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THERE IS NO MAGIC WAND: CREATING A CULTURE OF ADVOCACY, ONE STEP AT A TIME

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CARE FOR THE HOMELESS

UNITY HEALTH CARE
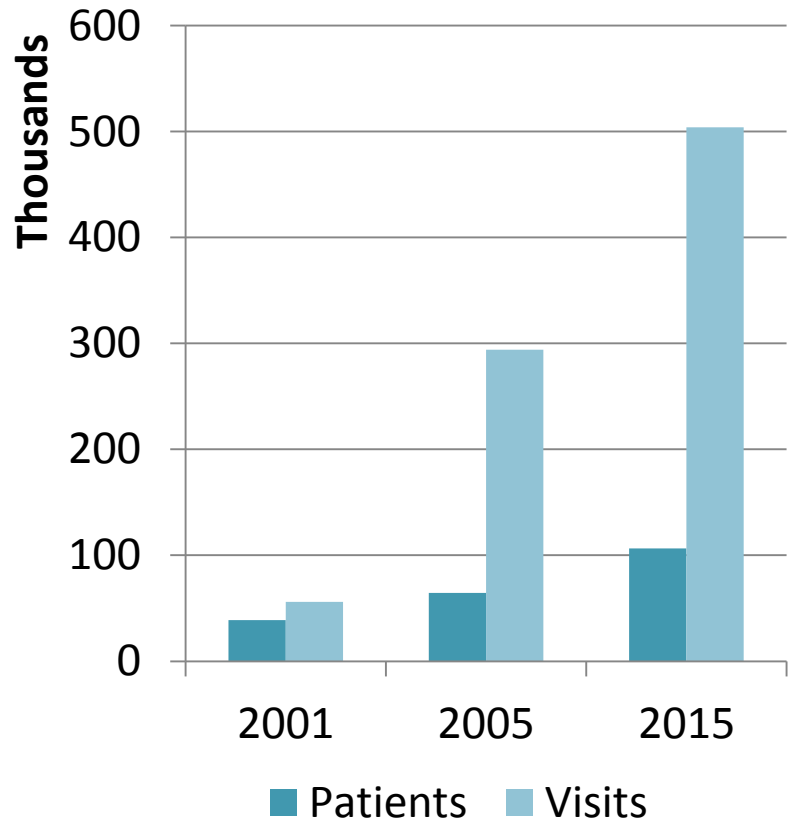*We treat you well*

If I had a wand...

Unity Background

- Healthcare for the Homeless in 1985

- 2018: 20+ sites and over 100,000 patients
  - 10% patients experiencing homelessness

- 1,000 employees

DC Political Environment

- DC Council & Mayor are full time & accessible; encourage public participation in government

- DC has generous benefits & proud of it

- Value Washingtonians & nickname 'Chocolate City'

- Gentrifying
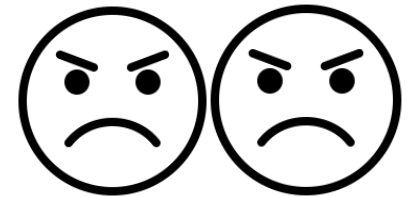
Discussion Question

WHAT'S YOUR VISION OF A CULTURE OF ADVOCACY?

Back at Unity in 2014: Advocacy Culture

- Mom and Pop Shop mentality
  - Advocate on our patients' behalf
  - CEO & CMO have final say
- Policy agenda focused on business items
  - Action items, but no goals
- Main tactic: CEO would testify at DC Council as needed
- No one dedicated to advocacy

Leadership: C-Suite & VPs
Let's start the culture change

Barriers

- Hesitancy to change
  - 'Letting go of the reins'
  - Speaking out against funders
    - Mainly DC Gov't
- No structure to support advocacy

Strategies

- Start with small, easy asks and tactics
- Policy agenda
  - Identify problem & be clear why a policy change is the solution
- Know parameters
- Point out benefits of staff & patient involvement

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Policy agendas

Who has a policy agenda?

- Cover all priorities
- Leadership must acknowledge changes in political environment
- Monitored section
- Political capital & political will
- Aligned with city's fiscal year

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Leadership

Outcomes

- In-depth policy agenda
- Sign-on letters
- Policy Statements
- CEO continued to testify

Lessons Learned

- Organization felt more comfortable in partnership and supporting others
- Advocacy tactics: Low-risk

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'Active Staff'
There has to be others

Barriers

- Moving from reactive to proactive advocacy
- Do we know any staff that is already advocating?
- Find staff interested in advocacy efforts
  - Is leadership ok with increased staff involvement?
  - Patient access issues

Strategies

- Have staff testify at hearings
  - With or 'on behalf of' CEO
  - Leadership: Exposes decision-makers to Unity diversity & expertise
  - Staff: opportunity to engage in policy/system level change
- Increase awareness of local/federal policy & Unity involvement
- Reign in over zealous staff
- Point out benefits of staff & patient involvement

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Policy Update

- Originally only sent to leadership team (15)
- Biweekly
- Content: Local and national news, DC rules & regulations, hearing summaries
- Expanded to include Unity advocacy activities & promoting active staff, upcoming policy/advocacy events, advocacy actions, community meeting summaries

'Active' Staff

Outcomes

- Policy Update
  - Roughly 90 staff signed-up
  - Identify staff interested in policy
- Approached engaged staff to testify; more were willing to participate than expected

Do you have staff that teach? Guest lecture? On the radio? Write blogs? Active on social media?

Lessons Learned

- Having experts testify along with CEO made effective combo
  - CEO didn't have to be expert of everything
- Active staff helped identify other 'expert' staff
- Teach consistent messaging more difficult than expected
- Brief lessons on legislative cycle are helpful to this group

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Discussion Question

WHAT ADVOCACY TACTICS IS YOUR ORGANIZATION COMFORTABLE WITH?

Time and Resource Check Early 2016

- Advocacy tactic of choice: CEO + staff
  - 1.5 years, but worked well
- Planning & External Affairs Department
  - Communications Manager
    - Peek interest on provider stories & advocacy efforts
    - Every testimony, advocacy event shared
- Increased coordination with other advocacy groups
- New DC Administration

Patient Advocacy

Barriers

- 'Advocate on their behalf'
- No one would say yes!
- Effort to involve patients was too little too late
- Time, energy, capacity
- Recruitment

Strategies

- Point out benefits of staff & patient involvement
- Mission, necessity
- Pitched as a benefit to Unity

How are your patients involved in your organization?

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Patient Advocacy
Got to a yes!

Outcomes

- Developed training and host monthly meetings
- 3 patients testified at 2017 BOHs, 3 in 2018
- Benefits other departments, patients are ready to:
  - Speak with reporters
  - Participate in fundraisers
  - Board pipeline

Lessons Learned

- Direct service providers are *key* to recruitment
  - Need to find a few champions to help recruit
- Time consuming
- Difficult to keep patients engaged

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Train Patients to Testify

- Conducted training early 2017 & 2018
- Focused on DC government structure, legislative process, public speaking and testimony structure; concluded with a mock hearing

Bring everyone else on Board: Board of Directors & Staff

Barriers

- Is leadership ready for this?
  - Educating vs scaring staff
  - Need for transparency
- Audience interest/ readiness
- Communication always a challenge
- Time

Strategies

- NACHC ACE certification 2017 goal
  - Board Resolution
  - Staff HC Advocates
    - In-person training

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NACHC ACE Certification
Made this my 2017 goal

- Board Resolution
- Advocacy Plan template
- Advocacy Coordinator
- Host an elected official
- Social media platform
- Sign-up 50% of staff as HC Advocates
  - Conducted in-person trainings during staff mtgs
  - Opportunity to sign-up for Policy Update

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Board & Staff

Outcomes

- Board signed advocacy resolution
- Added advocacy as Unity 'value' & in our strategic plan
- Increased interest & sign-ups for HC Advocates, Mobilizer and Policy Update
- Advocacy updates in various meetings

Lessons Learned

- Each health center has own culture that affects staff engagement
- In-person trainings & sign-up sheets were successful
- Timing was perfect

ADVOCACY CENTER OF EXCELLENCE

HEALTH CENTER Advocacy NETWORK

BRONZE

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Discussion Question

HOW DOES YOUR ORGANIZATION HANDLE ADVOCACY AND OPPOSING VIEWS?

Partitships

Partnerships

'We're not the only ones, right?'

- Local affiliate of Center for Budget & Policy
- Location based grassroots organizations
- Membership advocacy organizations
- PCAs, national level advocacy groups
- Specific issue coalition

Advocacy 'Program' Overview

- Policy Agenda
- Policy Update
- Staff & patient testimonies
- Social media advocacy
- Newsletter for DC Council & Administration

- Community Partnerships
- Support NACHC/NHCHC

Culture Change in Progress

Successes

- Increase in overall awareness of & interest in Unity's involvement in policy & advocacy
- Policy Update readership
- More managers interested in providing their staff opportunities to advocate
- More staff & patients willing to testify

Challenges

- Capacity
- Blocking schedules/ providers out of clinic
- Patient recruitment & retention

Next Steps

- Website content
- Social media advocacy strategy
- Start Advocacy Committee
- Patient-run advocacy group/ CAB


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Let's Talk Resources

- Me
- Policy Update/ Newsletter- Constant Contact
- Communications Director
  - Social media platforms
- Time, capacity
- NACHC ACE
- Advocacy budget
- NHCHC webinars

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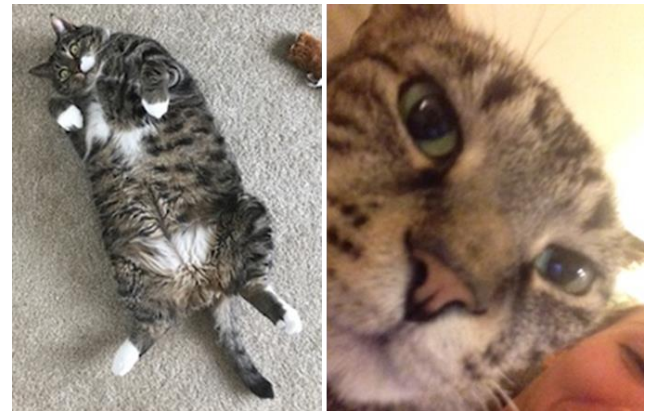
Quick Tips

- Understand budget cycle/fiscal year
- Understand legislative process
  - City, County, State
- Know your own budget
- **Know your audience and political environment**
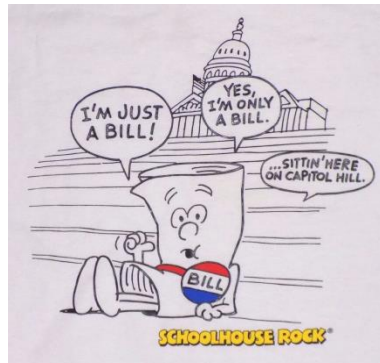
How To Talk About Homelessness

Care For The Homeless

CONCEPTUAL FRAMES

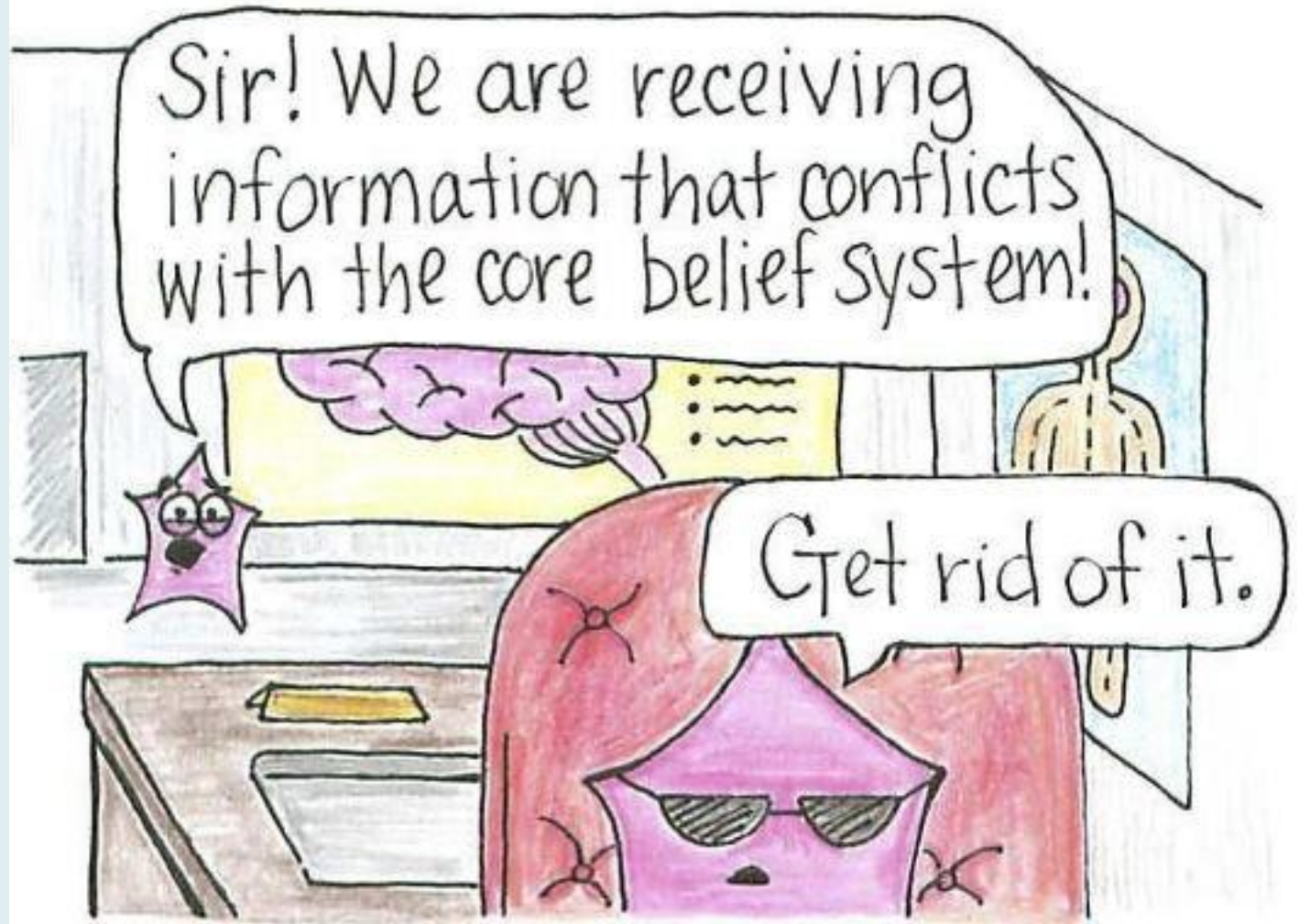Cognitive linguistics sees "conceptual frames" as "bedrock" of understanding.

- People understand ideas because they fit them into existing conceptual frames.

- A few words or cues trigger frames that inspire certain interpretations.

  - George Lakoff

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ANY "ISSUE" CAN BE "DEFINED" BY MULTIPLE MEANINGS AND DIMENSIONS; THESE ALTERNATE INTERPRETATIONS SERVE AS THE BASIS FOR HOW ISSUES ARE VIEWED:

- How policymakers see an issue
- How the media covers it
- How advocates define it
- How the public judges it

Outcomes could largely be determined by the way that we frame things

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SOMETIMES **HOW WE TALK ABOUT AN ISSUE** DETERMINES THE OUTCOME OF A SOCIAL/POLITICAL POLICY

- Inheritance tax/ death tax
- War on Poverty
- Personal Responsibility and Work Opportunity Act ("Ending Welfare As We Know It")

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It is unlikely that the "general public" will be well enough informed about complicated issues to base views on objective highly specific cost/benefit ratios or deep academic studies.

We all rely on various relevant – often conflicting – interpretative shortcuts:

- core values
- "cues" – including cultural stereotypes
- how issues are presented in the media

People approach the world not as naïve, blank slate receptacles who take in stimuli in some independent and objective way, but as experienced and sophisticated veterans of perception who have stored prior experiences as an organized mass. This prior experience takes the form of expectations about the world, saving the individual the trouble of figuring things out anew all the time"

-Deborah Turner

FRAMING

- Often internalized from the media

- It becomes "second nature" or automatic

- Allows us to process information efficiently and get on with our lives

RUGGED INDIVIDUALISM

The "dominant language" that some sociologists call the "first language of America" is individualism and personal responsibility.

The notion that rugged individualism and self discipline determines outcomes

Statistics show that where we start largely determines where we will end up

INDIVIDUALISM IS BASED ON CORE BELIEFS:

- ➢ Economic opportunity is widespread
- ➢ "Anyone who tries hard enough can succeed"
- ➢ World is a fair place/hard workers reap rewards
- ➢ "Deserving"/ "undeserving" poor

HUMANITARIANISM ALSO BASED ON CORE BELIEFS:

- ➢ The world often isn't fair; outcomes dramatically affected by geography, class, racism
- ➢ Problems aren't just personal; often systemic
- ➢ We have a community obligation

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IN STUDIES PUBLIC SUPPORT FOR POVERTY POLICIES PROVIDING CASH BENEFITS AND FULL MEDICAL COVERAGE:

- "Perceived deservedness" was strongest factor is shaping responses

  - <u>Most deserving</u>: Widows w/ children; disabled, physically ill
  - <u>Least deserving</u>: "able-bodied" men, teen mothers, single moms

Can't help but compare these to today's homelessness policies regarding:

- Veterans
- Families with children

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"Blaming the Victim"

This "frame" holds poor, homeless or even mentally ill people personally responsible for their poverty or problems.

Among 44 countries surveyed, U.S. far more likely to hold people in poverty responsible rather than any external force

(Pew Research, 2002)

Focus on Systemic and Institutional reasons for poverty and homelessness "beyond control" of individuals

REBALANCING

Rebalancing to a Social Justice Frame requires use of a "values" framework and different language

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How an issue is described/ "framed" can determine political/ popular support

Framing + Language Shape Reaction

Rugged Individualism Market Justice	Community Values Social Justice
• Self determination/ self- discipline	• Shared responsibility
• Rugged individualism self interest	• Interconnection/ Co-operation
• Benefits based on personal effort	• Basic Benefits assured
• Limited "collective good" obligation	• Strong "collective good" obligation
• Limited government intervention	• Court involvement necessary
• Voluntary + moral nature of behavior	• Strong sense of community and well-being

- George Beauchamp

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POLICY FIRST!

Of course, language doesn't determine policy

Policy is built on concrete plans, outcome goals, evidence based, and values

But, if outcome is important, language is a crucial tool in advocacy

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THREE LEVELS OF CONCEPTUAL FRAMING

<u>Level I:</u> overarching values, i.e., fairness, equality, equity, opportunity, mobility, voice, community, security

<u>Level II</u>: general issue being addressed: i.e., homelessness

<u>Level III</u>: Nitty-gritty – including policy – i.e., rental assistance

Success is largely determined by connection with Level 1 value

Values are Motivators
Messages should articulate Level 1 values, not get mixed in Level 3 details.

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TELLING OUR STORY

Why Does This Matter To Me??

➢ Lead with Shared Values

➢ Tell a Systemic Story

➢ Talk Unequal Obstacles before Outcomes

➢ Offer Solutions

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SHARED VALUES

Equal Treatment   Community

Opportunity

Voice   Pragmatism

ISSUES

Immigration   Criminal Justice

Affordable Housing   Civil Rights

Education   Poverty

POLICIES

Community Development   Block Grant

DACA   Fair Sentencing Act   Title VIII

Three Strikes Law   COPS

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Values

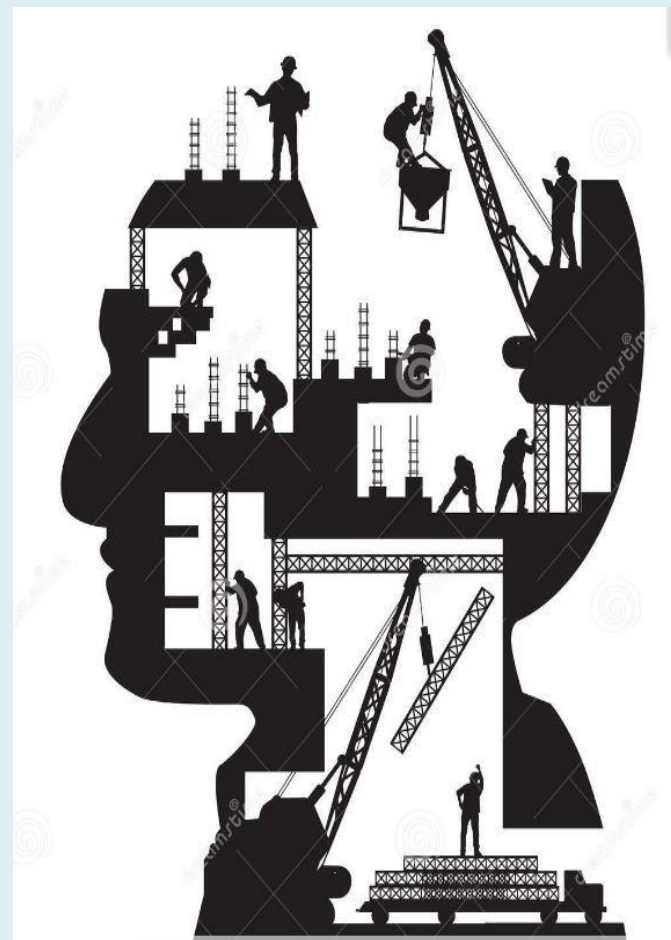Inspirational and forward looking – why your audiences should care (What we believe)

Problem

Frame as a threat to vision and values. (How we are falling short)

Solution

Keeps audiences hopeful, restores values. (How to solve the problem)

Action

Move audiences to action

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VPSA

VALUE

PROBLEM

SOLUTION

ACTION

Avoid Myth Busting

The Daily Show with Jon Stewart

Thursday July 21, 2011
Statements of Clarification That Probably Won't Do You Any Good
Magical amulet-wearing congresswomen join forces against Congressman Allen West for his sexist remarks to Representative Debbie Wasserman Shultz.
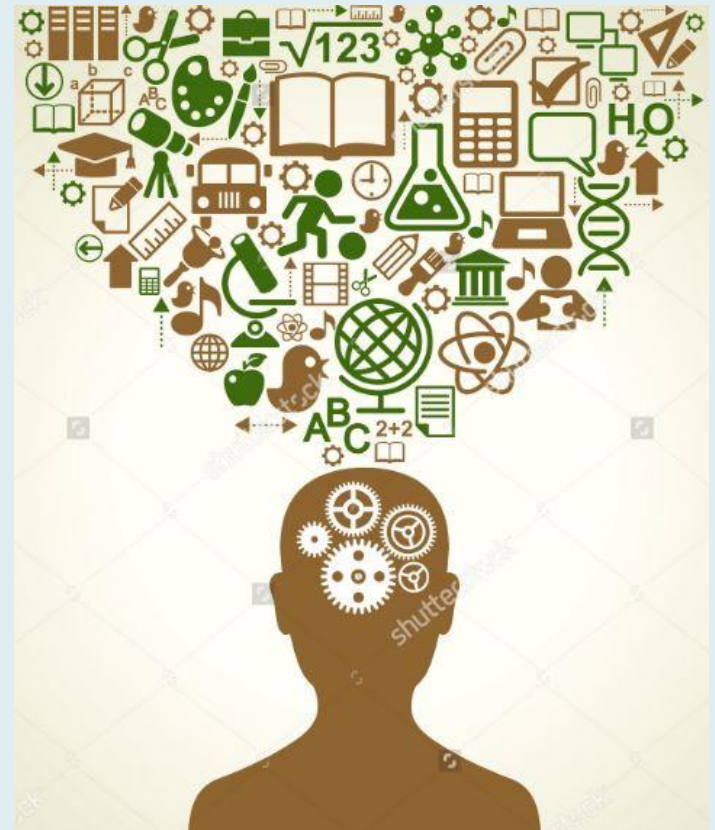
RESIST THE IMPULSE TO ARGUE NEGATIVE FRAMES

➢ You should set your frame ("values")

➢ Don't argue in your opposition's frame

➢ Research shows repeating negative frames reinforce them

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"Welfare" vs. Anti-poverty programs

Attitudes on Spending

"Welfare"
- Too Much 58%
- Right Amount 26%
- Too Little 15%

"Assistance to the Poor"
- Too Much 16%
- Right Amount 28%
- Too Little 56%

Public support for programs associated with the term **welfare** are generally weaker than support for other programs, like **unemployment insurance**.

However, the public is willing to support **redistributive benefits** generally when they are not called welfare.

Source: "Why People Love 'Assistance to the Poor' But Hate 'Welfare'", *Talk Poverty*

NY Times Polling Experiment

Q 1. Should expected surplus be allocated to tax cuts or government programs? **60% for tax cuts**

Q 2. Should surplus go to tax cut, or be spent on programs for education, environment, health care, crime fighting and military? **69% for government programs**

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FRAMING EXAMPLE

Today we have over 20,000 kids who have experienced homelessness during the last school year. We have a huge shortage of affordable housing here in our state, which means kids and families end up sleeping in homeless shelters or unstably housed. Kids go to school hungry, and aren't ready to learn. Parents have a hard time keeping their jobs. There simply aren't enough affordable places to rent in our communities – in fact there is only one affordable and available apartment for every two families that need it. We must continue to build more affordable housing if we're every going to meet half the need.

Source: National Housing Conference, Framing and Messaging Toolkit 2014

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FRAMING EXAMPLE

Today, too many children and families living in our communities don't have a **safe, stable** and affordable place to call home. Last year, over 20,000 school kids experienced homelessness at some point during the year. That's almost one child for every classroom in the state. Kids deserve the **opportunity** and **safety** that having a place to call home provides. <u>We can solve this problem </u>– we know how to help families end or prevent their homelessness and return to **stable** housing. Housing provides **opportunities** for kids and families – kids are healthier and get to school ready to learn, and parents are able to focus on work. By passing this bill, <u>we will increase funding for affordable housing</u>, and make sure more kids and families in our state have a **safe, stable** place to call home. *Please call your elected official today, and ask them for their support.*

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RESOURCES:

- National Housing Conference Framing and Messaging Toolkit: https://www.nhc.org/publication/framing-messaging-toolkit/

- The Opportunity Agenda: https://opportunityagenda.org/

- A Social Justice Communication Toolkit: https://toolkit.opportunityagenda.org/thinking

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