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WE ALL NEED TO
AD-VO-CATE

IAFCC Annual Conference October 16, 2017

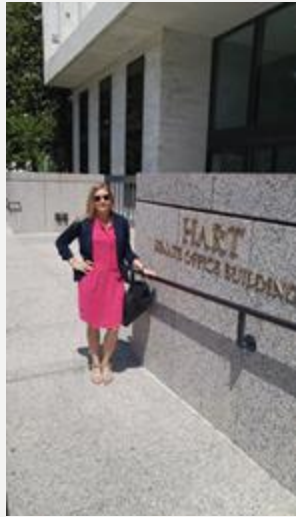
PRESENTERS

- Angie McLaughlin
 - Executive Director, Community Health Care Clinic
- Luvia Quinones
 - Health Policy Director, Illinois Coalition for Immigrant and Refugee Rights

AGENDA AND GOALS

1. Hear from one clinic leader on how easy and impactful advocacy can be.
2. Learn more about the tools and resources available to make advocacy easy.
3. Create real action steps for us all to advocate together

ANGIE (AND SHANNON) TAKES ON WASHINGTON



TAMMY DUCKWORTH

ILLINOIS

United States Senate

WASHINGTON, DC 20510-1309

August 24, 2017

Ms. Angie McLaughlin
900 Franklin Av
Normal, IL 6176

Thank you for contacting me about your views on Community Health Centers. I appreciate hearing from you and share your concerns on this important matter.

Dear Ms. McLaughlin,

Thank you for contacting me about your views on Community Health Centers. I appreciate hearing from you and share your concerns on this important matter.

For over 50 years, Community Health Centers have played a critical role in our Nation's healthcare system. They expand access to quality primary and preventative care regardless of patients' ability to pay while reducing health care costs. In fact, nearly 26 million American's relied on Health Resources and Service Administration-funded centers last year, including approximately 330,000 Veterans, one in ten children and one in six people living in rural communities. As you may be aware, President Trump's

What is Lobbying?

Direct Lobbying

- Communication made to a legislator or government employee
- Refers to a specific piece of legislation
- Expresses a view on that legislation and/or asks others to do so

Grassroots Lobbying

- Encouraging the public to contact legislators about specific legislation
- Reflects a view on that legislation

Grassroots Call to Action

- Calls for contacting a legislator in order to influence a piece of legislators
- Provides contact information for a legislator(s)
- Distributes a petition or postcard with such info
- Identifying supporters/opponents to legislation

What is Advocacy?

Organizing

Training

Canvassing

Candidate
Forum

Sharing Your
Story

Voting...and
Telling
Others too!

Signing
Petition or
Postcard

Registering to
Vote

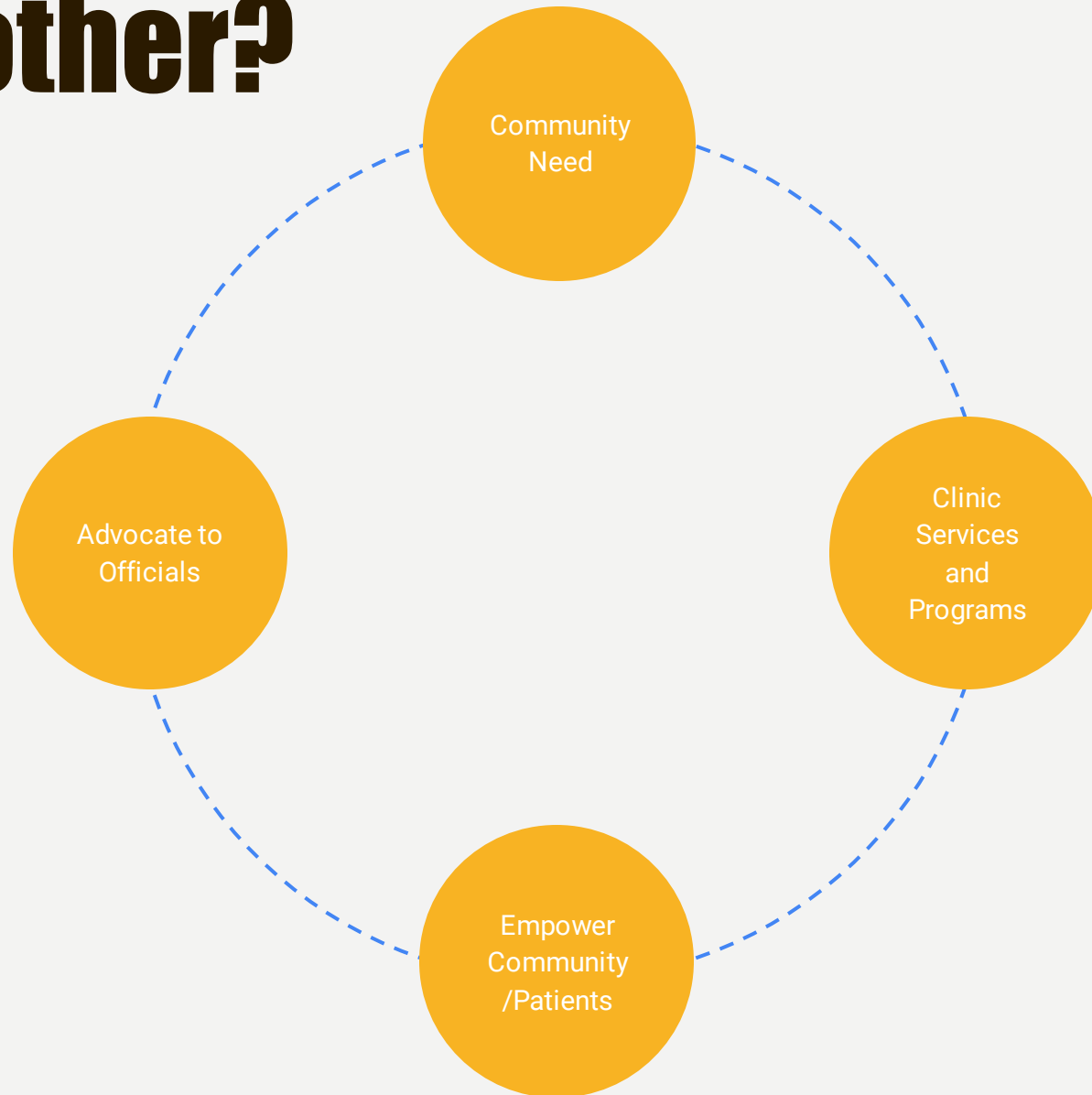
Going to
Springfield or
D.C.

Meeting with
Legislators

Candidate
Questionnaires

Lobbying*

Why bother?



Example: Healthy Communities Cook County (HC3)



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Before the Direct Access Program



44% unaware of **low-cost services** for the uninsured



28% had **unpaid hospital bills**, often for over \$5,000



65% of those with bills **unaware of financial aid**



70% of those who applied for aid were **unsuccessful**



51% had a **chronic health condition**

Our Path to Victory

In 2014, HC3 embarked on a two-year campaign with the goal of establishing a direct access program for cook county.

Our strategy:

Work with our community to push the County Board to pass an ordinance creating a direct access program

How did we get there?:

- Community surveys to establish community need
- Community events to educate and organize our base
- Providing testimony at public meetings
- Meetings with Commissioners in our member organizations' districts
- Establishing a Health Task Force with key stakeholders

Victory!

A NEW COMPREHENSIVE HEALTH CARE
OPTION FOR 40,000 UNINSURED
RESIDENTS!

On September 14th, Cook County
Commissioners Voted unanimously to
establish the Cook County direct access
program.

The program will, in it's first year, provide
access to coordinated health care to
40,000 low income, uninsured Cook
County residents.



What Our Communities Won

COOK COUNTY DIRECT ACCESS PROGRAM



- 1 WILL ASSIST 40,000 UNINSURED RESIDENT'S IN ITS FIRST YEAR.
- 2 PROVIDES A CONSISTENT PLACE TO SEE A DOCTOR REGULARLY.
- 3 PROVIDES A MEMBERSHIP CARD THAT MAINTAINS PATIENT'S MEDICAL RECORDS.
- 4 IMPROVES COORDINATION OF RESOURCES FOR PATIENTS.



[f @healthycommunitiescookcounty](#) [@HealthyCommCCT](#)



NAFC ENDS PRIORITY 1.2

Public policy, regulations and legislation effectively address the needs of the medically underserved.

- Access to affordable health care should be a right and not a privilege.
- In the interest of public health, all individuals should have access to affordable quality health care.
- Affordability, accessibility and portability of health care are issues that remain critical to the uninsured in this country.

2017 NAFC Appropriation and Authorization Requests to Congress

Medication Access and Affordability

- Expand 340B program to include Free & Charitable Clinics
- Protect the \$4 formulary
- Make generic medications more available and affordable

Quality Improvement Initiatives

- Establish an automatic designation of Free and Charitable Clinics as Health Resource Shortage Areas, Dental Resource Shortage Areas and Mental Health Resource Shortage Areas
- Expansion of health technology, tele-health funding opportunities to Free and Charitable Clinics
- Expand CMS prospective payment system (PPS) to include Free and Charitable Clinics

2017 NAFC Appropriation and Authorization Requests to Congress

Charitable Health Care Volunteer Protection & Engagement

- ▶ Protect the National Health Service Corps designation for Free Clinics
- ▶ Expand the National Health Service Corps designation to include Charitable Clinics
- ▶ Expand IRS regulations to allow licensed medical professionals to claim their volunteer hours at a Free or Charitable Clinic as a tax write off
- ▶ Allow licensed medical professionals to use their hours at Free and Charitable Clinics to offset Continuing Education Units
- ▶ Expand the Federal Tort Claims Act to include entity coverage for Free Clinics
- ▶ Expand the Federal Tort Claims Act to include Charitable Clinics, the Charitable Clinic entity, the Charitable Clinic volunteers, staff and board

Nonprofit Advancement

- ▶ Protect Charitable Tax Programs

"Nobody knew health care could be so complicated." President Donald Trump, 2017



What is well-being?

- Financial Self-Sufficiency
- Physical Health



What threatens well-being?

- Lack of Willpower
- Bad Parents
- Dangerous Communities



Human Services SWAMP

How do we improve well-being?

- Individuals are Responsible
- Government is Inept and Corrupt
- Informal Networks



What are human services and how do they work?

- Cognitive Hole
- Direct Services
- Kindness and Charity
- Only the Basics and Temporary



Human Potential



*Your issue matters
because...*

“When we support well-being,
we make sure that everyone can
reach their potential and fully
contribute to our communities.”

Redirect public perceptions from:

- Individuals are Responsible
- Well-Being = Financial Self-Sufficiency
- Well-Being = Physical Health

Conveys human services as:

- *Applicable to everyone*
- When people reach their full potential, everyone benefits



Building Well-Being

Emphasizes *the need for support and reinforcement* throughout a lifetime

Describes well-being as something much *more than meeting basic needs*

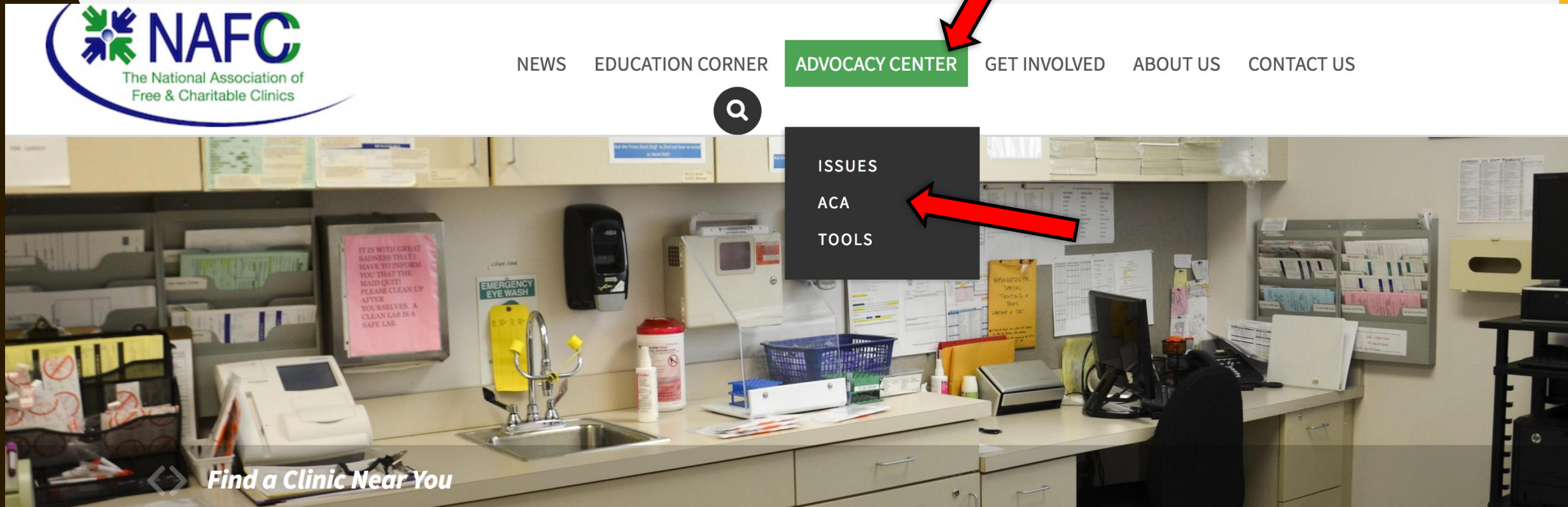
Implies a sense of *communal responsibility* (can't build a house by yourself!)



Source: FrameWorks Institute, Talking Human Services MessageMemo, 2015

Sample Resources Available

► Members' Area on NAFC Website: www.nafcclinics.org



Sample Resources Available

Informational Tools

Want to learn more about our clinics and the underserved? The following informational documents provide details on what our clinics are, who the medically underserved are, how Free and Charitable Clinics differ from federally funded health centers, and the various NAFC Public Policy statements and priorities.

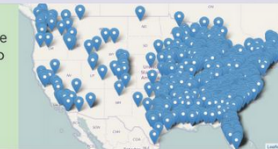
- [Free & Charitable Clinics, the ACA & the Underserved](#) - This document points out how our clinics and patients fit in with and are affected by the ACA.
- [Getting to Know America's Free & Charitable Clinics](#) - This document gives an overview of what our clinics are and the people they serve.
- [Comparison of Free Clinics and Federally Qualified Health Centers](#) - This detailed chart shows the comparison of Free and Charitable Clinics and federally funded clinics, information that is often confused and unknown.



GETTING TO KNOW AMERICA'S FREE & CHARITABLE CLINICS

In 2016, Free & Charitable Clinics in the U.S. have seen **1.8 MILLION** unduplicated patients through **6 MILLION** patient visits, with the help of **190,000** volunteers, including over **94,000** medical volunteers

Over 1,200 Free & Charitable Clinics are located throughout the United States. These clinics are truly the community's response to the healthcare needs in their area.



DID YOU KNOW... that Free & Charitable Clinics operate with little to NO state or federal funding?

WHAT IS A FREE OR CHARITABLE CLINIC? Free and Charitable Clinics are safety-net health care organizations that utilize a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals. Such clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization. Entities that otherwise meet the above definition, but charge a nominal/sliding fee to patients, may still be considered Free or Charitable Clinics provided essential services are delivered regardless of the patient's ability to pay. Free or Charitable Clinics restrict eligibility for their services to individuals who are uninsured, underinsured and/or have limited or no access to primary, specialty or prescription health care.

Health Services Provided through Free and Charitable Clinics and Charitable Pharmacies: Medical, Pharmaceutical, Behavioral Health, Health Education

- 43% of clinics have an operating budget under **\$100,000**
- Every **\$1 donated** to a member clinic provides a minimum of **\$5 worth of healthcare services**
- **83%** of patients who receive care at Free and Charitable Clinics come from a working household

Sample Resources Available

► Members' Area on NAFC Website: www.nafcclinics.org



Find A Clinic | Sign up for Emails | Members Area | **DONATE**

NAFC
The National Association of
Free & Charitable Clinics

NEWS | EDUCATION CORNER | ADVOCACY CENTER | GET INVOLVED | ABOUT US | CONTACT US

Give For Health & Donate Today!

FIND A CLINIC
1,200 Free & Charitable Clinics across the U.S. provide health

REGISTER & LEARN
Attend the NAFC 2017 Charitable Health Care Symposium for

DONATE NOW
Donate today and help the NAFC support people who make the

Sample Resources Available

► Log in to the Members' Area

If you don't remember your login, simply request a new password, call us at (703) 657-7427 or email us at info@nafcclinics.org

Find A Clinic | Sign up for Emails | Members Area | **DONATE**

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The National Association of
Free & Charitable Clinics

NEWS | EDUCATION CORNER | ADVOCACY CENTER | GET INVOLVED | ABOUT US | CONTACT US

Login

The MEMBERS AREA section on the NAFC Website is solely for current members of the NAFC.

If you are a member and have not logged on to this newly redesigned website before, please request a new password below.

If you are not a member of the NAFC but would like to learn more about becoming one, please visit the [BECOME A MEMBER](#) or [MEMBERSHIP BENEFITS](#) pages of this site. Thank you!

You are not logged in.

[I have an account](#) | [I want to create an account](#)

Username or e-mail address *

You may login with either your assigned username or your e-mail address.

Password *

The password field is case sensitive.

[Request new password](#)

LOG IN



Members Area



HOME	ACA & LEGISLATIVE RESOURCES	ADMINISTRATION, PLANNING & GENERAL BOARD RESOURCES	NAFC BOARD - RESTRICTED ACCESS
EMERGENCY PREPAREDNESS	EMPLOYEE & VOLUNTEER RESOURCE	FTCA	FUNDRAISING RESOURCES
GRANT INFORMATION & RESOURCES	HIPAA TOOLBOX	CLINICAL RESOURCES	NAFC RESOURCES & ORGANIZATION INFORMATION
MEMBER BENEFITS & PARTNER SPECIALS	MARKETING, PR & COMMUNICATIONS	POLICIES & PROCEDURES	STATE ASSOCIATION RESOURCES

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NOW WHAT DO WE ADVOCATE?

- IAFCC Advocacy and Policy Committee
- What are the low hanging fruit?