

MICHIGAN LABORATORY SYSTEM

INNOVATIONS IN QUALITY PUBLIC HEALTH LABORATORY PRACTICE

LEGISLATIVE POLICY WORKSHOP FINAL REPORT

U60/CD303019

Michigan Department of Community
Health
Bureau of Laboratories

Contact: *Martha Boehme, MLS (ASCP)^{CM}*

BoehmeM@michigan.gov

Background

In Michigan the Laboratory System Advisory Group (LSAG) was established as a result of recommendations generated by the Laboratory System Improvement Process (LSIP) sponsored by APHL and CDC. Since the inception of the LSAG in 2009, commitment to the State Public Health Laboratory system had waned; and active participation in LSAG committee work dwindled to those representing state public health programs and local public health laboratories. Additionally, many potential system members, particularly hospital laboratory-based pathologists, did not view themselves as part of the SPHL system. We felt that a new direction would enhance and maintain the Michigan SPHL system, by re-energizing current members and demonstrating the value of participation to potential members.

The November, 2010 Michigan elections provided an opportunity for this new direction. Voters had elected a new governor without previous political experience, and sent a majority of brand new members to both houses of the Michigan Legislature. This large turnover in elected officials [69 (out of 110) new House members and 28 (out of 39) new Senators] with the concomitant loss of public health expertise among policymakers was a concern. At the same time, an unprecedented citizen interest in state government developed. We perceived this as an opportunity to engage Michigan laboratorians by enlisting them to help new legislative leaders, policy principals, and decision makers understand the importance of the practice of laboratory and epidemiology science to the public's health.

Proposal

We proposed a one-day workshop, with sessions in public policy, legislative advocacy, and communication skills to improve attendees' knowledge of the legislative process and enhance their practical skills. The workshop would conclude early in the day allowing attendees to meet with their elected representatives or tour the Capitol building.

We wanted the activity to 1) provide group learning in an informal, non-academic setting; 2) foster a good working relationship and sense of community; and 3) demonstrate the value and vision of the SPHL System in Michigan. By offering topics that are not typically available at scientific conferences or managerial training, we hoped to attract a new cohort of laboratory directors and pathologists to the workshop, and engage them further in the SPHL system and LSAG.

Legislative Policy Workshop

The 9-person planning committee was drawn from hospital laboratories and professional organizations (2), the state agricultural laboratory (1), the state public health laboratory (3), a local public health

Michigan Department of Community Health
Bureau of Laboratories

Legislative Policy Workshop Grant Project

laboratory (1), the Michigan Association for Local Public Health (1) and the Michigan State University Biomedical Laboratory Diagnostics academic program (1).

We subcontracted the logistics of planning and issuing payment for such items as speaker travel, honoraria, food, and meeting room rental to the Michigan Association for Local Public Health (MALPH). To further avoid implications of improper use of State Of Michigan resources, State employees used vacation time to attend the workshop.

Five speakers were engaged to present sessions/discussions on:

- Health Policy Issues Impacting Laboratory Medicine (Chair and Vice-chair of Michigan Senate Health Policy Committee)
- How Do Bills Move Through the Legislature/When is Advocacy Most Effective? (a Michigan lobbyist)
- How to Communicate Science to Lay People (former public information officer (PIO) for the state environmental agency)
- Communicating Under Stress: What to Say When You Get That Phone Call (former PIO for the state public health department)

All communications to potential attendees were sent via email. We used existing contact lists of sentinel laboratories (i.e., hospital and private clinical laboratories), local public health laboratories, and the mailing list of potential Laboratory System Advisory group members developed in 2009. Trying to develop a list of current contact information for our new target audience of laboratory directors and pathologists was a challenge. To meet this challenge, we asked the presidents of the Michigan Society of Pathologists, the Michigan Section of the American Association for Clinical Chemistry, and the Michigan Society for Clinical Laboratory Science to forward workshop information to their membership.

Approximately one month after an initial “save-the-date” flyer, invitations and registration forms were emailed through the same channels. An additional contact had been identified in the interim for JVHL (Joint Venture Hospital Laboratories), a purchasing association whose members are many of the smaller hospital laboratories which comprise a majority of hospital facilities in Michigan.¹ Registration forms were returned by fax to the MALPH office. We hoped to draw forty to fifty people for the workshop.

The event was held in the House Office Building adjacent to the State of Michigan Capitol Building to facilitate scheduled visits with representatives and senators after the sessions.

A packet of materials distributed to attendees included:

- Agenda for the Day
- Michigan PHACT Sheet from the **PUBLIC HEALTH ACTION CAMPAIGN**
- State Redistricting and Apportionment Data from the 2010 Census Bureau
- Cover Page and URL for the *Citizen’s Guide to State Government 2011-2012*
- Top Ten Rules of Advocacy
- APHA Legislative Advocacy Handbook: Workplace Rules and Guidelines for Public Health Advocates
- CAP (College of American Pathologists) Model Criteria for State Licensure of Clinical Laboratory Personnel
- CAP Public Statement announcing Revised Position on State Legislation Requiring Licensure of Clinical Laboratory Personnel

Michigan Department of Community Health
Bureau of Laboratories

Legislative Policy Workshop Grant Project

- CAP Revised Position on State Legislation Requiring Licensure of Clinical Laboratory Personnel, Frequently Asked Questions
- A flowchart depicting the State Budget Process, and points in the process where citizen/voter input may influence the outcome (Appendix 3)
- Speaker Bios Sheet
- List of Website Resources
- Invitation to the Next LSAG (Laboratory System Advisory Group) Meeting

Examples and sources for these are included in Appendices 2 and 3.

Attendees were informed that a post-workshop evaluation/assessment survey would be administered online. An email message with a hyperlink to the survey was sent 18 days after the workshop. A separate survey hyperlink was emailed to a control group of people (members of the Michigan Laboratory System Advisory Group LSAG) who did not attend the workshop, to assess whether or not participants demonstrated greater knowledge of state government or enhanced communications skills when compared to non-participants.

Results

Of thirty-five people registered for the workshop, 29 attended. One additional walk-in participant had not registered, for a total attendance of 30. Attendees included 15 laboratory managers and staff representing 15 hospitals; 2 state public health epidemiologists and 6 state public health lab staff; 2 managers from local public health labs; 1 university clinical center staff and 2 university students; 1 representative from APHL; and the MALPH executive director.

The follow-up survey was sent to 29 attendees (the MALPH executive director was excluded). Twenty attendees completed the survey, for a response rate of 69%.

A similar survey was sent to a group of 68 laboratory contacts who did not participate in the workshop, including the 6 people who had registered but did not attend. Eighteen completed the survey, for a response rate of 26%.

Changes in attitude and in the confidence of attendees were difficult to measure, as was an increase in communication skill levels. However, comments from attendees indicated that many found the workshop helpful and informative. When asked what part of the workshop was most helpful, comments included:

- Learning about the legislative process
- Talking with Senator
- Presentation focused on how best to interact with legislators very helpful
- The process was a great refresher, we learn this when we are so young, tuck it away and then focus on our careers, thus forgetting the information

Complete survey results are shown in Appendix 1.

Discussion

It is very important that the organizers of a workshop on legislative policy be familiar with any workplace rules that may prohibit specific activities by employees of public entities such as state or federal government and non-profit organizations. In our state, public health employees serve under the Executive Branch of state government, and are prohibited from engaging in advocacy activities for specific legislation or candidates while in their state employment roles.² However, all citizens, including state employees, have the right and opportunity to contact legislators on their own time.

The grant funding supporting the workshop also expressly forbade lobbying, encouraging participants to lobby, or instructing participants how to lobby. Great care was given to ensuring that all workshop planners and presenters understood these restrictions; and that any explanation of the advocacy process would be educational in nature and would not refer to or express a specific viewpoint. To further avoid any appearance of conflict of interest on the part of state employees, the logistics of planning and issuing payment for such items as speaker travel, honoraria, food, and meeting room rental were subcontracted to the Michigan Association for Local Public Health (MALPH).

Engaging MALPH proved to be one of two key factors that we believe contributed to the success of the workshop. The MALPH executive director not only served as the fiduciary agent, but also had extensive knowledge of the schedules of legislators and staff that SPHL employees did not. The second key decision was inviting a lobbyist to speak. This lobbyist had for several years been engaged by the Michigan Society for Clinical Laboratory Science (MSCLS) on behalf of unsuccessful licensure efforts and was a key presenter.

We had hoped to attract 40-50 people to the workshop, and 30 people attended. The workshop was probably under-attended due to overly specific language on marketing material. Workshop notices listed only laboratory managers and laboratory leaders as the target audience. In addition, as noted above, we did not have current email addresses for the clinical laboratory directors. For better attendance, a broader target audience should be identified including epidemiologists and local public health staff, and a more comprehensive effort devoted to assuring that all SPHL network participants are notified of the event in advance.

Attendees' approval of the workshop location was somewhat surprising, given that downtown traffic can be difficult to navigate, and parking reimbursement was not provided. The price for regular unleaded gasoline was hovering near \$4.00 per gallon the week the workshop was held.^{3,4} While several large public demonstrations occurred non the Capitol grounds that week, survey responders were unanimous in stating that the location contributed in a positive way to the event.

Three of the proposed activities did not occur:

- Workshop participants did not meet with their elected representatives or members of their congressional delegation when the workshop concluded
- Tour of the Capitol Building was not scheduled
- Facilitator was unable to attend/observe the workshop

Legislative Policy Workshop Grant Project

However, we do not believe these had any negative effect on the outcome of our grant activity.

SUCCESES

- The workshop attracted a group of lab managers who had not attended an LSAG meeting before.
- The workshop engaged both the clinical laboratory sector and public health.
- A staff member for the Senate Vice-chair for Appropriations (who also chairs the Department of Community Health Appropriations subcommittee) scheduled a tour of BOL for the Senator 6 weeks after the workshop.
- A question-and-answer session with a Michigan State Senator revealed that while policymakers are aware of some healthcare workforce shortages (nurses, physicians, pharmacists), they remain largely unaware of the laboratory workforce shortage. One suggestion emerged: to include a discussion on workforce issues.
- Nearly half (45%) of survey respondents took action by obtaining a copy of the *Citizen's Guide to State Government 2011-2012* after the workshop, while none of the control group of non-attendees had done so.

WEAKNESSES

- Target audience description was too limited – our decision to try and appeal to laboratory managers and directors led many who might otherwise have attended to feel excluded from our intended audience.
- The presentation on communications during stressful situations focused on media interviews to illustrate useful strategies. Many survey respondents (40%) indicated this was the least helpful session, and 25% specifically stated they never speak to the media; however a few noted that the techniques could be applied in other situations where someone is pressing for information.
- Evaluation could have included a question to determine the facility type or work position of attendees and control group; some anonymity would be lost, however.
- Several of the speakers and presenters clearly assumed the audience was comprised mainly of local public health employees. A critical piece in the planning process is to clarify for the speakers and other presenters the composition of the audience expected to attend the workshop.
- Initial plans for the workshop included an opportunity to meet with elected representatives to discuss laboratory issues and their effect on public health, but this proved to be impractical as the appropriations committee scheduled last-minute budget presentations the afternoon of the workshop. More importantly, we learned from one of the presenters that advocacy is much more effective when a constituent has previously met, and established a relationship with, his or her representative in an informal setting before meeting to discuss an issue of concern.
- A few attendees would have liked an organized tour of the Capitol Building. However, official scheduled tours are booked more than a year in advance by school groups. Planners decided that it was impractical to include a tour as part of the workshop; however, other states may want to consider this.
- The post-workshop evaluation was intended to assess key points and specific knowledge presented by the speakers, and therefore survey questions were not drafted until after the event concluded. This delay in capturing responses from attendees likely resulted in the loss of some ideas and impressions from participants.

CONCLUSION

Legislative Policy Workshop Grant Project

A workshop on legislative policy and communication skills patterned after one presented in Michigan in April, 2011 may have broad appeal for all members of a State Public Health Laboratory system, including clinical and public health sectors. A review of the state legislative bodies and how they function should be included. It is helpful to review steps in the lawmaking process where advocacy efforts are most effective, provided such a session does not violate workplace rules or other prohibitions against lobbying. Practical strategies for establishing a relationship with lawmakers and training in communication skills are also valuable; but nearly one-half of the attendees from clinical laboratories rated as “least helpful” a session on communications that emphasized tips and techniques for developing successful relationships with the media. This disappointment with the communications session also emphasizes the need for coaching any speakers who may not be familiar with the target audience about the specific needs and concerns of the laboratory community.

As a result of this project, we were able to:

- raise awareness of the state public health laboratory system and the current laboratory workforce shortage with 2 key state Senate committee chairs
- engage and interact with a new group of 16 clinical and academic laboratory partners
- arrange a tour of our state public health laboratory for the state Senator who chairs the appropriations committee for the Department of Community (public) Health
- demonstrate increased interest in and knowledge of the Michigan state government process among laboratory system partners who attended the activity

We wish to thank APHL for the opportunity to complete this project.

REFERENCES

1. State of Michigan, Hospital Bed Inventories Report, May 2011 accessed May 31, 2011 from URL http://www.michigan.gov/mdch/0,1607,7-132-2945_5106---,00.html
2. Michigan Civil Service Rules , Rule 1-12 , Accessed June 1, 2011 http://www.michigan.gov/documents/mdcs/Michigan_Civil_Service_Commission_Rules_347183_7.pdf#pagemode=bookmarks
3. ABC 7 Action News, April 14, 2011 accessed May 20, 2011 from URL <http://www.wxyz.com/dpp/news/4-dollar-gas-prices-now-a-reality-in-parts-of-southeast-michigan>
4. Automobile Association of America, Daily Fuel Gauge Report, April 2011 accessed May 20, 2011 from URL <http://fuelgaugereport.opisnet.com/MI/metro.asp>

Michigan Department of Community Health
Bureau of Laboratories