B—Increasing Access to Clinical Preventive Services
    - Sec. 4104. Removal of barriers to preventive services in Medicare.
Patient Protection and Affordable Care Act

• TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH
  • Subtitle C—Creating Healthier Communities
    • Sec. 4203. Removing barriers and improving access to wellness for individuals with disabilities.
    • Sec. 4205. Nutrition labeling of standard menu items at chain restaurants.
    • Sec. 4206. Demonstration project concerning individualized wellness plan.
Patient Protection and Affordable Care Act

- **TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH**
  - Subtitle D—Enhancing Health Care Workforce Education and Training
    - Sec. 5301. Training in family medicine, general internal medicine, and general pediatrics.
    - Sec. 5305. Geriatric education and training.
    - Sec. 5307. Cultural competency, prevention, and public health and individuals with disabilities training.
    - Sec. 5402. Health care professionals training for diversity.
Empowering States to Innovate Act

- Currently in committee
- Amends the Patient Protection and Affordable Care Act to allow states to apply for waivers of certain health insurance coverage requirements
- Gives states an option to develop their own healthcare policies outside federal requirements passed under the Affordable Care Act
Other Bills in Committee

- H.R.105 - Empowering Patients First Act (Official title: To repeal the Patient Protection and Affordable Care Act and related health-care provisions and to enact in its place incentives to encourage health insurance coverage, and for other purposes).

- S.218 - Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2011 (Official title: A bill to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system).
Other Bills in Committee


- H.R.364 - Common Sense Health Reform Americans Actually Want Act (Official title: To repeal the Patient Protection and Affordable Care Act and to take meaningful steps to lower health care costs and increase access to health insurance coverage without raising taxes, cutting Medicare benefits for seniors, adding to the national deficit, intervening in the doctor-patient relationship, or instituting a government takeover of health care).
Healthy Lifestyles and Prevention America Act

- S.174: Read twice and referred to the Committee on Finance.
- Also known as the HeLP America Act (Official title: A bill to improve the health of Americans and reduce health care costs by reorienting the Nation's health care system toward prevention, wellness, and health promotion).
- TITLE III—RESPONSIBLE MARKETING AND CONSUMER AWARENESS
  - Sec. 305. Health literacy: research, coordination and dissemination.
112TH CONGRESS
1ST SESSION

S. 174

To improve the health of Americans and reduce health care costs by reorienting the Nation’s health care system toward prevention, wellness, and health promotion.

IN THE SENATE OF THE UNITED STATES

JANUARY 25 (legislative day, JANUARY 5), 2011

Mr. HARKIN introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To improve the health of Americans and reduce health care costs by reorienting the Nation’s health care system toward prevention, wellness, and health promotion.
The Health Literacy — The Secretary of Health and Human Services shall, as part of the certification process, encourage employers to make the programs culturally competent and to meet the health literacy needs of the employees covered by the program.

Wellness Program Components — For purposes of this section, the wellness program components described in this subsection are the following:

1. Health Awareness Component — A health awareness component which provides for the following:

2. Health Education — The dissemination of health information which addresses the specific needs and health status of employees.

3. Health Screening — The opportunity for periodic screening for health problems and referrals for appropriate follow-up measures.

Am in subsection (b), as redesignated —

Am in paragraph (d)(i) by striking “the

Am in paragraph (d)(ii) by striking “source” and

Am in paragraph (d)(ii) by striking “certified” and

Am in paragraph (d)(ii) by striking “subparagraph (a) . . .

SEC. 346. HEALTH LITERACY: RESEARCH, COORDINATION AND DISSEMINATION.

SEC. 344. In general.—Part V of title IX of the Public Health Service Act (42 U.S.C. 297 et seq.) is amended by

SEC. 344. HEALTH LITERACY: RESEARCH, COORDINATION AND DISSEMINATION.

The Definition — In this section, the term 'Health Literacy' means a consumer's ability to obtain, process, and understand basic health information and services needed to make appropriate health care decisions and the use of quality and cost-efficient health care services.

The Establishment — The Director shall establish within the Agency a program referred to as

this section as the Program to strengthen health.
Survey is present, but text cannot be accurately transcribed due to the image quality.
Plain Language

- Plain Language in Health Insurance Act of 2009
  - Died in committee (111th Congress); may be reintroduced

- Plain Writing Act
  - Signed into law Oct 13, 2010
Bill Text
112th Congress (2011-2012)

646 Bills from the 112th Congress ranked by relevance on "health+literacy".
3 bills containing your phrase exactly as entered.
6 bills containing all your search words near each other in any order.
27 bills containing all your search words but not near each other.
610 bills containing one or more of your search words.

Listing of 3 bills containing your phrase exactly as entered.
1. Help America Act (Introduced in Senate - IS) [S.174.IS] [PDF]
2. Promoting Health as Youth Skills In Classrooms And Life Act (Introduced in Senate - IS) [S.392.IS] [PDF]
3. Whereas the Centers for Disease Control and Prevention (CDC) estimates that in the United States, more than 1,100,000 people are living with HIV, and 21 percent do not know they are... (Introduced in House - IH) [H.R.83.IS] [PDF]

Listing of 6 bills containing all your search words near each other in any order.
4. Prescribe A Book Act (Introduced in Senate - IS) [S.393.IS] [PDF]
5. Prescribe A Book Act (Introduced in House - IH) [H.R.828.IS] [PDF]
6. Supporting Community Schools Act of 2011 (Introduced in Senate - IS) [S.616.IS] [PDF]
7. Supporting State Systems of Early Learning Act (Introduced in Senate - IS) [S.470.IS] [PDF]
8. Choice Neighborhoods Initiative Act of 2011 (Introduced in Senate - IS) [S.624.IS] [PDF]
9. Public Housing Reinvestment and Tenant Protection Act of 2011 (Introduced in House - IH) [H.R.762.IS] [PDF]

Listing of 27 bills containing all your search words but not near each other.
10. Teaching Geography Is Fundamental Act (Introduced in Senate - IS) [S.434.IS] [PDF]
11. International Protecting Girls by Preventing Child Marriage Act of 2011 (Introduced in Senate - IS) [S.414.IS] [PDF]
http://www.govtrack.us/
Committee Passes Bill Declaring Greenhouse Gases "Not Air Pollutants"

by Donny Shaw  March 15, 2011

Republicans in Congress have moved one step closer to taking away the Environmental Protection Agency's authority to regulate the greenhouse gases that are responsible for climate change. This afternoon, by a vote of 34-19, the House Energy and Commerce Committee approved the so-called Energy Tax Prevention Act of 2011 that would amend the Clear Air to state that seven specific greenhouse gases, plus "any other substance subject to, or proposed to be subject to, regulation, action, or consideration under [the Clean Air Act] to address climate change," are not "air pollutants," and, therefore, can not be regulated by the EPA. The bill now goes to the full House for a vote on passage.

Read Full Article

http://www.opencongress.org/
http://legis.wisconsin.gov/
After a bill becomes law...

- **Regulation:** A rule or order issued by a federal or state executive-branch department or administrative agency, generally under authority granted by statute, that enforces or amplifies laws enacted by the legislature and has the force of law.

- **Proposed Rule:** A regulation published by an executive-branch department or administrative agency in the Federal Register (or the equivalent state publication) for review and public comment prior to its adoption. Proposed rules do not have the force of law.

- **Final Rule:** A regulation that has gone through the review and public comment process and is published in official form in the Federal Register (or the equivalent State publication). Final rules are published with an effective date, as of which they have the force of law.
TOP STORY

Proposed ACO rule available for comment

The federal government today released the proposed rule regarding Accountable Care Organizations (ACOs). The rule would implement provisions in the Affordable Care Act (ACA) of 2010 relating to Medicare payments to physicians, health care providers and suppliers participating in ACOs.

According to a news release from the U.S. Department of Health and Human Services (HHS), “ACOs create incentives for health care providers to work together to treat an individual patient across care settings – including doctor’s offices, hospitals and long-term care facilities.”

The ACA directed HHS to establish a Shared Savings Program to “reward ACOs that lower health care costs while meeting performance standards on quality of care and putting patients first,” the news release said. The goal of the Shared Savings Program is to improve care for individuals, improve care for populations and lower growth in expenditures.

The Medicare Shared Savings Program will reward ACOs that lower health care costs while meeting performance standards on quality of care and putting patients first. Patient and provider participation in an
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 425

[CMS-1345-P]

RIN 0938-AQ22

Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule would implement section 3022 of the Affordable Care Act which contains provisions relating to Medicare payments to providers of services and suppliers participating in Accountable Care Organizations (ACOs).
b. Processes to Promote Patient Engagement

Section 1899(b)(2)(G) of the Act also requires an ACO to "define processes to promote ... patient engagement." The term "patient engagement" is the active participation of patients and their families in the process of making medical decisions. Patient engagement in decision-making requires consideration not only of the best scientific evidence concerning medical treatment, but also the opportunity for patients and families to assess prospective treatment approaches in the light of their own values and convictions. Measures for promoting patient engagement may include, but are not limited to, the use of decision support tools and shared decision making methods with which the patient can assess the merits of various treatment options in the context of his or her values and convictions.
Patient engagement also includes methods for fostering what might be termed "health literacy" in patients and their families. Health literacy is the possession of basic knowledge about maintaining good health, avoiding preventable medical conditions, managing existing conditions, as well as knowledge about how the care system works (for example, the roles of primary care physicians and specialist physicians, the nature and operation of both public and private health insurance, etc).

We propose that as part of the application, the ACO would describe the patient engagement processes it intends to establish, implement, and periodically update.
Accountable Care Organizations

ACOs should meet quality standards in five key areas:

- Patient/caregiver care experiences
- Care coordination
- Patient safety
- Preventive health
- At-risk population/frail elderly health

Establish, implement, and periodically update “patient engagement processes”
(including methods for fostering health literacy)
Summary of the Prevention and Wellness Initiative

The Department of Health and Human Services (HHS) has created a comprehensive initiative for the $650 million allotted for chronic disease prevention efforts in the American Recovery and Reinvestment Act of 2009. The goal of this initiative — Communities Putting Prevention to Work — is to reduce risk factors, prevent/delay chronic disease, promote wellness in children and adults, and provide positive, sustainable health change in communities.

Communities Putting Prevention to Work will address the leading preventable causes of death and disability, namely obesity and tobacco use, by expanding the use of evidence-based strategies and programs, mobilizing local resources at the community-level, and strengthening the capacity of states. As a result of these efforts, powerful models of success are expected to emerge that can be replicated in other states and communities.

The cornerstone of the initiative is the Community Program ($373 million), with cooperative agreements to be awarded to communities through a competitive selection process.

- The Centers for Disease Control and Prevention will support evidence-based community approaches to chronic disease prevention and control in selected communities (urban and rural) to achieve the following prevention outcomes:
  - Increased levels of physical activity;
  - Improved nutrition;
  - Decreased overweight/obesity prevalence;
  - Decreased tobacco use; and
  - Decreased exposure to secondhand smoke.

- Communities will implement a set of evidence-based interventions related to the behaviors listed above which aim to achieve broad reach, high impact, and sustainable change. The specific amount of funding per community will be determined by a mix of interventions, population size, ability to reduce health disparities, and likelihood of success.

- Communities will assemble an effective communitywide consortium with a history of working with partners such as local and state health departments and other governmental agencies, health centers, schools, businesses, community and faith-based organizations, academic institutions, health care, mental health/substance abuse organizations, health plans, and other community partners to promote health and prevent chronic diseases.

- This component also includes a robust support plan to ensure funded communities are successful and that the communities are able to evaluate the impact of their efforts. The plan consists of a three-pronged approach: program support, community mentoring, and evaluation.

To learn more, see:
- Communities Putting Prevention to Work Initiative
- Grantees by State
- News Release

http://www.hhs.gov/recovery/programs/cdc/chronicdisease.html
Fighting obesity in Wood County

Posted: Mar 19, 2010 10:57 PM CDT

WOOD COUNTY (WAOW) -- Wood County receives a federal grant to promote healthy lifestyles.

The money comes from the American Recovery and Reinvestment Act.

Wood County will receive $2.3 million in federal stimulus money over two years designed to reduce obesity in kids and adults.

"If you can start with the children and get them eating healthier and being more physically active, then as adults they will be as well," said Kristie Rauter, community health improvement planner for the Wood County Health Department.

Rauter says increasing physical activity in childcare centers and schools is one of the goals.

Other efforts include menu labeling, where restaurants and schools will put special labels on healthy foods.

Wood County will also launch a Farm-to-School program that'll allow schools to purchase produce from local farmers.

15 Actions You Can Take
15 Actions You Can Take

Gather information and strategize

1. Learn how grassroots advocacy works
2. Identify your representatives
3. Analyze a bill
4. Conduct opposition research

Actions 1 through 12 are from The One-Hour Activist by Christopher Kush, ©2004, published by Jossey-Bass. Used with permission.
Write Your Representative

This service will assist you by identifying your Congressperson in the U.S. House of Representatives and providing contact information. Please review the frequently asked questions if you have problems using this service.

To contact your Representative:

1. Select your location from list below:
   [Alphabetical list of states]

2. Enter your ZIP code and your 4-digit ZIP code extension.
   [ZIP code]

3. Click the "Contact My Representative" button.
   [Contact My Representative]

Send comments about the Write Your Representative Service to the Service Administrator. Please note that messages for specific Representatives sent to the Service Administrator will not be forwarded to the Representative.
How to . . . contact U.S. Senators

You can contact your senators by writing an e-mail or a letter, by calling, or by visiting. All questions and comments regarding public policy issues, legislation, or requests for personal assistance should be directed to the senators from your state. Please be aware that as a matter of professional courtesy, many senators will acknowledge, but not respond to, a message from another senator’s constituent.

E-Mail
When sending e-mail to your senator, please include your return postal mailing address.

Postal Mail
Please include your return postal mailing address when corresponding with a Senate office.

- You can download the list of senators names and addresses and convert this into a spreadsheet for easy management of senators’ names and office addresses.

Directions:
1) Go to the XML version of the senators’ contact list.
2) At the top of the screen click on "File," then select "Save As." Save the file to your desktop.
3) Open Excel, or your preferred spreadsheet.
4) At the top of the spreadsheet click on "File" then select "Open."

http://www.senate.gov/reference/common/faq/How_to_contact_senators.htm
Members of Congress

Find A Representative or Senator

Enter the last name of a senator or representative, choose a state, or enter a ZIP or ZIP+4 postal code or street address:

Last Name: [ ] Go
State: (Select State) [ ]
ZIP/ZIP+4: [ ] Go
Address: [ ] Go

Track These Members of Congress

Now that you’ve found your senators and representatives, tell GovTrack you want to Track them so that they show up in your customized tracked events page.

Add Trackers For My Reps!

http://www.govtrack.us/congress/findyourreps.xpd
Contacting the Congress is a very up-to-date citizen's congressional directory for the 112th Congress. As of April 01, 2011 there are 539 email addresses (of which 536 are Web-based contact forms), and 539 home pages known for the 540 members of the 112th Congress. Traditional ground mail addresses are available for all current members of Congress.

Find your members of Congress by clicking on your state on the map to the right or filling out the following form:

- **Address Search:** Enter your address to determine who represents you in Congress.
- **ZIP Code Search:** Don't feel comfortable submitting your address? Enter just your 5 or 9 digit ZIP code!
- **State Search:** Select just your state to list your state's Congressional delegation.
- **City Search:** Enter a city and state (without a ZIP code) to identify the members of Congress representing that city.

http://legis.wisconsin.gov/w3asp/waml/waml.aspx
# Contacting the Congress

## Wisconsin in the 112th Congress (1st Session)

To retrieve much more detailed biographical and contact information about a given Congressmember, click on the member's name.

<table>
<thead>
<tr>
<th>Residents of Wisconsin are represented in Congress by 2 Senators and 8 Representatives.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Name</strong></td>
</tr>
<tr>
<td>Senator Herb Kohl (D - WI)</td>
</tr>
<tr>
<td>Senator Ron Johnson (R - WI)</td>
</tr>
<tr>
<td>Representative Paul Ryan (R - 01)</td>
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<td>Representative Sean Duffy (R - 07)</td>
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<td>Representative Reid Ribble (R - 08)</td>
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http://www.contactingthecongress.org/cgi-bin/newseek.cgi?site=ctc2011&state=wi
https://duffy.house.gov/contact-me
http://legis.wisconsin.gov/w3asp/waml/waml.aspx
Marshfield, WI 54449-1402
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

**Wisconsin State Legislature**

**Wisconsin State Senate**

*Senate District 24*
*Senator Julie Lassa*
*(608) 266-3123*

[Email Senator Julie Lassa](mailto:senator.julie.lassa@legis.wisconsin.gov)

**Wisconsin State Assembly**

*Assembly District 70*
*Representative Amy Sue Vruwink*
*(608) 266-8366*

[Email Representative Amy Sue Vruwink](mailto:representative.amy.sue.vruwink@legis.wisconsin.gov)

Please include your mailing address in your email to your legislator.

**US Congress**

**US House of Representatives**

US Congressional District 7
*US Representative Sean Duffy*

**US Senate**

Herb Kohl
Ron Johnson

15 Actions You Can Take

Gather information and strategize

1. Learn how grassroots advocacy works
2. Identify your representatives
3. Analyze a bill
4. Conduct opposition research

Actions 1 through 12 are from The One-Hour Activist by Christopher Kush, ©2004, published by Jossey-Bass. Used with permission.
Figure 1  Sequence of Actions in the Bill Proposal Game

Notes: L is the legislator proposing a bill y, N is Nature, and P is the pivotal legislator; a denotes the probability Nature allows the bill to be considered; x denotes the policy outcome and q denotes the status quo.
The following proposition characterizes the behavior of interest: the equilibrium bill $y^*$ proposed by $L$ in a subgame perfect Nash equilibrium.

**Proposition 1** If $\theta_L > \theta_P$, then in any subgame perfect Nash equilibrium:

(a) The equilibrium bill proposal is $y^* = 2\theta_P - q$ if $q \in (2\theta_P - \theta_L, q^*)$, where

$$q^* = 2\theta_P - \theta_L + \frac{2(\theta_L - \theta_P)\sqrt{a(a+w) - a}}{w} < \theta_P$$

Otherwise (as long as $q \neq q^*$), $y^* = \theta_L$.

(b) Equivalently, $y^* = 2\theta_P - q$ if $q \in (2\theta_P - \theta_L, \theta_P)$ and $a > a^*$, where

$$a^* = \frac{w(2\theta_P - q - \theta_L)^2}{(q - \theta_L)^2 - (2\theta_P - q - \theta_L)^2}$$

Otherwise (as long as $a \neq a^*$), $y^* = \theta_L$. 
Start a search
Review search results
Bill Summary & Status
112th Congress (2011 - 2012)
H.R.820

Item 4 of 10
PREVIOUS | NEXT
NEW SEARCH | HOME | HELP

H.R.820
Latest Title: Prescribe A Book Act
Related Bills: 5,383

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<td>Committees</td>
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<td>Related Bills</td>
<td>Amendments</td>
<td>Related Committee Documents</td>
<td>All Congressional Actions with Amendments</td>
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<td>Subjects</td>
<td>Constitutional Authority Statement</td>
<td>With links to Congressional Record pages, votes, reports</td>
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Bill Summary & Status
112th Congress (2011 - 2012)
H.R.820
All Information

Item 4 of 10
PREVIOUS | NEXT
PREVIOUS:ALL | NEXT:ALL
NEW SEARCH | HOME | HELP

Back to Bill Summary and Status

H.R.820
Latest Title: Prescribe A Book Act
Related Bills: S.303

Jump to: Summary, Major Actions, All Actions, Titles, Cosponsors, Committees, Related Bill Details, Amendments

SUMMARY AS OF:

Prescribe A Book Act - Creates a Pediatric Early Literacy program under which the Secretary of Education awards matching grants to nonprofit organizations for the implementation of three-part models through which: (1) health care providers encourage parents to read aloud to their children and offer them recommendations and strategies for doing so; (2) health care providers give each visiting child between the ages of six months and five-years a new, developmentally appropriate children's book to take home and keep; and (3) volunteers reading to children in health care facility waiting areas show parents the techniques and pleasures of reading aloud to children.

Requires that the books provided to children under the program be obtained at a discount.

MAJOR ACTIONS:

**NONE**
List of cosponsors
Committee action
Subjects

Bill Summary & Status
112th Congress (2011 - 2012)
H.R.820
Subjects

Item 4 of 10
PREVIOUS | NEXT ABOUT SUBJECTS
PREVIOUS:SUBJECT | NEXT:SUBJECT
NEW SEARCH | HOME | HELP |

Back to Bill Summary and Status

H.R.820
Latest Title: Prescribe A Book Act
Related Bills: S.393

SUBJECT(S):

* CRS INDEX TERMS:
  
  Education
  Books and print media
  Child health
  Education programs funding
  Elementary and secondary education
  Health personnel
  Literacy and language arts
  Preschool education
  Social work, volunteer service, charitable organizations
Related bills
Bill Summary & Status
112th Congress (2011 - 2012)
S.393

S.393
Latest Title: Prescribe A Book Act
Sponsor: Sen Reed, Jack [RI] (introduced 2/17/2011)
Cosponsors (14)
Related Bills: H.R.920

All Information (except text) | Text of Legislation | CRS Summary | Major Congressional Actions
---|---|---|---
Titles | Cosponsors (14) | Committees | All Congressional Actions
Related Bills | Amendments | Related Committee Documents | All Congressional Actions with Amendments
CBO Cost Estimates | Subjects | | With links to Congressional Record pages, votes, reports

Related bill summary and status
Review “all information” for related bill
List of cosponsors for related bill
Analyze a Bill

- Bill origination
  - Federal Legislature: H.R. (House) or S. (Senate)
  - Wisconsin State Legislature: AB (Assembly Bill) of SB (Senate Bill)
- Bill number
- Bill title
  - Short title
  - Official title
  - Other titles
- Introduction date
- Date of last major action
- Related bills?
  - If yes, collect information on each
Analyze a Bill

- Who sponsored the bill?
  - A sponsor, in the United States Congress, is a senator or representative who introduces a bill or amendment and is its chief advocate.

- Who cosponsored the bill?
  - A cosponsor is a senator or representative who adds his or her name as a supporter to the sponsor's bill.

- What is the status of the bill?
  - Introduced, read (twice)
  - Referred to committee
    - Name of Committee
    - Chair
    - Committee members
Analyze a Bill

- Summary of bill
  - Positives
  - Negatives
- Summary of actions
- History of bill
  - Previously introduced?
- Who supports the bill?
  - Both in and outside of Congress
- Who opposes the bill?
  - Both in and outside of Congress
- Summary of lobbying
Analyze a Bill

- Is this a bill we can support?
  - Why or why not?
- Does it specifically mention or include health literacy?
  - Does it include related topics? (e.g. plain language, literacy)
- Can/should health literacy be inserted in this bill?
  - If so, how?
- Do we want our representatives to take any action regarding this bill?
  - Cosponsor
  - Amend
  - Support
  - Oppose

Continue to track over lifetime of the bill.
15 Actions You Can Take

Contact your elected officials

5. Write an effective letter
6. Send a powerful e-mail
7. Make a compelling phone call

Actions 1 through 12 are from *The One-Hour Activist* by Christopher Kush, ©2004, published by Jossey-Bass. Used with permission.
http://capwiz.com/proliteracy/issues/alert/?alertid=16781501
Tips On Writing Congress

The letter is the most popular choice of communication with a congressional office. If you decide to write a letter, this list of helpful suggestions will improve the effectiveness of the letter:

1. Your purpose for writing should be stated in the first paragraph of the letter. If your letter pertains to a specific piece of legislation, identify it accordingly, e.g., House bill: H. R. ____, Senate bill: S. ____.

2. Be courteous, to the point, and include key information, using examples to support your position.

3. Address only one issue in each letter; and, if possible, keep the letter to one page.

Addressing Correspondence:

To a Senator:

The Honorable (full name)
__ (Rm. #) __ (name of) Senate Office Building
United States Senate
Washington, DC 20510

Dear Senator:

To a Representative:

The Honorable (full name)
__ (Rm. #) __ (name of) House Office Building
United States House of Representatives
Washington, DC 20515

Dear Representative:

Note: When writing to the Chair of a Committee or the Speaker of the House, it is proper to address them as:

Dear Mr. Chairman or Madam Chairwoman:
Dear Madam Speaker or Mr. Speaker:
Writing and Framing Community Success Stories

Community prevention works: it builds healthier communities, saves money and supports equity. Here are our suggestions for capturing and reflecting the full impact of your community prevention efforts:

Connect improvements to community environments, projected health outcomes, and projected savings.

It is important to connect improvements in the environments where people live, work, play and learn—including bike lanes or healthy school lunches—directly to positive health outcomes.

Here’s an example: Chronic disease related to unhealthy eating and lack of physical activity costs the US $215 billion a year in direct medical costs and lost productivity. In [My Community], one way we’re trying to prevent people from getting sick in the first place is by changing the community environment to increase safe opportunities for walking and biking, like the 35 miles of bike and walking paths we’ve connected throughout the city. By ensuring we have a strong network of bike and walking paths between residential and business areas, we are increasing walking and cycling to school, to work, and to run errands. These improvements make a community a healthier, more desirable place to live, which can also increase the likelihood that businesses will locate there.

Information you may include: Regional health stats and costs, where available-current obesity/smoking/physical activity rates, specific disparities, healthcare costs in county, walkability, distance to grocery stores, number of unhealthy food outlets, etc. In describing your outcome be as specific as you can: this program of walking or biking cut fat...
Writing Community Success Stories

- Keep it local
- Include benefits to the economy
- Use real people and stories when you can
- Connect policy, projected health outcomes, and projected savings

http://www.hhs.gov/recovery/programs/cdc/chronicdisease.html
15 Actions *You* Can Take

Work the news media

8. Start a press clippings file
9. Write a letter to the editor
10. Pitch a news story or interview
15 Actions You Can Take

Super-powerful actions that take more time

11. Have a face-to-face meeting with your representative
12. Testify at a public hearing

Actions 1 through 12 are from The One-Hour Activist by Christopher Kush, ©2004, published by Jossey-Bass. Used with permission.
15 Actions You Can Take

A few more actions to consider

13. Organize a town hall

14. Apply for an appointment to a committee

15. Lobby your lobbyist
HRSA's Federal Advisory Committees are established to advise or make recommendations on matters relating to the programs, responsibilities, or activities of the Department of Health and Human Services. The Federal Advisory Committee Act (P.L. 92-463) defines what constitutes a Federal advisory committee and provides general procedures to follow for the operation of advisory committees. In addition, FACA is designed to assure that the Congress and the public are kept informed with respect to the purpose, membership, and activities of advisory committees.

The Division of Policy Information and Coordination coordinates advisory committee management activities for HRSA's 14 advisory committees, and serves as the official liaison between HRSA and the HHS Committee Management Officer, Office of the White House Liaison, Office of the Secretary. Each Advisory Committee is managed by a Designated Federal Official who is responsible for the Committee's management and administrative matters.

Health Professions

- Council on Graduate Medical Education
- National Advisory Council on Nursing Education and Practice
- Advisory Committee on Training in Primary Care Medicine and Dentistry
- National Advisory Council on the National Health Service Corps
- Advisory Committee on Interdisciplinary, Community-Based Linkages

Maternal and Child Health

- Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children

Nominations Process

The National Advisory Committee on Rural Health and Human Services uses a rolling nomination process for selecting new members. Nominations are accepted throughout the year. The nominations will be reviewed by a team of health and human service experts within the U.S. Department of Health and Human Services and then forwarded to the Secretary for final consideration. The Secretary has final authority on the selection of all nominees.

Health nominees should possess and will be evaluated based on the following criteria:

- Understanding of Medicare and Medicaid policy and how that affects rural communities and rural health care delivery systems
- Understanding of the legislative and regulatory policy environments
- Familiarity with rural health issues such as workforce recruitment and retention
- Experience working on rural health policy issues at the local, state and regional level
- A thorough understanding of how the national policy arena operates

Nominations for health care positions on the Committee should be submitted to the Office of Rural Health Policy. Nomination packages should include a cover letter detailing how the nominee meets the criteria listed above along with a resume of the nominee. Nominations that demonstrate a broad base of support are encouraged. While individual nominations will be reviewed, it is recommended that those interested in serving on the Committee work with national organizations, their employers and elected officials on a nomination package.

Boards/Commissions

Welcome to the Appointments page. I have the pleasure of appointing Wisconsin citizens to over 200 boards, commissions, councils, and taskforces. I am looking for people all across the state of Wisconsin who have an interest in working with me to move Wisconsin forward. Members of Wisconsin state boards and commissions are vital participants in policy making, regulation, advisory and advocacy efforts for a wide variety of issues affecting all Wisconsinites.

If you wish to apply, simply complete the Appointments Application and return it to our office. You may apply at any time, regardless of whether there is a current opening, as resignations occur throughout the year.

Thank you for taking the time to visit the Appointments site. I encourage you to apply for a position and look forward to working with you.

Sincerely,

Scott Walker
Governor

To view the current boards and commissions for which we are taking applications, click here.

To apply for an appointment to a board or commission, please fill out an application and mail, email or fax it to my office at the following addresses.

Applications should be mailed to:

Applications should be emailed to:
Wisconsin Boards and Commissions
(currently taking applications)

- Board on Aging and Long Term Care
- WI Health and Educational Facilities Authority
- WI State Health Information Network
- Health Insurance Risk Sharing Plan Authority
- Public Health Council
- Governor’s Council on Financial Literacy
15 Actions You Can Take

A few more actions to consider

13. Organize a town hall
14. Apply for an appointment to a committee
15. Lobby your lobbyist
Advocate for Literacy

Wisconsin Literacy's Executive Director is a registered lobbyist with the State Ethics Board. In this role, Wisconsin Literacy informs and lobbies state legislators about literacy issues, including funding needs and the impact of low literacy levels in our state.

Become an Advocate

Here are three ways you can become an advocate:

- Write or call your local representative or state senator about literacy issues in their district.
- Extend invitations to your legislators to community literacy events.
- Involve candidates' perspectives on education in your newsletter or website.

Resources

- [ProLiteracy](http://www.proliteracy.org)
- [League of Women Voters of Wisconsin](http://www.lwvw.org)
LDA Reports

Section 209 of HLOGA requires the Secretary of the Senate to make all documents filed under the LDA, as amended, available to the public over the Internet. The information and documents may be accessed in two ways. A researcher with a specific query in mind may use the query system, which has been expanded from that available prior to January 1, 2008. A researcher who is interested in downloading the Secretary’s lobbying documents database may do so by clicking below. Please note that the downloadable lobbying documents files include all documents received during a given calendar quarter. The lobbying documents database includes the lobbying registrations (LD-1) and reports (LD-2).

The contributions database is limited to the documents filed under section 203 of HLOGA (LD-203), the first of which is required to be filed by registrants and lobbyists by July 30, 2008.

Search the Lobbying Database (LD-1, LD-2)
Minimum Requirements: IE 6 or Firefox 2; Adobe Reader; Flash 9 plugin; 1024x768 res.
Download a Lobbying Documents Database

Search the Contributions Database (LD-203)
Minimum Requirements: IE 6 or Firefox 2; Adobe Reader; Flash 9 plugin; 1024x768 res.
Downloadable Contributions Databases

http://www.senate.gov/legislative/Public_Disclosure/LDA_reports.htm
Your Search Results

To view the filing details, please click on a row in the search results. The filing details will open in a new browser window.
You may also refine your search or perform a new search. For a description of the search results grid functionality, click here.

You searched for:
Issue Code: HEALTH ISSUES Specific Lobbying Issue: literacy

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http://soprweb.senate.gov/index.cfm?event=selectfields
HELPING YOU KEEP AN EYE ON LOBBYING IN WISCONSIN

Link Government Accountability Board Home Page

Click Here to access lobbying data from prior sessions.

Who is lobbying 2011-2012?
SEARCH BY:
- ORGANIZATION
- LOBBYIST
- STATE AGENCY (key officials and liaisons to the legislature)
- KEYWORD in organization's name, business interests, or lobbying interests
- CHANGES LAST 10 DAYS (new organization, lobbyists, and authorizations)

What are they lobbying about 2011-2012?
SEARCH BY:
- ORGANIZATION
- BILL
- BUDGET BILL SUBJECT
- ADMINISTRATIVE RULE
- TOPIC of bill not yet introduced or rule not yet proposed by agency
- KEYWORD in proposals
- CHAPTER or STATUTE affected by bill

Complete Lobbying Effort For 2011-2012
SEARCH BY:
- ORGANIZATION
- BILL
- BUDGET BILL SUBJECT
- ADMINISTRATIVE RULE

REPORTS/GRAPHS OF GREATEST LOBBYING EFFORT:
- sorted by ORGANIZATION (all organizations)
- sorted by HOUR (all organizations)
- sorted by DOLLAR (all organizations)

BACK TO SCHOOL:
- Does my organization need to register?
- Do I need a lobbying license?
- Online Tutorial

LIBRARY:
- Lobbyists' campaign contributions
- Tickets & access to skyboxes
- Official's receipt of food, drink and favors
- Legislative receptions

Online Reporting Tools for 2011-2012 Legislative Session:
FOR REGISTERED LOBBYING ORGANIZATIONS AND LOBBYISTS
- For bills, rules, topics, and budget subjects on which you lobby, click on one of the links below:
  - New Items [due within 15 days of initial lobbying communication]
  - Update positions and comments on previously reported matters
- Statement of lobbying activities and expenditures: July 1 - December 2010

http://ethics.state.wi.us/LobbyingRegistrationReports/LobbyingOverview.htm
Interactive Discussion

- What works?
- What is most effective?
  - Actions by individuals
  - Actions by groups
  - Actions by organizations
Action Workshop

1. Identify contact
2. Know the facts
3. Be respectful
4. Be non-partisan
5. Be specific
6. Keep it short and to the point
7. Ask for a specific action
8. Ask for a response
9. Evaluate
10. Follow-up
Contact Information

Doug Seubert
Health Communications Specialist

Advantage Consulting Services
PO Box 56
Marshfield, WI 54449

(715) 383-0897

doug@healthcommunications.org