

*We create lasting solutions to homelessness by addressing not only emergency needs, but also by dealing with the underlying issues facing our clients and communities – John Parvensky, Colorado Coalition for the Homeless*

## SECTION 2

### INTEGRATING SERVICE AND ADVOCACY

*Knowing about advocacy and why it is important is an essential first step, but how does it fit into your daily work and within your project? The National HCH Council recommends using your expertise at the clinical level to promote needed policy changes – the integration of service and advocacy. In this section we will illustrate the natural relationship HCH providers and consumers have with advocacy, offer strategies for overcoming common challenges, and suggest ways to integrate advocacy in HCH projects.*

#### WHO SHOULD “DO ADVOCACY”?

Everyone should do advocacy. It takes neither special training nor immense preparation. In fact, it is an integral part of a well-functioning democracy. We have a responsibility to share our knowledge and experience to help public officials make better decisions about policies that have a direct impact on HCH staff and consumers. Indeed, those in the HCH community are powerful and natural advocates:

**HCH projects hold immense credibility:** As local employers and service providers, HCH projects are integral to their communities. Physicians, nurses, social workers, administrators, front line staff—these positions lend credibility to our advocacy through the services we provide. Because we work every day with those most directly impacted by failed public policies, our experience brings a level of authenticity that cannot be ignored. We are not hired lobbyists—the difference is significant.

**HCH staff and consumers are subject matter experts:** Administrators, clinicians, and others in the HCH community have made homeless health care their profession and are all too familiar with the relationship between poverty and health. Providers and consumers themselves have the direct experience needed to convey the negative consequences of life on the street. We are the experts about the solutions to homelessness.

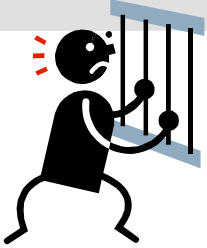
**HCH staff and consumers have real world experience:** Even when public policies are crafted with the best intentions, unintended consequences often result. Policy makers can easily miss the actual impact of their decisions upon real people. HCH staff and clients have first hand observations. Such “intel from the field” is invaluable for policy makers—they want and need this information.

- ✓ Advocacy is **appropriate to the mission** of HCH and has other benefits, too.
- ✓ Advocacy can **prevent staff burnout** by providing a change in routine and a greater vision of our mission.
- ✓ Advocacy can also **raise the profile** of your organization and result in **additional funding opportunities**.

## Overcoming Common Challenges

In spite of the strengths and benefits of HCH advocacy there are several actual or perceived challenges that must be overcome. Thankfully these issues can be overcome with a small amount of staff education, administrative support, and “buy in” from your project’s leadership.

### Is it legal to engage in policy advocacy?



**Yes, it is legal** for nonprofits to engage in policy advocacy. In fact, it is essential since nonprofits often represent the issues and populations that have little voice in the public discourse.

First of all, a distinction should be made between advocacy and lobbying. Much of what HCH advocates do is not considered lobbying. Lobbying is an activity defined by law as urging public officials to support or oppose legislation. For example, urging the public to contact their representative in support/opposition of specific legislation is considered lobbying. This is an allowable activity, but there are limits on the amount of lobbying a non-profit organization like an HCH project can engage in, and these limits will be defined below. **There are no limits on education** or other types of communication with public officials, and much of the advocacy done at HCH projects is unrelated to specific legislation.

The IRS does limit 501(c)(3) organizations (e.g., non-profits, like most HCH projects) in lobbying activities. Only an ‘insubstantial part’ of their time can be spent lobbying as defined by one of two tests: the *insubstantial part test* and the *501(h) expenditure test*. The IRS defaults to the insubstantial part test, generally defined as no more than 5% of an organization’s time and resources devoted to lobbying. If an organization chooses to, it can elect to be assessed using the 501(h) expenditure test. This allows 20% of expenditures to be spent on lobbying but does require reporting (e.g. \$1 million spent on lobbying for a project with a budget of \$5 million, a limit highly unlikely to be reached). More details can be found here <http://www.abanet.org/buslaw/blt/2009-03-04/mehta.shtml> but suffice it to say that yes, you and others at your project can and should engage in advocacy.

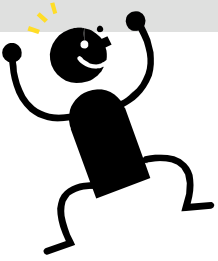
### I don’t have enough time.



**Advocacy is not time-intensive** and can be integrated into your daily work. It does not take much time to make a phone call or attend an external meeting or community forum from time to time. Advocacy can also be a part of your clinical work by involving consumers. Advocacy is empowering and can even be clinically helpful.

It is important to note that HCH administrators and policy staff should not be the only ones participating in advocacy. Direct service staff are essential (even preferred) to reinforce the direct experience and credibility behind HCH advocacy.

## I cannot make a difference.

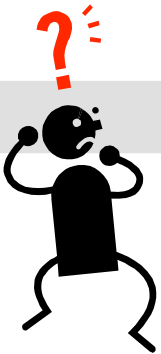


**Remaining optimistic**, especially when one is working with difficult social and economic problems up close and personal everyday is challenging, but the challenges are the same in clinical work. Just as in clinical work, self-care, supervision, and other activities are needed to prevent burn out.

Keep in mind that speaking up and advocating publicly is needed to help balance the public discussion and ensure that the perspective and needs of low-income people are included. Advocacy is needed so that public officials have all the information needed to make an informed decision about public matters, not just the information provided by wealthy and powerful private interests.

And remember, advocacy works (though often it takes a while). Similar to clinical progress, policy advocacy can be incremental and full of relapse, but it is possible to achieve progress through constant engagement and never giving up. History is full of examples of small groups overcoming seemingly insurmountable odds.

## I do not understand the issues.



**Advocacy is about education.** You do not need to know the details of Medicaid laws and regulations or the Social Security Act in order to engage in advocacy. Simply tell your story, explain what you see everyday, and offer your ideas for solutions to the problems you've identified. This is the HCH advocacy approach, and what policy makers want to hear. Leave the legalese for the lawyers.

## My organization is not “an advocacy organization.”



**Advocacy and direct service go hand in hand;** advocacy is not something extra. The mission of our agencies is not simply to treat the present and immediate health care needs of our clients, but to improve our clients' health overall. There is only so much we can do without changing the larger system. Advocacy is also needed to promote your organization to ensure ongoing funding and expansion opportunities.

## Biting the hand that feeds.



**There is no conflict** between receiving public funding and engaging in advocacy. Public funding sources are limited, hence government agencies needs to hear from the projects it funds about what works and what could be improved. Advocacy does not have to be critical—it should be an ongoing relationship built around a constructive dialogue focused on solutions to problems. Building a strong relationship with the agencies that fund your program through advocacy and communicating regularly can help those agencies see you as a partner and a resource.

## Integration in Action: Steps You Can Take

Advocacy requires action. There are many concrete steps you and others at your project can take to integrate service and advocacy:

- ❖ **Incorporate a commitment to advocacy into the agency's mission statement.** If you haven't already done so, discuss adding advocacy to the agency's mission statement at an upcoming board meeting. Include your board members in advocacy activities as well.
- ❖ **Establish an advocacy or government relations committee.** Include board members, providers, leadership, front-line staff, and consumers on the committee. Establish an annual advocacy agenda based on active issues in your community.
- ❖ **Include advocacy in the job descriptions of service providers.** For example, a service provider's job might include representing the agency on an external task force, attending a number of City/County Council meetings, or reserving a set number of hours to dedicate toward advocacy.
- ❖ **Incorporate advocacy issues into new staff orientation.** Educate new staff about the relevant local, state, and national policy concerns and advocacy initiatives that directly influence the work of the agency, and discuss how they will be involved in these activities.
- ❖ **Create tangible opportunities for staff and clients to directly engage in advocacy.** Scheduling an annual "Advocacy Day" in the state capital (or local county seat) or a public rally around a specific issue are two examples. Staff and consumers should participate so they can meet with policymakers and tell their unique story.
- ❖ **Recognize the advocacy efforts of staff and clients.** Celebrate participation in advocacy and the positive policy changes that occur in the same way you would recognize meeting significant client/program goals and achievements. A public statement of recognition can be very rewarding, bolster staff morale, and demonstrate the organization's commitment to advocacy.
- ❖ **Facilitate staff and client participation in external advocacy coalitions.** Plan work and clinical schedules to allow for specific staff to represent the agency on external boards, committees, work groups, and coalitions.
- ❖ **Subscribe to the HCH Mobilizer.** The National HCH Council provides periodic email alerts and updates on national policy matters through the HCH Mobilizer, which contain straightforward actions to take on key policy matters. Sign up at <http://www.nhchc.org/mobilizer.html> and distribute it to clients, staff and board members. Take action and encourage others at your organization to do the same.
- ❖ **Become an Individual Member of the National HCH Council.** The Council offers FREE individual memberships, which include publications, trainings, and opportunities to be involved in many aspects of the national HCH community. The Council also has a Policy Committee, which actively engages on the national, state and local issues requiring HCH advocacy and policy development. Please join us at <http://www.nhchc.org/membership.html>.



### Next Steps

These concrete steps can go a long way to integrating advocacy into your daily work and bringing your expertise to bear on policy issues. In the next section we will provide a "Congressional 101" to help you understand the legislative process, target your efforts and develop strategies for your advocacy.