2-4-6-8
WE ALL NEED TO AD-VO-CATE
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

IAFCC Annual Conference October 16, 2017
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 legislation
- Provides contact information for a legislator(s)
- Distributes a petition or postcard with such info
- Identifying supporters/opponents to legislation
What is Advocacy?

- Organizing
- Candidate Forum
- Signing Petition or Postcard
- Meeting with Legislators

- Training
- Sharing Your Story
- Registering to Vote
- Candidate Questionnaires

- Canvassing
- Voting...and Telling Others too!
- Going to Springfield or D.C.
- Lobbying*

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Why bother?

Community Need

Advocate to Officials

Clinic Services and Programs

Empower Community / Patients

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Example: Healthy Communities Cook County (HC3)

WE DID IT! HC3 JUST INCREASED COMPREHENSIVE HEALTH CARE ACCESS TO 40,000 UNINSURED COOK COUNTY RESIDENTS!
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 RESIDENTS 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.

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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.
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
Creating a New Narrative

• Spark a new dialogue about Human Services
• Increase Public Support and Investment
What is well-being?
- Financial Self-Sufficiency
- Physical Health

What threatens well-being?
- Lack of Willpower
- Bad Parents
- Dangerous Communities

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

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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!)

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.
Sample Resources Available

» Members’ Area on NAFC Website: www.nafccclinics.org
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@nafccclinics.org
Members Area

- Home
- ACA & Legislative Resources
- Emergency Preparedness
- Employee & Volunteer Resource
- Grant Information & Resources
- HIPAA Toolbox
- Member Benefits & Partner Specials
- Marketing, PR & Communications
- Administration, Planning & General Board Resources
- NFCC Board - Restricted Access
- PICA
- Fundraising Resources
- Clinical Resources
- NAFC Resources & Organization Information
- 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?