

# SPARE SOME SOCIAL CHANGE?

## INTEGRATING DIRECT SERVICE AND ADVOCACY TO PREVENT AND END HOMELESSNESS



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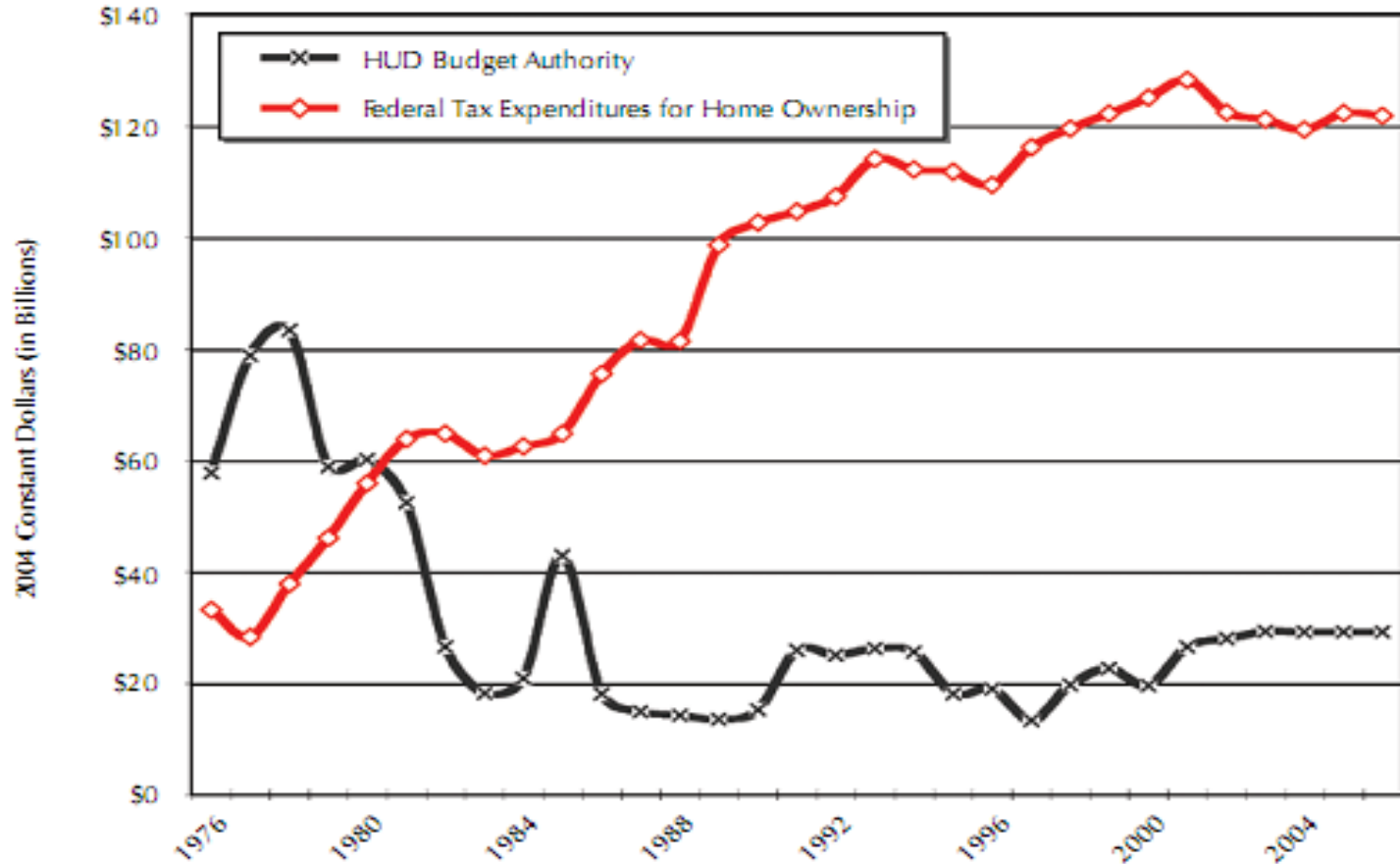
# HOMELESSNESS: FACT OF LIFE?

- With 30+ years of widespread homelessness, is there anything we can do?
- Is it just a fact of modern life?



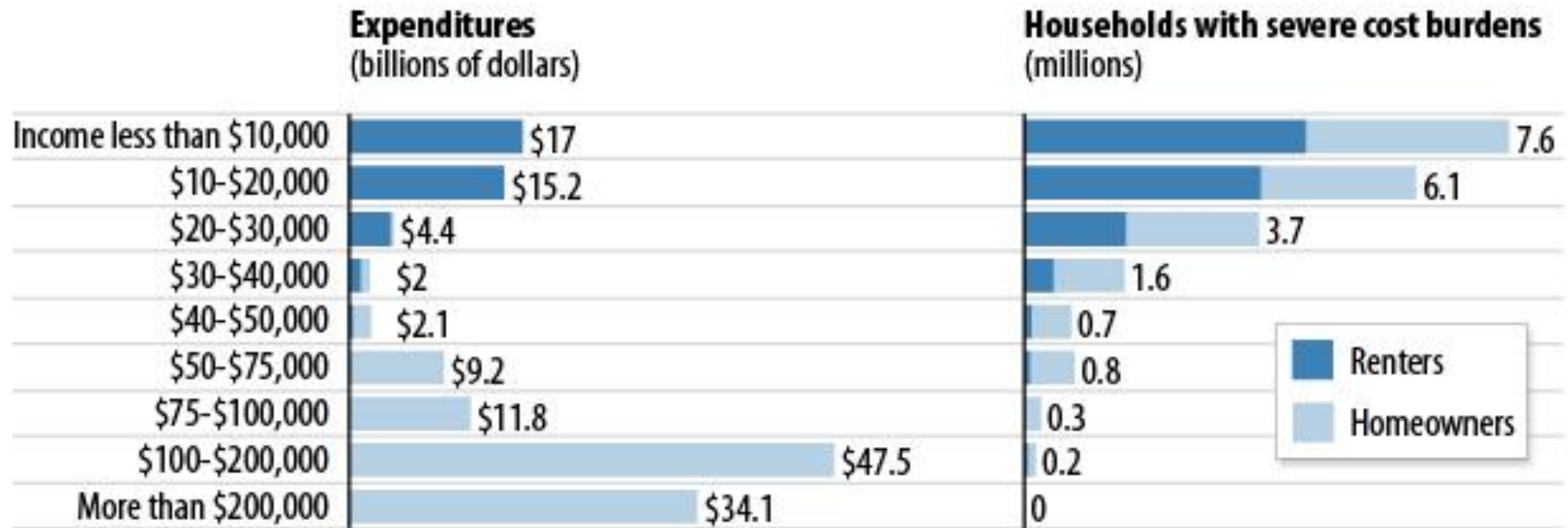
# HOUSING EXPENDITURES

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



# HOUSING EXPENDITURES

## Federal Housing Expenditures Poorly Matched to Need



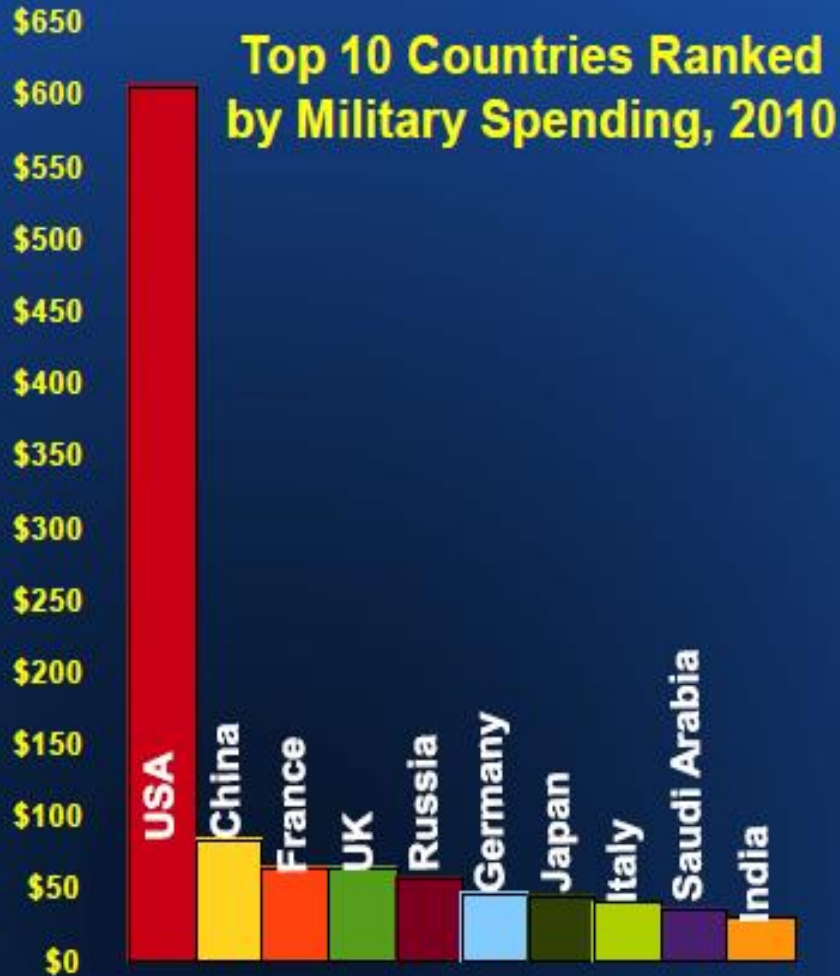
Notes: Homeowner expenditures include the mortgage interest and property tax deductions; income figures are for tax filing units. Rental expenditures include total outlays for the Housing Choice Voucher, Section 8 Project-Based, Public Housing, Housing for the Elderly (Section 202), and Housing for People with Disabilities (Section 811) programs; income figures are for households. Data on the income of beneficiaries of various housing expenditures are available only for these programs, which represent somewhat more than half of homeownership and rental spending. HUD defines households with severe cost burdens as those paying more than half their income for housing.

Source: Joint Committee on Taxation, Estimates of Federal Tax Expenditures for Fiscal Years 2011-2015, Table 3, and CBPP analysis of HUD program data, Census data on number of households and cost burdens in each income group, and the Office of Management and Budget public budget database.

Center on Budget and Policy Priorities | [cbpp.org](http://cbpp.org)

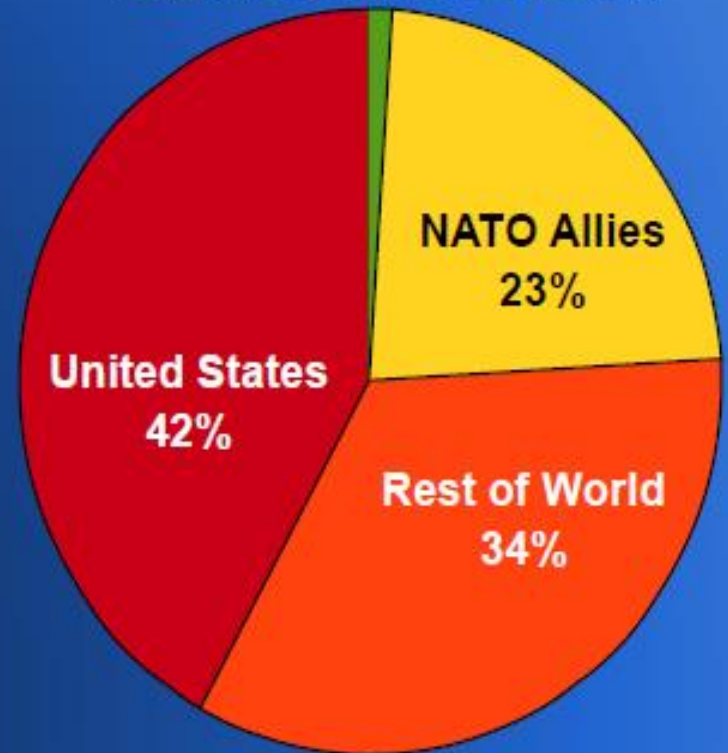
# MILITARY EXPENDITURES

## Top 10 Countries Ranked by Military Spending, 2010



## World Military Spending, 2010

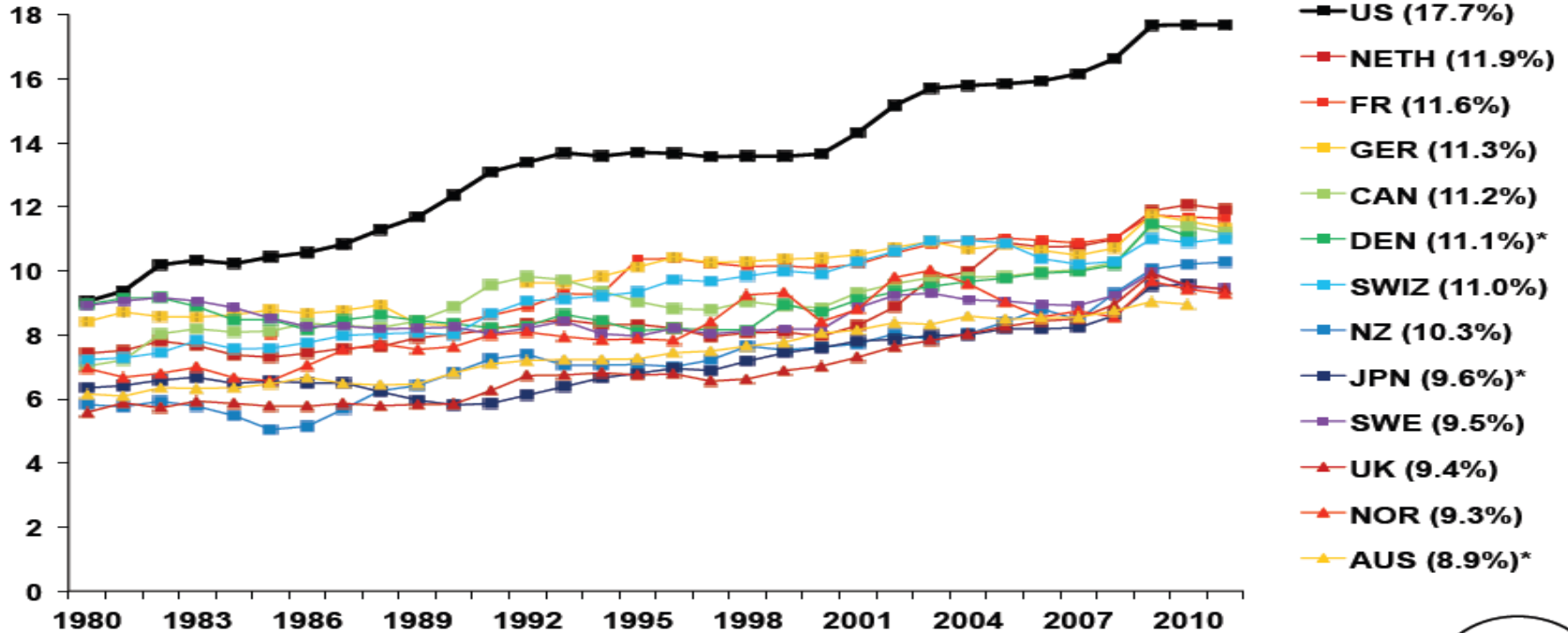
Cuba, Iran, Libya, N. Korea, Sudan, Somalia and Syria 1%



# RISING MEDICAL COSTS

## Health Care Spending as a Percentage of GDP, 1980–2011

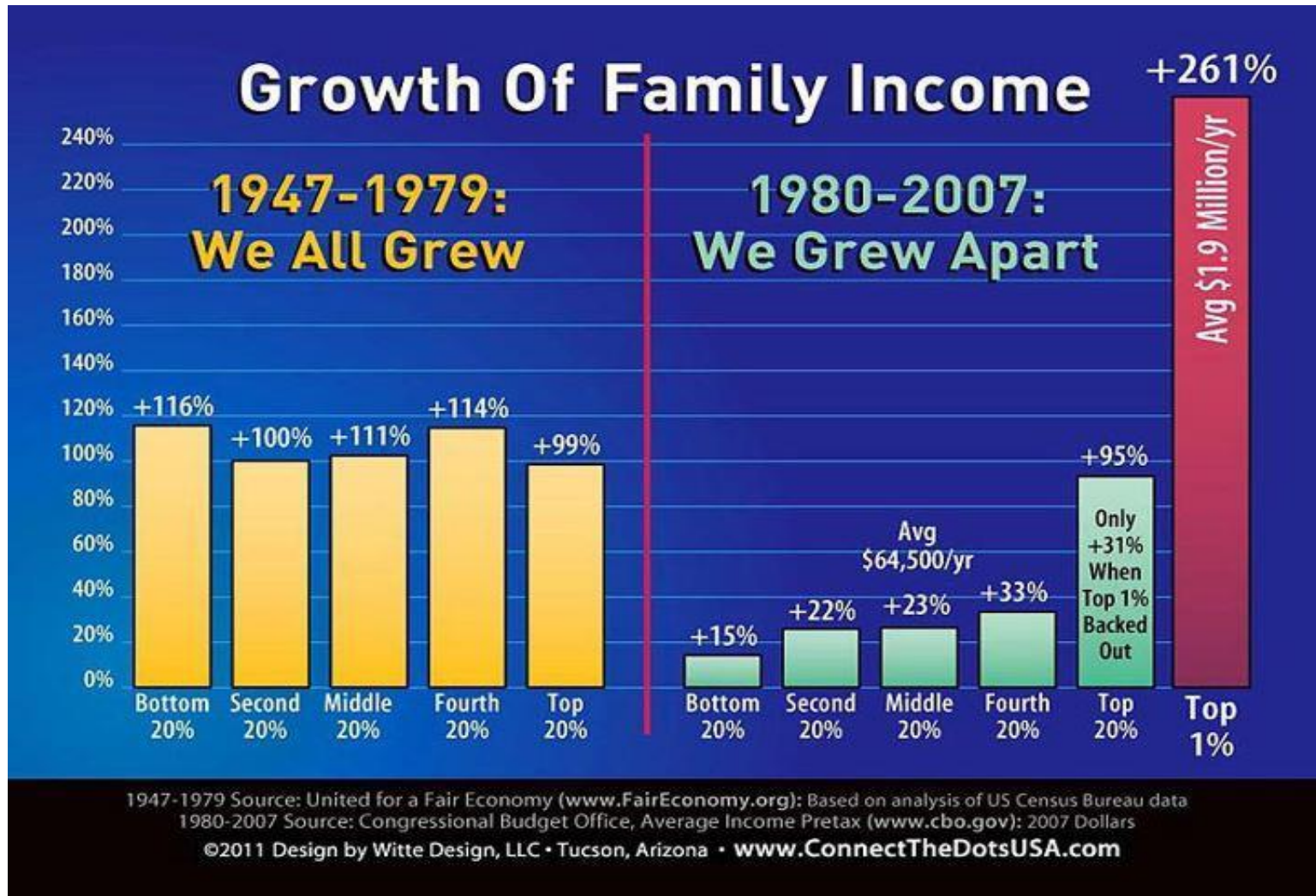
Percent



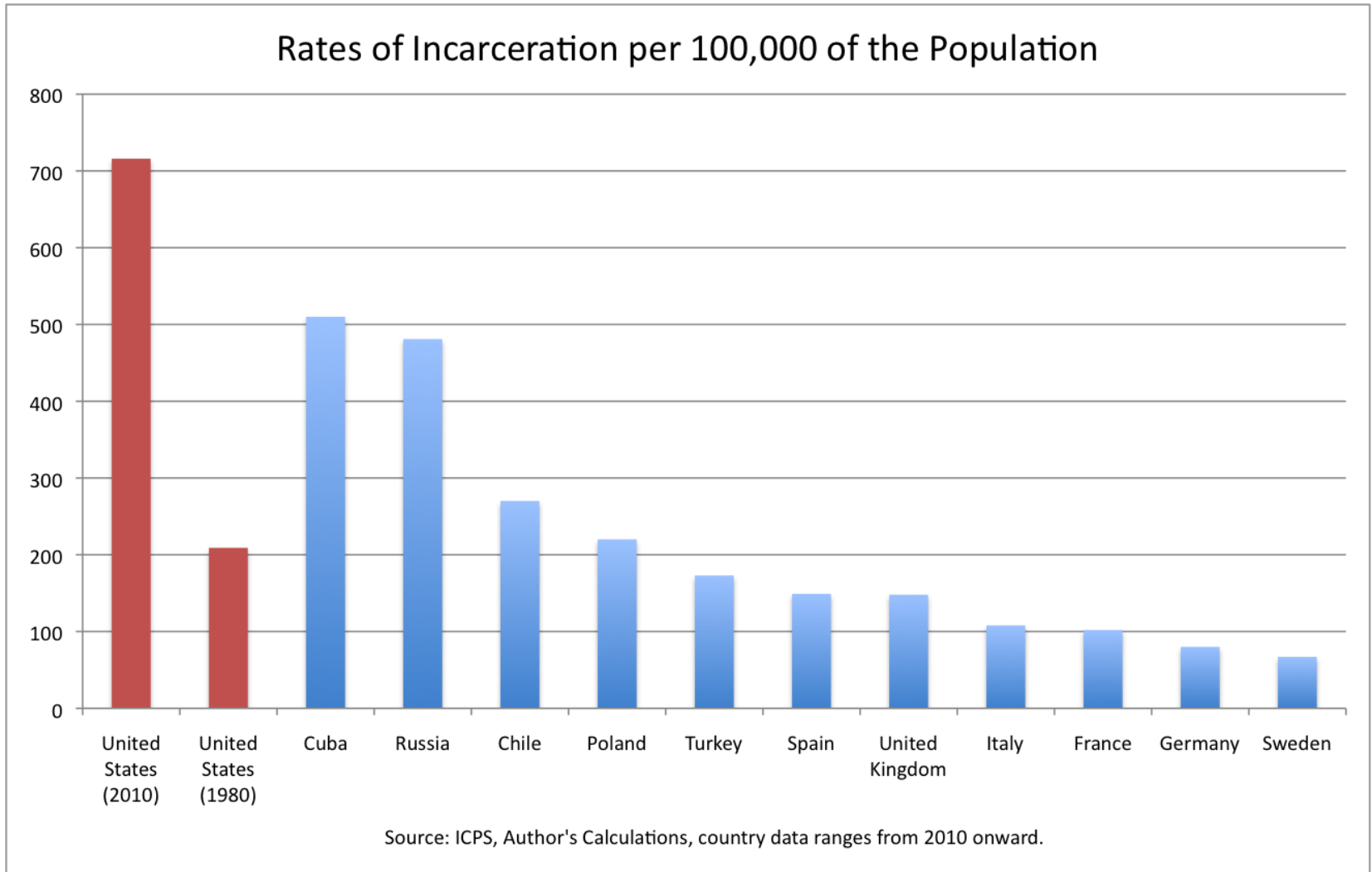
\* 2010  
 GDP refers to gross domestic product.  
 Source: OECD Health Data 2013.



# STAGNANT INCOMES



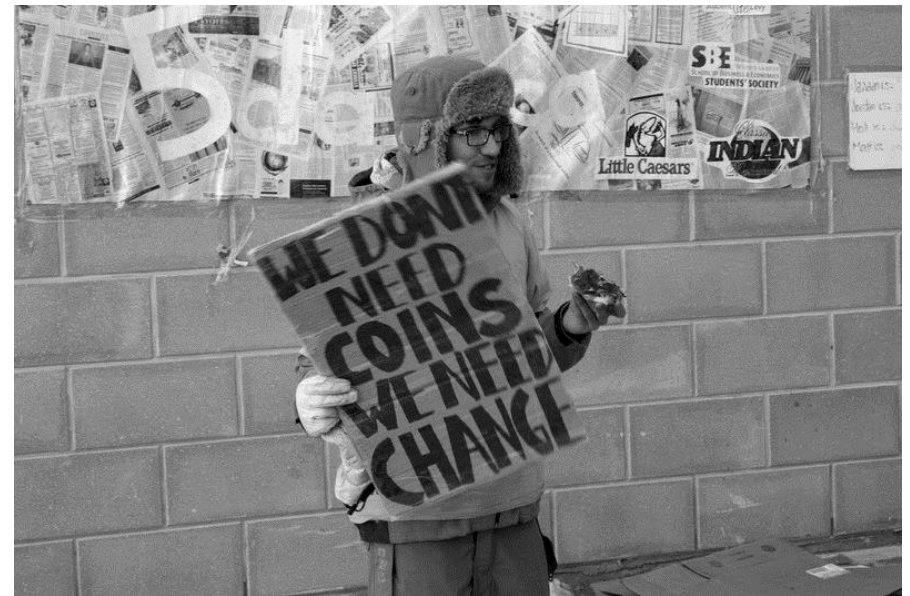
# INCREASED INCARCERATION





# 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.



# AGENDA

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

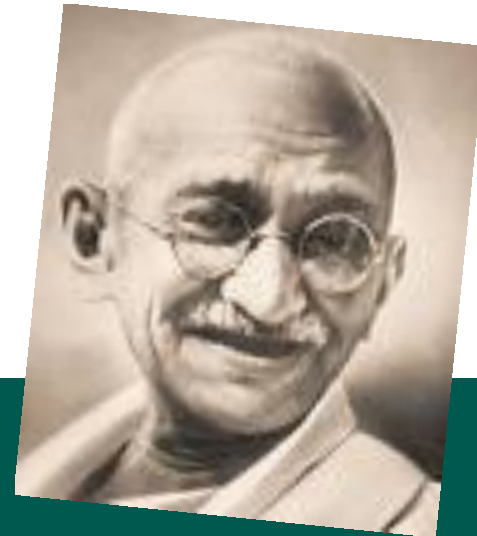
# WHAT IS HCH ADVOCACY?

It is EDUCATION

- Introducing yourself and your work
- Explaining the importance of HCH to the community
- Raising awareness of the issues of poor health and homelessness



# WHO IS AN ADVOCATE?



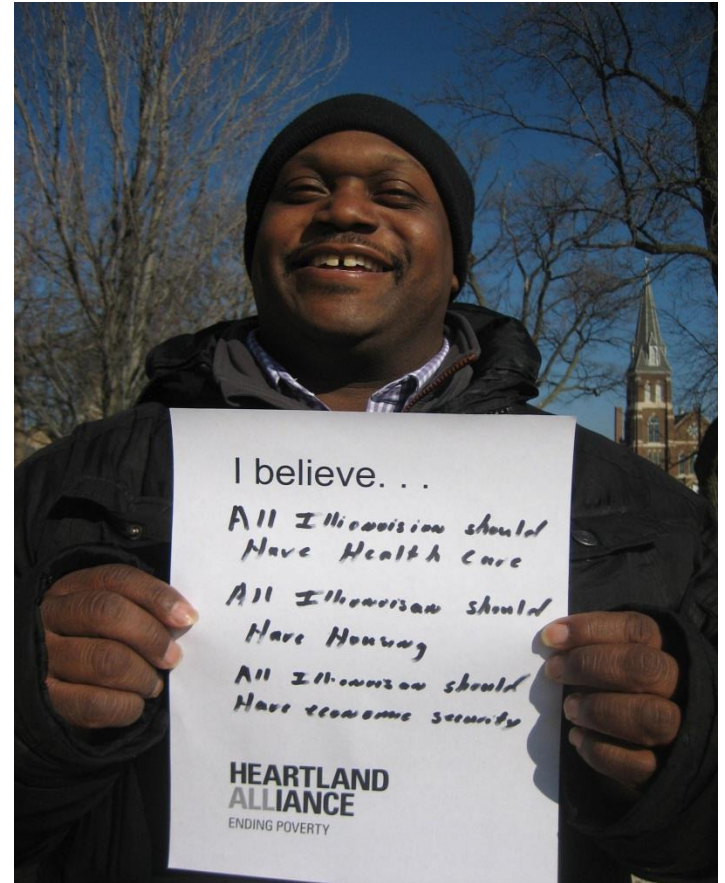
# HCH & OTHER SERVICE PROVIDERS ARE NATURAL ADVOCATES

- Front-line experience
- Important to the community
- Credible
- Understand the process of change



# HCH CONSUMERS ARE NATURAL ADVOCATES

- Real-life experience
- Can speak to how policies have affected their lives
- Powerful stories



# HCH ADVOCACY REQUIREMENTS

HRSA PIN 99-12:



*The goal of the HCH Program is to improve the health status and outcome of care for homeless individuals and families by improving access to primary health care and substance abuse services. Access is improved through outreach, case management, and linkages to services such as mental health, housing, benefits, and other critical supports. Providers in HCH programs seek ways to create new approaches to deliver comprehensive care, unite providers through collaboration, decrease fragmentation of human services, and **advocate on behalf of homeless people.***

# INDIVIDUAL

Locate detox placement for client

Find specialist to treat uninsured patient

Secure housing voucher for client and identify landlord



# POLICY

Work with a coalition to increase addiction funds

Write lawmakers urging comprehensive health care for all

Testify at a hearing about the need for increased affordable housing





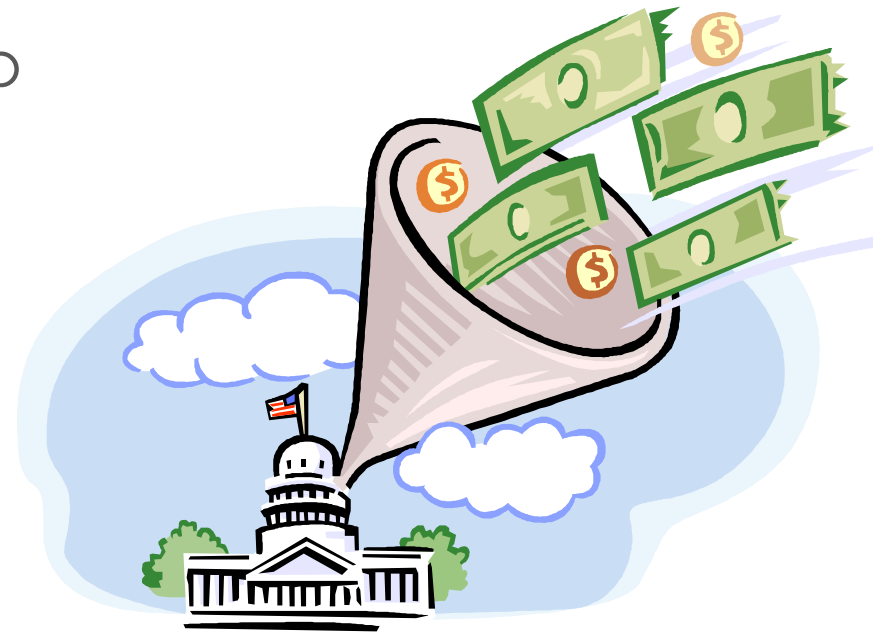
# OVERCOMING BARRIERS

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



# OVERCOMING BARRIERS

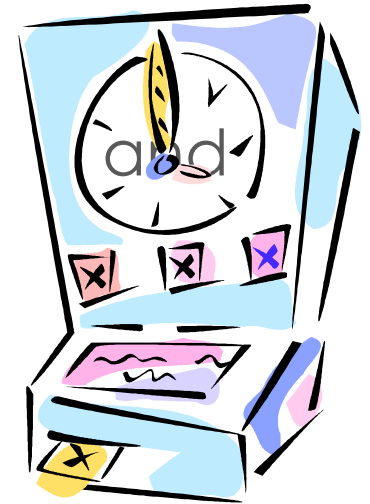
- Publicly Funded
  - Public private partnership
  - Feedback is needed
  - Need not be adversarial



# OVERCOMING BARRIERS

- Time

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



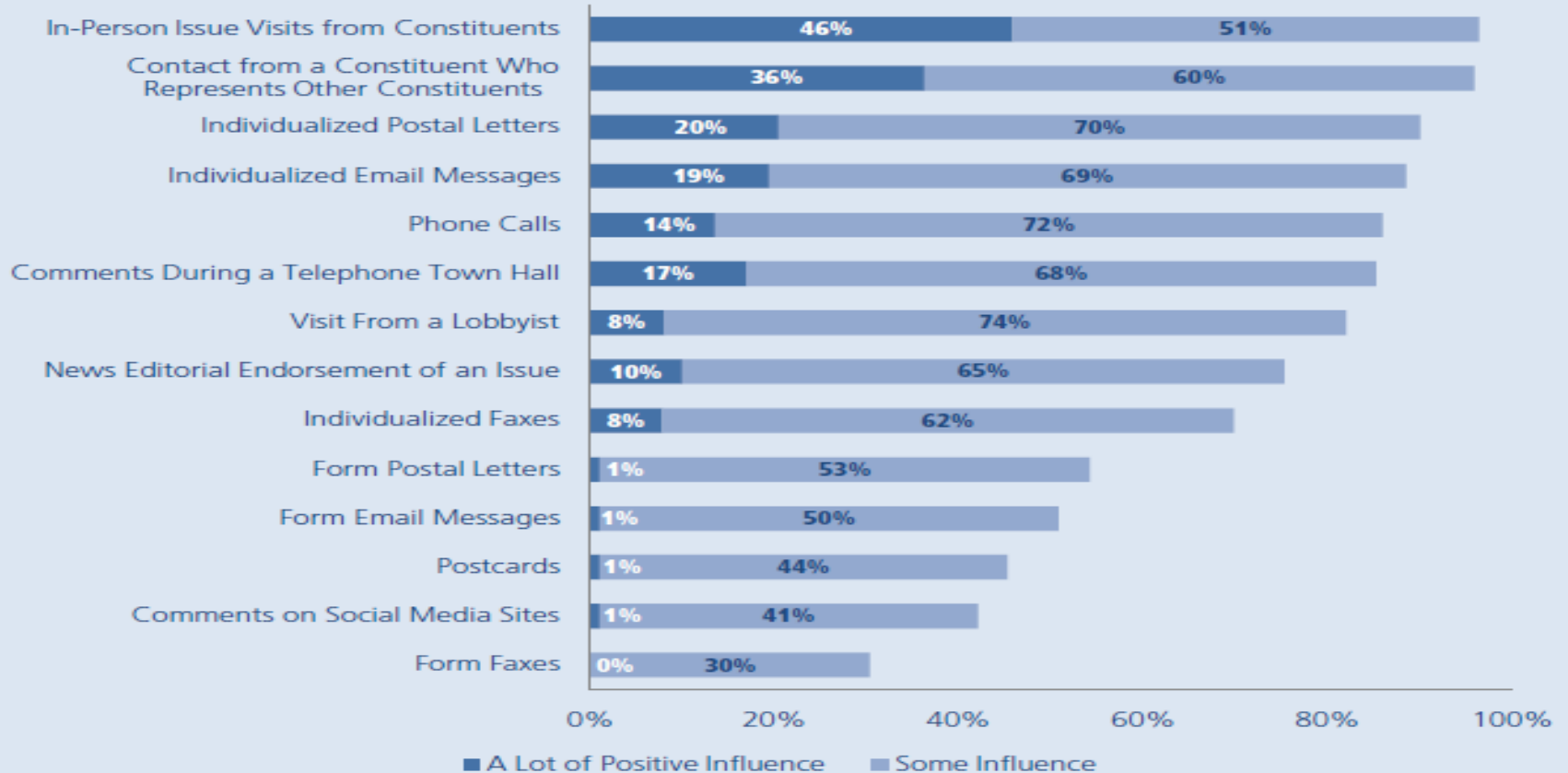
# OVERCOMING BARRIERS

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



# LEG. STAFF SURVEY

**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).

# WHAT ADMINISTRATORS CAN DO

- 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

# WHAT THE BOARD CAN DO

- 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

# WHAT CLINICIANS AND STAFF CAN DO

- Correspond with public officials
- Use real life stories from your work
- Participate in internal advocacy committees
- Participate in external coalitions
- Discuss advocacy with consumers and support their involvement
- Get involved! Its not just the CEO's job



# WHAT CONSUMERS CAN DO

- 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

# GETTING STARTED



- Unique value of your project and work
- Programs that your project and clients depend on
- Issues you have seen
- New issues you see
- Who can you collaborate with in the community?

# BUILDING 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



# IDEAS FOR ADVOCACY ACTIONS



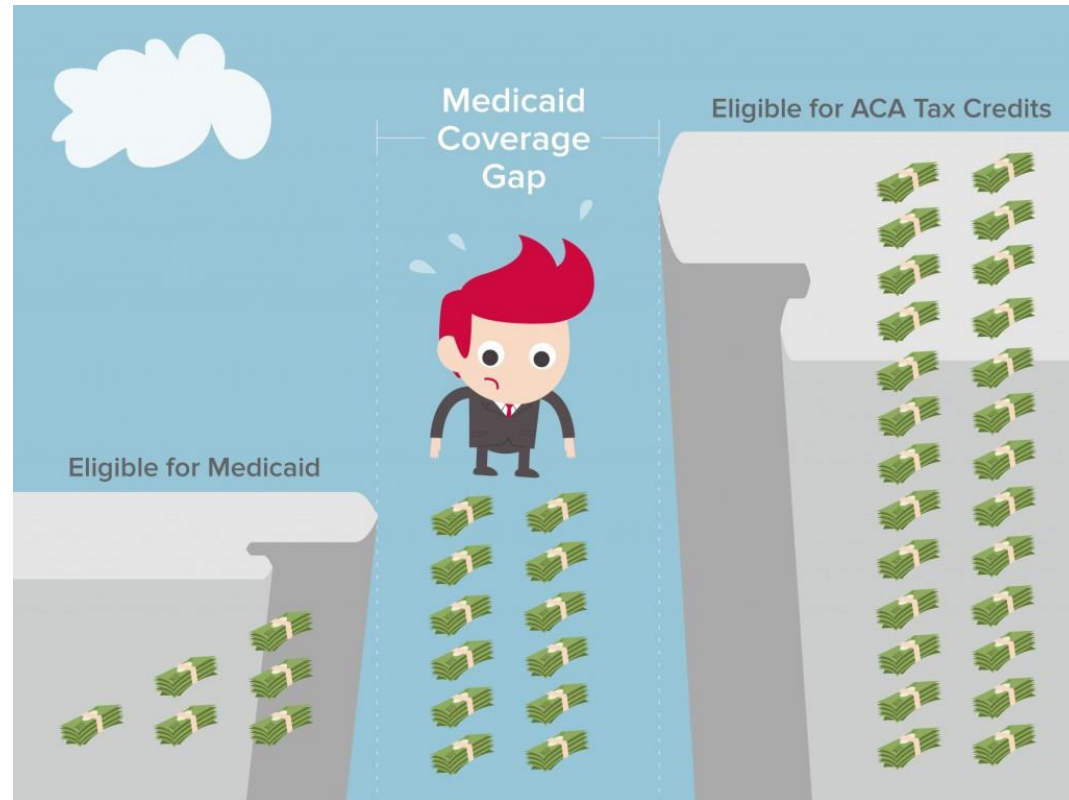
- Sign up for mailing lists
- Get others involved
- Organize a petition or letter writing campaign
- Write a letter to the editor
- Board Resolution
- Plan an event

# ACTIONS YOU CAN TAKE NOW

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

# POLICY HIGHLIGHT: STATE MEDICAID EXPANSION

- Medicaid expansion is a state decision
- Most people experiencing homelessness in the Medicaid 'coverage gap'
- **Get involved locally!**





advocacy

**Samuel Weeks, DDS, Community Activist**  
Alameda County Health Care for the Homeless

# BEFORE WE START REMEMBER:



*“The power of a movement lies in the fact it can indeed change the habits of people. This change is not the result of force but of dedication, of moral persuasion”.* - Steve Biko



# THE BASICS

*“For banks their capital is money, for advocates our capital is people.”*  
- Dr. Samuel Weeks



Educate your group on:

- ✘ What you have accomplished in the past because of advocates like them
- ✘ What you want to accomplish now
- ✘ How their participation and advocacy will help achieve your goal
- ✘ What you need them to do

# THERE ARE TWO TYPES OF ADVOCACY



NATIONAL HEALTH CARE for the HOMELESS 2013 Conference  
(Capital Hill Visit )

Group and Individual

# PARTS OF A LEGISLATIVE VISIT (GROUP)



- ✘ Prior to the visit:
- ✘ **Discuss:** strengths and stories of your group.
- ✘ **Assign roles:** determine your story tellers, they are the backbone of your visit !
- ✘ **Rehearse:** edit the stories . They must be concise, informative and 3 minutes maximum.

# PARTS OF A LEGISLATIVE VISIT

- ✘ The visit:
  - ✘ Introduce everyone
  - ✘ Share your group's stories (no more than **three!**)
  - ✘ Tell our legislators your talking points
  - ✘ Make the ASK!
  - ✘ LISTEN to their response and ask questions to pick up important information\*

\* The "ASK" is what you want "THEM" to do



# WHAT'S YOUR ROLE?

- ✘ Facilitator
- ✘ Story Teller(s)
- ✘ Time Keeper
- ✘ Note Taker
- ✘ Pitcher
- ✘ Everyone is an intelligence gatherer, listen!



# BE SURE YOU ARE BEING “HEARD” !



- ✘ Share “YOUR” story .
- ✘ Tell them what you want them to hear and do .
- ✘ Stay on topic, if you loose your focus so will they.
- ✘ Watch your time keeper.

# REMEMBER, IT'S OK



- × .....to meet with a staff person instead of the real legislator
- × .....if there are not enough chairs
- × .....if the meeting is outside of the office
- × .....to not know everything if they ask you a question
- × .....to leave materials behind

# WHAT A VISIT LOOKS LIKE (OUTSIDE)

Numbers and noise bring public attention to your cause and your group .

This is the time to rally your troops and assess your onsite strength.

Rallies before and after your visit build morale, confidence, enthusiasm and momentum.





## FORMER ASSEMBLYMAN PAUL COOK'S LEGISLATIVE ASSISTANT

The legislative assistant is your second best option if you can't meet with the legislator.

They usually review pending legislation and can get your position and requested action directly to the legislator.

There is something else in this picture that is extremely important.

Do you know what it is ?



# WHAT WILL YOU TALK ABOUT?

WHAT YOU WANT THEM TO KNOW & DO!



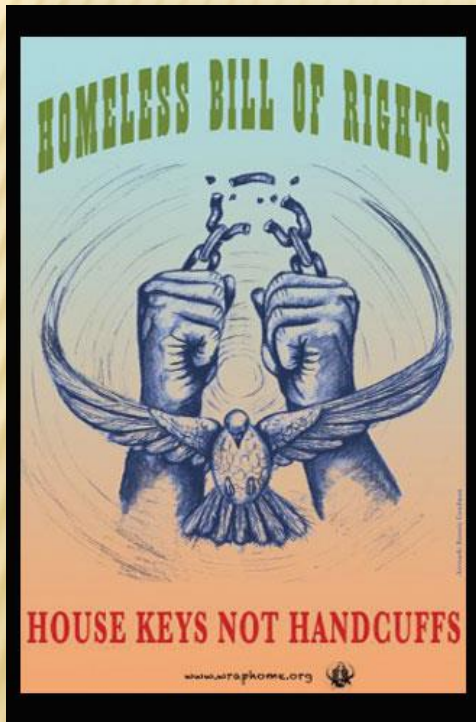
# HOMELESS BILL OF RIGHTS

## Our Message:

- ✘ There are many cities who have created laws to criminalize homeless people by making it illegal for them to sit or lie down, making it illegal for them to sleep in public or making it illegal for others to feed folks in public places.
- ✘ We need to help homeless people instead of punishing them for not having a home. No one should be fined for being poor. This bill asks for basic rights like the right to rest and the right to their property not being searched or destroyed.

✘

Our Ask: Will you vote yes to pass a homeless bill of rights in your state?



# DENTAL ADVOCACY



In 2009 the California legislature cut dental services for adults because of a “BUDGET CRISIS”. The only services that remained are treatment for infection, pain, or trauma. The least expensive and most frequently used treatment for these conditions is extraction.

These extractions without restoration of masticatory function do a disservice to the patient and their ability to eat.

# DENTAL ADVOCACY



In September 2012 after returning from the Highlander Training, I put together a 3 minute presentation on why Adult Dental Services should be restored. The 4 major points in the presentation are:

- YOU CANNOT SEPARATE ORAL HEALTH FROM GENERAL HEALTH AND WELLBEING
- THE INCREASE IN PREVENTABLE ADVERSE HEALTH CONSEQUENCES
- THE INCREASED MEDICAL COSTS DUE TO EMERGENCY ROOM VISITS CAUSED BY EASILY PREVENTABLE ORAL DISEASE
- DENTAL CARE IS NOT EXPENSIVE, DENTAL NEGLECT !

# DENTAL ADVOCACY



*Wilma Chan, Alameda County Supervisor District 3*

I connected with other health care advocates in Alameda county, and when they went to Sacramento went to Sacramento . While there I spoke with as many legislators, union leaders and community leaders as I could.

What I found was many of them wanted dental services included too. And the number of dental advocates grew.

What I had that they didn't was the credibility of having a D.D.S. This allowed me to answer questions that a lay person couldn't.

# DENTAL ADVOCACY

## WHAT I HAVE LEARNED:

- ✘ YOU MUST KNOW THE SOCIAL IMPLICATIONS
- ✘ THE SCIENCE BEHIND YOUR STATEMENTS
- ✘ THE LEGAL AND LEGISLATIVE PROCESS INVOLVED
- ✘ THE SKILL TO ORGANIZE AND EDUCATE
- ✘ A TACTICAL SENSE IN PULLING IT ALL TOGETHER
- ✘ THE TENACITY TO STICK WITH IT
- ✘ THE ABILITY TO WORK WITH DIFFERENT GROUPS



# NOW IT'S YOUR TURN-TO PRACTICE!

- × Split into groups
  - × Introduce yourself and share why you care about\_\_\_\_\_
  - × Assign roles: Choose whose story will be heard
- × Remember the visit format:
  - × Introduce everyone
  - × Share your group's stories (no more than **three!**)
  - × Tell our legislators your talking points
  - × Make the ASK!
  - × LISTEN to their response and ASK questions



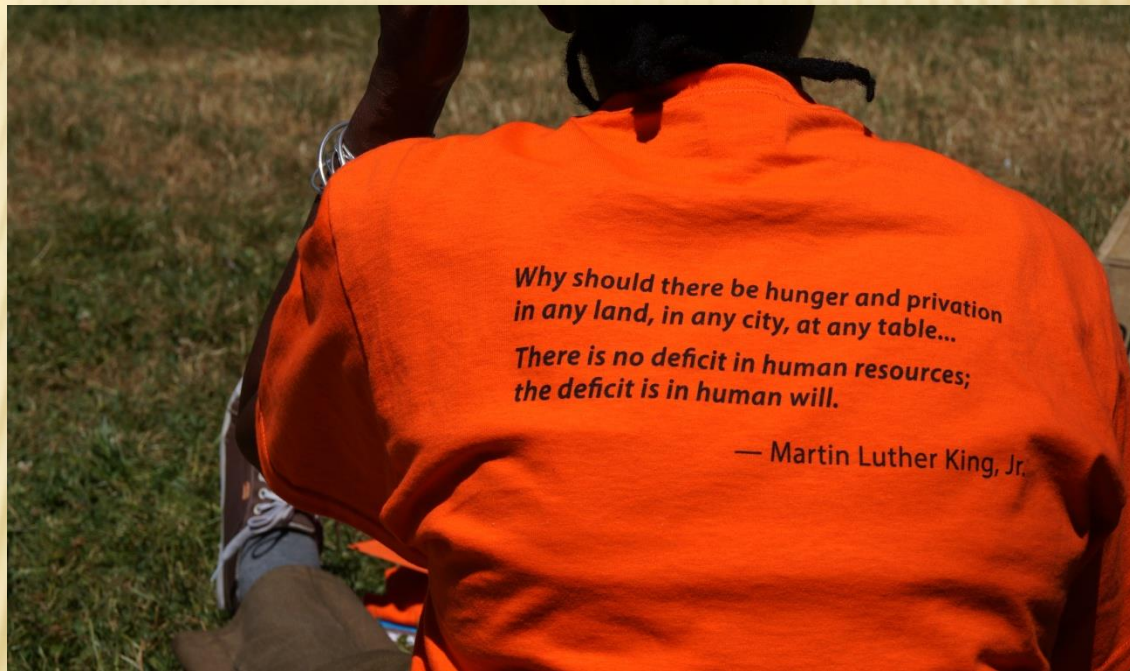
# IN CLOSING...WHAT TO DO IF...



- ✘ I'm asked a question I don't know the answer to.
- ✘ Take note of the question and let them know someone from your group will get back to them with the answer.
- ✘ I'm approached by media ? Use your talking points or refer them to your group press person.

# IN CLOSING...WHAT DO I DO IF...

- ✦ If I have more questions: Ask them now, schedule a follow up meeting, or e-mail your lead organization or group leaders.



*Thanks to the Alameda County Food Bank  
for allowing me to use parts of their 2013 presentation.*



# SOME KEY EXTRAS



- ✘ Always have something to leave, literature, a business card. You can also make an appointment for a individual visit. I do this quite frequently.
- ✘ Group visits are a great way to introduce yourself and support another agency.
- ✘ T-shirts are good for group identification but for a personal visit, wear the uniform (shirt, tie, jacket, business cards).



# MORE KEY EXTRAS

- ✘ Be fluid in your presentation, and never lie or promise things you can't do, your credibility is key to your continued access.
- ✘ Ironic isn't it, yes it's a double standard.
- ✘ Be on time, and for groups: share your stories without bitterness or acrimony. If you don't they will tune you out or get up and leave.
- ✘ Do your homework on what your target person has done in the past.



# LASTLY...



- ✘ Have an answer for what I have found to be the most common response when advocating for the spending of money, “Waste Fraud and Abuse”.
- ✘ Know the statistics on similar or past programs. The answer usually has been “it’s negligible or non-existent”.
- ✘ But again, DO YOUR HOMEWORK !!

# QUESTIONS?



Contact Information  
**Samuel A. Weeks, DDS**  
maxmolar2004@yahoo.com

*Injustice anywhere is a threat  
to justice every where.*

*– Martin Luther King, Jr.*

# 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 Fallaway, Baltimore, MD 21202  
(443) 703-1258







NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL



NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL



MAY 2 '12  
ST. S. YAM

SB 72  
2B 77

# **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



# MOMENTUM AND CHANGE

## Unaccompanied Youth Homeless Bills passed in 2013/14

- **HB823/SB764(2013)** - Established Maryland's first Task Force to Study Housing and Supportive Services for Unaccompanied Homeless Youth. Funded for another year.
- **HB794/SB797(2014)** - Established the Maryland Unaccompanied Homeless Youth and Young Adult Count Demonstration Project. Will demonstrate robust data about the prevalence and characteristics of UHY in six Md. Regions
- **HB482/SB455(2014)** - Higher Education-Unaccompanied Homeless Youth-Tuition Exemption. Expanded the college tuition exemption available to former foster care youth to include UHY.



# MORE BILL SIGNINGS!



NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# ADVOCACY IS FUN



NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# ADVOCACY IS FUN



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# ADVOCACY IS FUN



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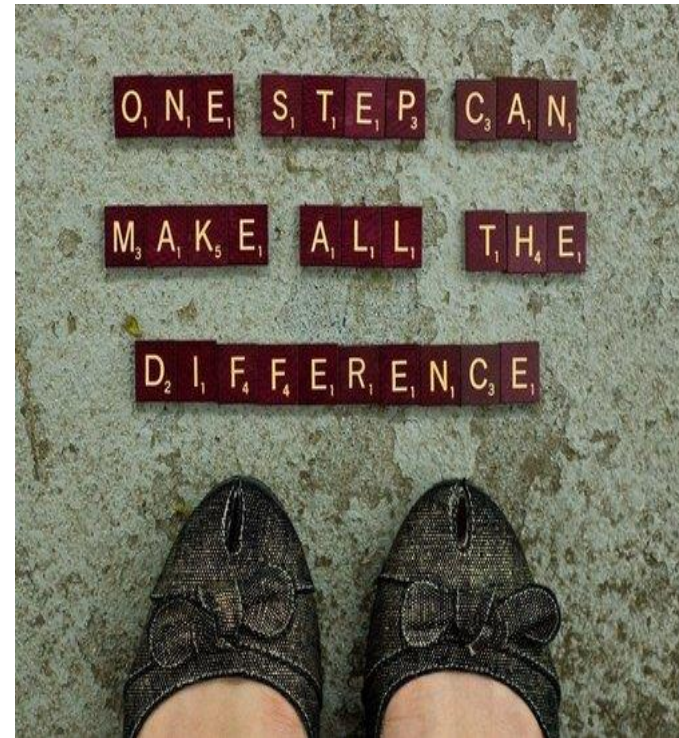
# HISTORY SHOWS GREAT CHALLENGES CAN BE OVERCOME



- “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

- Policy briefs, webinars, advocacy materials: [www.nhchc.org/policy-advocacy/](http://www.nhchc.org/policy-advocacy/)
- *The Mobilizer*: [www.nhchc.org/policy-advocacy/mobilizer](http://www.nhchc.org/policy-advocacy/mobilizer)
- *The Advo-kit*: [www.nhchc.org/policy-advocacy/advocacy-tool-kit](http://www.nhchc.org/policy-advocacy/advocacy-tool-kit)
- Dan Rabbitt, Health Policy Organizer, [drabbitt@nhchc.org](mailto:drabbitt@nhchc.org)