FEBRUARY 2012

The Power of Partnership for Policy & Advocacy

The Experience of the Community Health Organizing Project

PREPARED FOR:

Community Clinics Initiative
A project of Tides and The California Endowment

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Preface

ABOUT BTW *INFORMING CHANGE*

At BTW *informing change* (BTW) we are driven by our purpose of informing change in the nonprofit and philanthropic sectors. We partner with our clients to improve their effectiveness and build a culture of learning and continuous improvement. We produce high quality, easy-to-understand products that present useful information designed to be readily applied to practice. Our information-based services include:

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- Organizational Effectiveness;
- Applied Research; and
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To find out more about BTW or this report, please contact Kim Ammann Howard at kahoward@btw.informingchange.com or visit www.btw.informingchange.com.

ABOUT THE COMMUNITY CLINICS INITIATIVE

The Community Clinics Initiative (CCI), a joint project of Tides and The California Endowment, began in 1999 as a one-time grantmaking program and has since grown into a $113 million initiative to enhance the capacity of California community clinics to provide high quality health care for underserved populations. In 2008, CCI launched the Networking for Community Health (NCH) Program to support clinics in partnering with other organizations (e.g., social service agencies, schools, neighborhood associations) to tap into external expertise and resources, build and strengthen connections with local residents and empower the community to take action for community health. You can click on the following links to read more about NCH program's first two years, including how projects engage community health promoters and youth.

To find out more about CCI or the NCH program, contact Jane Stafford, CCI Managing Director, at jstafford@tides.org or visit www.communityclinics.org.

INTRODUCTION

It is common to see a state or a regional organization advocate for certain policies or practices on behalf of their members. Historically, the California Primary Care Association (CPCA) and regional clinic consortia (consortia) across the state have done the same, advocating for access to high quality health care for those in need. Typically, these organizations work with the senior leadership of community clinics to select issues and activities that are important to consortia member clinics and their patients.

The Community Health Organizing (CHO) Project deviates from these usual practices of health care advocacy by placing a greater emphasis on engaging other community clinic staff and patients. This not only brings more diverse voices into the ongoing dialogue about state and federal health policy, but increases the advocacy capacity of the community clinics field.

The impetus for the CHO Project came from community clinics' interest in mobilizing and engaging their patients in health-related discussions such as California's proposed state health care reform. It was also designed to be complementary to the broad, statewide Networking for Community Health (NCH) Program operated by the Community Clinics Initiative (CCI), a project of Tides and The California Endowment (see Preface for description). CCI agreed that the large patient population served by California's community clinics (over three million and growing) has an important and powerful perspective on health care needs and services, but that this voice was largely missing from health policy discussions. The individual community clinics applying for NCH grants in general lacked the capacity and geographic reach to educate and mobilize this segment of the population.

To address this gap, CCI developed the CHO Project in partnership with CPCA. Over the course of the CHO Project, from 2008 through 2011, CCI provided approximately $1.6 million in grant support to CPCA and consortia for statewide and regional advocacy efforts around health care reform and state and federal budget issues (see pages 2–3 for a description of CHO Project grantees and strategies). They hoped that with this relatively small amount of support, these organizations could build on their existing infrastructure, expertise and networks to include more clinic staff and patients in their advocacy efforts.[1]

In this brief, we describe the strategies that CPCA and consortia grantees undertook as they pursued their projects, how they engaged more clinic staff and patients as health care advocates, the ways in which this has contributed to enhanced advocacy capacity, and how CPCA, consortia and clinics are better positioned for future advocacy efforts (see Exhibit 1). We provide examples of how this has taken place, including a brief description of three grantee projects. Finally, we discuss some considerations for designing, supporting and implementing these types of efforts in the future.[2]

Exhibit 1

Impacts of the Community Health Organizing Project

Strategies for Greater Engagement of Clinic Staff & Patients

- Advocacy networks
- Education & advocacy materials
- Community forums
- Grassroots organizing
- Voter registration
- Media training

Improvements in Advocacy Capacity

- Broader & more diverse advocacy voice
- Greater engagement of clinic staff & patients in advocacy
- Stronger networks for advocacy
- Enhanced capacity to conduct advocacy

Positioning for the Future

DESCRIPTION OF THE COMMUNITY HEALTH ORGANIZING PROJECT GRANTEES

- Alameda Health Consortium
- Alliance for Rural Community Health
- California Consortium for Urban Indian Health
- California Primary Care Association
- Capitol Community Health Network
- Central Coast Health Network
- Central Valley Health Network
- Coalition of Orange County Community Health Centers
- Community Clinic Association of Los Angeles County
- Community Clinic Consortium
- Community Health Partnership
- Council of Community Clinics
- Health Alliance of Northern California
- North Coast Clinics Network
- Northern Sierra Rural Health Network
- Redwood Community Health Coalition
- San Francisco Community Clinic Consortium
- Shasta Consortium

The lead grantee for the CHO Project was the California Primary Care Association (CPCA), a statewide advocacy organization representing California's nonprofit consortia, community clinics and their patients. CPCA provides a range of information and support for those it represents including in-person and online trainings, conferences and summits, and peer networks and working groups.

CPCA's key partners in the CHO Project were consortia, known as the Regional Clinic Associations or the Regional Associations of California. Members of these regional groups are community clinics, and in a few cases, involve other health care safety net providers. More than 18 consortia exist across California, varying in size, staffing, scope of services and focus. In general, consortia represent community clinics in regional- and state-level discussions; provide technical assistance, networking opportunities and education to their members; and lead policy advocacy efforts to ensure a strong and viable health care safety net.

STRATEGIES TO ENGAGE CLINIC STAFF & PATIENTS

Grantees used various combinations of the strategies described below to accomplish their project goals. While some of these strategies were new (e.g., Health Care Ambassador Program), others built on grantees previous work (e.g., CPCA's media trainings). Also, since each strategy was suggested in CCI's request for grant proposals, but not required, grantees chose strategies that best met their specific regional needs and contexts.

- **Networks of clinic advocates.** Every grantee recruited consortia staff, clinic staff and patients to participate in the Health Care Ambassador Program, a CPCA program that provides education on health care reform and budget policy, and trains individuals to become clinic advocates. Some grantees enrolled advocates from their member clinics in the CPCA Stay Informed Network, a database of advocates who receive action alerts and policy updates relevant to community clinics and their patients. A few consortia grantees provided their own customized advocacy trainings and purchased online advocacy tools (e.g., Capwiz) so that they could develop and send out more localized action alerts on particular policies and legislation.

- **Educational and advocacy materials and community education forums.** Each grantee created or adapted CPCA's resources about the Patient Protection and Affordable Care Act (ACA), the role of community clinics in providing health care services, voter registration and/or current state policy activities. Grantees partnered with each other, clinic staff and other advocates and used social media to produce and disseminate these resources. This included educational materials in Spanish, Chinese, Vietnamese, Korean, Cambodian and Hindi for patients and advocates who are not fluent in English. Almost all of the grantees held or sponsored forums to educate, train and engage participants (e.g., clinic staff, patients, clinic board members, partner organizations). While some forums focused on advocacy and grassroots mobilization, others focused more broadly on informing the general public and elected leaders. For example, one consortium hosted a legislative breakfast with elected officials in which clinic patients provided testimonials for elected officials about the importance of community clinic services.

- **Grassroots organizing.** Almost all of the grantees engaged in grassroots organizing on topics such as the 2011 federal budget cuts to the Community Health Centers Program, the ACA provisions and the 2009 elimination of Medi-Cal optional benefits. In July 2008, CPCA and consortia launched a multi-lingual postcard campaign to respond to state budget impasses and proposed cuts to clinic funding. In 10 days, clinic staff and patients sent 30,000 postcards to state legislators and collected over 10,000 signatures from patients. Additionally, in the Bay Area, 3 consortia organized a rally at the California state building in Oakland to demonstrate against state budget cuts; it involved about 250 clinic staff, patients and community members and received news coverage.

- **Voter registration drives.** About two-thirds of the grantees distributed voter registration guides and ballots to encourage patients and other community members to register to vote prior to the 2008 and 2010 elections. For example, in 2008, CPCA, consortia and 49 community clinics registered approximately 4,800 new voters in California, which is twice as many as the "second place" state, Massachusetts. To prepare for voter mobilization, CPCA and consortia grantees relied on community partners such as the League of Women Voters to provide trainings.

- **Media training.** Every grantee sought and received some type of formal media training. Sources of this training varied by grantee and ranged from CPCA and the nonprofit management assistance organization, CompassPoint, to a public radio station and a freelance journalist. The trainings focused on traditional approaches (e.g., press releases, op-ed pieces and radio programs) as well as new approaches using social media (e.g., Facebook, Twitter, YouTube). CPCA created a step-by-step guide to using social media for health care advocacy to incorporate as part of its Health Care Ambassador Program training. One consortium marked the six-month and one-year anniversaries of the passage of the ACA with press conferences.

To successfully engage in the above strategies and reach their grant goals, CPCA and consortia grantees relied heavily on one another, their member clinics and others. To different extents, each grantee needed to share, connect and coordinate their efforts. As a result, grantees strengthened their existing partnerships and formed new ones. Project partners ranged from as few as 4 to as many as 22 and included those in the community clinics field as well as faith-based organizations, public health departments, social service agencies, hospitals and advocacy organizations. Partners' roles in grantees' projects included hosting and attending events, producing and disseminating educational materials and providing trainings.

IMPACTS OF THE COMMUNITY HEALTH ORGANIZING PROJECT'S ADVOCACY EFFORTS

Through education and skills trainings, partnerships, opportunities for engagement and leveraging previous advocacy work, CPCA and consortia projects contributed to the following four areas of impact as shown earlier in Exhibit 1.

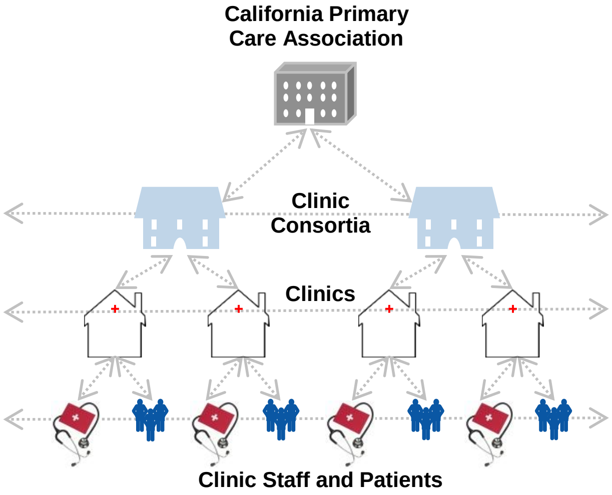
- **A broader, more diverse voice advocating on behalf of community clinics.** Grantees, clinic staff and patients as well as other partners came together to develop uniform messages about the impacts of the ACA and state and federal budget cuts to community clinics. For example, one grantee reports that clinic staff, patients and other advocates delivered over 800 phone, letter and e-mail messages to congressional representatives to reduce 2011 federal budget cuts to community clinic funding from over $1 billion to $600 million. In this and other campaigns, CPCA and consortia grantees used a variety of methods to help clinic staff and patient advocates deliver uniform messages to state and congressional representatives. This included Health Care Ambassador Program webinars, phone scripts for calling elected officials, Capwiz action alerts, [CPCA's pocket guide]() explaining provisions of health care reform, the "[u-owe-us]()" posters and ACA campaign buttons. One consortium staff member reflects: "We are targeting a group of people that we usually don't target. Normally a lot of our policy and educational materials are directed at legislators and politicians. So I think bringing the information about health care reform to the patient level was very beneficial."

- **Greater engagement of clinic staff and patients in advocacy.** Through activities such as organizing rallies to save adult dental care services, attending the Day at the Capitol events and participating in regional and statewide advocacy networks, a greater number of clinic staff and patients have become involved in regional- and state-level advocacy efforts. This engagement has led various consortia to increase their presence and visibility in their community. For example, one consortium noted, "Now, along with Rotary Clubs, the League of Women Voters and the Board of Supervisors, we are seen as one of the biggest advocacy groups in our area. In one case, within two weeks, we had 500 RSVPs for a rally!" A number of consortia also report how these projects contributed to their status of regional experts and information hubs for the ACA and other health-related policy issues.

- **Stronger networks for advocacy.** As illustrated by the arrows in Exhibit 2 on the next page, the CHO Project contributed to CPCA and consortia grantees strengthening their connections throughout the community clinics field. This included tapping existing networks more frequently and effectively and forming new ones. For example, consortia grantees used the existing CPCA Consortia Policy Group to coordinate their CHO advocacy efforts, share best practices around advocacy and grassroots mobilization and reduce duplication of efforts. Additionally, several consortia in the Bay Area created a new regional group, the Bay Area Consortia Group, that meets quarterly to track the ACA implementation and coordinate advocacy efforts. New partnerships allowed CPCA, consortia and others to fill gaps in trainings and expertise, gain access to particular populations, and recruit and train new clinic advocates. For example, one consortium partnered with a community organization to develop culturally appropriate educational materials and secure funding for community health promoters to serve as clinic advocates.

Exhibit 2

Connection & Collaboration in the Community Health Organizing Project



- **Enhanced capacity to conduct advocacy efforts.** Through education and skills training, clinic staff and patients enhanced their knowledge and skills related to policy, advocacy and organizing. Some consortia grantees invested in tangible infrastructure for advocacy (e.g., staffing, software, Web site development) and others increased their capacity to communicate through social media. While some consortia grantees faced high learning curves related to social media and encountered significant challenges (e.g., lack of technical skills, unreliable internet connectivity), others successfully used Facebook, Twitter, YouTube and blogs to complement their more traditional outreach activities. One consortium grantee reports: "Facebook has been very helpful for posting policy updates.... We've engaged a lot of people who may not have otherwise become involved. If we send an e-mail [from the consortium] to our clinics, it may not get forwarded to all interested staff. So, we think Facebook has been a really great thing."

As impacts accrued in the areas listed above, the CHO Project contributed to an important longer-term outcome: **better positioning clinics, consortia, CPCA and their community partners to take on other advocacy efforts.** With more and better trained staff and patients who are educated about the ACA and federal and state budget issues, the CHO Project grantees, both individually and as a group, are better able to lead and mobilize advocacy efforts on community clinic-related policy issues at the local, regional and state levels.

DIFFERENT PATHS TO ENGAGE CLINIC STAFF & PATIENTS IN ADVOCACY

Since CCI intentionally allowed grantees to tailor their organizing efforts to the specific needs and context of their target communities, grant projects varied in scope, starting points and geographic areas. The following three project descriptions provide examples of the paths that CPCA and two consortia grantees took to educate, train and engage clinic staff and patients in advocacy.

Establishing a Formal Advocacy Network for the County

The Community Clinic Association of Los Angeles County (CCALAC) set up a formal structure called the Advocacy Network to train and engage clinic staff and patients from its 47 member clinics. Approximately 96% of the member clinics designated an individual to serve as a clinic advocacy coordinator and attend bi-monthly meetings that included trainings and sharing of practices on patient engagement, voter registration and organizing as well as policy updates and briefings on issues that required clinic advocacy. Participants also jointly determined advocacy priorities for the Advocacy Network's focus. Through educating clinic staff, the region has a stronger base of knowledgeable advocates embedded in clinics who now engage patients and other community members. This allowed the network to plan rallies and other advocacy activities that maximized clinic patient and staff participation.

Increasing the Voice & Presence of Clinics in the Community

The North Coast Clinic Network (NCCN), based in the Northern California city of Eureka, advanced its role as a well-informed resource on the Affordable Care Act (ACA) and assisted member clinics to expand their community presence. At its member clinics and community agencies, NCCN collected staff and patient video testimonials and trained groups about the new health care law. Through partnerships with the Latino Community Provider Network, which involves over 50 agencies serving Spanish-speaking families on the North Coast, and the Mobile Medical Office's Promotora Program, NCCN disseminated English and Spanish materials explaining the benefits and important provisions of the ACA. During the National Health Center Week, NCCN used public events and radio broadcasts to inform community residents and local elected officials about health center services and their delivery of primary care to 1 out of 3 individuals, nearly 1,000 patients a day, on the North Coast. At popular community events, such as the Mad River Hospital Fair and the Latino Health Fair, NCCN mobilized voter registration and utilized newly branded outreach materials—shopping bags, bumper stickers and seed packets—to encourage individuals to develop a regular relationship with their local clinic.

Building New Infrastructure to Mobilize Clinic Staff & Patients

The California Primary Care Association (CPCA) played the vital role of a coordinator, convener and connector in the three-year CHO Project. It was the central location for creating educational materials, toolkits and curricula for grassroots mobilization and advocacy trainings used by consortia and clinics across the state. However, one of its most significant accomplishments was the development of the Health Care Ambassador Program, which educated over 1,200 clinic staff and patients about the ACA and federal and state budget issues and trained them in advocacy. As part of these efforts, CPCA also recruited and trained a 15-member Clinician Committee (with limited advocacy experience) that now presents webinars, utilizes the media and leads community forums to compel others to become involved in health care reform and other health policy issues. When California opens its Health Exchange program for uninsured residents, CPCA expects at least half of the 1,200 clinic advocates to conduct outreach and enroll individuals into the new state health insurance programs.

CONSIDERATIONS FOR SUPPORTING ADVOCACY EFFORTS

Throughout the CHO Project, CPCA and consortia grantees faced a volatile political, fiscal and health care environment. With the failure of California's proposed state health care reform and the resurgence of health care reform discussions at the federal level in 2008, CPCA and consortia grantees shifted their efforts to advocate for the passage of the ACA. Since the passage of the ACA, these grantees use their advocacy efforts to defend the ACA against unified opposition as well as to reduce state and federal budget cuts to clinics. Given these political and fiscal realities as well as a number of internal challenges common to this type of work (e.g., competing demands, lack of staff capacity and expertise), it became even more important to have a broad group of knowledgeable advocates at the state, regional and local levels to speak and act on behalf of community clinics and their patients. Reflecting on the CHO Project grantees' experiences and accomplishments, we offer the following considerations for those who design, support and implement these types of advocacy efforts.

Use funds to leverage existing infrastructure and partnerships. The CHO Project has benefited from the advocacy capacity that was already in place as a result of the significant supports provided to CPCA and consortia over the years through CCI and others.[3] This allowed the CHO Project grantees to use a relatively small amount of money to leverage and spread their advocacy capacity to a largely untapped group of "ready" advocates. Partnerships, both existing and new, in the projects facilitated the sharing of best practices, expertise and resources and minimized duplication of efforts.

Take advantage of a complex issue with longevity to generate momentum and expertise. While multi-year issues such as health care reform are more resource intensive, they provide greater time to enhance advocacy capacity through building structures, processes and expertise. To maintain momentum while pursuing these longer-term policy goals, it is important to rally individuals around more focused issues (e.g., budget cuts for dental services) with short-term successes.

Provide individual grants to participating organizations to facilitate greater engagement. In 2008 and 2009, CCI's support for advocacy was concentrated in one large grant to CPCA and CPCA subcontracted with consortia grantees. In 2010, CCI made direct grants to consortia, which resulted in greater levels of activity. The shift gave grantees more autonomy and accountability for their project goals, strategies and outcomes. For example, one consortium grantee reports that separate funding ensured that their project activities were prioritized by the management team, even during tough economic times and budget cuts. Additionally, individual grantees were better able to customize their project to fit the needs of their member clinics, regions and other target audiences.

Train clinic staff and then have them recruit patients to have a multiplier effect. Clinic staff have ongoing relationships with patients, which better position them to reach patients as compared to CPCA and consortia staff. This is especially true when inviting patients to participate in new types of activities such as those focused on advocacy. For example, some consortia report that as clinic staff developed their own capacity, skills and knowledge to perform advocacy-related tasks (e.g., use social media tools), they became better prepared to inform patients about policy issues and engage them in advocacy efforts.

Assess and address the advocacy capacity of clinic staff and patients. Clinic size, staffing, leadership's commitment and patients' concerns influence the level of advocacy engagement by clinic staff and patients. Many consortia grantees wished that they had conducted a needs assessment with member clinics prior to embarking on their advocacy campaigns with this population. This could have helped them gauge interests, skill level and availability as well as clarify the extent to which standardized advocacy trainings and educational materials need customization. For the CHO Project grantees, customization typically included understanding interests and present skill levels of potential advocates, and adjusting recruitment strategies, training components and engagement opportunities accordingly.

Match use of social media with populations' access and capacity. The CHO Project provided grantees that were still relatively new to social media with important opportunities to explore social media's use in advocacy. To different extents, grantees needed support and guidance in deciding what to use and how. Depending on the target audience and the grantee organization's capacity, traditional methods of communication may still be more convenient and user-friendly than a switch to new media. Since social media (e.g., Facebook, Twitter, YouTube) and its technology have not saturated all population groups at the same level, its use varies widely across demographic segments, professions and geographic areas. For example, social media may be more appropriate to deliver information in a timely fashion in an urban setting whereas traditional media (e.g., newspaper, press release, newsletter) or other methods (e.g., door-to-door canvasing, town hall meetings) may be more appropriate in a rural setting where Internet access is limited. Similarly, texting is a familiar communication method for youth or for fundraising purposes, but many older patients depend on postal mail and telephone calls.

Look for tangible opportunities for "connective stickiness." During the CHO Project, some of the consortia grantees took advantage of NCH grantees that were focusing on community organizing and policy advocacy as part of their community health promotion efforts. They coordinated efforts while holding the ACA rallies, press conferences and voter registration trainings. With the end of the CHO Project, it is important for grantees to continue to exercise their enhanced advocacy capacity. While this can occur through informal mechanisms and as opportunities arise, it is important to identify more formal avenues as well. For example, for consortia grantees and member clinics located in The California Endowment's Building Healthy Community sites, enhanced advocacy capacity could be tapped as these communities organize for policies and practices to improve community health.[4]

NOTES

[1] Over the three-year period, CPCA received about one-quarter of the $1.6 million CHO funds while the remaining funds were distributed to consortia grantees. The number of consortia participating varied over the three-year period (range: 8–15 consortia) as did the funding amount (range: an average of $14,750 in year one to $67,231 in year three).

[2] Data collected for this brief include a review of relevant written documents including grant proposals, progress reports and final reports; a brief closed-ended survey from 93% of grantees; an interview with CCI staff, 2 interviews with CPCA staff, and 4 interviews and 2 focus groups with consortia grantees. For consortia grantees, this included 14 individuals representing 12 projects.

[3] This includes CCI's previous supports of $750,000 to CPCA and consortia between 2003 and 2006 to develop, support and strengthen professional networks and collaborative partnerships with consortia and clinic leadership. Also, between 2001 and 2007, The California Endowment's Clinic Consortia Policy and Advocacy Program provided $28 million to CPCA and consortia to build their capacity and conduct policy advocacy. Source: Gardner, A., Geierstanger, S., Nascimento, L. M., and Brindis, C. (2011). Expanding organizational advocacy capacity: Reflections from the field. *The Foundation Review*, 3 (1 & 2).

[4] The California Endowment has launched the Building Healthy Communities Initiative—a 10-year, $1 billion effort that supports 14 California "places" to improve the health of their communities. One of the key outcomes of this initiative is to create a "shared awareness of all factors that contribute to health, a focus on prevention and a movement of people who advocate for health" to change laws, policies and practices to improve community health. Source: The California Endowment. Building healthy communities: Ten outcomes for community health. Retrieved from http://www.calendow.org/healthycommunities/pdfs/Ten%20Outcomes.pdf

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