



KAMU Grassroots Advocacy Toolkit

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Contents

Introduction.....	4
Grassroots Advocacy 101.....	6
Why Grassroots Advocacy?.....	9
Getting Started: Who are Your ‘Grassroots’?	9
Getting in the Door	10
Getting Connected: Who do They Know? Who do You Know?	11
Getting Together: What do They Want to do and Where Does That Fit?	11
Getting Stronger: What Does Your Grassroots Need to be Effective?	11
An Advocacy Framework.....	13
Incorporating Grassroots Advocacy into Clinic Operations	16
Including Voter Registration in Clinic Intake.....	16
Calling Board Members to Action During Regular Board Meetings	17
Incorporating Advocacy Actions into Fundraisers and Special Events	17
Converting Your Volunteers into Advocates.....	17
Providing a Policy Update as Part of Regular Clinic Communications	18
Highlighting Needed Policy Changes as You are Touting the Clinic’s Outcomes.....	18
Including Advocacy Activities in Employees’ Job Descriptions and Performance Reviews	18
Engaging your Patients as Co-Creators of Policy Change.....	21
Approaches to Patient Engagement in Grassroots Advocacy.....	22
Story Collection.....	23
Story Curation and Deployment	24
Speakers’ Bureaus.....	24
Social Media Campaigns	25
Voter Registration Captains	25
Patient Advisory Groups	26
From Patients to Advocates to Voters	27
Tools for Target Contacts.....	30

General Tips for Engaging Policymakers	30
Tips for Meeting with Policymakers	31
Tips for Calls to Policymakers	32
Sample Phone Script for Constituents	33
Tips for Emails to Policymakers	34
Sample Constituent Email.....	35
Tips for Hosting a Candidate Forum	36
Building Public Awareness, Cultivating Champions	38
Social Media for Advocacy	39
Grassroots Advocacy Campaigns—Goals, Targets, & Strategies.....	41
Landscape Assessment	42
Policymaker Rating	42
Completing Your Advocacy Strategy Chart.....	43
Advocacy Strategy Chart.....	46
Resources	48
Sample Scripts for Voter Registration Contacts.....	48
Sample Questions for Story Banking	49
Sample Confidentiality Form for Story Bank.....	50
Sample Bellwether Interview Guide	51
Sample Policymaker Rating Tool.....	52
Sample Board Advocacy Matrix.....	52
Sample Message Boxes.....	54
The Alliance for Justice, Bolder Advocacy, and Nonprofit Lobbying Rules.....	56
How KAMU Can Support Your Grassroots Advocacy.....	56
Conclusion	58

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Introduction

Primary care clinics do incredible work every day. You are on the front lines of the nation's health care struggles. You are a pillar of your communities: identifying and stabilizing chronic health conditions, educating individuals to empower better health, connecting families to other health care providers, and serving as a crucial resource for many without any other health care options. As you know too well, this is often more work than you can accomplish in any given day; you are stretched thin.

However, you also know that, without policy change to address the root causes of the challenges your patients face, your task will always feel like pushing a boulder up a steep hill. So you make advocacy a part of your mission, because you recognize that you can't do your best work without a policy foundation on which to stand. Additionally, you are increasingly aware that effective advocacy neither starts nor ends under the dome. Instead, you are trying to step more fully into roles as hubs of grassroots advocacy in your communities. It may seem unrealistic, even impossible. You see the connections between the needs your services try to address—insufficient supply of providers, inadequate coverage for health care, inequitable resources that contribute to unfair patterns of sickness and health. You understand how the same attributes that make you such valuable service providers—your strong relationships with your patients, trusted community reputations, deep knowledge of local health concerns, and efficient organizational operation—also position you well for grassroots advocacy. You believe that you can be successful catalysts of grassroots advocacy *and* providers of top-quality primary health care. But you need help.

FACT: Health care policy influences your clinic's success and your patients' survival. Urgent policy battles are affecting the lives of the people you serve and your ability to help them.

FACT: Clinics have much of the raw material required for effective advocacy: knowledge of the policy changes needed, relationships with both affected communities and policymakers who help to decide their fates, and considerable good will in your communities.

FACT: There are not enough hours in the day for clinics to dedicate substantial resources to 'lean in' to grassroots advocacy. As you seek to increase your engagement in community mobilization and policy advocacy, you still have patients to see, paperwork to complete, and bills to pay.

FACT: The resources in this guide can make grassroots advocacy feel more manageable, help you to focus your efforts, and increase the likelihood of your success. You can do this. KAMU will help.

In this guide, you will find:

- Definitions of ‘advocacy’ and ‘grassroots advocacy’.
- Explanations of rules for nonprofit advocacy.
- Insights regarding what motivates people to take grassroots advocacy actions, and how you can use those techniques to activate your constituencies.
- An advocacy framework that can help you match your strategies to what it is you want to accomplish and identify gaps where you might need help from KAMU or other allies.
- Approaches for integrating grassroots advocacy into clinic operations, including examples of what this has looked like for others.
- Ideas for engaging your patients in your grassroots advocacy efforts.
- Tools you can put to work for contacting policymakers, raising awareness, and building relationships around specific policy aims.
- Grassroots advocacy campaign tools, to help you identify strategies and plan your tactics.
- Resources to extend your learning.

KAMU hopes you find this a valuable aid in your grassroots advocacy. We are proud to work alongside you to give voice to the policy needs of your clinics. As you build your capacity as catalysts and conduits of grassroots advocacy, our field will be larger, stronger, and more powerful. When it comes to winning health policy that will meet the needs of Kansas clinics and the people we serve, that can make all the difference.

Grassroots Advocacy 101

The word ‘advocacy’ can mean a lot of different things to different people. In some cases, people may think of advocacy as the actions they take to help patients navigate the health care system—calling to convince a specialist to make room in the calendar, asking a hospital to negotiate a payment plan, persuading an employer to make an accommodation for an appointment, reminding a landlord of his responsibility to remediate lead or mold. To other people, advocacy is just a nice way to say lobbying. They might think of advocacy as only happening in Washington, DC or in Topeka. They may envision highly-paid consultants taking lawmakers to dinner and making deals. That certainly does not sound like what your clinic does.

KAMU thinks of advocacy in terms of the word’s Latin root: *advocare*, which means ‘to call to aid.’ Advocacy can then be thought of as everything you do—or might do—to get others involved in your cause: rally them to your issues; broaden the base of people committed to expanding access to quality, affordable health care; leverage the power of public policy to improve the lives of the people you serve. Lobbying fits within this broader definition, but it is only a part. Similarly, clinics’ efforts to make systems work better for patients can be part of advocacy, as long as it includes attempts to *change those systems*, for many people, not just to carve out an exception for one. Also considered advocacy within this definition:

- Media work, including efforts to earn media coverage of the clinic’s work, as well as outreach to editorial boards;
- Leadership and champion development, so that you are getting the support you need from those who are already on your side;
- Community organizing, including creation of community advisory boards to guide advocacy work;
- Public and policymaker education, because winning positive changes in health care policy will be more possible once more people understand what the issues truly are;
- Regulatory monitoring and influence, because getting laws changed is only the beginning.

Some advocacy activities can be conducted by clinic staff. You probably do at least some of this already—inviting legislators or local elected officials to see your clinic, reaching out when they’ll be voting on a bill or ordinance that affects you, or encouraging them to call you with questions. This is critically important work, and there are some resources in this guide to help you increase your effectiveness in these arenas. The primary purpose of this toolkit, however, is to support clinics’ efforts in *grassroots advocacy*. Grassroots advocacy is a subset of advocacy strategies that require mobilizing constituencies other than your staff—patients, board members, donors, community allies, coalition partners—to take action with or alongside you. In some cases, the same tactic can be deployed as a grassroots advocacy strategy or not. For

example, if you call your state senator about KanCare expansion, that's direct lobbying. If you send an email alert to your donors asking them to call the same state senator about KanCare expansion, that's grassroots advocacy. If you give a presentation about the value your clinic adds to your community, directly to policymakers, and accompany it with a call to action on policy change that would complement your efforts, that's direct lobbying. If you give a presentation to a community group and ask them to carry your message to policymakers, that's grassroots advocacy. One approach isn't better than the other; there is a need for both direct and grassroots advocacy in the Kansas health care field. Indeed, KAMU uses both; when we reach out directly to policymakers, we're often also reaching out to clinics to ask you to do so as well. For us, that's grassroots advocacy. Both can be valuable strategies. You'll determine which to use, when, depending on your goals, your sense of what will influence your targets and advance your interests, and your available resources. There are more resources to help you make these decisions in this guide.

One thing you should know: This distinction between direct and grassroots advocacy isn't something that KAMU made up, or just a way for you to keep straight who you're asking to do what. For nonprofit 501(c)3 organizations, the Internal Revenue Service (IRS) cares, too. While nonprofits are absolutely allowed to do advocacy—including lobbying—there are limits placed on these activities, within the organizations' larger charitable purposes. There are no IRS limits on the amount of non-lobbying advocacy 501(c)3 organizations can do. That means you can do all of the public education and community awareness-building you want. Indeed, you should. If you're not including a specific call to action on a given piece of legislation, it is of little concern to the IRS. However, lobbying (trying to influence a legislative outcome) must be an 'insubstantial part' of your organization's activities. What does that mean? The IRS has never defined what an insubstantial part is, and it makes us nervous. Primary care clinics and Federally Qualified Health Centers (FQHCs) do amazing work and are reshaping policy conversations in Kansas. Who's to say that's insubstantial? A safer option is to [file the 501\(h\) election](#) so that you are judged by a clearer standard. These organizations cannot exceed lobbying expenditures of 20% of the first \$500,000 of their organization's budget and [a percentage of the budget beyond that initial step](#). For most direct-service nonprofit organizations, this is sufficient; few are devoting more resources than this to lobbying. This is particularly true in today's social media age, when a lot of the advocacy we do happens through these viral channels and is very inexpensive. However, there's one more thing to note – grassroots lobbying cannot be more than 25% of your total lobbying expenditures. Just like for the overall limit, non-lobbying advocacy doesn't count here. If you organize people to write letters to the editor about the importance of affordable, quality health care or run a nonpartisan voter registration campaign, that's not lobbying. But if you print flyers in order to get people to turn out for a rally to push your state legislator to vote for KanCare, you need to

keep track of how much you spend, and it counts towards your grassroots limit. It may sound confusing, but [there are a lot of resources](#) to help you stay on the right side of the law.

Why Grassroots Advocacy?

Our health care community needs more champions. We need more people sharing our mission of improving access, affordability, and quality of health care, and we need to ensure that health care policy is shaped by these same principles. We need more organizations prioritizing health as essential to their own missions. We need our existing allies to exalt health care issues on their own agendas. We need a broader coalition with more diverse voices and deeper ties with stronger commitments.

We build that through grassroots advocacy. But what is it, really?

Getting Started: Who are Your ‘Grassroots’?

Some descriptions of grassroots advocacy advise organizations to ‘go to the community’. But who is your community? Thinking about the term grassroots, on whose shoulders does your community really stand? Who is your base?

- *Your patients*¹: Without people who come to your clinic for health care, you would not exist. A separate section in this guide provides ideas for engaging your patients as co-creators of the changes you want to see. Here, we just remind you that your patients are your grassroots. They are often your most compelling spokespeople, and they are where your grassroots advocacy should begin.
- *Your donors/volunteers*: People who contribute financially to your organization—for fundraisers, as part of capital campaigns, or in in-kind volunteerism or donations—already care about your work enough to put their own resources into it. How can you also help them to take actions that will strengthen your ability to live your mission? The most successful grassroots advocacy organizations understand that inviting these core partners to be part of your advocacy does not burn them out; it more authentically brings them into the entirety of your vision for health care.
- *Your Board members*: These are your clinic’s ambassadors. They represent different sectors in your community but have already identified that health care access is a priority. In some cases, your current Board members may be reluctant to advocate, particularly if it hasn’t traditionally been a part of Board member expectations. In the future, you can recruit with an eye toward effective advocates, but, in the meantime, think about how you can engage Board members in your work. Help them understand

¹ For many primary health-care providers today, the term ‘patients’ is unsatisfying. You may be experimenting with different language with which to talk about those with whom you work, who you see more as partners in promoting health (theirs, and that of others in your community), rather than as passive recipients of interventions. Here, though, we use the term ‘patients’ because it describes the official relationship clinics have with those who come to them—at least initially—to seek health care.

your goals and the strategies you will use to pursue them. Give them a chance to help shape advocacy campaigns and help them to identify good roles for their advocacy. Honor their expertise while providing them with the skills and tools they will need to be effective in these new roles. You might consider having an advocacy committee on your Board, hosting special Board trainings on policy issues, and/or inviting Board members to events where policymakers will be learning more about the clinic and its work. Your Board is your base, and they also have relationships with (or may even be, themselves) influencers in the community, a positioning that makes them valuable bridges between the grassroots and your targets. Bring them on board!

- *Your referral partners:* Who sends patients to you? Which organizations do your patients depend on for other services? Our fates are linked, and no one understands this more than the organizations that serve the same people you do. These might be schools, hospitals, social service organizations, early childhood education providers, mental health centers, or even law enforcement agencies. These entities know that health matters, and they can be activated to share that message with others. They will not all be experts on the issues. That's the point! You can equip folks with the necessary information and key message points. What you want is to advocate alongside unusual suspects, whose health advocacy can be a game-changer, precisely because their voices are louder, broader, and less-expected than yours alone.

Not everyone in the community is your 'grassroots', then, but it is a larger and more diverse group than you might think at first glance. The key is to reach out to those you want to engage, figure out what they care about, and find ways to bring them in.

Getting in the Door

What do they care about? No one gets involved in grassroots advocacy because there are cookies at the meetings. And calling in personal favors or leveraging long-term relationships can only get you so far. Think about yourself; where do you invest *your* time? What do you prioritize? To elicit sustainable grassroots engagement, you need to spend more time figuring out what people already care about and connecting your issue to that, rather than trying to convince people that they should care about your issue. That means that, if your issue is KanCare expansion and someone wouldn't themselves gain health care coverage with expansion, you might want to find out if they're concerned about the potential closure of their local hospital. If so, share data and stories from the hospital about how expansion would affect their bottom line. If they're more interested in education issues, how would special education services in your school be affected by Medicaid expansion? KanCare's expansion's impact on the overall Kansas budget may be more compelling to those worried about roads or public safety or college affordability. Where can you find an authentic linkage between your issue and

theirs? How can you frame the ‘ask’ so that you’re giving them a chance to do something about an issue they care about, rather than trying to convince them to come on board with you?

Getting Connected: Who do They Know? Who do You Know?

While personal relationships aren’t sufficient for building a grassroots base, people are absolutely motivated by relationship. Starting from a connection, then, is the best way to initiate a grassroots advocacy connection. Begin with thinking about your inner circle: your Board of Directors, your patients, your donors. Then, with whom are they connected? How can you get them to leverage these relationships? Could you ask Board members to bring someone to your next advocacy event? Challenge patients to reach out to 5 people in their networks? What about less-likely allies? Think about your suppliers, your coalition partners, even your neighbors. Who are you already in relationship with, who could become part of your grassroots advocacy alliance?

Getting Together: What do They Want to do and Where Does That Fit?

Even when we are totally committed to a cause, we still have preferences for how we want to advance that issue. For example, we may be really interested in doing research about policymakers, in order to learn more about their orientations to issues, but less comfortable having conversations with lawmakers directly. Or we may love to organize public events but loathe making phone calls. Students may want to hone their policy analysis skills, and you may be able to bring them into your work by giving them specific research tasks. Other people are drawn to advocacy because they seek a sense of belonging and connectedness; while they may welcome the chance to come to public events, they would not likely get excited about going alone to pressure lawmakers or doing research on their own. To the extent possible, give people the chance to identify the strategies that have the most appeal to them. Create space for them to contribute in these ways. The good news, here, is that there is so much to be done, that there is truly a need for just about every skill, talent, or passion that someone wants to bring to the work. You just have to figure out how to fit it into your strategy plan.

Getting Stronger: What Does Your Grassroots Need to be Effective?

Building your grassroots advocacy capacity can hinge on three interventions (alone, or in combination):

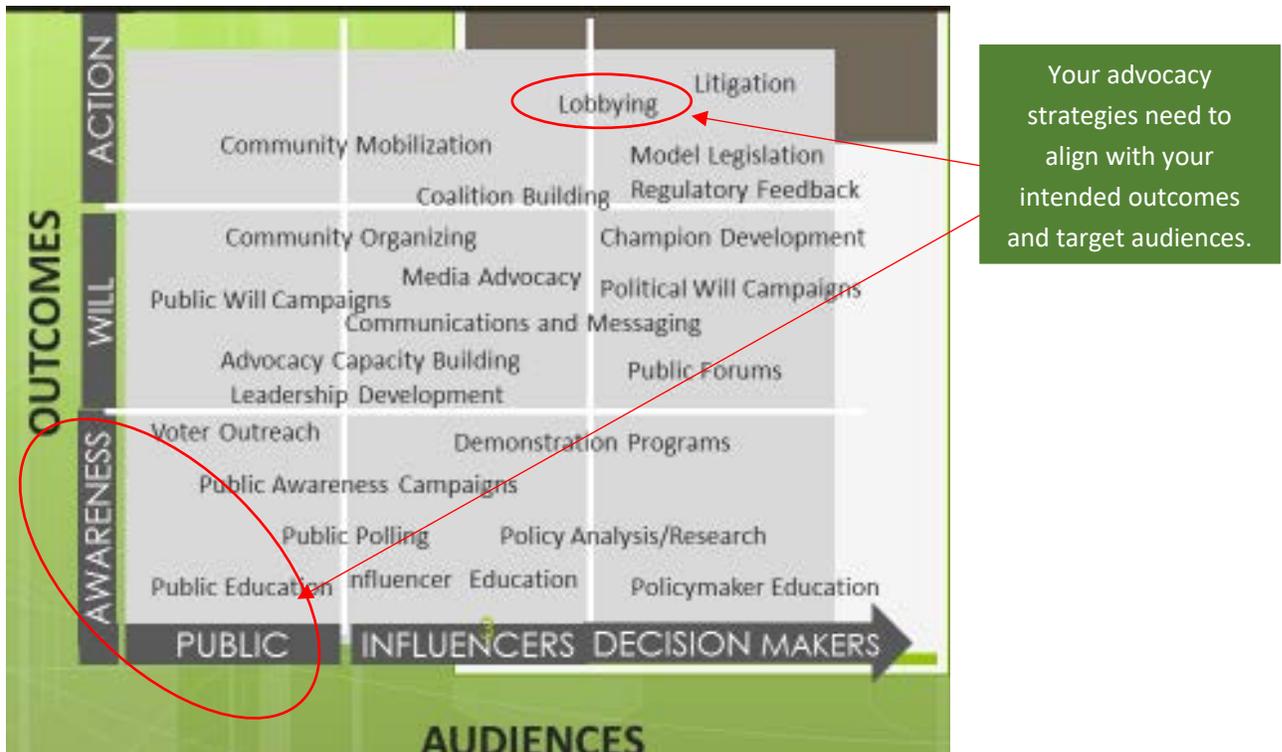
1. Increasing your numbers
2. Increasing the capacity of your existing advocates
3. Improving the connections among your advocates

Your grassroots advocacy, then, will include a lot of recruitment. You need more people on your team. It should also include deepening your ties, including the construction of community action teams or other structures that share decision-making for your advocacy work. You’ll want to identify how offering people opportunities to increase their knowledge and skills can

transform your existing partners into 'super advocates'. Do they need to know more about the legislative process? Do they need training on how to construct winning messages? Do they need exposure to others' effective advocacy campaigns? Help with public speaking? Knowledge about the federal budget? How can investing in your grassroots advocates result in greater grassroots advocacy?

An Advocacy Framework

One of the principal truths in advocacy is this: there are no inherently good or bad strategies. What matters is the selection of strategies designed to carefully match (1) the desired outcomes you seek from (2) the targets who need to be activated for those outcomes to be realized. The graphic below illustrates a framework with which you can organize your thinking about the alignment of strategies, outcomes, and targets. As you see here, there are MANY options for advocacy strategies, all of which have at least the potential to contribute to progress on the issues you care about. Alignment matters, though; you shouldn't expect to achieve the outcome of public awareness because you're using the strategy of lobbying. Indeed, as the figure below illustrates, that's not the intention of a lobbying strategy and, it's unlikely to result. Similarly, policymakers aren't necessarily going to emerge as champions of your issue just because you're registering and engaging voters. Nor should you decide that 'we're going to do community organizing', just because it sounds appealing, without first considering what it is that you want to get done, and which approaches would be most likely to secure that.



You may feel more comfortable with certain advocacy strategies. Conversely, there may be some that you think just wouldn't fit with your particular community or clinic culture. These considerations may mean that you have to think creatively about how you could accomplish a given goal, if the most likely strategy to achieve it seems infeasible—even off the table—at least

for now. For example, there's not a clear path to broadening the base involved with your issue without relying on public awareness and will-building strategies. If your clinic is determined to keep a low profile, then, you'll have to find other ways to invite the public into your work.

To illustrate what this can look like in practice, consider the following examples:

- *How to get to a policymaker without lobbying?* Your organization may not be positioned to do a lot of lobbying right now. Maybe your particular legislator is already a champion, and there's not a lot more you can do to activate him/her. Or maybe distance separates you from the state capitol, and it's hard to get your constituencies engaged to make phone calls. You might think, then, about who you have relationships with, who in turn has influence over some of your targets. For example, maybe there's a legislator in a nearby community who hasn't committed to support expanded funding for primary care clinics. Might your county commissioner have some influence with him/her? How could you increase your engagement with that county official in order to make an explicit ask for that kind of advocacy? What would it take to win that support?
- *How to engage our community without an organizer?* Community organizing requires investment. There's no shortcut around the work of meeting people, finding out what they care about, and connecting them to each other and to campaigns working on those issues. If that kind of approach is beyond your organization's current capacity, are there any coalitions that already bring people together? Might you be able to activate these groups toward your cause? Do those coalitions already have advocacy agendas? If not, how could you influence them to take up some of your causes?
- *How can our programs influence policy?* There are many effective programs that are never scaled up from a given organization to a broader policy. However, there is growing interest in evidence-based practices, and many policymakers are looking for good policy ideas by seeking out evidence from programs 'on the ground'. If you have adopted a particular program or practice that is improving client outcomes—maybe it's providing transportation for appointments, investing more in chronic disease maintenance, structuring your clinic to facilitate interdisciplinary collaboration, or increasing health education for parents—how could you lift up lessons from these efforts? Could you collect outcomes that quantify the advantages? What about inviting policymakers in to observe the operations or 'banking' stories from patients that illustrate the impact? Maybe you could even set up an evaluation that compares outcomes for those in the program and those who are not. Your demonstration program could be the start of something larger.
- *If we were unsuccessful in achieving our desired policy change, what can we count as our accomplishment?* The truth is that grassroots advocacy for social change fails a lot. We

want big things for our communities—expanded access to health care, reductions in health disparities, improved long-term health outcomes. We aren't winning all of these battles. However, there are real victories that you can achieve, even when you fall short of your ultimate policy goal. Using an advocacy framework can help you identify these gains. For example, where have you built advocacy capacity? Increased the number of registered voters? Increased awareness of your issues? Raised your media profile? Those are all interim outcomes that are valuable in their own right and as steps on the path to future victories.



As you look at the advocacy framework, where are you working right now? Where are you not engaged, that you want to be? Where could your grassroots constituencies make the biggest difference? What strategies can you use to engage them?

Incorporating Grassroots Advocacy into Clinic Operations

Few health clinics—in Kansas or anywhere—have dedicated staff working on policy change or, certainly, grassroots advocacy. The good news is that there are ways to incorporate many of the tactics of effective grassroots advocacy into normal clinic operations. Even more, this approach is often more sustainable and, over the long term, more successful, than carving out advocacy as a ‘niche’ for a particular employee. KAMU understands that there are many demands on the time of direct-service clinic staff and their administrators. If advocacy is item #19 on a to-do list, when you rarely make it past #6, it’s never going to get done. Instead, let’s think together about how you can do what you would do anyway...making just slight shifts that can increase your advocacy capacity.

Including Voter Registration in Clinic Intake

When you are asking people to fill out intake forms in order to receive services from your clinic, you can also register them to vote. The key is to help people see why they should want to register. We have learned a lot in past election cycles about what motivates people to register—and to vote—and what doesn’t work. To a certain extent, this comes with practice; registering voters is as much an art or a science, and you will learn a lot from the practice of starting these interactions with your prospective patients. Some tips to start:

- Don’t ask people if they’re registered to vote. Instead, ask if you can register them to vote. This switches the default answer, from ‘no thanks’, to ‘okay, sure!’
- Messages that ‘no one is voting’ or ‘turnout is so low’ or ‘it all depends on your vote’ do not work. People do not want to think that the election hinges on them, and no one likes to feel alone. Instead, say, “we’re registering everyone to vote as part of our intake” or “join with your neighbors to influence the elections that matter for your futures.”
- Safeguard individuals’ private information, collected as part of voter registration. You should keep the names and phone numbers (only!) of those you register, so that you can follow up for voter turnout, but be sure to turn voter registration forms in quickly.
- Be prepared to answer questions about voter registration rules in Kansas, and know where to send people who have questions. You can get more information online at <http://www.voteks.org/before-you-vote/how-do-i-register.html>.
 - If your patients experience difficulties registering and voting (because of language barriers, previous involvement with the criminal justice system, and/or other systemic obstacles), your clinic may want to participate in activities associated with the ACLU’s ‘Let Kansas Vote’ campaign. For more information, visit: <https://www.aclukansas.org/en/campaigns/let-kansas-vote>.

Calling Board Members to Action During Regular Board Meetings

Some organizations ask Board members to pull out their cell phones to make a quick call to legislators at the beginning of the meeting. Some use Board matrices² (during Board member orientation or at regular points during the annual Board cycle) to ask Board members to identify the relationships they have with policymakers and influencers, and to share how they could leverage those relationships for advocacy. You should share policy information during Board meetings, and you might want to ask patients and/or direct staff to share how policy issues affect them, as well as the advocacy actions they are taking themselves. You're already bringing Board members together for meetings. How can you make these opportunities for advocacy?

Incorporating Advocacy Actions into Fundraisers and Special Events

Your fundraisers and special events are designed to get people really excited about your work. You aim to inspire, connect, and mobilize. How can you deploy this passion for advocacy aims? Your donors want to know that you value them not just for their financial contributions, but also for their passion for your issue. Inviting your supporters to take action sends an authentic message that you value their voices, not just their dollars.

Converting Your Volunteers into Advocates

People who volunteer for your clinic—as health professionals, greeters, childcare providers, fundraisers, or behind-the-scenes helpers—already care about your work. They already know how much it matters to the community. What they need is help translating this commitment to your mission into advocacy engagement. Some nonprofit organizations include advocacy mobilization in their volunteer orientation sessions, helping volunteers understand the policy issues that affect their patients and services. Some engage volunteers in advocacy as they transition away from the organization, in the hopes that they may still serve the cause. You might include specific advocacy roles among the volunteer opportunities you provide. For example, could you use volunteers to help you track media coverage about health policy? Would it be helpful to have a volunteer help with phone calls to turn people out for advocacy events, prepare minutes from advocacy meetings, and/or enter voter information into your Get-out-the-Vote database? Even if most of your volunteers still prefer roles where they have more direct contact with patients, identifying these advocacy tasks as ways that people can serve your clinic's mission can send an important message about how and why you engage in advocacy as part of your work.

² See sample Board matrix for advocacy engagement, in the Resources section.

Providing a Policy Update as Part of Regular Clinic Communications

Wherever you can leverage existing investments—of time, clout, and/or money—for advocacy intentions, you can reduce the marginal cost of advocacy and increase your potential impact. If you are already sending out a newsletter, operating a website, and/or maintaining a social media feed, incorporating advocacy messages into these communications can deliver a double benefit, both amplifying your presence and bringing in more advocates. You can often repurpose content provided by KAMU or national health policy partners, who are eager to expand their own reach and will likely be happy to help you tailor the message to your own community.

Highlighting Needed Policy Changes as You are Touting the Clinic's Outcomes

Your clinics are doing tremendous work. People's lives are healthier, safer, and happier because of the services you provide. You are undoubtedly collecting information about the number of people you serve, the ways you help, and the difference you make. And you should. As you are sharing these successes, take the opportunity to highlight how policy changes would complement your efforts, improve your organizational capacity, and/or reduce the severity of the needs to which you respond. How could you serve more patients if KanCare expansion increased the number who have some health care coverage? How could your patients' health improve if more families had access to preventative care? How would stronger public transportation systems reduce your no-show rate? How could policy that facilitates school-based health services improve early outcomes? Where do you see these connections, and how can you help others understand your work through this lens? Where might you include this analysis in your annual report, your grant applications and reports, or your press releases?

Including Advocacy Activities in Employees' Job Descriptions and Performance Reviews

Building a culture of advocacy within your organization can seem like a 'black box'. Certainly, there is no certain formula for culture change, which resembles an ongoing evolution more than a discrete task. However, organizational development experts suggest that habits can cultivate culture. This means that sending messages that expect advocacy activity—routinely and pervasively, throughout the organization—can plant seeds of advocacy orientations. But encouraging direct-service providers to take advocacy actions requires more than just getting people excited or even setting a 'norm' of advocacy engagement. If people don't have the resources—including time—required for advocacy, they won't be able to change their practices. You might look at your budget to see where you can buy out an hour/month or so of direct-service obligations, provide tools that make advocacy engagement feasible, and/or review job descriptions to see where there are natural fits with employees' tasks and the advocacy you want to encourage.

Research examining what motivates human behavior changes has identified three key approaches that can increase the likelihood of change:

Shrink the change, by reducing the distance between where people are today and where you want them to be.

- Some organizers suggest a tactic of ‘leapfrogging’ to make a desired change seem closer than it would otherwise. Here, you first make an ask that is larger than what you actually need. If the answer is anything other than an enthusiastic ‘yes’, your follow-up is for a more modest change, which then seems even closer by comparison. For example, if people seem unwilling to make a personal visit to Topeka to advocate for KanCare expansion, would they be willing to make a phone call? If you first ask people to identify 5 people they could register to vote, would they instead commit to making sure their own family members are registered and planning to vote? Here, it is essential that people perceive your first ask as sincere, rather than a trick to get to the real request. This means that you shouldn’t jump all the way to an action that you aren’t prepared to actually support people in taking.
- You can also use training and provision of tools and resources to shrink the perception of change. Here, if people are daunted by the prospect of asking their contacts to support increased funding for safety net clinics, for example, providing them with a script and postcards to ask people to sign may make this seem more manageable. You may want to be explicit about this, explaining that the reason you are providing these tools is so that what you are asking of people is not the stretch that it might otherwise be.

Frame desired actions as consistent with individuals’ conceptions of themselves.

- Humans are more likely to take actions that they see as aligned with our understanding of ourselves. Sometimes this means asking people to take actions that feel familiar, as when individuals who are connectors within your community are asked to leverage their contacts for your advocacy effort. In other cases, you might use language that refers back to people’s identities, in making your ask. For example, parents may be asked to advocate for children’s access to oral health care because, *as parents*, they care about the health and well-being of children.
- Creation of advocacy committees or advisory groups, and/or other opportunities to advocate as a collective may help with this, too. Here, people may be encouraged to advocate not only because they care about the issue, but because they value being a part of the group that is coming together, and they want to hold up their responsibilities as a member of this team.

Help people to visualize themselves acting in the way you desire.

- Psychologists have demonstrated that helping people ‘act’ in their minds, first, can increase the likelihood of taking action. This is true in arenas outside of advocacy, too; athletes, for example, are often helped to visualize themselves making the basket or sinking the putt, before they attempt to actually do so. What is critical here is that people do more than just think about advocating, or even imagine what it will feel like to have successfully taken action. What they need to visualize is the actual process of taking the step, so that it’s a form of mental practice. You can use role-plays to help people do this with others, or you could provide scripts and encourage people to plan out how they will execute the steps required to take a given advocacy action.

How might you incorporate these behavioral techniques into your efforts to make advocacy a seamless part of how business is done at your clinic?

As you think about how to integrate advocacy into your particular clinic’s operations, start with your mission. Every service you provide and every action you take ties back to this core reason you exist. Where does advocacy fit?

What are 3 steps you could take THIS WEEK to explore how you might incorporate a more intentional advocacy approach into your operations?

1. _____
2. _____
3. _____

Who will be essential allies to you, internally, in this effort?

1. _____
2. _____

What obstacles do you anticipate, and how might you get around/over/through them?

1. _____
2. _____
3. _____

Engaging your ~~Patients~~ Co-Creators of Policy Change

Your clinic wouldn't exist without your patients. They are your reason for being, your source of legitimacy, your purpose and your passion.

Your patients are also a crucial part of your grassroots advocacy base. Their voices are tremendously important to your policy change efforts. Their lived experiences can inform deliberations and result in stronger policies. Their stories can inspire advocates and convince skeptics. And their commitment can energize the rest of your advocacy effort.

Your patients are more than just a face of health care policy. They are experts in their own lives and in the health care systems that affect them. They are potential leaders. They are your allies in a fight that matters to them even more than it does to you.

Your patients are also busy. They are often contending with stressful days, unsympathetic bosses, worrying health conditions, and/or persistent poverty. Crisis comes into their lives and derails their intention to show up at your meeting or make that phone call. They may question themselves, wondering if someone who isn't a paid professional advocate can possibly have anything really important to say to policymakers. They may feel that the power imbalance that separates them from policymakers is too great for them to overcome. Your job is to neither romanticize nor marginalize your patients. They are not martyrs or saints or poster children.

They are co-creators of the health care system we all deserve.

If you ask the right questions and listen correctly for answers, your patients will tell you how they want to be involved. They'll help you prioritize the issues that matter most to them, even if they are not the ones you were planning to push first. And, if you build the right structures to support their advocacy, they'll get out front of you, so that you're running to catch up.

Why do stories matter for advocacy? How can helping your patients claim leadership roles in your advocacy improve your effectiveness?

- Help people connect to your work
- Invite others to be part of your work
- Reduce defensiveness and create openings
- Complement the data you collect about your work
- Increase the investment of your other advocates

Approaches to Patient Engagement in Grassroots Advocacy

Your patients have valuable stories to tell. You've seen this in action. Often, these are the stories that stick with you and the stories that make policymakers' ears perk up, even during a long hearing filled with statistics. You don't need to be convinced of the power of your patients' stories, but you may need help figuring out how to manage a process that captures stories more than sporadically. You need systems that can help you manage concerns about confidentiality. You need ways to encourage your staff to gather stories, without making this a burdensome new obligation. You need ways to:

- Collect stories
- Hold stories for retrieval when you need them
- Track stories you've used (and when and where), so that you can evaluate their effectiveness

You'll find ways to carry out these tasks that work within your particular clinic context, but it can be helpful to get ideas from other nonprofit organizations' work to lift up the stories of the people they serve, too. For example, some organizations offer a quarterly contest, with a prize for staff who identify stories and funnel them to the appropriate leadership channels. Some organizations highlight the staff member who collected the story, when a story is featured, in order to recognize this crucial staff function. Some organizations encourage staff to use a recording feature on their phone or computer to capture a brief audio summary of a story, more quickly than they might be able to write it down. Others have created story forms that allow service participants (aka, 'patients', in the clinic context) to quickly note the key elements of their own stories that would be relevant for the organization's advocacy. If you find something that works—even if it's only for certain types of stories or within a particular part of your clinic—see what you can learn from that 'bright spot', and how you might scale it for larger impact.

Story Collection

Clinics must be careful to separate the collection of stories for advocacy purposes from conversations with health care providers, the latter of which are governed by strict patient protection laws. You might collect stories at intake, perhaps with a postcard that asks people to provide a few details about how the policy issue would affect them. You might have health navigators who are out in the community and collect stories during those encounters. Or you might have volunteers attend community events, such as health fairs, where you can engage with your grassroots public outside the clinical setting. If a client shares a situation with a health care provider that would make a powerful advocacy story, the provider can connect the patient with a staff member equipped to complete a release of information³ and story collection form. What is key is to develop a process. You need to send staff a message that collecting stories is valuable to the clinic and will be rewarded. You might even put metrics related to story collection in employee job descriptions and/or performance reviews. You can ask patients to write a few details about their stories, if you are just trying to populate a database that you can return to as you're looking for a story about a particular topic. Before you ask people to share their stories in person or in the media, though, you'll want to ask them to practice. And, if you want to use stories for social media, lobbying in D.C. or Topeka, and/or fundraising, you'll probably want a video or, at least, audio recording.⁴

What makes a 'good' story?

Good stories are:

- Focused—what is the specific purpose for telling *this* story (if there is more than one, you need more than one story!)
- Positively-charged (there can be grief and hardship, but if there's *just* sadness, why would anyone want to get closer?)
- Crafted and Framed, so that anyone listening will capture the essential elements of the story and pay attention to the pieces you intended to emphasize
- Practiced/Curated (this is too important to 'wing')

The story arc, for advocacy effect

Attention → Need → Satisfaction → Visualization → Action

³ See the resources section of this guide for a sample release of information document for story collection.

⁴ See the resources section for some sample questions to be used to elicit stories from patients, staff, and Board members.

Story Curation and Deployment

The best stories aren't worth much to your advocacy if you can't find them when you need them. Your clinic will need a way to organize your stories for retrieval and deployment. You might want to develop a database that uses some keywords for quick identification of your stories. Or you might even just have an envelope where you put details about people's stories and the releases of information they have signed. Really, any system can work as long as your clinic staff and leadership know where to put stories they collect and how to retrieve the stories you need. Remember that not all stories are created equal. You will want to be judicious about your selection of stories, choosing the stories that will be the most powerful for the particular advocacy campaign. Not all stories work equally well across different media, so you'll want to think about whether this is a story that really needs visuals or audio, or whether the essential elements are likely to come through in a print reporter's story. Then, you'll want to keep track of when and where you use a particular story, because the very best story isn't the very best story...the fourth time you've used it.

While this discussion of story collection and curation focuses on patient stories, your patients are not the only people within your clinic's universe who have valuable stories to share. Think about your staff: What does it mean to them, to work at your clinic? How would a particular policy change make their jobs easier? What about your Board members? Why do they commit their time to your clinic? What do they see as the clinic's contributions to the community, to their industry, and to the future? Which of your referral/community partners might have valuable stories that illustrate the impact of your clinic's work?

Speakers' Bureaus

Your patients are not mere sources of stories. They are potentially powerful storytellers, too. Some organizations have incorporated Speakers' Bureaus into their advocacy operations. You might use a Speakers' Bureau of current and/or former patients to reach out to prospective partners, provide valuable information about health care issues, and give patients opportunities to share their own stories about how your clinic has affected their lives. To build a Speakers' Bureau, you need to create an outline and presentation template, provide some speakers' training to your volunteers, and reach out to organizations that might be interested in having speakers come to talk about your work (think, schools, houses of worship, Rotary Clubs and other civic groups, and business associations). You will want to prepare a short (~20-25 minute) total presentation, including at least one patient story. You will also want to think about any handouts you should bring, visual aids that might be helpful, and questions you may be asked (in order to prepare yourself).

Social Media Campaigns

Social media is an important part of your efforts to shape conversations about your issues, involve your allies, and reach your policymaker targets. Social media can do a lot for you, but if you are overlooking your patients as crucial social media ambassadors for your organization, you're missing out! Find out which channels your patients are most active on, and establish social media presences there. Develop hashtags for your advocacy campaigns, or follow other health advocacy organizations' social media profiles for ideas. Physically display your social media handles (and even specific hashtags, such as #expandkancare or #communityhealth or #myclinicmyhealth) around your clinic, with posters in waiting rooms and even patient care areas. Link to your social media profiles from your clinic website and add this information to your staff email signatures. You might want to encourage your patients to follow your social media profiles and/or invite their own friends to engage with you online. Weave social media outreach into your clinic's special events, such as fundraisers, health fairs, and open houses. For example, you could provide a backdrop for selfies, with instructions on how to tag and post them, create a specific hashtag for the event, and/or encourage people to retweet your related content. Do some research [about how others are using social media](#) in advocacy, and then try some of the approaches that seem appealing. If you have the inclination, you might run some simple A/B tests to see which of your messages and/or platforms get the most traction (measured in shares, likes, or, ideally, actions taken).⁵

Voter Registration Captains

In addition to incorporating voter registration into your direct services, you may also want to incorporate voter registration campaigns into your patient engagement efforts. You might recruit some of your most engaged patients to 'captain' your voter registration and Get Out the Vote work. Patients whose personal situations are more stable may volunteer to help you register voters at health fairs or other public events. Others might provide ideas for where and how voters can be registered (suggesting, for example, that particular stores are crowded on days of the week when there are good sales, or that a particular bus route is always full), even if they aren't able to do the actual registration themselves. You may even have symbolic 'captains' heading up aspects of your voter registration work, responsible for registering their own friends and family members and for serving as a bridge to particular communities.

⁵ A/B tests send two different messages with the same advocacy 'ask', and then evaluate which of the messages was most effective in eliciting the desired action. For example, you could send one email asking people to call their legislators about KanCare expansion that includes a story of someone caught in the coverage gap, and another email that instead includes data about the dollars Kansas is losing by not expanding KanCare. In order to track which message generated the most action, you would want the 'take action' step to direct people differently; for example, to a different web-based email portal, or to a different 800 number linked to the capital switchboard. If that's beyond your clinic's capacity at this point, use your email software to at least compare open rates, making sure that the subject and preview pane are different for the A and B messages.

Patient Advisory Groups

One of the best ways that an organization can incorporate patients into its work is through the creation of patient advisory groups. These entities should have at least some power over the organization's advocacy work, so that patients feel that the effort is worth their time. Their scope of work may include helping to determine the clinic's advocacy agenda, assisting in the development of strategies, providing feedback about effective messages, and/or helping with dissemination of materials. Many organizations that have client advisory groups rotate membership so that the responsibility does not become too burdensome for any one person; patients may be asked to come to only 2-3 meetings per year, or even to come to just specific events where decisions will be discussed. Patient advisory groups can also have symbolic value and should be incorporated into the organization's celebrations of any advocacy successes.

From Patients to Advocates to Voters

Often, the most effective voter registration happens within the context of regular organizational operations. There, people are registering not because someone stopped them on the street or at a table but because people with whom they already have a relationship have extended an opportunity to exercise their right as a citizen. Within this context, you have a base of relationship for more than just the act of registration; you can also provide information to help people make informed voting decisions, and you can encourage people to turn out and actually vote.

There are some advantages of conducting voter registration drives. By conducting a voter registration drive during peak election season, you can readily connect your clinic, the issues you care about, and the exercise of civic engagement. You may find it easier to get ‘on the radar’ in these moments, when people’s minds and the public dialogue are more focused than usual on policy and on change. People may pay more attention to your policy issues as they are figuring out how they want to vote, and you can take advantage of this window of opportunity to get people more engaged in your advocacy. You can build voter turnout momentum with a public drive, particularly in the lead-up to an election. And you can provide opportunities for your core patient advocates to exercise their leadership as voter registration volunteers or leaders. Below are tips for a successful voter registration drive.

You will want to provide training for your volunteers and involved staff, to be sure that they understand the rules of registering voters and the restrictions on electioneering (trying to influence the outcome of an election) by a nonprofit organization.

You will need to make sure you have a system for double-checking voter registration forms completed, so that you can identify any missing information and follow up with the voter to include it.

You will also need a system for ensuring that completed voter registration forms are returned to the election authorities in your jurisdiction, in a timely manner.

We know more than we used to about what motivates people to vote. No one wants to hear that the election depends on them; instead, tell people that you’re registering voters in their communities. Their friends and neighbors will be turning out to vote, and they should be part of the decisions that affect all of their lives. You can use social media to encourage people to check in as they vote, so that you’re creating a climate where everyone is encouraging each other to vote.

You should create materials to promote the upcoming election and emphasize the importance of voting. Remember what motivates people to take action (see section on incorporating grassroots advocacy), and apply these techniques to encouraging voter turnout:

Shrink the change: Make it easy for people to vote, by providing transportation and possibly childcare, assisting with advance/mail voting, and pointing people in the direction of accessible voter education information.

Frame voting as consistent with people's identities: Emphasize how many people are registering to vote in your community, why voting matters for your clinic/area/issues, and how voting aligns with people's identities as parents, neighbors, and Kansans

Help people visualize themselves voting: Some organizations ask people to complete a 'voting plan', so that they can think through the challenges that might prevent them from voting, and identify how they will overcome these obstacles.

Keep track, not just of how many people you have registered to vote, but also of the people themselves, so that you can reengage with them as the election gets closer, to be sure that they will turn out to vote. Remember that registering voters does not actually have an impact. It's only when those individuals vote, in ways that represent their authentic interests, that their power will grow, and with it, the likelihood that policymakers respond positively to their priorities.

Don't forget your staff! All of your eligible staff members and their family and friends should be registered to vote. The same is true for your core Board members and donors. Everyone who cares about your clinic needs to know that registering and voting is another way that they can advance your organization's interests.

Remember that 501(c)3 organizations can only do non-partisan voter registration. This means you cannot tell people for whom to vote. Your communications with voters and prospective voters have to truly avoid trying to steer them in the direction of a particular vote. All you should be focusing on is encouraging people to vote their health care interests, and equipping them with access to information to help them navigate that decision. In other words, nonprofit organizations must be truly nonpartisan.

Pay attention to voter registration deadlines. In most cases, this will be three weeks before Election Day. If you are helping voters apply for advance (mail) ballots, that deadline is usually one week before Election Day. There are no allowances for people who miss these deadlines, so make sure that you help your voters navigate these rules.

Your voter engagement work continues all the way through Election Day! You will continue to communicate with voters, encouraging them to vote, making sure that they have transportation to the polls if needed, and directing them to nonpartisan voter information.

Finally, give your staff time off to vote, in person or in advance. Encourage other employers in your community to do the same.

Tools for Target Contacts

As the advocacy framework makes clear, direct appeals to policymakers—in the form of lobbying, champion development, or even policymaker education—are only one dimension of effective advocacy. However, if your clinic does not develop the capacity to build relationships with policymakers and then leverage those relationships for movement toward policy goals, your advocacy is unlikely to be successful. If you don't know who the policymakers who represent you are, find out. If you know who they are but have never talked with them, introduce yourself. If you have a relationship, sit down to find out how you can deepen it. Think about what championing would look like and how they could advance your issues by playing a more visible or active role. Take advantage of existing opportunities to communicate with your policymakers (and, particularly at the federal level, their staffers; you can make tremendous progress with Legislative Aides/Directors, particularly as you develop relationships with those who work on health care). Many policymakers hold town halls, coffees, or forums in their local community. Many send e-newsletters, and you can subscribe to stay on top of their positions on issues and calendars of events. They need you. You are not only their constituents—and, therefore, their legitimacy in office—you are also experts on an issue of primary importance to the country: health care.

General Tips for Engaging Policymakers

- If possible, when communicating with policymakers, bring patients who can share personal stories, or come prepared with stories that illustrate the issues you want to talk about.
- Focus on ONE ISSUE at a time. 'Health care' is not one issue. You will overwhelm policymakers if you pile on one issue after another. Schedule multiple conversations if you have a laundry list of items or, better yet, focus on different issues with different policymakers, targeting them based on your policymaker ratings. Think about who is the best messenger for your different issues, and invest some of your grassroots advocacy energy on activating those stakeholders to carry your messages to the policymakers who need to hear them.
- Don't assume that your legislator understands health issues. Avoid acronyms, explain how issues directly affect your specific community, and come prepared with the details they need to know.
- Similarly, don't assume that your clinic's work speaks for itself or that your position in the community is peripheral to your advocacy issue. Start with credentialing yourself as a representative of your clinic, include some evidence of your clinic's contributions to your community, and invite the policymaker to learn more about your work.

- Inviting policymakers to tour your facility is great way to highlight the work the clinic is doing. You should invite policymakers for special events such as open houses, groundbreakings, and award ceremonies. These interactions, which occur even when there is not a specific policy ‘ask’ on the table, can help to strengthen your connections.
- Have specific details and facts (with references) to back your position, but if you don’t know the answer to something, don’t panic. This gives you an opportunity to follow up later!
- Don’t forget to *ask* for what you want the policymaker to do. This doesn’t mean, “Do we have your support?” but, for example, “Will you vote for KanCare expansion?” or “Will you come to our health care town hall?” or “Can you ask 2-3 colleagues if they will support increased funding for community health centers?” A good ask is one that is measurable. If you don’t know exactly how you would know if a policymaker has done what she said she would do, you need a different ask.
- Be ready for a 3-minute meeting, a 5-minute conversation, or a 10-minute discussion. Policymakers are often short on time, but they may have questions and want to ‘dig in’ with you to make sure they’re ready for an upcoming vote. You want to leave a strong impression in a very brief amount of time, but you also want to know how you’ll fill more time, if you have it.

Tips for Meeting with Policymakers

Just as you will craft your message carefully to appeal to the particular target audience, the way that you conduct advocacy will also vary, particularly depending on the level of government where you are trying to make change. At the local and state levels, you’re likely to communicate directly with the city councilperson, county commissioner, or state legislator him/herself. You may have conversations in the evening, since these policymakers often have other full-time jobs, and it’s not uncommon for a home or cell phone number to be the preferred channel of communication. Conversely, you will likely communicate with a scheduler to see if a federal policymaker can come to visit your clinic or to ask a question about a position on a given policy issue. Don’t be put off by speaking with staff instead of the member!

It is always important to have written information to give to the policymaker. You will want to include important details about your work (patients served, accomplishments/innovations, amount of charity care provided, support from local and philanthropic sources, economic impact on your community, patient outcomes, principal services provided), as well as the policy issues you have prioritized and the specific asks you have around those issues.

Your meeting/visit with the policymaker should be just the beginning of your relationship. Follow up with a thank-you note and any requested information. Remind the policymaker of

any next steps promised and make plans for your next interaction. You can also share photos and updates from the visit on social media, which can demonstrate your ongoing advocacy activity and may be valuable to the policymaker. For ideas, find some nonprofit organizations whose advocacy work you admire, and follow their social media feeds. You may even want to ask if you can join an advocacy organization on a visit to a policymaker, at least at the beginning, or if some of your emerging grassroots advocates can tag along. Remember, increasing the capacity of your existing advocates is just as important to your success as is bringing in new voices!

Particularly as your relationship with a given policymaker evolves, you may want to emphasize new trends/developments, so that you are perceived as a source of up-to-date, relevant information, and so that you have a clear rationale for reaching out again, even in the absence of an urgent policy ask. For example, has your clinic innovated a new approach to diabetes care that is yielding promising results? Are you partnering with other health care providers to address opioid addiction in your community? Do you have concerns about how potential changes to tax policy might affect charitable donations to your clinic? These are all good things to highlight in regular communications with policymakers.

Tips for Calls to Policymakers

Many advocates, advocacy groups, and ordinary citizens communicate with policymakers through phone calls. Often, when you call a policymaker, you will speak with a staff member, not the elected official him/herself, although you may develop telephone channels of communication with local and state officials. Again, at the federal level, don't be disappointed if you speak with a staffer. These are influential and knowledgeable individuals, and a strong relationship with a policymakers' staff can be a great asset to your advocacy. At the same time, if you have trouble reaching a local or state policymaker, be persistent. These policymakers represent levels of government that are designed to be literally and symbolically closer to their constituents, and you have every right to expect some time to make your case and hear the perspectives directly from these office holders.

While you want to be prepared for a substantive conversation about your priority issue, one purpose of phone calls to policymakers is to demonstrate—through sheer volume of calls—that an issue is important to their constituencies, and that public opinion is on your side. Because it can be difficult to motivate oneself to call a policymaker, particularly for new advocates who may feel intimidated, it may be helpful to (1) provide advocates with a script so that they can just read it the first few times they call and/or (2) organize 'group calling' sessions, where you bring people together and everyone calls from their cell phones or phones at your clinic. This second approach can be particularly useful with your Board members or others who already come together, when you can incorporate calling into a larger agenda.

When calling a policymaker:

- If you are a constituent, let them know that as you introduce yourself. Be prepared to provide your address. If you are not a constituent, make sure that you can explain your connection to the policymaker (e.g. your clinic is in his/her district, or he/she chairs the committee that is working on the bill you are calling about). If you don't have this connection, spend your time getting someone else (who does) to call instead.
- Know your facts. If you're not using a script, have some talking points (or, ideally, a message box with your key sub-points)⁶ ready. Have paper to note any questions you can't answer right now, so that you can follow up. Make sure you know the name of the staffer with whom you're speaking.
- Be brief. Phone calls to policymakers should ideally not last longer than 3-4 minutes.
- Be timely. If the vote on your issue is imminent, the staffer is much more likely to pay attention and, especially important, to convey your message quickly.
- Call about only one issue at a time. Regular communication is better anyway, and it can be a great advocacy practice to call even when you don't have an urgent ask. Sometimes, you might call to share new information and/or particularly exciting developments at your clinic, or if you have a question that your policymaker can help you answer. These are often different kinds of calls than those that occur within the context of an urgent call to action. You are calling because you want to deepen or extend a relationship.

You can call the U.S. Capitol Switchboard toll-free at 1-877-210-5351. State legislators' phone numbers are at www.kslegislature.org. You can call federal policymakers' local offices, too – particularly if you can't get through the DC office (as often happens when there is a big vote approaching!)

Sample Phone Script for Constituents

Hello, my name is {your name}. I am a constituent of {policymaker}. I am calling to ask {policymaker} to support increased funding for community health centers. These centers provide crucial health services to our community and are an essential part of our health care system. {Name of health center} served more than {number} Kansans last year, many of whom would not have had a regular source of health care without the center's help. Community health centers improve health outcomes and reduce dependence on costly

⁶ More information on constructing good messages follows; a sample message box is included in the Resources section.

emergency room care. Will {policymaker} support increased funding for community health centers as part of health care reform legislation? {If yes, then thank them; if no, ask, “How does {policymaker} propose that we shore up our health care system without a strong community health infrastructure?”; if undecided, “May I leave my phone number so that someone can call me when {policymaker} has made a decision about this issue?” (This sample call would be considered lobbying since the caller was asking for a vote. If you only called to educate the policymaker or tell him/her how legislation would affect you or your clinic, it would be advocacy.)

Tips for Emails to Policymakers

While most policymakers and their staff report that personal visits and phone calls receive the most attention, there may be times when your grassroots advocates want to email policymakers. You should make sure that you are equipping them with tools for effective email communications and, further, that you capture this activity so that you can evaluate its effects on your advocacy efforts. You can also host letter-writing parties where people write personal letters to policymakers; this can be a sort of ‘in-between’ approach—not as immediate as a phone call, but more personal than an email. Many of the same tips hold for letters, as for emails. When emailing or writing to policymakers, remember to specify that you are a constituent. Indeed, if you are sending an email, you should reference both the issue and your constituency in the subject line. For example, you might write, “Constituent support for KanCare expansion.” You can find email addresses for policymakers on their congressional or legislative webpages. You should also ask for email addresses of specific staff members who work on health care issues, so that you can contact them directly.

There is evidence that well-crafted, personalized emails can have significant impact on policymakers’ stances on issues:



All emails and letters should contain the following elements:

1. Salutation, including an official greeting, such as “Honorable Senator Jerry Moran” or “Honorable Congresswoman Lynn Jenkins”
2. Credentialing (of you and your health care center); you are a constituent, a health care expert, a leader in the community
3. Outline of the issue
4. Direct and specific ask*
5. Invitation or follow up
6. Thanks and closing

**Remember, depending on the type of ask, this may be considered lobbying. If the ask is related to a policy position (e.g. ‘vote yes (or no)’ on HB123), the communication counts as lobbying. If the ask is an invitation, for a meeting or to come to an event, or to talk with patients, then it is not lobbying, unless there is some other policy ‘call to action’ within it.*

Sample Constituent Email

Honorable {policymaker name},

My name is {your name}. I am constituent in your district. As a {employee, patient, Board member, supporter} of {your health center}, I have had the opportunity to witness the essential health services provided by federally-qualified health care centers in our state. {Your clinic} provides crucial medical and behavioral health services to many of your constituents. The health center’s work improves health outcomes for children, workers, and older adults in our community. These services save money by reducing dependence on expensive emergency care, improve community productivity, and generate positive economic and social impact. {Include any talking points re: specific outcome/cost-saving measures.}

I am writing today to urge you to pass {legislation # and name}, which will provide increased funding to the FQHCs. Without action by Congress, funding for the FQHCs will be reduced by 70%. This would imperil centers’ ability to provide health care. It would likely result in many of your constituents losing access to primary care and could lead to costly and dangerous delays in medical treatment. {Include specifics on numbers of people who could lose care at your center and the amount of funding that would be lost.}

{Your health care center} works every day to provide efficient, effective, responsive health care to our community. We need your partnership so that we can continue to deliver this access. Can we count on you to commit to {(1)voting for funding for community health centers or (2) send a letter to congressional leadership requesting attention to the health center funding bill during this session}⁷? We look forward to hearing from you. We would

⁷ Choose the most appropriate ask based on the policymaker’s previous stance and your relationship to him/her. For example, if the policymaker has been a supporter of FQHCs, he/she may be a prospective champion, so asking for the bigger step of securing support from other partners would be a good approach. If you are less certain of his/her position, you want to focus on counting votes.

welcome you to visit our community health center any time, so that you can see our work and talk with our staff and patients. Thank you for your service.

Sincerely,

{Your name, address, phone number}

Tips for Hosting a Candidate Forum

Hosting a candidate forum is another great opportunity to build relationships with policymakers or potential new policymakers. These public events can also help you to build grassroots capacity. Candidate forums can generate attention to your issues and also demonstrate to your prospective advocates that you are engaged and that you have relationships with policymakers. Media will also often cover a candidate forum, which can generate additional public attention to your issue, as well. Think about your advocacy framework, then, and where a candidate forum might fit. Is your primary purpose to provide public education? Are you aiming at champion development? Do you want to strengthen a coalition? When and how you approach a candidate forum will depend on how you see it fitting with the rest of your advocacy.

It is essential that nonprofit organizations remain entirely nonpartisan during any election-related work. Sometimes this can be tricky to navigate. For example, if a clinic is hosting a candidate forum, being nonpartisan means more than just inviting all candidates to participate. You must pay attention to how questions are formulated, how the event is moderated, and how time and credit are allotted to all participants. You may also want to partner with other organizations so that the candidate forum is broad and more likely to be well-attended. Additionally, sometimes the very same activity that would be allowable outside of a campaign season, may be considered unacceptable electioneering during a campaign cycle. For example, a nonprofit organization would be within its rights to tweet or email stakeholders asking them to contact Representative XYZ to ask her to vote yes on a policy, but could get into trouble for asking people to contact Candidate XYZ (the same person, now running for reelection) to express disapproval of her position on a particular issue.⁸

- Pick a date well in advance, and send invitations to all candidates at the same time. You need to give everyone equal consideration and opportunity to participate.
- Choose a moderator for the forum. If your community has a civic organization such as the League of Women Voters, they may have experienced moderators who would be willing to help with your event.

⁸ More information about the legalities of remaining nonpartisan as a 501(c)3 are available from [Bolder Advocacy](#), a resource maintained by the Alliance for Justice. They have 'plain-language' legal guides about these IRS rules and also staff a hotline to answer nonprofits' legal questions. See the Resources section for examples of when you might want to contact AFJ's legal hotline.

- As you're planning the agenda, be sure to include topics in addition to health care. You may solicit questions from your patient advisory group or other grassroots advocates. Are they interested in education, transportation, social services? What about tax policy?
- Decide how you'll manage the format. Will the public be allowed to ask questions? Will you collect them in advance or provide an open microphone? What will the time limits be? What will the order be, for speaking? Will you allow candidates to rebut each other?
- No later than one month before the event, contact any candidates who have not RSVP'd for the event. You should follow up by phone and document your efforts. This is important not only for making sure that you abide by IRS rules, but also so that you can later demonstrate good faith to anyone who would question the sincerity of your commitment to nonpartisanship.
- Issue a press release announcing the forum. Publicize the event using social media, your clinic's newsletter/website, and through partner organizations. This is where co-hosting with allies might be helpful too.
- The day of the event, set up a table for candidate literature. Set up enough chairs for your expected attendance, and make sure you have microphones for the candidates and for questions. If you expect that the event may become contentious, think in advance about how you will handle this. You may even consider providing security, particularly if candidates and/or prospective partner organizations request it.
- After the event, send thank yous to all participants. Debrief the event with your key stakeholders, including your patient advisory group and Board members.

Remember that 501(c)(3) organizations cannot do anything that could be perceived as trying to influence the outcome of an election. They are not allowed to make campaign contributions from organizational funds, although individual employees, Board members, and/or patients may support candidates of their choice. Nonprofit organizations may not solicit such funds using organizational resources, or make endorsements of candidates.

Building Public Awareness, Cultivating Champions

Not all advocacy activities are focused directly on winning policy change, at least not immediately. In some cases, your short-term priority is to increase public awareness of an issue or to build public will to support a particular solution. In these cases, how you frame an issue is particularly important. To the extent to which we can shape how people think and talk about an issue, we can often lead them to view our desired solution as ‘common sense’. This means that developing and disseminating messages is about more than ‘just’ communication; you are laying the foundation and softening the context in which your advocacy will unfold.

When issues are well-framed, we often don’t even notice that framing has happened, even though the framing shapes how we view these issues. For example, consider the issue of reducing inheritance taxes for very large estates. Once that policy was framed as a ‘death tax’, opinion polls began to show that more Americans expressed a preference for reducing those taxes, a finding that is notable since very few Americans have enough assets to ever be subject to that tax.⁹

Your messaging should fit within the frame you are trying to exert on the issue landscape. As you're working on your messages, aim for the criteria of effective messaging: clear and focused, compelling and memorable, scalable, authentic, consistent but not repetitive.

To help craft messages that achieve these standards, many advocates use message boxes. Message boxes are tools that force message discipline and expose weaknesses. They are not sound bites or talking points. Advocates can vary the way that they present the messages, in alignment with the core themes. As such, message boxes are versatile; advocates can pivot to any point on the message box, in response to any opening, and for tailoring to any particular messenger. Message boxes can also increase advocates’ communications capacity, both by giving them greater confidence and thereby increasing the likelihood that they practice their advocacy, and by helping them to identify weaknesses in their messages so that they can continually improve them.

Message boxes contain:

- A core/main message
 - What you want people to be left with (even if unspoken)
- 3-4 sub-points
 - The few things you’d like them to really remember
- The evidence you use to illustrate the inherent logic of your sub-points

⁹ More information on framing is found in George Lakoff’s very readable book, *Don’t Think of an Elephant!*

- Stories and data

After you construct your message box, revisit the overall message. Are the sub-points really driving toward that overarching theme? Do they all really support that message?

What does a message box look like?¹⁰

Message:

Sub-point #1:	Sub-point #2:
Sub-point #3:	Sub-point #4:

As you think about how you will disseminate your messages, consider whether your primary objective is public or policymaker awareness. This will determine the audiences you prioritize and, likely, the channels through which you will want to communicate. For example, if you are primarily interested in reaching out to policymakers, you may want to think about letters to the editor, earned media (such as through press releases and/or calling reporters directly), and social media (using feeds and channels that policymakers are active on). If you are primarily interested in public awareness, in addition to the strategies above, you may want to think about public events, such as presence at community festivals, partnerships with organizations that work directly with your public (such as schools), and/or direct appeals to community members.

Social Media for Advocacy

- Follow state and federal policymakers on Facebook and Twitter.
- Use hashtags such as #ksleg or #expandkancare on Twitter, and tag target policymakers.
- Add photos and videos—when policymakers visit, when you have community events at your clinic, when you have new outcome data to share in a chart.

¹⁰ Sample message boxes are provided in the Resources section.

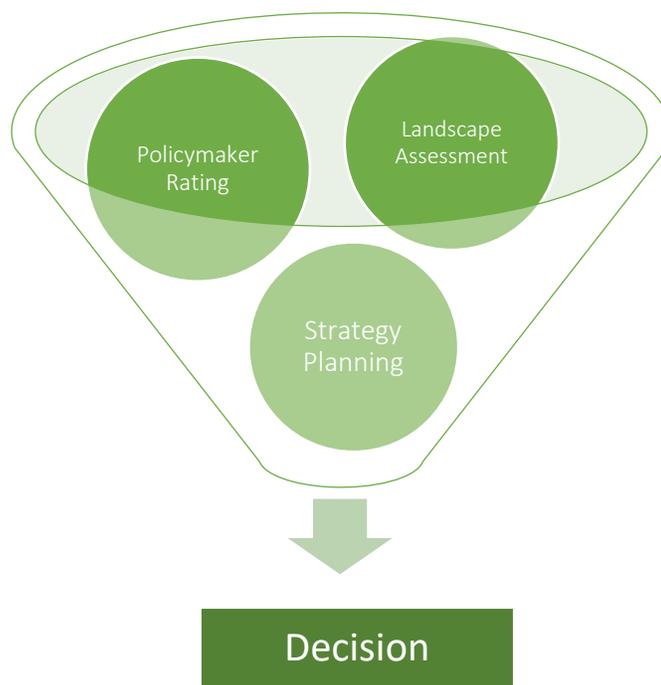
- Follow your peers on Facebook and Twitter—NACHC, KAMU, other community health centers, other health advocates.
- Consider creating sample tweets/updates for your grassroots advocates. Certainly, they should be empowered as ambassadors for your cause, but sometimes people need help figuring out what to say, particularly if they're new to advocacy. For example, you could ask advocates who are coming to a lobby day to tweet something like "I'm on my way to Topeka to tell @[YourREP/SEN] that #expandkancare should be a priority." You can also tweet directly to policymakers, as in, "Thank you to @(Your Rep / Senator) for your vote to #expandkancare."
- Facebook Live is another way to engage your audience, particularly if you are aiming to build public awareness. You could use Facebook Live at a rally, bill hearing, or a vote in the Capitol, or during an event at your organization. Facebook Live will allow you to have conversations with your grassroots advocates and to instantly connect with prospective new advocates.

Grassroots Advocacy Campaigns—Goals, Targets, & Strategies

Not all problems are on the policy agenda. In order to get traction in an advocacy context, problems need to be converted into ‘issues’—solutions or partial solutions to problems, framed as within the purview of policymaking. Once you have decided the issues you’re going to prioritize, you’re ready to approach the advocacy planning process. This starts with considering your particular ‘slice’ of the issue. In other words, if the problem is insufficient access to affordable, quality health care, how are you operationalizing the issue around which you’ll rally people? How do you aim to accomplish your vision? Are you going to emphasize expanded funding for safety net clinics? Expansion of KanCare? Greater federal funding for FQHCs? Support for universal health care? Better consumer protections within employer-provided health plans? All of these issues would make contributions toward improving health care access, but how you ‘slice’ and frame your issue will point you in different directions in terms of strategies and targets. Different issue slices will also likely have different chances of success.

Your advocacy planning will then start with collecting and interpreting information for your decision-making process. As you gain more advocacy experience, you’ll find that you can carry some of your accumulated knowledge forward into future campaigns and that your decisions will become both more nuanced and more confident.

Advocacy Decision-Making ‘Funnel’



Landscape Assessment

- What has been done recently on this issue? Have policies changed? Were there unsuccessful efforts at reform? How might that history affect what you encounter?
- What information do you need to collect? Do you have all of the data about how bad the problem is, who is affected, what the effects of the problem are? How certain are you that your proposed solution would actually solve the problem? Do you have good sample legislation, if needed? Have you thought through unintended consequences?
- What about skills? Do you know how to do the strategies you may need to deploy? Do you need more training, a mentor organization, or some good partners?
- Who else is working on this issue (for and against)? What can you expect from them?
- What resources do you bring to your advocacy? What resources might you be able to pull in? What do you need to be doing now, in order to activate those inputs?
- On what assumptions does your advocacy plan stand? What scenarios can you anticipate if these assumptions turn out not to be true?
With whom can you check, to see how accurate you might be?
- Whose opinions do you need to solicit, in order to have good information to insert into your ‘funnel’? How can you reach out to unlikely allies in order to draw in information you might not otherwise have?

You might use a bellwether interview to collect information from community stakeholders for your landscape assessment. See a sample interview guide in the Resources section.

Policymaker Rating

Not all targets are created equal. If you approach all targets as though they are hostile, you may alienate some would-be champions; at the least, you’ll waste time. However, if you assume that all you need to do is provide good information in order to win people over to your side, you will find that some targets cannot be won over by the same strategies that work with others. To get a clear sense of where you stand and, importantly, how your advocacy is ‘moving the needle’ with these targets, you can use a policymaker rating tool. The key dimensions of policymaker rating are:

1. *Inclination toward your issue*: Is the policymaker strongly supportive, somewhat supportive, somewhat opposed, or strongly opposed? If you are inclined to say that the policymaker is ‘undecided’, make sure that this isn’t because you just haven’t collected enough information to know how the policymaker really feels. In other words, is the policymaker truly ‘undecided’, or are you? If you feel that you have done your due diligence and you still rate this policymaker as ‘undecided’, then what do you know about what it will take to ‘tip’ the policymaker one way or the other?

2. *Positioning to effect change:* Not all opponents are equally dangerous, and not all supporters are equally valuable. Part of your policymaker rating, then, should include an assessment of the power a particular policymaker has to move your issue. Is she/he in legislative leadership or chair of a relevant committee? If at the local level, is this a policymaker who could rotate into the mayor's role? At any level, does this policymaker have relationships with key colleagues that make him/her more influential than official position would suggest?
3. *Certainty of your assessment:* How confident are you in your determination of the policymaker's inclination on your issue and/or positioning? Have you had a conversation with the policymaker (recently!) to confirm this, or is it based on valid information from a close informant? Conversely, is this just based on a 'gut' assessment or compiled from media reports, which could be incomplete or inaccurate information?

Completing Your Advocacy Strategy Chart

Column 1 – Goals

Developing your advocacy strategy plan begins with establishing your advocacy goals.

Everything you write in the first column can be understood as steps on the path to the issue

you have identified. For example, if your issue is 'pass KanCare expansion,' your goals are going to be the tasks you have identified as essential steps toward that aim. This might include crafting solid legislation, recruiting legislative champions, securing support from key business and provider allies (specify who these are and make sure you have clarity about why they are 'key'), and organizing public support. Some of these will be immediate-term goals. You need to coalesce around the legislative details quickly, and you'll need someone to sponsor your legislation. Some may take longer. For example, you'll likely continue to work to rally public support all throughout your campaign. What all of your goals will share in common is that they are (1) things you can win from someone and (2) things that your actions can help to make happen. Your goals should require effort, but they shouldn't be completely unreachable. As you're developing your goals, you will need to keep looping back to your issue: are all of your goals going to bring you closer to achieving your vision for your issue? If not, those goals don't belong on the strategy plan for this issue. You also want goals with what can be thought of as 'high residual value'; these are goals that bring you real victory, even if you lose on the overall issue. For example, if your work with legislative champions on

Because you're crafting a grassroots advocacy strategy plan, your best goals are those that not only bring you closer to achieving success on your issue, but also win real improvement in people's lives, give people a sense of their own power, and alter the relations of power. That is, not all goals are created equal. If you could win policymaker champions by pulling some strings with influencers you know OR by mobilizing a group of constituents to pressure the policymaker, the latter approach would be preferable, even if it takes longer.

KanCare expansion strengthens your relationships with those policymakers, such that you can build from a foundation for greater collaboration for future advocacy. That's a win, even if you lose KanCare expansion. Indeed, winning on these goals can even be 'game-changers,' creating a 'snowball effect' where your advocacy gains momentum, your advocates grow in power, and you're able to take on new challenges.

Column 2 – Organizational Considerations

The second column includes what you bring to the advocacy effort. This may include relationships and alliances that could be leveraged to help you achieve your desired policy change. Or they could be considerations related to your other organizational goals. For example, if your organization's leadership wants to increase your public profile (maybe because you have expanded your services and want people to know, or maybe because you want to increase your referrals), that might figure into your selection of advocacy approaches. Your past experiences with advocacy might figure into organizational considerations, too. If you have deep relationships with media and great success getting coverage for your clinic, you might want to lean toward media advocacy strategies. If you want to engage your patients in your advocacy because you see that as a way to deepen your connections to that base, which types of goals might you prefer? If your organization's Board of Directors is opposed to community organizing/public mobilization approaches, you might want to lean more heavily on lobbying or other 'inside game' approaches. Also in this column are any limitations in staffing or financial resources that may constrain your selection of particular approaches. If working toward a particular goal will require money, how much, and where will you get it? If you need more human resources, can you bring in volunteers or your Board members? Are there disputes among your allies about which goals are likely to lead to success, which tactics should be prioritized, and/or how the campaign should proceed? If so, how might these play into your work?

Column 3 – Constituents, Allies, and Opponents

The results of your landscape assessment go in Column 3. What did you find out about who cares about this issue, whose priorities intersect with yours, how much power these other players have, and how they are positioned in terms of your issue? What are the likely limits of your alliances? What are these 'lines in the sand', and how could you work ahead of time to anticipate potential points of conflict? In other words, who is already in this space, and how? Who could you bring in, what would that take, and how could they help you? What are the potential risks of allying with particular potential partners? How might such an alliance alienate other potential allies? Who should you be worried about here? Who opposes you, what will their strategies be, and how much power do they have? What might 'neutralize' their effects on the issue?

Column 4 – Decision Makers (Targets)

The person with the power to make the decision is referred to as the “target” of the campaign. This is usually a policymaker; however, for some of your goals, you might target influencers you see as helping you get to policymakers. These could be corporate or civic leaders. **TARGETS MUST BE PEOPLE.** ‘The city council’ is not a target, then, but individual city councilmembers can absolutely be targets. In many cases, there are multiple potential targets for a particular change. For example, you may target individuals in legislative leadership as your first ‘target’ sponsors. If you are unsuccessful here, you might look to committee chairs or even other members who have a passion for your issue and are willing to help push it. Indeed, while it might feel overwhelming to target multiple people, the existence of multiple targets can actually be a good sign. This suggests that there is more than one path to your goal, and that gives you options if you find one particular route blocked. In some cases, you may identify a secondary target. Secondary targets are people who do not have the power to make the desired policy change, but do have more power over the primary decision maker than you do. Sometimes your secondary target may be a pretty easy one for you; for example, it may not be too difficult to convince a Board member to reach out to a friend who is also a state legislator. Sometimes, though, you may need to build an advocacy campaign around your secondary target, too. For example, if you really need the Speaker of the House to allow a vote on your bill but have no real way to get to him, you may put together grassroots strategies that focus on convincing the CEO of your community hospital to make an appeal to the Speaker. You will need to think about your interim steps toward that goal, the power you bring to that relationship, and whether that will be a sufficient ‘lever’ to achieve your goal with the Speaker.

Column 5 – Tactics

Tactics are the steps you’ll take to carry out the overall plan. They are the specific actions your constituents (including you, but not just you!) need to do in order to affect your targets and achieve your goals. You need to be very specific about your tactics; someone who just picks up your strategy plan without knowing anything about your issue or organization should be able to

IMPORTANT: For grassroots advocacy strategies, the *process* used to craft a strategy plan is just as important as the finished product. It’s often difficult to get people excited about contributing to strategies that were developed without their input, and that prescribe roles that they may not be interested in. On the other hand, if your grassroots base ‘owns’ these strategies, then ensuring that they succeed will be in their own vested interest. How can you pull together a group of key stakeholders to work on your strategy plan? You could construct an advisory group of patients and staff members and invite them to a strategy planning session. You could bring together a small group of your closest community allies to do the same thing. Just remember that you don’t want your targets to ‘see all of your cards’, so to speak, so you’ll want to keep your strategies fairly quiet until you deploy them.

know exactly what would have to happen for a tactic to be carried out. Who will do what, when, and how? It is important to fill out your tactics last. We sometimes want to jump right to tactics, because we know that we really want to hold a rally, for example, or that our constituencies love to go to lobby days. Instead, when we decide tactics last, we can be sure that they will work toward achieving our goals. Yes, you should select tactics that people like to do, but you also need tactics that (1) show how you're building power and influence and (2) are likely to make a difference to your targets.

Advocacy Strategy Chart

Issue: _____ 11

Goal	Target(s)	Points of leverage	Tactics	Work Plan	Evaluation ¹²
What you want to see happen <i>If you cut your issues well, this should be your issue, as you have framed it</i>	Who has the ability (power, position, authority) to make the changes you want (re: goal)? <i>To make a strategy plan work, this has to be a person or articulated group of persons, not an impersonal entity</i>	Who has influence over your target, what do they care about, to whom do they listen? <i>This may be you/your relationship with target, but it's usually not.</i>	What actions can activate the leverage points? <i>This is what you're <u>going to do</u>.</i> <i>Where do these approaches fit, within the framework? Is there a 'match' between desired action, target, and your choice?</i>	How do you operationalize your targets? Who has to do what, in order for those things to happen? What inputs do you need? <i>This is your to-do list (often, starting with the need to recruit the people who you need to do some of the tasks).</i>	What do you need to assess, at every point within your strategy plan, to know if you're 'on track'? <i>What assumptions are you making? How will you know if you've selected the right targets? How will you collect the information needed to know whether your analysis of leverage is correct? How will you track accomplishment of tactics? How will you debrief their execution? What are interim indicators that will tell you if you're getting closer to your goal?</i>

¹¹ You'll make a different strategy chart for every issue you work on.

¹² You can include other considerations in your strategy chart, including organizational constraints (funding, alignment with your strategic plan, staff preferences for particular strategies)

<p>EXAMPLE: Preserve the state Earned Income Tax Credit</p>	<ol style="list-style-type: none"> 1. Chairs, House and Senate Tax Committees 2. Chairs, House/Senate Appropriations/Ways and Means 3. Republican legislators whose constituents benefit from EITC (ask: champion) 4. Governor (ask: include in budget) 	<ol style="list-style-type: none"> 1. Value efficiency 2. Listen to local elected officials from home 3. Want 'postcard' opps for next election 4. Religious leaders 	<ul style="list-style-type: none"> • Analysis re: #s who benefit from EITC, ROI, by district • Sign-on campaign of local electeds • Collect stories from families in target districts • EITC rally/lobby day/virtual rally • Tax Justice Sabbath events (invite electeds) • Faith Day on the Hill for economic justice 	<p>{only the start, for sign-on}</p> <ul style="list-style-type: none"> ▪ Meet with local officials in 5 counties (list) ▪ Allies attend and then conduct meetings in their own communities, w/model ▪ After ~5 signers, use in subsequent meetings to recruit ▪ Provide exclusive insights to signers, re: campaign updates ▪ Create website with testimonials re: local impact 	<p>{only the start, for sign-on}</p> <ul style="list-style-type: none"> ▪ Critical incident debrief after each meeting ▪ Spreadsheet documenting asks, approach, and outcome (password protected, shared with allies) ▪ Policymaker rating to assess movement post-endorsement
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Resources

Sample Scripts for Voter Registration Contacts

Some clinic staff may have trouble thinking about what to say when registering patients to vote. Below are some sample scripts:

Script Intro: Hi, how are you? My name is {your name}. It's important for us at {insert clinic name} to make sure all our patients have a voice in the decisions that affect their lives. That's why we are helping our patients register to vote or update their voter registration. Can I help you update your voter registration today?

- **If yes:** That's great! It will just take a few minutes {Ask them the questions from the form, so that they aren't trying to fill it out themselves.}
- **If registration is up-to-date:** Would you be willing to sign a pledge to vote card for this upcoming election? (Give Pledge to Vote Card to voter to fill out). We'll provide information you'll need on Election Day. Do you need a ride to the polls or help voting in advance?
- **If no, not registered:** There are so many issues important to our community that will be decided in this election. I can help you get registered, and it will only take a few minutes.
- **"I've moved.":** I can help you update your registration so you can vote. This will only take a few minutes.

Other Common Responses

- **I don't have time.** I understand you're busy. Filling out this form only takes a couple minutes and I can make sure it gets turned in for you.
- **I'm not interested/I don't vote.** I understand. We want to register everyone in our community because it's important that our voices are heard. It also helps us here at (name of clinic) to show our patients are voters.
- **I'm not a citizen.** I understand. You can make a difference by making sure friends and family members are registered. Would you be interested in volunteering to help with our voter registration efforts?
- **I'm a felon, so I can't vote.** Many individuals with past convictions have their suffrage rights restored. That's also an important issue to our clinic, and to our community. Could I connect you with our partners who are working on voters' rights? (This would be a person to connect to the League of Women Voters, ACLU, or other organization affiliated with election protection/voter rights work.)

- **I'm not old enough.** Will you be 18 by Election Day? If so, I can register you today. (If not, teenagers can still get involved in the voting process, including by encouraging others to vote, researching candidates and sharing information, and/or helping to make phone calls or otherwise support Get-out-the-Vote efforts.)
- **I'm just here for health care.** We're proud of the services we provide to our patients. Our ability to provide our services can depend on the support of elected officials, and it makes a difference when they know our community members are registered to vote. Would you consider updating your registration right now? It will only take a couple of minutes.

Sample Questions for Story Banking

Patients

- How has {health center} helped you and/or your family and for how long?
- What services do you receive at {health center}?
- Where did you receive health care before coming to {health center}?
- How did you find out about {health center}?
- What do you remember about your first experience(s) at {health center}?
- What do you like best about {health center}?
- If an elected official were standing here right now, what would you say to him/her?
- What do people need to understand about the challenges you face in accessing affordable, quality health care?

Board Members

- Why does {health center} warrant your commitment as a Board member?
- What does everyone in this community need to know about {health center}?
- What impact does {health center} have on your community?
- What challenges does {health center} face, in trying to meet the needs of patients and the community? How would {target policy change} make a difference in these efforts?
- If an elected official were standing here right now, what would you say to him/her?

Staff

- What is a typical day like at {health center}?

- What drew you to {health center} to work?
- What does everyone in this community need to know about {health center}?
- How would {policy change} make a difference in your daily work? In the lives of your patients?
- If an elected official were standing here right now, what would you say to him/her?

Sample Confidentiality Form for Story Bank

Release of Information for Clinic XYZ Story Bank

Elements of my story I am potentially willing to share as part of Clinic XYZ’s advocacy efforts (please check all that apply):

- Loss of health insurance
- Difficulty finding health care without insurance (falling into coverage gap)
- Experiences with Medicaid
- ‘Benefit cliff’, losing aid due to income and struggling to get ahead even with work
- Medical debt
- Positive effects of clinic services on my family’s health
- Importance of preventative health services
- Oral health concern/dental care
- Connection between mental and physical health
- How circumstances in my life/community/housing affect my health and health care
- Other/Notes about situation:

By signing, I give permission for Clinic XYZ to keep track of my responses and contact me in the future for possible advocacy opportunities. I recognize that a small number of Clinic XYZ employees will see this record.

Further, I would be willing for Clinic XYZ to share my story in the following ways (check all that apply):

- Clinic promotions, such as annual reports and newsletters

- _____ Internal distribution within clinic—staff, Board, and volunteers
- _____ Publication on clinic website, social media feeds, and/or blog
- _____ Sharing with (*circle all that apply*): print radio television reporters
- _____ Sharing directly with policymakers at the local, state, and federal government levels (*cross through any you do not wish to authorize*)
- _____ Including in public presentations

I understand that Clinic XYZ staff will **always contact me** before sharing my story externally. I understand that I **always have the right to refuse permission** and it will not affect the services my family receives in any way.

- | | | |
|-----|----|---|
| Yes | No | I authorize Clinic XYZ to use my name associated with my story. |
| Yes | No | I authorize Clinic XYZ to use my photo associated with my story. |
| Yes | No | I authorize Clinic XYZ to use an audio or video recording of my story. |
| Yes | No | I am willing to tell my story myself, to (<i>circle all that apply</i>): |
| | | <i>public audiences media policymakers Clinic Board and volunteers</i> |

Name: _____

Signature: _____ Date: _____

Sample Bellwether Interview Guide

1. What do you see as the most important issue facing Kansas policymakers today? What 2-3 changes do you want to see the legislature adopt in the next legislative session?
 - a. How likely do you think it is that these changes are made?
 - b. What factors might determine the direction of the next legislative session?
2. Who do you see as the key influencers in our community? In your industry/sector?
3. How would you assess the will of these influencers to expand KanCare coverage? In your assessment, what are the most compelling arguments for and against this policy?
4. How salient do you think affordable, quality, primary health care is for these influencers? How does this compare to the attention they gave these issues one year ago?
5. Among the major players, who has had the most impact on health care policy in Kansas?

6. What do you view as the most credible sources of information on health care policy in Kansas?

Sample Policymaker Rating Tool

To organize the information for your policymaker rating tool, you can create an Excel workbook that has the following row at the top. You can use this to obtain a numerical value for each policymaker, allowing you to quantify your present positioning and to determine where you are relatively weaker. It will be difficult to keep track of ratings for many policymakers (and even more difficult to actually communicate with that many elected officials). To make the process more manageable while you become familiar with the policymaker rating process and with advocacy in general, focus on the policymakers who are the greatest priority. These may include policymakers who represent your clinic, those who sit on the committee(s) handling your priority legislation, and/or policymakers with whom your Board members, staff, or other key grassroots advocates have a particular connection.

ELECTED					ISSUE RATINGS			POWER BASE		
Last Name	First Name	District	Party	Freshman?	Issue Support	Issue Influence	Rater Confidence	Relationship w/ Elected	Membership Leverage	Actions Exerted
					<i>1 = not at all supportive</i> <i>2 = interested</i> <i>3 = somewhat supportive</i> <i>4 = supportive</i> <i>5 = extremely supportive</i>	<i>1 = not very influential</i> <i>2 = somewhat influential</i> <i>3 = Influential</i> <i>4 = extremely influential</i>	<i>1 = not very confident</i> <i>2 = somewhat confident</i> <i>3 = extremely confident</i>	<i>1 = none</i> <i>2 = awareness</i> <i>3 = access</i> <i>4 = public affiliation</i> <i>5 = political quid pro quo</i>	<i>1 = none</i> <i>2 = partner only</i> <i>3 = 1 cong.</i> <i>4 = 2-3 cong.</i> <i>5 = 4+ cong.</i>	

Sample Board Advocacy Matrix

This is another tool that can be converted into an Excel file. Here, you can catalog your Board members' positioning for advocacy, including the relationships and skills they bring (and are willing to leverage for this work). Ideally, clinic staff would complete the matrix collaboratively *with* the Board member, both so that you can encourage him/her to think about relationships they might not otherwise consider as fruitful advocacy avenues, and so that you can gauge the extent to which the Board member will be willing to approach a particular contact or use a

particular skill, to advocacy the clinic’s advocacy efforts. In some organizations, Board Advocacy Matrices have become a regular part of the Board member orientation process.

	Member A	Member B	Member C
Relationships			
U.S. Senator(s)--Friend/Colleague			
U.S. Senator(s)--Other			
U.S. Congressperson(s)--Friend/Colleague			
U.S. Congressperson(s)--Other			
State Legislator(s)--Constituent			
State Legislator(s)--Friend/Colleague			
State Legislator(s)--Other			
State Executive Branch--Friend/Colleague			
State Executive Branch--Other			
County Elected Official--Constituent			
County Elected Official--Friend/Colleague			
County Elected Official--Other			
Local Elected Official--Constituent			
Local Elected Official--Friend/Colleague			
Local Elected Official--Other			
Issue Allies			
Grassroots Constituents			
Corporate Allies			
Media Outlets			
Skills			
Administration/management			
Financial management--accounting			
Financial management--investments			
Fundraising--nonprofits			
Legal			
Program expertise areas			
Personnel/human resources			
Strategic planning			
Information technology			
Public relations/media			
Grassroots organizing			
Direct lobbying			
Policy analysis/research			
Other (please specify)			

Issue Emphases			
Federal health care reform			
Safety net clinic funding			
Oral health			
Mental health			
Social determinants of health			
KanCare expansion			
Other (_____)			

Sample Message Boxes

These are not your messages! These are not exactly your issues, and these messages are not likely crafted in ways that would work perfectly in your particular context. However, they are included here to illustrate how organizations can use the message box tool to craft concise messages, how weaving together stories and data can strengthen an organization’s communications, and how sub-messages should support the overall messaging objective.

Message: Mental illness is real. Treatment works.

<p>Submessage #1: Every day, Clinic XYZ witnesses the power of treatment to improve people’s lives.</p> <ul style="list-style-type: none"> • <i>Story of someone who has experienced mental well-being through TBH</i> • There are no ‘cures’ for mental illness, but medication, therapy, case management, and group interventions all support good mental health. At Clinic XYZ, we see it all the time. • Individuals living with mental illness are resilient. With treatment, they can emerge from mental health crises stronger than ever. • The lives of Clinic XYZ’s patients and their families are the best evidence of what we know to be true: treatment works. 	<p>Submessage #2: People with mental illness are our neighbors, friends, coworkers and family members. Their health is our concern.</p> <ul style="list-style-type: none"> • Most people in the Kansas City area—indeed, in the United States—know someone who has experienced mental illness. • Approximately 10% of adolescents in Kansas and Missouri have had a major depressive episode in the past year.¹³ Approximately 4% of adults in Kansas and 5% in Missouri have a serious mental illness, but only about half have received treatment. • Mental illness affects everyone, directly and indirectly. Behavioral health care must be a community and national priority.
<p>Submessage #4: We know how to support mental wellness. What we need is the infrastructure and funding to deliver effective treatment to all.</p> <ul style="list-style-type: none"> • Treatment of many kinds of mental illness is now supported by a strong evidence base. 	

¹³ https://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_1/BHBarometer-MO.pdf

- The treatment success rate is 80% for bipolar disease, 65-80% for major depression, and 60% for schizophrenia.¹⁴ When treatment improves symptoms, people can work, maintain relationships, and stay healthy.
- The biggest barriers to successful behavioral health care is connecting people to it. Stigma deters some people from asking for help. Others can't find a provider or can't afford treatment without health insurance. As a result, experts estimate that almost 50% of people who need behavioral health care don't receive it.¹⁵
- *Data on how more funding/better structures would increase Clinic XYZ's ability to serve patients*

Message: A strong health care system needs a robust, well-financed safety net.¹⁶

<p>Submessage #1: Clinic XYZ provides first-class care, to those with few other options and to those with many choices.</p> <ul style="list-style-type: none"> • Today, we are more focused than ever on demonstrating our value, improving quality, and reducing costs. This emphasis makes Clinic XYZ an excellent choice for any health care consumer. • Clinic XYZ is a provider of choice for many, and also committed to providing quality care for those with few resources. • Without the health center, some patients would be forced to turn to emergency rooms or go without care. Still, at Clinic XYZ, they are treated like the valuable customers and worthy patients they are. • <i>Patient stories—from someone with other health care options who chooses the health center, and from someone who wouldn't know where else to go for care</i> 	<p>Submessage #2: Clinic XYZ advances in patient advocacy and community-based medicine lead the way for others in the field.</p> <ul style="list-style-type: none"> • Clinic XYZ does not just aim to <i>match</i> the technology and quality standards found in other health care settings; in outreach, innovation, and client-centered care, the health center leads the pack. We are transforming primary care, with ripple effects in all corners of the health care system. • The clinic is charting new frontiers in health care. Today, being a 'safety net' means not only filling gaps but also encouraging innovation. • Clinic XYZ partners closely with others in the health care system—other safety net clinics, educators like KCUMB, hospitals, and referral sources like schools and nonprofit organizations. These entities depend on the existence of a strong health center. • Particularly as other providers seek to better serve marginalized communities, Clinic XYZ's experience and expertise in working with low-income populations and patients of color will be especially valuable. • <i>Testimony/quote from health care system partner</i>
<p>Submessage #3: Clinic XYZ's mission of providing high-quality, affordable, and compassionate care for all is just as urgent in the post-ACA landscape.</p> <ul style="list-style-type: none"> • Health care reform has changed the health care context in the United States. Today, there is a greater need for the health center—and its 	<p>Submessage #4: Clinic XYZ has expanded and innovated over its history, to better serve the community's health needs. The health system is in the midst of doing so again.</p> <ul style="list-style-type: none"> • Clinic XYZ was the first federally-qualified health center in Missouri. We have a history of being on front lines of health care innovation, and we are ready to meet tomorrow's challenges.

¹⁴ http://www.huffingtonpost.com/linda-rosenberg/mental-illness-awareness-week_b_1954614.html

¹⁵ <http://mentalillnesspolicy.org/consequences/percentage-mentally-ill-untreated.html>

¹⁶ This message box was created in 2013; some of the framing of the ACA would likely be unsuccessful in today's political climate.

<p>provision of quality, culturally-competence, accessible health care—than ever before.</p> <ul style="list-style-type: none"> • One of the challenges in ACA implementation is securing enough quality providers to meet growing demand from newly-insured populations. Clinic XYZ is already there, and we already have relationships with these previously underserved communities. Post-ACA, we just have new insurance tools with which to meet these needs. • In today’s integrated environment, Clinic XYZ’s services improve the health of even those who never cross its threshold, by increasing the population well-being—mentally, socially, and physically—of those whose health concerns might otherwise imperil the entire community. 	<ul style="list-style-type: none"> • Today, Clinic XYZ has locations throughout the Kansas City area, positioning ourselves to respond to urgent and emerging health needs. • We have added new preventative and acute services, reflecting our emphasis on both community-based ‘high-touch’ health care, as well as high-tech interventions. • Clinic XYZ’s investment in a multi-million dollar facility demonstrates its commitment to the community, and to providing cutting-edge care in a rapidly-evolving health care climate. • Clinic XYZ provides services on-site in partnership with many community allies, including medical care at a domestic violence shelter and dental services in a local school. • <i>Photo and/or story of one of these program innovations</i>
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The Alliance for Justice, Bolder Advocacy, and Nonprofit Lobbying Rules

The most important thing for nonprofit 501(c)3 organizations to understand about the legalities of lobbying and other advocacy activities is this: Yes, you CAN advocate! You can even lobby! However, there are some rules that nonprofit organizations must navigate in order to ensure that they don’t get into any trouble with the Internal Revenue Service or other regulators. Fortunately, there are resources to help, including the very knowledgeable Alliance for Justice (AFJ), which has a set of guides and tools at Bolder Advocacy, mostly available free to nonprofit staff and Board members. Staff attorneys from AFJ also answer a toll-free hotline to answer questions that nonprofits encounter during the course of their advocacy activities: 866-NP-LOBBY (866-675-6229) or through their [online request form](#). The Bolder Advocacy page is here: <https://bolderadvocacy.org/>. There are dozens of plain-language legal guides there, on many aspects of nonprofit advocacy laws, as well as tools and materials to help organizations navigate these rules.

How KAMU Can Support Your Grassroots Advocacy

KAMU and the National Association of Community Health Centers (NACHC) want to help you navigate the policymaking processes so that you can figure out how to intervene successfully. NACHC serves as the national voice for FQHCs and as an advocate for the medically underserved and underinsured. KAMU works collaboratively with NACHC to stay up-to-date

regarding federal legislation and its potential impact. NACHC also lobbies federal policymakers on behalf of FQHCs and primary care associations, similarly to KAMU's efforts in the Kansas Capitol. Your grassroots lobbying to the Kansas congressional delegation and members of the Kansas Legislature can complement these 'inside-the-beltway' and 'under the dome' efforts. NACHC sends out regular calls to action through its Health Care Center Advocacy Network. You can share these alerts with your grassroots networks; federal issues may be opportunities to engage your grassroots constituencies. In addition, NACHC hosts the Policy and Issue Forum every year in D.C. This conference is an opportunity for your core advocates to speak directly with your federal policymakers and their staff, as well as to network with health providers, consumers, and community leaders from around the country.

KAMU works closely with federal and state policy makers, government agencies, and collaborative partners to achieve the optimum policy and funding environment for all safety net clinics in Kansas. KAMU also serves as a conduit for information about state health policy, to its member clinics, through the Member Update newsletter, regular email alerts, and our policy team. KAMU articulates our advocacy priorities through an annual legislative platform. Typically, these legislative priorities have focused on funding, expanding KanCare and establishing dental therapists. Member clinics are encouraged to share these policy-related materials with policymakers, influencers, and prospective allies. If there is information you need that is not included in KAMU's existing publications, please let us know. We will work with you to produce the materials you need to support your grassroots advocacy efforts. KAMU also hosts an advocacy day every year during the legislative session, usually in late January. On this day, clinic staff and consumers are encouraged to set up meetings with their state policymakers, to discuss the importance of primary health care, as well as the policy changes that would strengthen the health care system in Kansas.

Conclusion

Your clinic is an essential part of the Kansas health care advocacy field, and the success of our policy change campaigns depends in large part on your efforts. KAMU hopes that this grassroots advocacy toolkit is helpful to your advocacy work. At the same time, we recognize that grassroots advocacy leadership is an art that must be cultivated and a skill that must be practiced. We do not pretend that you can learn everything you need to know from this or any toolkit, nor can even articulate all of the questions you may ultimately encounter in your grassroots advocacy. This toolkit is designed to be a beginning of your grassroots advocacy capacity-building, rather than a definitive 'guide'. KAMU is committed to walking with you as you continue to grow as advocates and as conduits of others' advocacy. We are excited to see where this journey will take us, as health care providers and as Kansans!