



# Spare Some Social Change?

Integrating Service and Advocacy to Prevent and End Homelessness

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NATIONAL  
HEALTH CARE  
for the  
HOMELESS  
COUNCIL

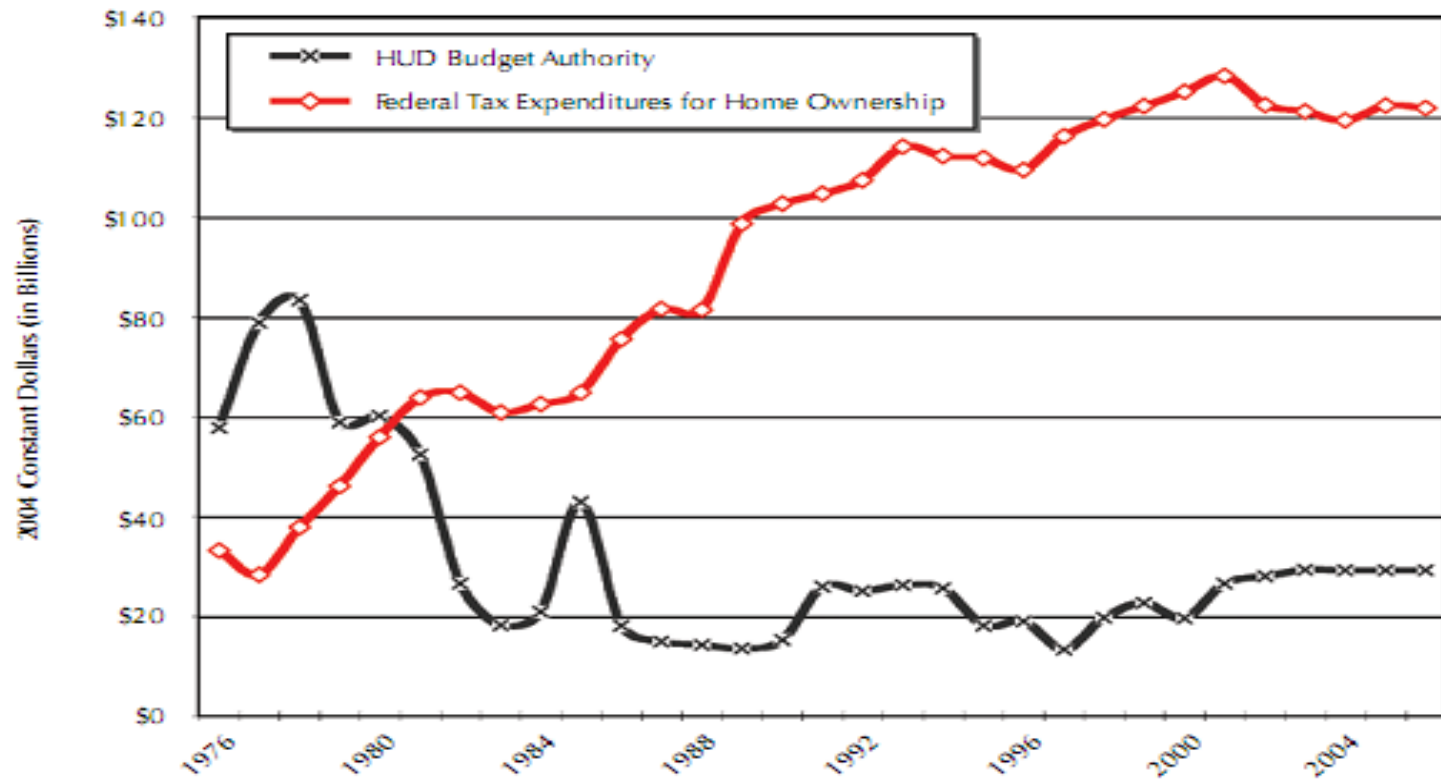
# Homelessness: Fact of Life???

- With 30+ years of endemic homelessness in the U.S. it is easy to write it off as beyond our control, a fact of life, and here to stay...



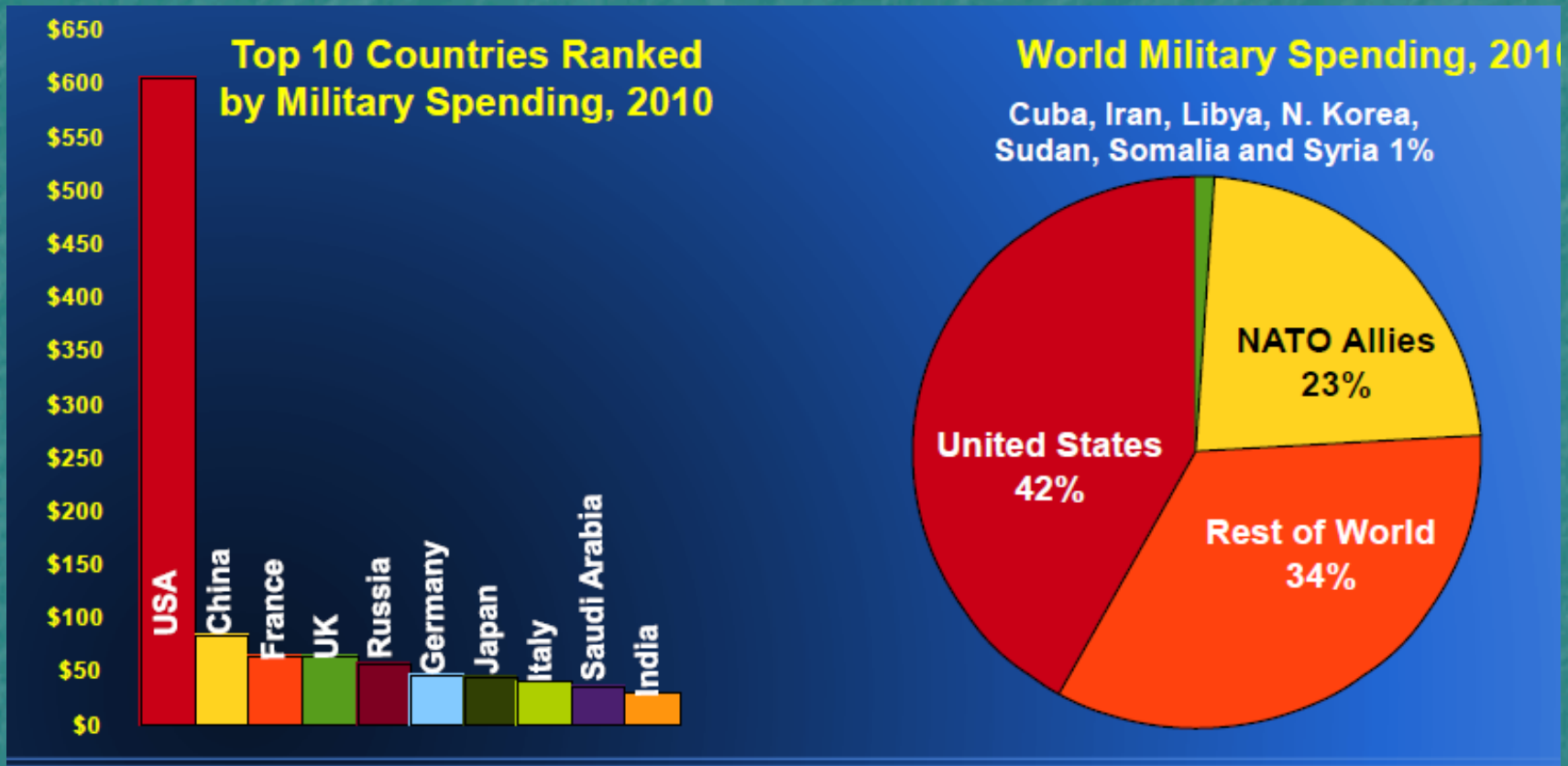
# Changes in Federal Priorities

Chart 7: Comparison of Federal Tax Expenditures on Home Ownership and HUD Budget Authority <sup>107</sup>



Source: Western Regional Advocacy Project

# Military Industrial Complex

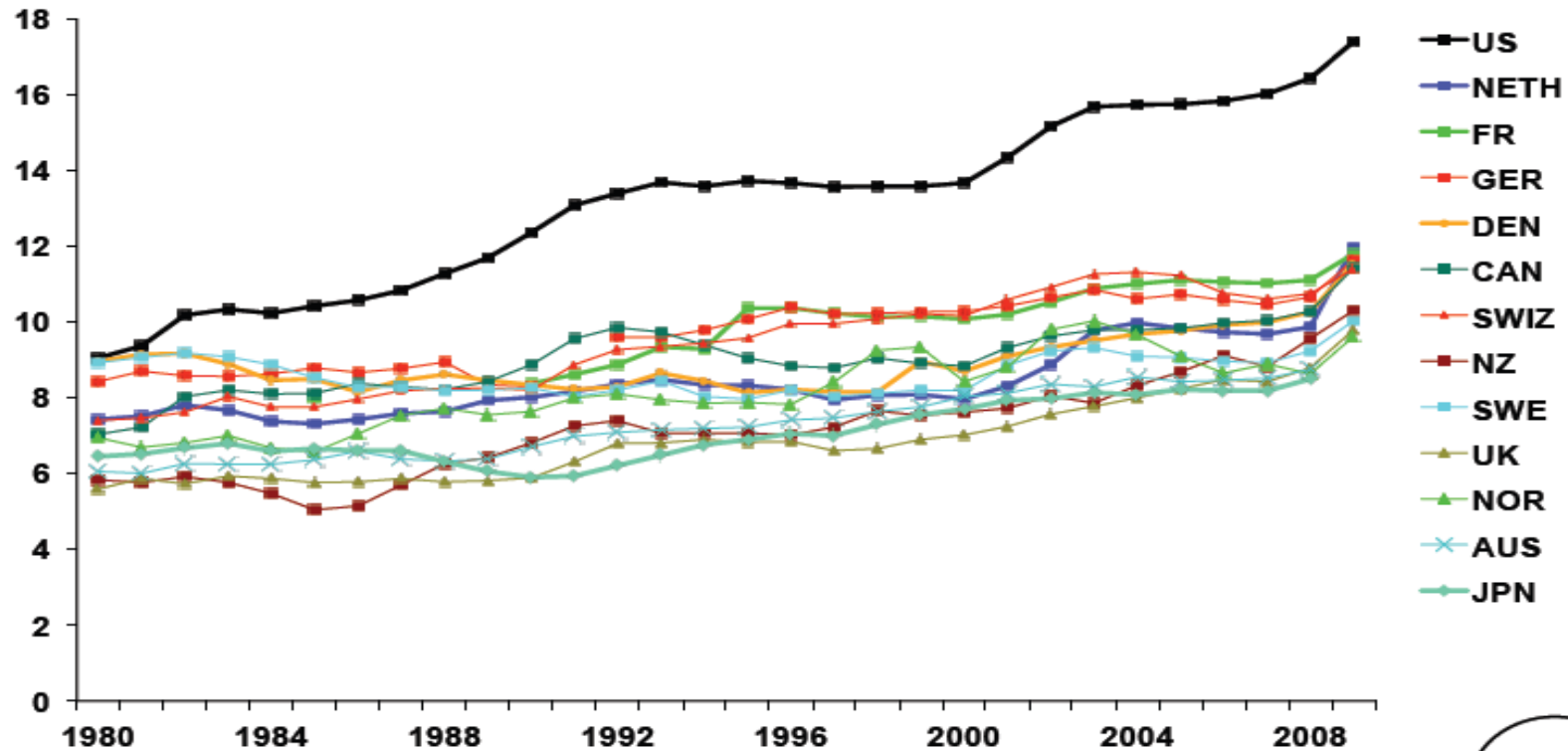


\*Source: National Priorities Project

# Rising Medical Costs

## Health Care Spending as a Percentage of GDP, 1980–2009

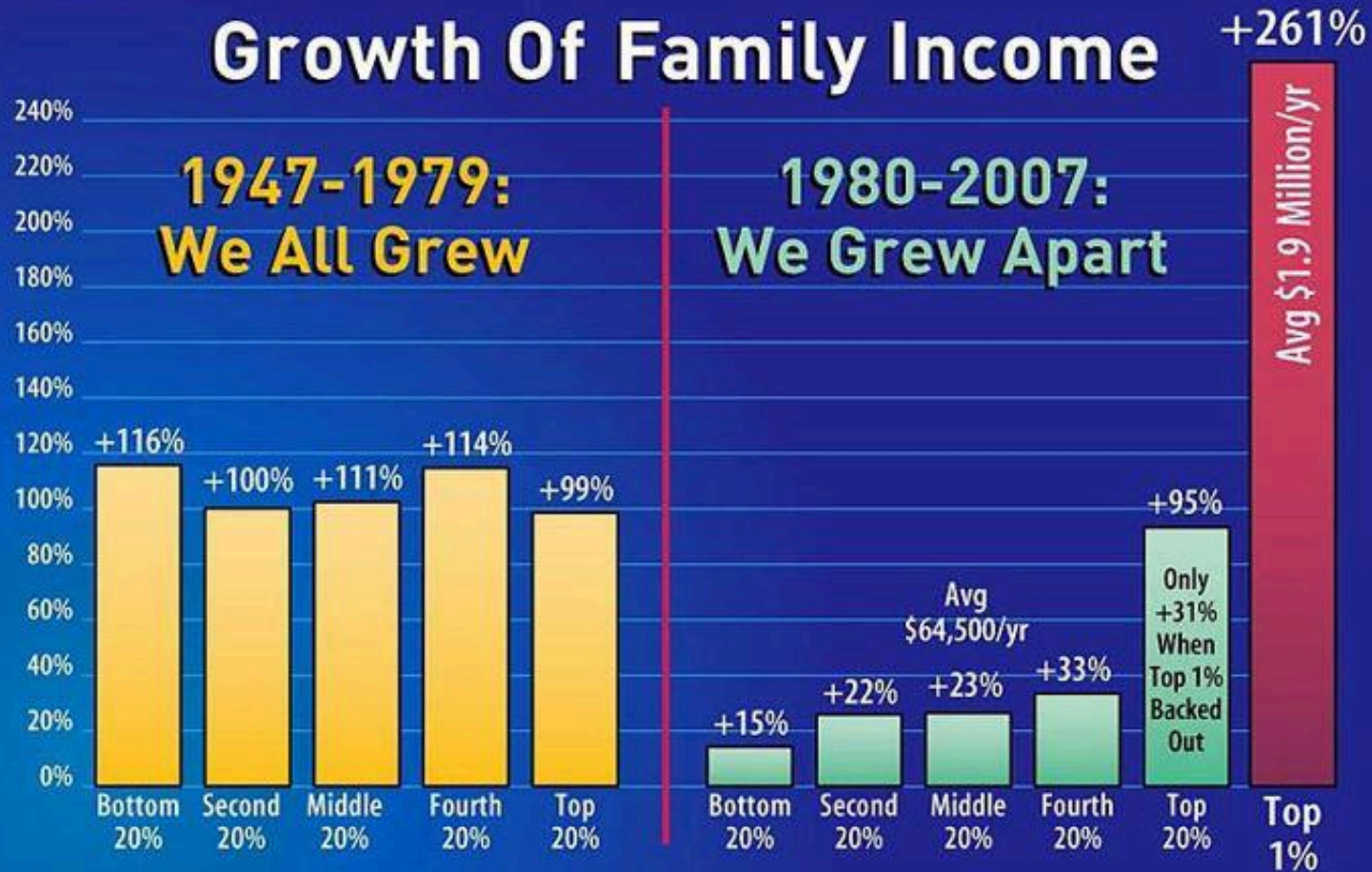
Percent



GDP refers to gross domestic product.  
Source: OECD Health Data 2011 (June 2011).



# Historic Income Disparity



1947-1979 Source: United for a Fair Economy ([www.FairEconomy.org](http://www.FairEconomy.org)): Based on analysis of US Census Bureau data  
1980-2007 Source: Congressional Budget Office, Average Income Pretax ([www.cbo.gov](http://www.cbo.gov)): 2007 Dollars

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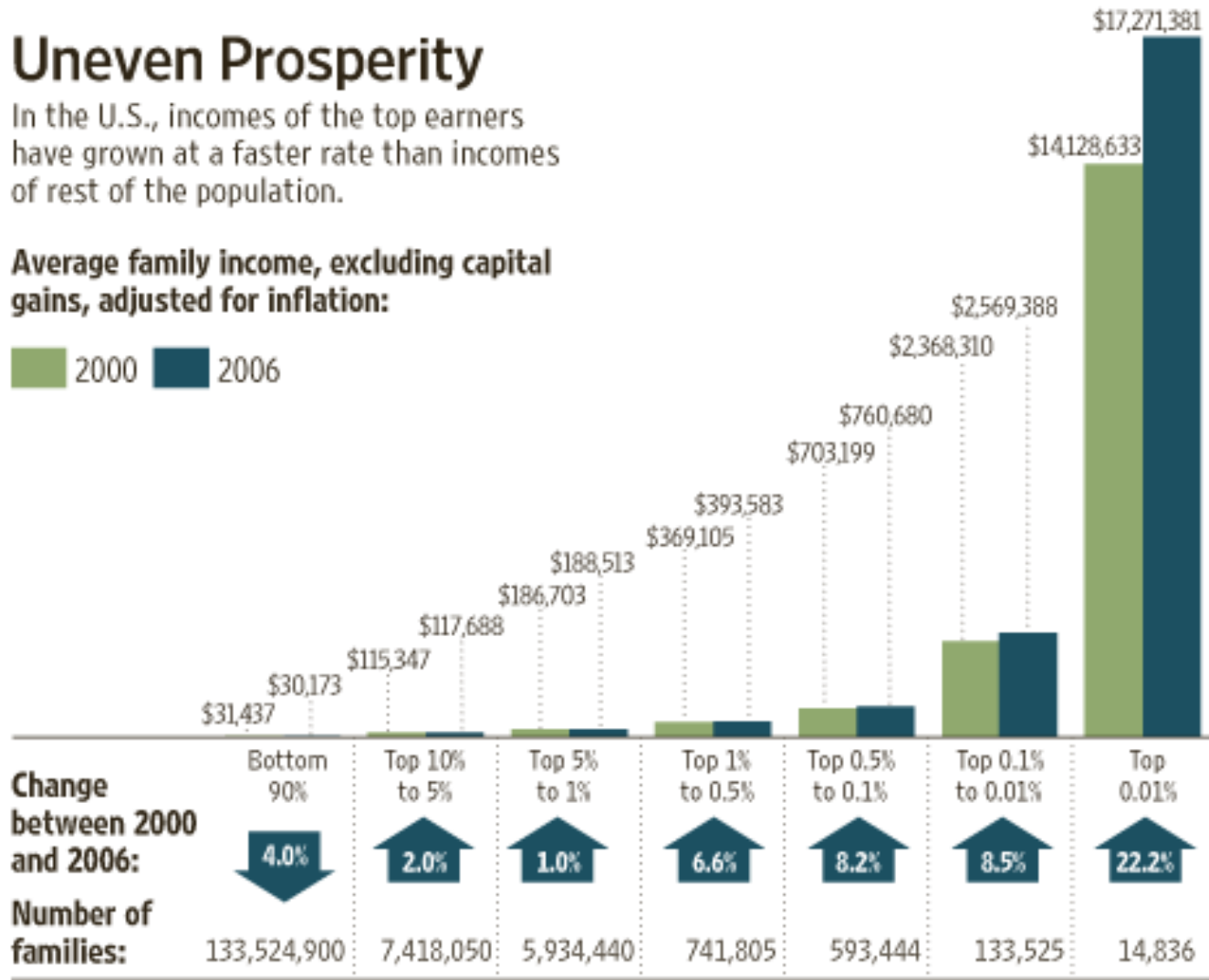
# Recent Income Disparity

## Uneven Prosperity

In the U.S., incomes of the top earners have grown at a faster rate than incomes of rest of the population.

Average family income, excluding capital gains, adjusted for inflation:

2000 2006



Source: Thomas Piketty and Emmanuel Saez

# Homelessness: The real story

- Contemporary homelessness is the product of conscious social and economic policy decisions that have retreated from a commitment to insuring basic life necessities for all people.





# Integrating Service and Advocacy: Overview of Workshop

1. Demystify and define “advocacy”
2. Overcome barriers to advocacy
3. Provide strategies for integrating advocacy into your work
4. Discuss different advocacy activities
5. Describe successful advocacy campaign and the role of clinicians and consumers

# Advocacy—What is It Anyway?

- **To advocate (verb):** To speak or write in favor of; support or urge by argument; recommend publicly
- **Advocate (noun):** A person who speaks or writes in support or defense of a person or cause; to plead for or in behalf of another; to plead the cause of another in a court of law
- **Synonyms:** Champion, proponent, backer, believer, sponsor
- **Antonyms:** Opponent, discourage

# Describing Advocacy

- Introducing yourself and your work
- Explaining the importance of
- Raising awareness
- Facilitating consumers' voice
- Educating policy makers and the public



# Who's an Advocate?: Fighting Stereotypes



# HCH & other service providers are natural advocates

- Real life experience
- Important to the community
- Credible



# HCH Providers as Advocates

## Individual Advocacy

- Locate detox placement for client
- Hunt for specialist who will treat your uninsured client
- Pack client's infected wound —yet again
- Secure housing voucher for client

## Policy Advocacy

- Work with local coalition of providers to increase addiction funding and bed spaces
- Write your Governor about advance implementation of Medicaid expansion
- Work with a willing shelter to ask local hospital to support a medical respite program
- Join/form a group of providers, faith ministers, and concerned citizens to expand affordable housing

# Benefits of Integrating Service & Advocacy



- Empowered staff (burn-out prevention)
- Empowered consumers (clinically helpful)
- Improved system
- Increased credibility/visibility of issues
- Increased funding opportunities

# Overcoming Barriers

- Legality
  - Advocacy vs. Lobbying
  - NO LIMITS on advocacy
  - Minor limits on lobbying for 501c3s:
    - Up to 20% can go to lobbying if claimed
    - ~5% if not claimed
    - May be different at government agencies like Health Departments





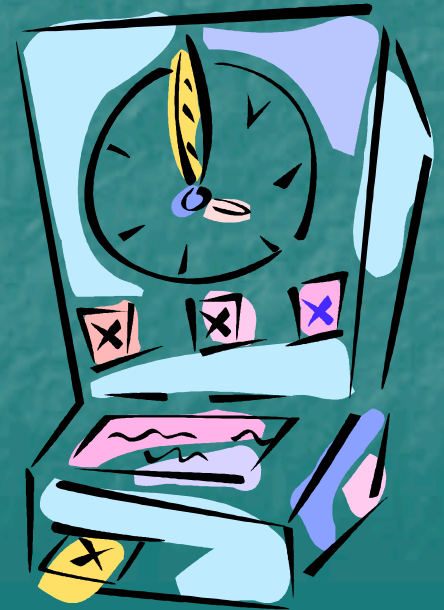
# Overcoming Barriers

- Publicly Funded
  - Public private partnership
  - Feedback is needed
  - Need not be adversarial



# Overcoming Barriers

- Time
  - Phone calls and emails are not time intensive
  - Council will do much work for you
  - Can be incorporated into clinical and administrative duties



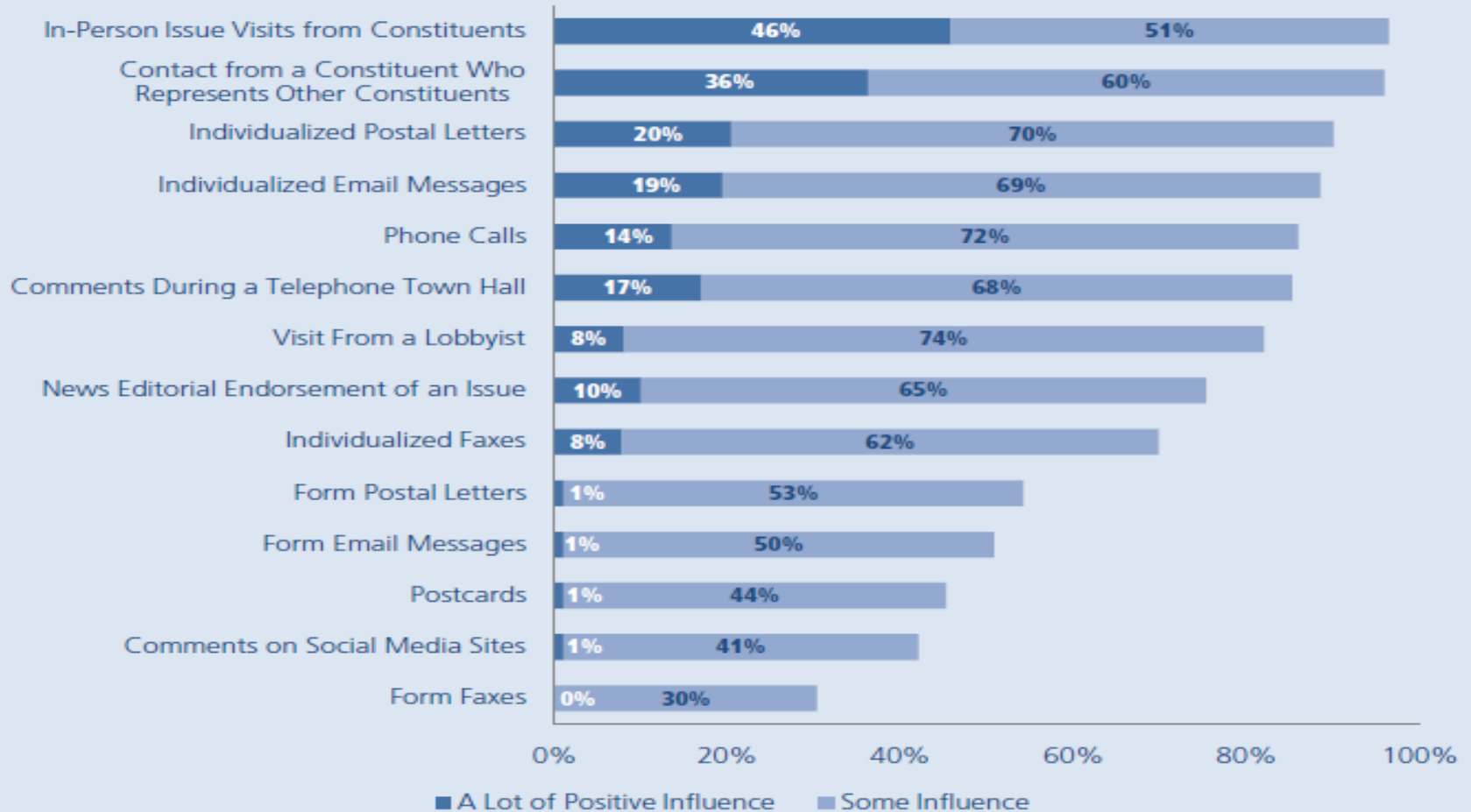
# Overcoming Barriers

- Remaining optimistic
  - Your voice does matter
  - Self care is critical, as with clinical work
  - Your voice is needed to balance scales



# Survey of Congressional Staff

**If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the *Washington office* have on his/her decision?\***



\*Question was asked only of senior managers and mail staffers. Their responses are aggregated (n=194).

# Integrating Service and Advocacy: Administrators

- Allow time for advocacy in job description
- Create tangible advocacy opportunities and encourage participation
- Recognize staff and consumers for their advocacy work
- Include advocacy in staff and Board orientations and trainings
- Encourage participation in external coalitions

# Integrating Service and Advocacy: Board

- Include advocacy in your Mission Statement
- Develop an annual advocacy agenda
- Make time to discuss advocacy at meetings
- Use external contacts and professional experience to advocate for project and patients

# Integrating Service and Advocacy: Clinicians and Staff

- Correspond with public officials
- Use real life stories, make it personal
- Participate in internal advocacy committees
- Participate in external coalitions
- Discuss advocacy with consumers and support their involvement
- Know its not just the CEO's job

# Integrating Service and Advocacy: Consumers

- Join Consumer Advisory Board or Board of Directors
- Participate with the National Consumer Advisory Board
- Discuss advocacy and organizing at meetings
- Voter registration and education
- Use staff support for advocacy activities



# Where to begin?



- Unique value of your project and work
- Programs that your project and clients depend on
- Issues you have seen
- New issues you see
- Who's in charge?

# What to do: Build Relationships

- Contact officials
- Educate and be a resource (candidates for office too!)
- Invite officials for a tour
- Invite officials to events like Homeless Persons Memorial Day or HCH Day



# What to do: Advocacy Actions



- Mobilize project, patients, community
- Call-in day
- Petition
- Letter writing
- Board Resolution
- Letter to the editor, op-ed, press conference, rally

# Pediatric & Adolescent Clinic at HCH



# The Pediatric and Adolescent Clinic at Health Care for the Homeless

## NOW OPEN!



HCH provides comprehensive care for children and young adults birth to age 21 who are experiencing homelessness (in a shelter, on the street, doubled-up, or "couch surfing")

### Services Include:

- Sick & well-child check-ups
- Developmental screenings
- Immunizations
- School/camp physicals
- On-site dental clinic
- Referrals to counseling and mental health services
- Teen health including pregnancy tests, STI testing and treatment and birth control

*\*\*Adult services also available\*\**



Call  
(443) 703-1258  
to make an  
appointment

Transportation  
assistance  
available

No insurance  
necessary

Health Care for the Homeless  
The CareFirst BlueCross BlueShield-  
Pediatric and Adolescent Clinic  
421 Fallsway, Baltimore, MD 21202  
(443) 703-1258












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**Md. HEALTH-GENERAL Code Ann. § 20-102** [\(Copy w/ Cite\)](#)

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*Md. HEALTH-GENERAL Code Ann. § 20-102*

Annotated Code of Maryland  
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\*\*\* Current through all Chapters Effective October 1, 2012, of the 2012 General Assembly  
Regular Session, First Special Session, and Second Special Session. \*\*\*

HEALTH - GENERAL  
TITLE 20. MISCELLANEOUS HEALTH PROVISIONS  
SUBTITLE 1. CONSENT PROVISIONS  
PART I. MINORS

Md. HEALTH-GENERAL Code Ann. § 20-102 (2012)

§ 20-102. Treatment for health-related problems

(a) Minor who is married or parent. -- A minor has the same capacity as an adult to consent to medical or dental treatment if the minor:

- (1) Is married;
- (2) Is the parent of a child; or

(3) (i) Is living separate and apart from the minor's parent, parents, or guardian, whether with or without consent of the minor's parent, parents, or guardian; and

(ii) Is self-supporting, regardless of the source of the minor's income.

(b) Emergency treatment. -- A minor has the same capacity as an adult to consent to medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual.

(c) Consent for specific treatment. -- A minor has the same capacity as an adult to consent to:

- (1) Treatment for or advice about drug abuse;
- (2) Treatment for or advice about alcoholism;
- (3) Treatment for or advice about venereal disease;
- (4) Treatment for or advice about pregnancy;
- (5) Treatment for or advice about contraception other than sterilization;
- (6) Physical examination and treatment of injuries from an alleged rape or sexual offense;
- (7) Physical examination to obtain evidence of an alleged rape or sexual offense; and

(8) Initial medical screening and physical examination on and after admission of the minor into a detention center.

(c-1) Capacity to refuse treatment. -- The capacity of a minor to consent to treatment for drug abuse or alcoholism under subsection (c)(1) or (2) of this section does not include the capacity to refuse treatment for drug abuse or alcoholism in an inpatient alcohol or drug abuse treatment program certified under Title 8 of this article for which a parent or guardian has given consent.

(d) Consent to psychological treatment. -- A minor has the same capacity as an adult to consent to psychological treatment as specified under subsection (c) (1) and (2) of this section if, in the judgment of the attending physician or a psychologist, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual.

(e) Liabilities. -- A licensed health care practitioner who treats a minor is not liable for civil damages or subject to any criminal or disciplinary penalty solely because the minor did not have capacity to consent under this section.

(f) Disclosure. -- Without the consent of or over the express objection of a minor, a licensed health care practitioner may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor under this section, except information about an abortion.

**HISTORY:** An. Code 1957, art. 43, §§ 135, 135B; 1982, ch. 21, § 2; 1992, chs. 494, 495; 1994, ch. 175; 1995, ch. 473; 2001, ch. 284; 2006, ch. 44; 2012, ch. 170.

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# SB 72: The Legal Solution

- The new law allows youth who are living separate from their parent/guardian and providing self-support to consent to their own medical treatment.
- This allows unaccompanied youth experiencing homelessness to seek medical treatment for chronic and acute health conditions such as asthma, the flu or a sprained ankle.
- The new law also extends liability protections - for lack of parental consent only - to the clinicians who treat them.
- Providing needed medical care to homeless youth is a critical step toward ending their homelessness. Given the ability to provide comprehensive medical care, providers at HCH and elsewhere in the community now have more tools at their disposal to engage youth with the hope of helping them treat their health conditions and end their homelessness.



# Champions of Change

WINNING *the* FUTURE ACROSS AMERICA



AQUOS

# Champions of Change

WINNING *the* FUTURE ACROSS AMERICA



SHARP





# Actions you can take NOW

- Congressional Switchboard Phone Number: 1-877-210-5351
- White House Phone Number: 202-456-1111
- Look over Resources Handout
- Sign up for *the Mobilizer* on the handout



# Current Policy Priorities for the HCH Community



- Effective implementation of the Affordable Care Act
- State Medicaid expansion
- Reversing recent budget cuts to safety net programs

# Sustaining Advocacy Activities

- Don't Give Up! 😊
- Success will be incremental—plan for long-term effectiveness
- Continue relationships in the community



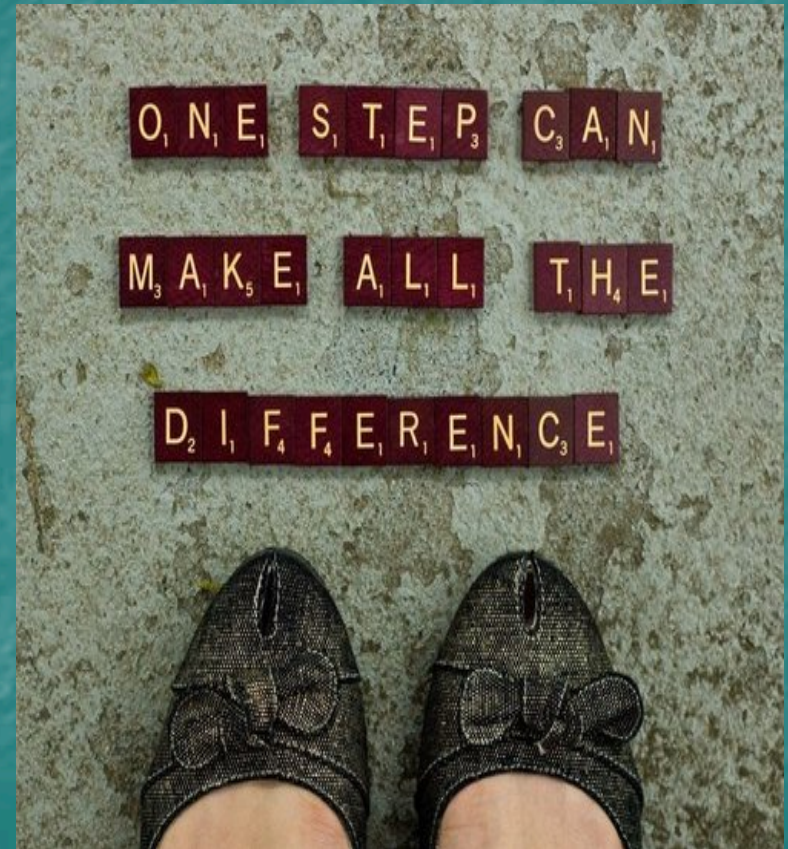
# History shows great challenges can be overcome



- “Let us realize the arc of the moral universe is long but it bends toward justice.”  
– *Martin Luther King Jr.*

# Small steps achieve big goals

- “Have a bias toward action—let’s see something happen now. You can break that big plan into small steps and take the first step right away.”
  - ***Indira Gandhi***



# National HCH Council Resources

- [www.nhchc.org/Advocacy](http://www.nhchc.org/Advocacy)
- Policy statements, federal priorities, health reform, other publications
- Dan Rabbitt, Health Policy Organizer, [drabbitt@nhchc.org](mailto:drabbitt@nhchc.org)
- *The Mobilizer:* [www.nhchc.org/mobilizer.html](http://www.nhchc.org/mobilizer.html)
- *The Advo-kit:* [www.nhchc.org/Advocacy/advo\\_kit.html](http://www.nhchc.org/Advocacy/advo_kit.html)