**NACHC Advocacy Center of Excellence (ACE) Checklist**

*In order for your Health Center to qualify as an Advocacy Center of Excellence, you must meet the following requirements, and submit the completed form to NACHC for review.*

*There are three ACE status levels: bronze, silver, and gold. Achievement level will be valid for two years; a Health Center’s ACE status will be reviewed biennially based on its actual advocacy performance, and the continued achievement of these checklist requirements.*

*Please contact Elizabeth Kwasnik at ekwasnik@nachc.org with any questions.*

BRONZE LEVEL

* Establish advocacy committee/workgroup or designate one staff person as coordinator
	+ Who is/are our advocacy lead/s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have an advocacy work plan in place
	+ Make this available to all staff; save on computer in a public network folder or post hard copy in a public place
	+ Attach copy to submit to NACHC
* Incorporate advocacy as a standing agenda item at staff and board meetings
	+ Who will speak to advocacy at each meeting? Same person or rotate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pass a board resolution on advocacy
	+ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Attach copy to submit to NACHC
* Register 50% of staff and board as Health Center Advocates
	+ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Host at least one NHCW event
	+ Date and brief description of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Events must have taken place within the last 12 months.
* Host one elected official (local, state, or federal) at the Health Center at least annually
	+ Date(s) completed and name/title of official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Qualifying visits must have taken place within the last 12 months.
* Establish an account for the Health Center on at least one social media platform (Facebook, Twitter, Pinterest, Instagram, etc.)
	+ Searchable name/URL, Twitter handle, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SILVER LEVEL

* All bronze level items
* Register 75% of staff and board as Health Center Advocates
	+ Date(s) completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Host two elected officials (local, state, or federal) at the Health Center at least annually
	+ Date(s) completed and name/title of official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Qualifying visits must have taken place within the last 12 months.
* Provide at least one staff training and one board training on advocacy each year
	+ Can be as part of a regular staff or board meeting, annual staff or board retreat, or a separate event altogether
	+ Potential topics: Advocacy 101, Advocacy Legalese, Social Media for Advocacy
	+ NACHC Advocacy staff can assist in/support the creation of a training
	+ Date(s) completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Trainings must have been provided within the last 12 months.
* Work in coordination with the PCA to designate someone at the Health Center to be actively involved in state advocacy activities
	+ Who is/are the state advocacy lead/s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Achieve 10% minimum response rate on action items, and establish a plan for measurement of response rates on action items.
	+ Must have achieved 10% on at least one NACHC alert in the last 12 months; if 10% has not been achieved, work with NACHC on a test alert to assess prospective response rate.
	+ Contact NACHC to monitor progress and assess current response rate
	+ Attach copy of plan to submit to NACHC

GOLD LEVEL

* All silver level items
* Register 100% of staff and board as Health Center Advocates
	+ Date(s) completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Minimum 20% response rate based on total registered advocates
	+ Must have achieved 20% on at least one NACHC alert in the last 12 months; if 20% has not been achieved, work with NACHC on a test alert to prospective response rate
	+ Contact NACHC to monitor progress and assess current response rate
	+ Attach copy of plan to submit to NACHC
* Host three elected officials (local, state, or federal) at the Health Center at least annually
	+ Date(s) completed and name/title of official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Qualifying visits must have taken place within the last 12 months.
* Staff participation in the Advocacy Leadership Program OR Board Member Advocacy Certificate Program
	+ Who has participated on behalf of your Health Center?

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* + Which program did they complete? (Circle one) ALP BMAC
* Participant must have completed the program within the last 5 years.
* Have at least one attendee at NACHC Policy & Issues Form (Board member, senior leadership, or other staff)
	+ Who has attended on behalf of your Health Center?

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* + Attendance at P&I must have occurred within the last 3 years.

**I hereby certify that [HEALTH CENTER NAME] is in compliance with all of the above items necessary to become a NACHC Advocacy Center of Excellence.**

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Name (printed):

Title:

Email address:

Phone:

Date:

**BEFORE YOU SUBMIT: ATTACH ANY NECESSARY SUPPORTING DOCUMENTS**

Contact Elizabeth Kwasnik at ekwasnik@nachc.org with any questions.