

LEGISLATIVE OPINIONS ON PUBLIC HEALTH ISSUES

Oregon Public Health Institute

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Funders

- Kaiser Permanente – Community Benefit



- American Heart Association/
American Stroke Association



- Tobacco-Free Coalition of Oregon



- Upstream Public Health



Background

- Policy change has the potential to improve population health
- There is much to learn about improving public health advocacy and understanding how policy makers view health issues
- This project: Survey of Oregon legislative staff on public health issues
 - First survey done after 2011 regular session
 - Second survey done after 2013 regular session



Methods

- Legislative staff were recruited in late June, near the end of the longer Oregon legislative session
- 90 offices were contacted – 60 House offices and 30 Senate offices
- Asked for the staff person most responsible for health policy issues
- Telephone interviews conducted August-October



Survey respondents

- 76% response rate - 68 of 90 offices completed interviews
 - Democrats: 86% - 43 of 50
 - Republicans: 63% - 25 of 40
- Non-respondents
 - 11% Refused
 - 3% No response
 - 2% Could not schedule
 - 8% Person gone
 - 24% TOTAL
- Permission to call back with another survey: 97%

How important are obesity and tobacco prevention as health issues?

	Obesity prevention	Tobacco prevention
Very important	63%	66%
Somewhat important	35%	32%
Not very important	1%	1%
Not at all important	0%	0%
TOTAL	100%	100%

Is obesity or tobacco prevention more important?

Obesity	49%
Tobacco	37%
The same	7%
Don't know	7%
TOTAL	100%



Is health an **individual** or **community** responsibility?

40%

A. It is the **individual's responsibility** to make the right choices to improve their health.

53%

B. The **community has a responsibility** to create environments that give everyone the opportunity to make healthy choices.

7%

Both

Which obesity-prevention bills were the most recognized?

	Somewhat or very familiar
Provide funding for farm-to-school and school garden programs*	87%
Set nutrition standards for vending machines in public buildings	78%

*Bill passed by 2013 Legislature



Why did Farm to School Bill pass?

Most important reason the legislature funded farm to school programs

	Percent	
Help improve nutrition for children	49%	
Help low-income children	14%	
Create jobs	4%	
Create a market for Oregon agricultural products	19%	38%
Combination of help children and economic development	15%	
TOTAL	100%	



Which tobacco-prevention bills were the most recognized?

	Somewhat or very familiar
Ban smoking in motor vehicles when minor is in car*	99%
Use Tobacco Master Settlement Amendment monies to fund tobacco prevention*	96%
Increase tax on cigarettes and other tobacco products	94%
Allow Oregon counties to impose cigarette taxes	91%

*Bill passed by 2013 Legislature

Why did the cigarette tax bills not pass?

(open-end, multiple responses)

	Percent
It was a tax bill	28%
Powerful tobacco lobby	12%
Not enough Republican votes	10%
Tax is regressive	10%
Part of the Grand Bargain that failed	10%
Taxing a minority	6%
Compromise issue with the amount of tax	6%
Tax is high already	4%
Tax won't prevent smoking	3%
Tax was too complicated	3%
Don't know	13%
Other reasons	24%

Does framing matter for tobacco taxes?

Is the statement a very good, good, poor, or very poor reason to support an increase in the cigarette tax?	Good or very good
Save Oregon millions of dollars in healthcare costs	82%
Decrease smoking among children and teens	82%
Fewer cigarettes being smoked in Oregon	74%
Raise revenue to fund programs to help smokers quit	71%
Oregon's cigarette tax is 35 cents lower than the average state	62%
Cigarette tax in Washington is twice as high as Oregon	56%

Which Oregon Health Equity Alliance bills were the most recognized?

	Somewhat or very familiar
Allow undocumented immigrants to apply for Oregon Driver Card*	99%
Tuition equity – undocumented students pay in-state tuition at Oregon colleges and universities*	90%
Allow cultural competency training as part of continuing education for licensed health professionals*	82%
Improve data collection on race, ethnicity, language and disability status at OHA/DHS*	75%
Provide prenatal health care for undocumented mothers*	57%

*Bill passed by 2013 Legislature

What does health equity mean to you?

- 81% mentioned only healthcare
 - “Equal access to care,” “Healthcare access for everyone”
- 12% mentioned culturally competent healthcare
- In addition to healthcare, people mentioned...
 - Access to food: “Access to healthy food regardless where you live”
 - Broader definitions of health: “Equal opportunity for healthiness for all”
 - Others: paying a living wage, environmental justice
- In addition to using terms like “everybody” and “all people regardless of background,” respondents mentioned income race (16%), income (16%), socio-economic status (7%), sexual orientation (6%), and geography (6%).

Where do legislative staff get information about health policy issues?

(open-end, multiple responses)

Selected responses	
Media/News/Newspapers/Magazines/TV/Radio	41%
Lobbyists/Advocates	41%
Other legislators and staff	34%
State agency - OHA/DHS	22%
Internet	15%
Journals, studies, research	7%
Testimony/Committee Hearings	6%

Media responses	
Media/News	18%
Lund Report	12%
Newspapers	9%
The Oregonian	6%
Newsletters	6%
Magazines	6%

Most trusted sources for health policy info

(open-end, multiple responses)

Oregon Health Authority or (State) Agencies	32%
Other legislators/staff	13%
Centers for Disease Control and Prevention (CDC)	10%
Lund Report	6%
Journals, studies, research	6%
Upstream Public Health	6%
Non-profits	6%
Pew Charitable Trusts	6%
National Conference of State Legislatures	5%

National public health organizations are mostly well known, well regarded

National organizations	Awareness
American Heart Association	100%
American Cancer Society	100%
American Diabetes Association	100%
American Lung Association	99%
Centers for Disease Control and Prevention (CDC)	99%
Pew Charitable Trusts	85%
Campaign for Tobacco Free Kids	81%
Robert Wood Johnson Foundation	54%



Awareness of local organizations varies

Local organizations	Awareness
Oregon Health Authority	100%
Oregon Public Health Division	93%
Tobacco Free Coalition of Oregon (TOFCO)	84%
Oregon Public Health Association	79%
Oregon Public Health Institute	73%
Oregon Health Equity Alliance	60%
Northwest Health Foundation	60%
Upstream Public Health	54%
Coalition of Local Health Officials	37%
P.E. for all Kids, or the PEAK Coalition	31%



Conclusions: what do our results say about how we should communicate to our legislators?

- **Importance of prevention is well recognized**
 - There is more support when the focus is on children
 - Contribution of community and role of government are less accepted
 - Obesity seen as more important than tobacco
- **Health benefits combined with economic benefits**
 - Estimates of reduced healthcare costs and other economic benefits can be persuasive
 - Health(care) continues to be an important issue in the legislature

Conclusions: what do our results say about how we should communicate to our legislators?

- **“Non-public health” media are a common source of health information**
 - Need to understand the mass media and find ways to leverage
 - Government agencies and non-profits can be trusted sources
- **Need to acknowledge people’s current understanding, while moving to a population health perspective**
 - Individuals make choices that impact their health → the community environment restricts those choices
 - Health care is important and costs \$\$ → community-based prevention can improve health and thus reduce healthcare costs

Dissemination of results

- Local and national conferences
- Local organizations
- Publication
- Your ideas?

Future steps

- Follow-up survey with respondents
- Similar survey every two years in Oregon
- Translate project to other states

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