



# **Grassroots Advocacy After Health Care Reform: There is Still Work to Do**

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It must be remembered that there is nothing more difficult to plan, more doubtful of success nor more dangerous to manage than the creation of a new system. For the initiator has the enmity of all who profit by the preservation of the old institution and merely lukewarm defenders in those who would gain by the new one.

— *Machiavelli*



# Health Reform: What Might It Mean for You?

- **You will have access to plenty of funding to grow and expand**
  - Unclear how new funding will be distributed
  - Managing growth will continue to be a challenge
  - Need for organized state-wide planning will be paramount
  - Must agree on policies that avoid “eating our own”
- **Recruiting staff – especially clinical staff – will be perhaps your greatest challenge**
  - NHSC will need to be marketed MUCH more aggressively
  - ALL health centers need to increase involvement in training of ALL levels of needed clinical professionals
- **Facility space and equipment will also be a major challenge**
  - Hopefully, reform bill’s capital funding will help to meet capital needs

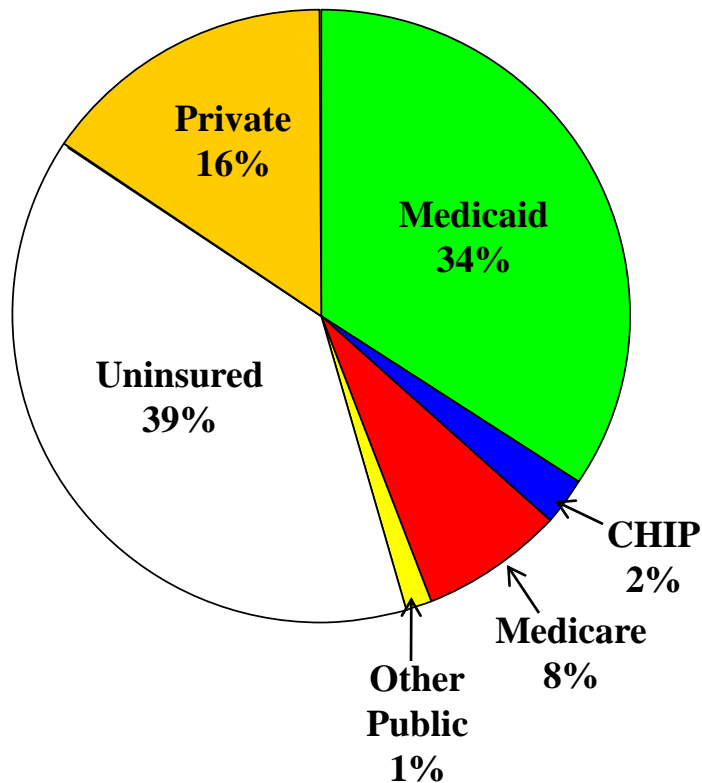


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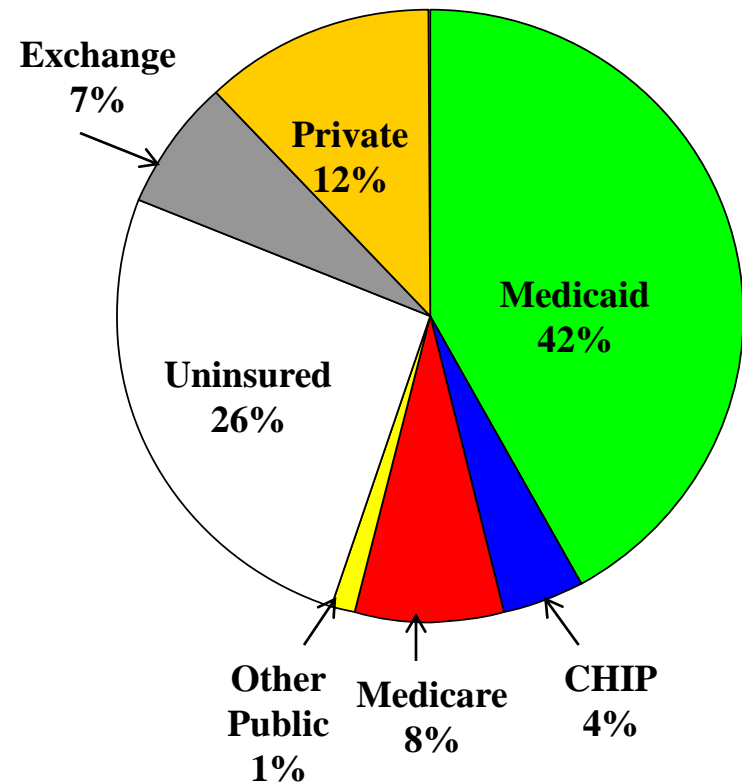
- **You will have MORE Patients with Insurance Coverage**
  - Many of these will have Medicaid coverage
  - You will receive the full Medicaid PPS rate for these
- **You will see FEWER employer-insured patients and many MORE Exchange-enrolled patients**
  - With Menendez, you will receive your Medicaid PPS rate for the Exchange-enrolled patients
  - However, they will face high out-of-pocket costs and may need help affording their care (ie, SFS discounts)
- **Your will likely see FEWER uninsured patients, but they will account for a HIGHER PERCENTAGE of all uninsured**
  - The uninsured will have FEWER places to turn for care
  - This is ESPECIALLY true for non-citizens and difficult-to-serve groups (mobile, homeless, HIV+, substance addicts)
- **Your Medicare patient population will grow dramatically over the next decade**
  - Your current 55-65 year-old group will age in to Medicare
  - With MATCH, your Medicare PPS payment will improve

# Health Reform: What Will It Mean for You?

## Current (2009) Patients by Payer Source



## Post-Reform (2015) Patients By Payer Source



**NOTE: Medicare patients will grow significantly over the next 10 years**



“It is not necessary to change.  
Survival is not mandatory.”

~W. Edwards Deming



# What Has Not Changed

- **POWER** Matters
- Effective Advocacy = **POWER**
- Grassroots advocacy is about one thing – building **Power**.
- **Power** is not measured by the number of advocates we have on a list.
- **Power** is not measured by the number of small (or even large) victories we win every now and then.
- **Power must be measured by our ability to successfully advance our own agenda and to make it unthinkable that any other political or special interest would ever want to take us on.**



# Rules for Organizing Grassroots Advocacy Have Not Changed

## **1. Advocacy Has to be an Organizational Commitment**

The Board Must Take the Lead – a formal commitment to time and resources is essential.

Create an Advocacy Committee with a Chair – Board and staff need to be included

## **2. Advocacy Has Rules**

Know the Rules. It's hard to break the rules, but you can do it if you don't know what they are

## **3. Advocacy Needs to be done Face to Face**

Plan to get your local, state and federal officials (and their staff) to your Center on a regular basis

## **4. Advocacy Needs Numbers**

If 100 emails and faxes are good, a thousand is better!  
(It took 1 million emails to save Big Bird!)



# Rules for Organizing Grassroots Advocacy Have Not Changed

## **5. Advocacy Needs a Megaphone**

Learn how to use the media

## **6. Advocacy Needs Friends**

Look for ways to reach out to other organizations in your community on a regular basis

## **7. Advocacy Needs Votes – More Later**

Empower your health center by making sure your patients and staff are registered to vote and that they vote!

## **8. Advocacy Doesn't Stop When the Whistle Blows**

When it comes to the government, issues don't go away – they just hide. Your goal is to build the permanent power to influence any issue that affects your center- at any level of government.



# Relative Effectiveness of Advocacy Communications

1. A visit to your health center
2. A personal meeting back home
3. A personal meeting in Washington
4. Personal telephone calls
5. Personalized Letters (faxed)
6. Personalized emails
7. Template emails (ineffective unless in volume)



# What Has Changed

**The Targets of Our Grassroots Advocacy have not Changed, They Have MULTIPLIED**

We still have to impact **elected officials** at the Federal, and State and Local levels BUT with the spotlight now on Health Centers we have to educate and influence the **Media** and the **General Public** like never before.



# What Has Changed

- Civic Engagement Is More Important Than Ever: Voter Registration and Voter Education have to be integrated into our work
- Educating the Public and the Media about what reform means and Health Centers' role in it is essential
- We will need to Learn how to use new tools for communication and advocacy to be effective



# YES YOU CAN!

- **Register Voters**

- Drives must be designed to educate the public about the importance of voting.
- Activities cannot be biased for or against any candidate or party.
- Nonprofits may target registration and turnout efforts to the areas or people they serve.

- **Educate Voters**

- Educate the public on issues and encourage participation in the political process.
- Educate all candidates and political parties on your issues.
- Conduct or participate in a nonpartisan candidate forum. The forum must be open to all candidates, be run in a balanced way, and include a broad range of nonpartisan questions for the candidates.
- Make presentations on your organization's issue to platform committees, campaign staff, candidates, media, and the general public.



# YES YOU CAN!

“The NVRA has a provision to designate offices that provide “public assistance” as voter registration agencies. Public assistance agencies include any site where an individual may apply or receive an application for Medicaid, such as FQHCs. Under this law, FQHCs with State, city, or county employees as outstationed Medicaid eligibility workers are considered public assistance offices and must provide voter registration services. The FQHCs that use non-governmental employees as outstationed Medicaid eligibility workers (e.g., clinic staff, volunteers) may provide voter registration services.”

*PAL 96-17, Title: “ Federally Qualified Health Centers Participation in Implementation of the National Voter Registration Act.”*



# YES YOU CAN!

- **Get Out the Vote (GOTV)**

- As with voter registration, your GOTV drives must be designed to educate the public about the importance of voting, cannot be biased for or against any candidate or party, and may be targeted to underrepresented communities or those the nonprofit serves
- Work on behalf of a ballot measure. Note that this counts towards your direct lobbying limits.

# NO, YOUR HEALTH CENTER CAN'T!

- Support or oppose candidates for elective office (although you personally can).
- Use federal grant dollars for lobbying or voter registration
- Endorse or oppose a candidate—implicit or explicit.
- Contribute money, time, or facilities to a candidate.
- Coordinate activities with a candidate.



# New Tools for Finding Friends and Building Numbers

## Social Networking: Facebook and Twitter

- **What is social networking?**

- A social network service focuses on building online communities of people who share interests and/or activities...
- While it could be said that email and websites have most of the essential elements of social network services, the idea of proprietary encapsulated services has gained popular uptake...
- The main types of social networking services are those which contain category divisions (such as former school-year or classmates), means to connect with friends (usually with self-description pages) and a recommendation system linked to trust.



# The Basics

- **What is Facebook?**

- Facebook is one vehicle for social networking.
- It's a free-access social networking site in which users can join networks organized by city, workplace, school and region to connect and interact with other people.”
- **Health centers** can also **have “fans”** and send them messages, and update their **organizational** profiles to notify **“fans”** about themselves.



# The Basics

- **What is Twitter?**

- Twitter is a free social networking and micro-blogging service that enables its users to send and read other users' updates, known as tweets.
- Tweets are text-based posts of up to 140 characters in length.
- **For health centers, Twitter can be a tool for connecting to the community, the local media and your elected officials.**



# The Basics

- **Why are we talking about them?**

- Facebook has become an essential communications tool. It is the third-largest website in the world... the largest one where you can control your presence (Google and Yahoo are #1 and #2). Twitter is gaining.

- **No excuses:**  
EASY... HUGE... (and unlike fax machines) FREE!\*

- \* *Not counting labor – but the amount of time spent maintaining a Facebook presence is completely up to the health center*



# Getting Started

- **Signing up**

- [www.facebook.com](http://www.facebook.com) for Facebook
- [www.twitter.com](http://www.twitter.com) for Twitter
- Facebook requires name, e-mail address, gender and birthday (to verify you're over 13 – does not have to be public); **set up your personal account first, set up your health center's presence later**
- Twitter requires name, “username” that you choose and e-mail address; **you must set up organizational and personal accounts separately**



It is wise to keep in mind that  
neither success nor failure is ever  
final.

- *Roger Babson*