Board Member Advocacy 101
What You Need to Know to Be An Effective Health Center Advocate

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Agenda

• ADVOCACY BASICS

• LEGALESE REVIEW: WHAT YOU CAN AND CAN’T DO

• ACTION ITEMS FOR BOARD MEMBERS

• BMAC

• QUESTIONS
Poll Question #1
For starters...

**The Basics**
- Know what you want
- Know who can give it to you
- Know what they want
- The squeaky wheel gets the grease!
- Advocacy is an ongoing effort

**Keys to Successful Advocacy**
- Advocacy is a competitive activity
- There are winners and losers, and sometimes a stalemate is a win!
- Advocacy is an ACTIVE, not passive, process
- You are not the only one who wants something, so you have to be heard through the din of all the other interests
Dos:
- Know What You’re Asking For
- Know Your Audience
- Know Your Opponents
- Know The Rules
- Make a Commitment
- Be Polite
- Say THANK YOU
- Keep it Simple

Don’ts:
- Offer Answers You Don’t Have
- Assume Knowledge of Health Centers
- Believe Someone Else is Taking Care of Your Advocacy
- Burn Bridges
- Be Intimidated
- Confuse Being Quiet for Being Polite
- Express Partisanship
- Forget to make your ASK
Advocacy is story-telling!

**Your story:** How did you get connected and involved with your Health Center? Why did you join the board?

**The Health Center story:** What about/at your Health Center are you most proud of? What makes your HC special?

What good is data without the human element and impact? It’s PERSONAL & it’s about our patients! Remember, **YOU are an expert**!
In order to realize the full potential of our grassroots power it is critical that we create a culture of advocacy at the local, state, and federal levels... starting with your Health Center!

Building a culture of advocacy means:

- **Changing the culture** and attitude from within the health center, recognizing advocacy as a critical and mandatory component to daily work and planning.
- **Making a commitment** to doing the work to build and organize our grassroots in order to fully realize the potential of our grassroots power.
- Growth and **recognition of grassroots advocacy** and effectiveness the same way other critical skills and programs are recognized for health center staff and boards.
Poll Question
#2
Why advocacy?
Why Advocacy?

• Because CHCs can and should be part of the solution for challenges facing the health care system
• Because CHCs are one of the few things that still have bipartisan support
• Because many of the more than 27 million patients we serve would have nowhere else to go
• Because our network is 165,000 advocates strong
• Because there are still so many unanswered questions

Because there is too much at risk NOT to advocate.
What rules do I need to follow?
Breakdown of Activities

- Advocacy
  - Legislative Advocacy (Lobbying)
  - Educational Advocacy
  - Direct Lobbying
  - Grassroots Lobbying
• Meeting with, calling, emailing, general communications to legislators or decision makers **to educate them** about your Health Center or the impact of issues on the Health Center

• There is **NO LIMIT** on the amount of educational advocacy Health Centers may provide
Legislative Advocacy vs. Political Campaign Advocacy

- Legislative advocacy is allowed (within certain limits)

- Political campaign activity is **entirely prohibited**
Advocating the enactment or defeat of pending or proposed federal, state, or local legislation – even in concept.
Can Health Centers lobby?

**YES**, and you should. More than 75% of a health center’s budget can be determined by federal, state and local governments’ decisions. However, there are limits to what health centers can do.

First and foremost, you cannot use ANY federal funds to lobby.
Direct Lobbying vs. Grassroots Lobbying

Direct Lobbying – communicating with legislators (including staff)

Grassroots Lobbying – communicating with the general public in an effort to influence the vote of a legislative body
Allowable Lobbying Limits

• Substantial part test & expenditure test
  • Expenditure test (IRC Section 501(h))
    • Clearer standard
    • Allows 501(c)(3) organizations to elect to have their allowable lobbying measured by amounts expended for lobbying
      • Funds may be spent within certain limits, up to $1 million a year
      • (e.g. 20% of first $500 thousand of “exempt purpose expenditures”)
      • No more than 25% of organization’s allowable lobbying expenses may be used for grass-roots lobbying
    • Applies only if organization elects 501(h) treatment

• In short, the “real” restrictions apply to federal grant dollars
A gentle reminder: political activities are a NO GO!

• Health centers and their staff as representatives of the CHC cannot intervene or participate in a political campaign:
  – For or against a candidate
  – In an election for public office

See: Tax Exempt Organizations and Political Campaign Intervention

www.irs.gov/charities

IRS Rev. Rul. 2007-41 (June 18, 2007)
How can board members help?
Board-Specific Activities: Planning & Infrastructure

• Pass a resolution on advocacy as a priority at your Health Center
• Incorporate advocacy into HC strategic plan
• If your HC has an advocacy committee, mandate board member participation and/or create a board subcommittee
• Add advocacy as a standing agenda item at all board meetings (have HC staff update board on latest activities, NACHC/statewide campaigns, etc.)
Board-Specific Activities: Planning & Infrastructure

• Plan an annual board retreat, and include advocacy planning
• Survey members for connections/relationships within the community
Board-Specific Activities: Action Items

• Make sure all board members are registered as advocates (and take action when necessary!)
• Regular board contribution to HC newsletter, if you have one
• Going to NACHC conferences? Attend the Board Member-specific advocacy session
Board-Specific Activities: Action Items

- Participate in the Board Member Advocacy Certificate (BMAC) Program
- Work with HC staff to apply for ACE status
- Have a job outside the Health Center? Engage your employer.
- Get involved with NHCW planning
Poll Question #3
Board Member Advocacy Certificate (BMAC)
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- **Goal/purpose of program:** To engage board members in advocacy

- **How to apply:** Complete the programming checklist and submit to NACHC

- **What are the benefits?** Earn a certificate in advocacy, qualify for Gold ACE status, learn from your peers

- **Timeline:** Ongoing

[www.hcadvocacy.org/bmac](http://www.hcadvocacy.org/bmac)
Board Member Advocacy Certificate (BMAC)
What can I do right now?
Stay Up-to-Date

• Make sure you are signed up as an advocate to receive the latest updates, news, and information
  – Visit www.hcadvocacy.org/join

• Participate in NACHC’s policy & advocacy webinars. Visit www.hcadvocacy.org/events (announcements and information will also be sent in the weekly Washington Update and posted on social media)

• Review tools and resources at www.hcadvocacy.org
Save the Date

• Election-Year Advocacy & Civic Engagement Webinar
  – Wednesday, April 25 at 3PM ET
  – RSVP at www.hcadvocacy.org/election-civic

• NHCW 2018 Kick-off Webinar
  – Wednesday, May 16 at 3PM ET
  – RSVP at www.hcadvocacy.org/nhcw_2018
Resources & Other Board Programming from NACHC

• Visit www.hcadvocacy.org/boardresources for downloadable templates and other tools.

• Health Center Governance Certificate and other governance training is available! Contact Emily Heard (eheard@nachc.org) for more information.
Contact the NACHC advocacy team if you have questions or need additional information or resources!

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