

ADVOCACY 101

Actions for Justice



NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

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INTRODUCTIONS AND ICEBREAKER

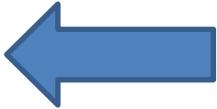
GOALS OF THE WORKSHOP

- Define advocacy and explain why it is important
- Identify ways to engage in advocacy
- Understand the legal limitations on advocacy
- Provide tools and resources to help you engage in advocacy

WORKSHOP OVERVIEW

1. Background on homelessness
2. Basics of advocacy
3. Legal limitations
4. What you can do
5. Advocacy best practices
6. Talking to people who disagree with you

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Current State of Homelessness

The National Law Center on Homelessness & Poverty currently estimates that each year at least 2.5 to 3.5 million Americans sleep in shelters, transitional housing, and public places not meant for human habitation. At least an additional 7.4 million have lost their own homes and are doubled-up with others due to economic necessity.



The Persistence of Poverty

- In 2016, 12%, about 39 million of the total population, lived at or below the federal poverty level
- In 2015, 39 million American's paid more than 30% of their incomes on housing
- Half of U.S. households are one paycheck away from falling into poverty



IS THIS JUST A FACT OF LIFE?

ARE HOMELESSNESS AND
POVERTY INEVITABLE?

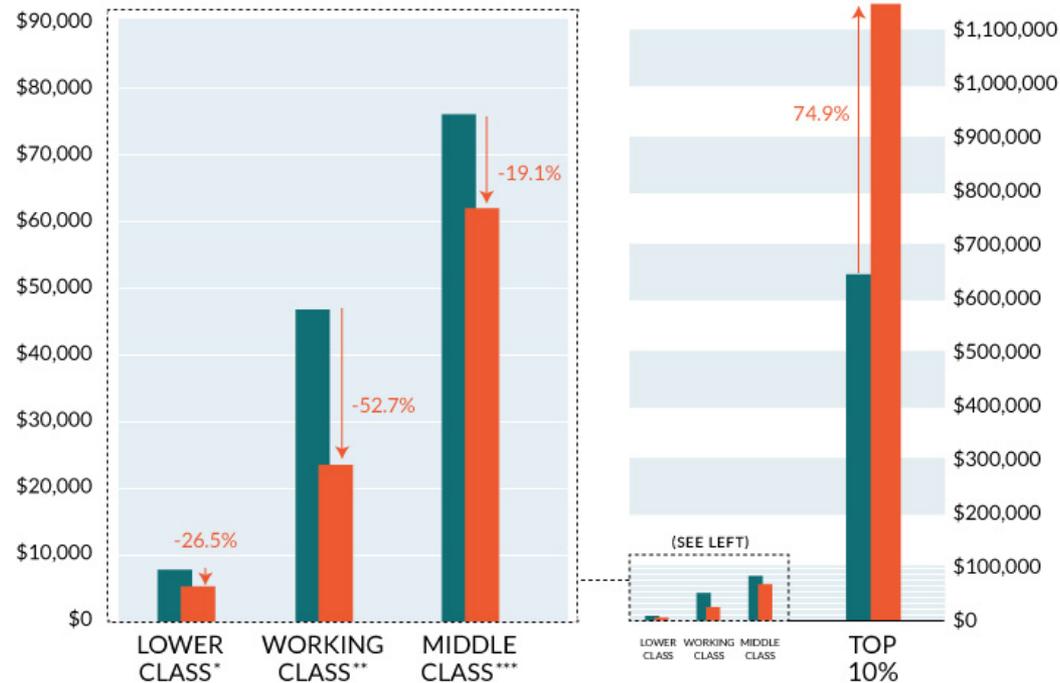
IF NOT, THEN HOW DID WE GET
HERE?

WEALTH INEQUALITY

THE WEALTH INEQUALITY PROBLEM IN ONE CHART

It's clear that America's financial and political systems are broken

MEDIAN NET WORTH ■ 1998 ■ 2013

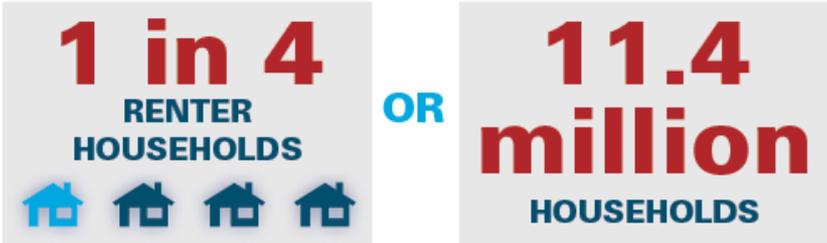


SOURCE: Federal Reserve Survey of Consumer Finances; figures in 2013 dollars

*Bottom 20% of incomes; **second lowest 20% of incomes; ***middle 20% of incomes.

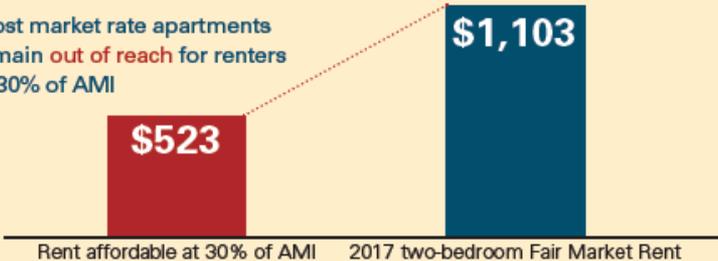
AFFORDABLE HOUSING CRISIS

DID YOU KNOW?



HAVE **EXTREMELY LOW INCOMES** AND
CANNOT AFFORD THE RENT

Most market rate apartments
remain **out of reach** for renters
at 30% of AMI



MINIMUM-WAGE WORK DOESN'T PAY THE RENT IN MOST AREAS:

Federal minimum wage: **\$7.25** Annual income: **\$15,080**

2017 one-bedroom Housing Wage: **\$17.14**

Number of hours at minimum wage needed to afford rent: **94.5**



WWW.NLIHC.ORG/OOR

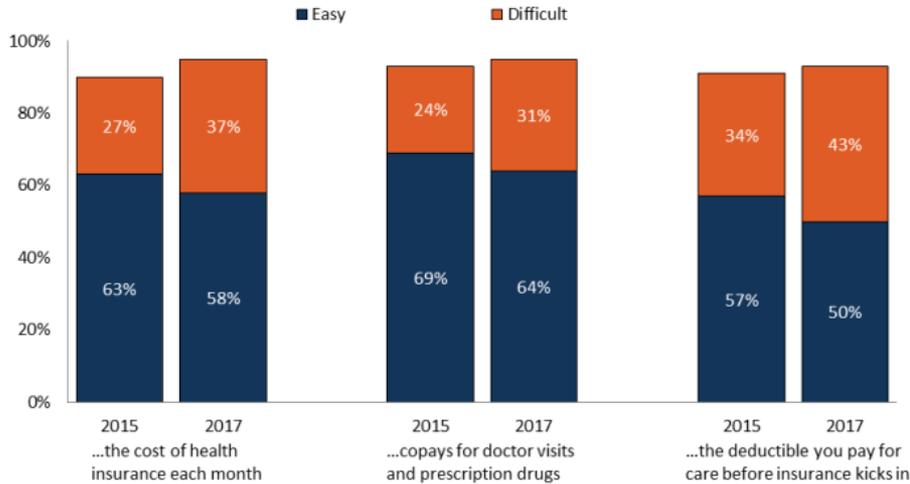
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05/23/2017

HEALTH CARE COSTS

Figure 2
More Insured Americans Now Report Difficulty Affording Health Care

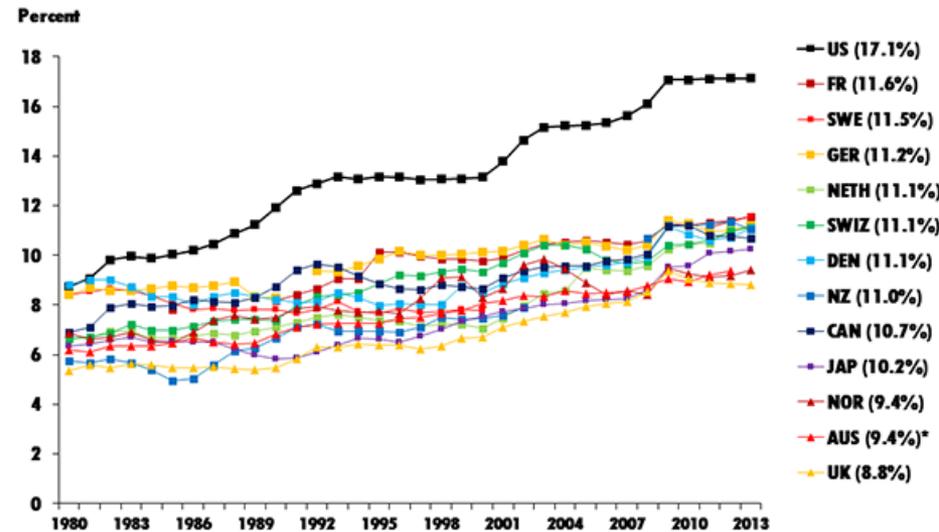
AMONG THE INSURED: In general, how easy or difficult is it for you to afford to pay...



NOTE: Don't have to pay (Vol.) and Don't know/Refused responses not shown.
 SOURCE: Kaiser Family Foundation Health Tracking Polls



Health Care Spending as a Percentage of GDP, 1980–2013



* 2012.

Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.
 Source: OECD Health Data 2015.



The Bottom Line

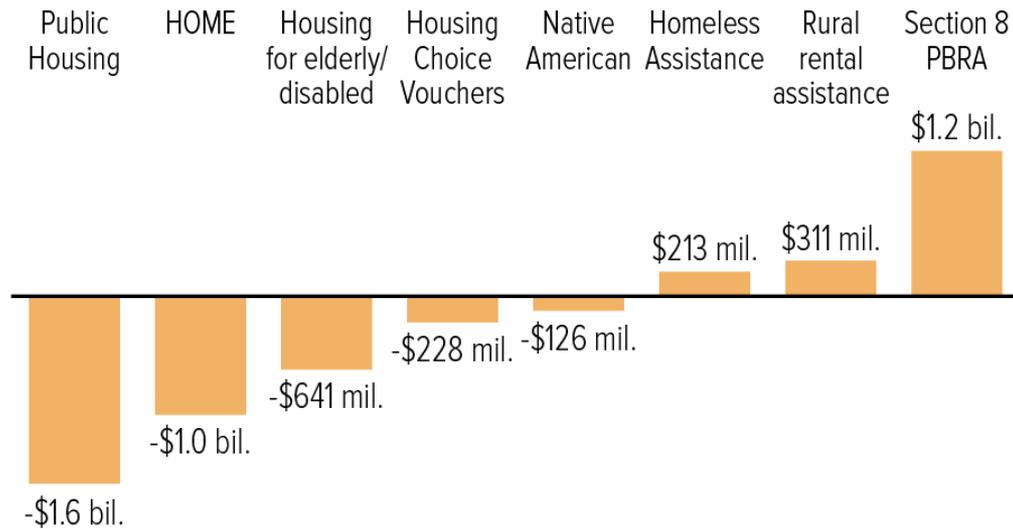
Contemporary homelessness is the product of conscious social and economic policy decisions



Decline in Housing Funding

Public Housing and HOME Grants Have Seen Deepest Funding Cuts

Change in funding, 2016 compared to 2010, adjusted for inflation



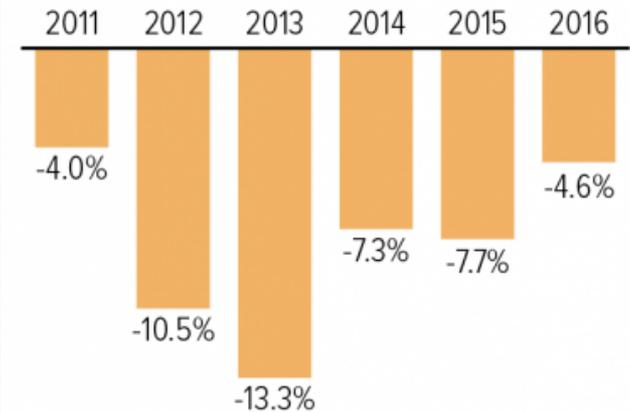
Note: "Housing for elderly/disabled" refers to the Section 202 and 811 programs; Rural rental assistance refers to the Section 521 program.

Source: Office of Management and Budget.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Federal Housing Assistance Funding Remains Well Below 2010 Level

Discretionary budget authority for housing assistance, relative to 2010, adjusted for inflation



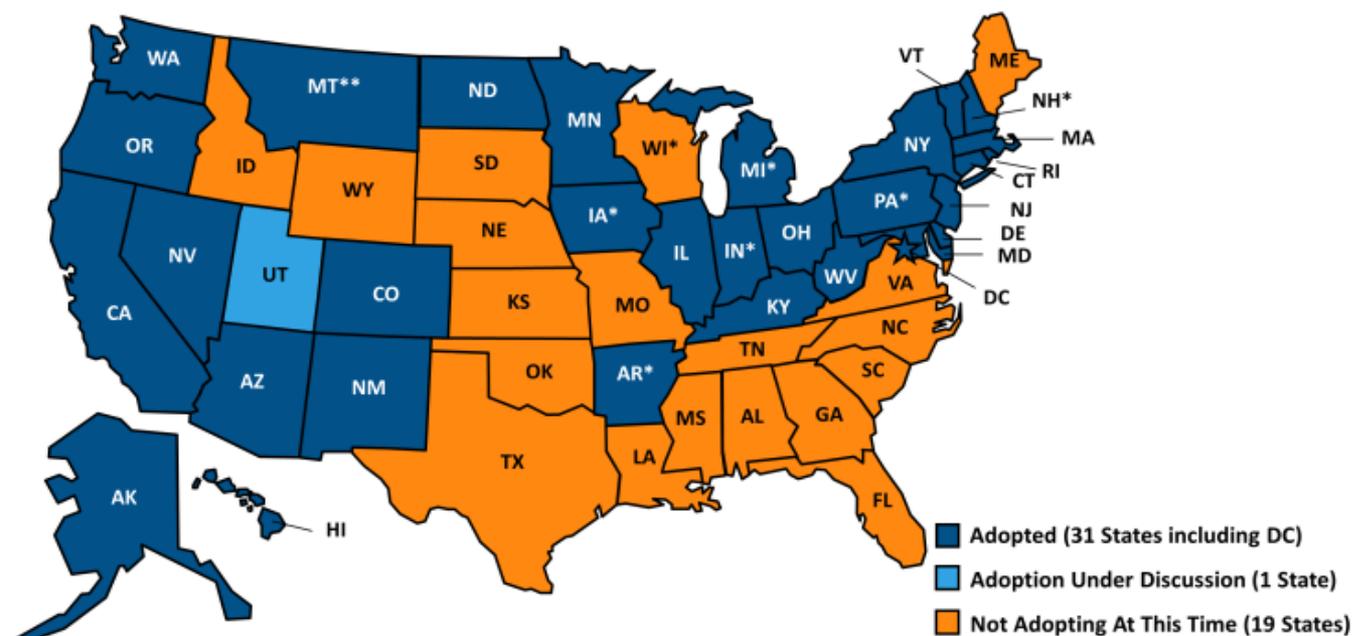
Note: "Federal housing assistance" includes the Section 8, public housing, homeless assistance, Section 521, HOME, Native American Housing, HOPWA, and Section 202 and 811 programs, as well as many smaller programs, but does not include community development programs.

Source: Office of Management and Budget.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Medicaid Expansion

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. **MT has passed legislation adopting the expansion; it requires federal waiver approval. *AR, IA, IN, MI, PA and NH have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it is transitioning coverage to a state plan amendment. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated September 1, 2015.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



HEALTH CARE FOR THE HOMELESS PROGRAMS DEPEND ON FEDERAL FUNDS

HUD Programs	Enacted FY 2017	House Approps. Proposed FY 2018	Senate Approps. Proposed FY 2018
Homeless Assistance Grants	2,383	2,383	2,456
United States Interagency Council on Homelessness (USICH)	3.60	0.57	3.60
HUD-VA Supportive Housing Program Vouchers	675	675	715
Tenant-Based Rental Assistance (Section 8 Vouchers)	20,292	20,189	21,365
Project-Based Rental Assistance	10,800	11,100	11,500
HHS Programs			
Health Care for the Homeless	130	121	130
Runaway and Homeless Youth Act	119	119	119
Basic Centers	54	54	54
Transitional Living	48	48	48
Educ. Grants to Reduce Sexual Abuse (street outreach)	17	17	17
Projects for Assistance in Transition from Homelessness (PATH)	65	65	65
SAMHSA Homeless Programs	69	36	36

POLICY PRIORITIES FOR THE HCH COMMUNITY

- Guarantee affordable housing
- Reform the behavioral health system
- Increase access to care and strengthen Medicaid
- Establish a universal health care plan
- Reform the criminal justice system

A FALSE SENSE OF SCARCITY

“We are the richest country in the history of the world. We have 20 million people uninsured and right now we subsidize employer sponsored health insurance by \$250 billion a year. Sixty percent of America’s housing subsidies go to homeowners who don’t need it to keep a roof over their head. At the same time we only fund housing subsidies for one fourth of the people who need it to stay housed. We have a mal-distribution of the goods and resources in this country. So when we hear there is not enough resources that is a FALSE sense of scarcity.”



-Bobby Watts, CEO, National Health Care for the Homeless Council

What can you do?

Advocate!

Become an advocate for policy change by making advocacy a part of your job and routine



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Defining Advocacy

- **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 stand up for what you believe in!

Examples of Advocacy

Individual Advocacy

Locate detox placement for client, find specialist to treat uninsured patient, secure housing voucher for client and identify landlord



Policy Advocacy

Work with a coalition to increase addiction funds, write lawmakers urging universal health care, testify at a hearing about affordable housing



POLICY ADVOCACY

When we recognize **problems in the system** we want to see solutions put in place. The act of making a problem known, suggesting alternatives, and helping policy makers select the best solution is known as “policy advocacy”.



Key Principles of Policy Advocacy

Educate

Advocacy is an educational process between lawmakers and constituents.

Share stories and experiences

Real life experiences are compelling. Providers and consumers have experienced issues of policy and homelessness first hand. Their stories can demonstrate the need for policy change.

Build relationships

Much like the clinical relationship between provider and patient, lawmakers are more responsive when they know and trust you.

Focus on universal solutions

Stay focused on making homelessness brief and rare through macro solutions such as universal health care, affordable housing, and livable incomes. But understand that most policy change is achieved through a series of smaller and more incremental steps.

THE IMPORTANCE OF CLINICIAN AND CONSUMER ENGAGEMENT IN ADVOCACY

Your experience matters

Clinical benefits

Moral obligation

Lawmakers need to hear from those who are living and experiencing the systems they are creating, changing, and destroying

WHY TELL YOUR STORY?

“Plenty of reports on homelessness focus on statistical analysis, facts, and figures. Stories about what a day in the life of a person experiencing homelessness looks and feels like personalize the issue. Telling your story makes these experiences concrete and personal, humanizing both the storyteller and the broader issue.” –

NCAB Storytelling Guide

<https://www.nhchc.org/2017/08/new-resource-ncab-storytelling-guide/>



“Health Care for the Homeless advocacy is most effective when consumers and providers tell their stories side by side.”

David Peery, HCH Advocate



SURVEY SAYS...

Story telling is incredibly effective

Concise arguments are key

Constituents have more power

ADVOCACY ALERT

Save the Capitol Switchboard number in your phone

(202) 224-3121

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What is lobbying?

Advocating	Lobbying	
	Direct	Grassroots
Identifying, embracing, and promoting a cause	Requesting legislators to take action on specific legislation	Urging others to contact their legislator requesting action on specific legislation

Source: Gear Up for Capitol Hill, ProLiteracy

Communications that do not advocate for the passage or defeat of legislation or similar measures are not considered to be lobbying!

CAN HEALTH CENTERS AND NONPROFITS LOBBY?

YES

LIMITATIONS ON LOBBYING

- Federal grant funds may **not** be used to pay for lobbying expenses
- Lobbying activities cannot constitute a “substantial part” of total activities.
- Health centers should not spend more than 5% of an organizations time and effort on lobbying activities.

NO POLITICAL CAMPAIGNING

Note the difference between 'lobbying' and 'participating in political campaigns'.

Political campaigning is endorsing or opposing a political candidate.

Participating in political campaigns is strictly

prohibited for 501 (c)(3)s.



REMEMBER

Communications that do not advocate for the passage or defeat of legislation or similar measures are not considered to be lobbying!

IS THIS LOBBYING?

Kevin describes in detail to his Senator how the expansion of Medicaid in Maryland has allowed him to hire more employees and provide a better quality of care to clients.

IS THIS LOBBYING?

Nilesh testifies at Baltimore City Council hearing on the importance of raising the minimum wage in Baltimore city and asks all of the Council members to pass a resolution to raise the wage!

IS THIS LOBBYING?

Katherine asks steering committee members to call their Senators and ask them to co-sponsor and make a statement of public support for Bernie Sander's single-payer bill.

IS THIS LOBBYING?

Joseph posts on Facebook about how gaining Medicaid coverage saved his life. The National HCH Council shares this story with the captain:

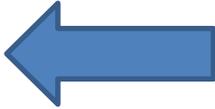
“#Medicaid saved Joseph’s life and is a crucial part of our health care system. Read Joseph’s story here.”

IS THIS LOBBYING?

Barbara emails 10 congressional staffers a policy brief.

“Please find attached our recent brief on MAT treatment for those suffering from opioid use disorder. We hope this is helpful while you are working on legislation to combat the Opioid epidemic.”

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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 HCH projects and patients

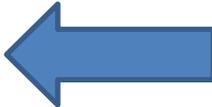
What Clinicians and Staff Can Do

- 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
- Share your story

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ADVOCACY IS ABOUT PERSUASION



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WHAT'S PERSUASIVE?

YES:

- Storytelling
- Relationships

NO:

- Being a policy wonk with too many statistics

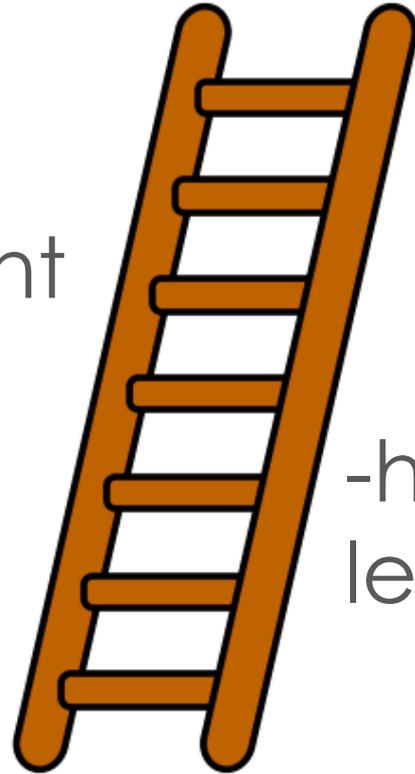


YOU ARE THE EXPERT OF YOUR OWN STORY.

- We ALL have stories – lead with this
- Practice & revise
- Keep it short and to the point



LADDER OF ENGAGEMENT



-constituent meeting

-talking to media

-calling elected officials

-handwritten letter

BUT WHAT SHOULD I SAY?

- Explain who you are, and why the issue matters to you.
- Make a clear ask.
- Appeal to shared value.
- Support argument with personal story (no more than one fact).
- Repeat the ask, and say thank you.

MEDIA COVERAGE



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ADVOCACY ALERT

Sign up for the National HCH Council's Advocacy Alert Monthly Newsletter Mobilizer

Sign up sheet is going around!

Or visit www.nhchc.org/mobilizersignup/

Also, text TNJUSTICE to 22828 to get the latest health care advocacy updates from the Tennessee Justice Center!

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TALKING TO PEOPLE WHO DISAGREE WITH YOU

- Speak loudly
- When they don't agree, say it even louder

Just kidding.

VALUE-BASED MESSAGING



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OTHER TIPS FOR TALKING TO PEOPLE WHO DISAGREE WITH YOU

- LISTEN
- Acknowledge other person's complaint, and provide real info.
- Find the lowest common denominator to achieve result
- And of course, share real experiences and stories.

ACTIVITY TIME

Situation #1

The state Governor is working on a Medicaid waiver that would require showing proof of work and passing a drug screening every 2 months to maintain Medicaid coverage. Dan is a health care navigator at HCH. Every day he works with clients to enroll them in Medicaid. Dan wants to explain to the Governor how this bill would decimate the ability to keep people enrolled in coverage. Unfortunately, all the other navigators at the clinic are out sick with a horrible illness so he must work 10 hour shifts every day for the next few weeks to cover for them. He is exhausted with limited capacity to engage outside of work.

Situation #2

The state legislature is working on a bill that would ban anyone with a felony or misdemeanor from receiving SSI disability. Joe is a member of the HCH consumer advocacy committee. He is currently housed, works part time at local library, and depends on SSI disability. Joe has a felony and misdemeanor on his criminal record. The legislature called for open testimony. Joe wants to share his story and ask the legislature to vote against this bill. Unfortunately, the Capitol is four hours away and Joe is unable to travel long distances.

What are some ways that Dan and Joe can engage in advocacy?

IN CLOSING

✓ Take
Action

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615-846-4722

IF THERE IS NO STRUGGLE, THERE IS NO PROGRESS

This struggle may be a moral one, or it may be a physical one, and it may be both moral and physical, but it must be a struggle. Power concedes nothing without a demand.

-Frederick Douglass