

When Clinicians and Policy Advocates Join Forces

National Health Care for the Homeless Council Conference

May 17, 2023



Learning Objectives

1. Define advocacy and public policy advocacy.
2. Name three reasons why clinicians should be involved in policy advocacy work.
3. Identify one strategy for improving access to health care through policy changes in your community.
4. Describe the benefit of including midlevel providers in improving access to quality health care for people experiencing homelessness.

Albuquerque Health Care for the Homeless (AHCH)

- Albuquerque was one of the original 19 cities nationwide to participate in the pilot and develop the Health Care for the Homeless (HCH) model in 1985.
- AHCH is a freestanding Federally Qualified Health Center (FQHC) and standalone 330(h) HCH project.
- Provides integrated primary medical and dental, behavioral health and social services through extensive outreach and at its central services campus.



AHCH

- Over 100 staff
- Serves nearly 5,000 people without homes each year.
- Serves exclusively people without homes, 95-98% at or below 100% Federal Poverty Line.
- NM expanded Medicaid in 2014. Clients were traditionally 85-95% uninsured, now that is flipped.



Albuquerque, Bernalillo County, New Mexico



- Largest city in the state, population approximately 560k (900k MSA)
- Economic, population, services center of NM
- At the crossroads of I-25 and I-40
- Border state, vast space, low per capita population
- Small town, rural feel to Greater Metro area

Advocacy Issues

What do you care about?



Public Policy and Homelessness

Contemporary homelessness
is the product of conscious
social and economic policy
decisions



What Can You Do?

Advocate!

Become an advocate for policy change by making advocacy a part of your job and routine



Defining Advocacy

- **To advocate (verb):** To speak or write in favor of; support or urge by argument; recommend publicly
- **Advocate (noun):** A person who speaks or writes in support or defense of a person or cause



To stand up for what you believe in!



Albuquerque
HEALTHCARE
for the homeless

Examples of Advocacy

- **Individual Advocacy:** Locate detox placement for client, find specialist to treat uninsured patient, secure housing voucher for client and identify landlord
- **Policy Advocacy:** Work with a coalition to increase addiction funds, write lawmakers urging universal health care, testify at a hearing about affordable housing

Policy Advocacy

When we recognize **problems in the system**, we want to see solutions put in place. The act of making a problem known, suggesting alternatives, and helping policy makers select the best solution is known as “policy advocacy”.

Why non-profit service organizations can and should advocate:

- We see the impacts of good/bad public policy each day.
- We can influence and change our communities’ decisions, priorities and allocation of resources.
- It’s the right thing to do.



Advocacy v. Lobbying

ADVOCACY: Making your voice heard on an issue that affects your life and the lives of others.

LOBBYING: Activities that are in **direct support or opposition** to a specific piece of legislation.

Legal Limitations

- Nonprofits and health centers can engage in non-lobbying advocacy without limitations.
- Nonprofits and health centers can lobby (i.e. attempt to influence specific pieces of legislation), but with limitations.



Legal Limitations

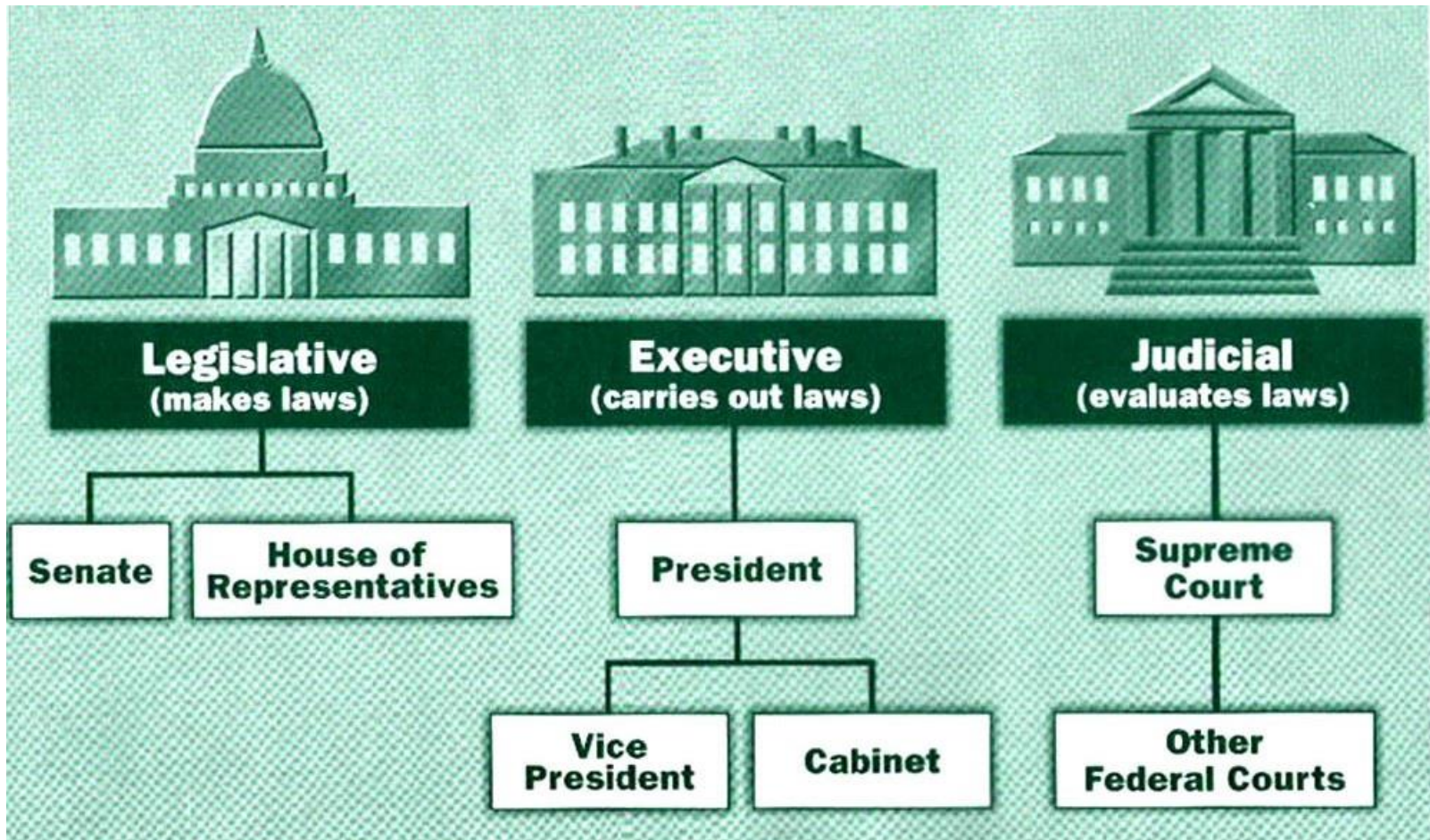
- **Direct lobbying:** Communicating with a legislator or legislative staff member (federal, state, or local) about a position on specific legislation.
- **Grassroots lobbying:** communicating with the general public in a way that refers to specific legislation, takes a position on the legislation, and calls people to take action.



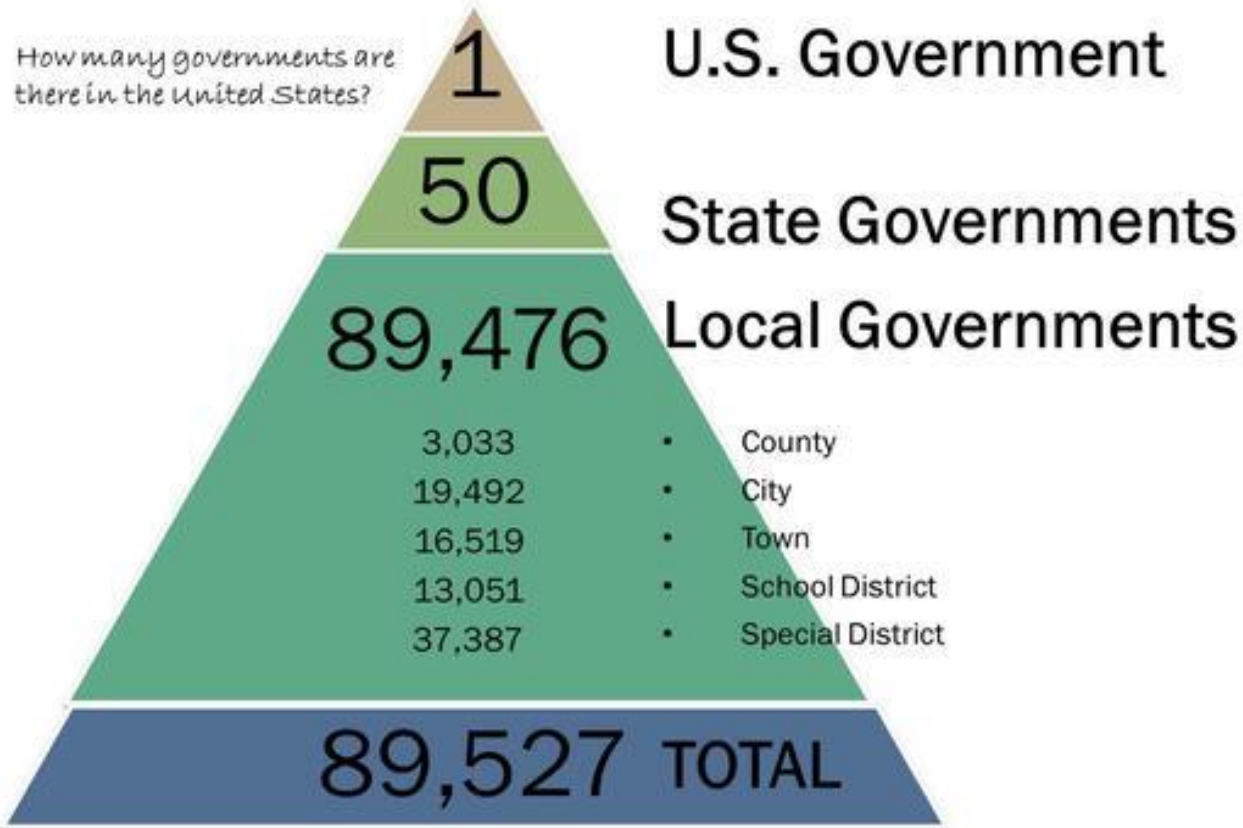
Legal Limitations

- Nonprofit 501c3s cannot endorse candidates or appear to support one candidate, appear partisan, or engage in political campaigns.
- BUT 501c3s nonprofits MAY engage in voter registration and voter engagement activities.

Civics Refresher



Civics Refresher



Local Level

The People

- Mayor
- City Councilors
- County Manager
- County Commissioners

Key Issues

- Encampments
- Zoning & NIMBY
- HUD/Continuum of Care \$
- Police protocols
- Shelter policies
- Eviction laws
- Minimum wage
- Drug policies



State Level

The People

- Governor
- House/Senate legislators
 - Senate Finance Committee
 - Senate Judiciary Committee
 - House Appropriations Committee
- NM Department of Health Secretary and NM Department of Human Services Secretary
 - State Medicaid Director
- Legislative Finance Committee Director

Key Issues

- Medicaid
- Housing funding & priorities
- State minimum wages
- Voter ID laws
- State agency funding
- Mental Health & Substance Use Disorder funding
- Criminal justice laws

Federal Level

The People

- President
- Congress (members & committees)
- Health & Human Services Secretary
 - CMS, HRSA, SAMHSA
- Dept of Housing & Urban Development
- Dept of Agriculture
- USICH

Key Issues

- Budget
- Housing funding & policy
- Health care funding
- Health center policy & funding
- Medicaid policy
- Medicare
- Immigration
- Food stamps

Advocacy in Action: APPs

The move towards Advanced Practice Providers

- In the 1960s, the Nurse Practitioner "Project" began. About a decade later, the Physician Assistant movement began with significant backing, development, and advocacy by physicians.
- Both movements were brought about by a physician shortage and were lobbied for by physicians who worked in areas that experienced these shortages.
 - Despite heavy opposition and lawsuits, the framework for APPs continued to grow.
- Now, APPs are an integral part of FQHCs and rural health clinics. But the movement still needs to continue – the laws around APPs are different in each state.
- Question for the group: how many of you have APPs working in your health centers? What would access look like without them?



Advocacy in Action: DHATs

Dental "Mid-Level" Expansion

- DHAT: Dental Health Aide Therapist
 - Distinct from a Expanded Function Dental Assistant (EFDA), or an Expanded Function Dental Hygienist (EFHA).
- Brought about by dentists advocating for access to care in extremely remote areas, particularly on Native Tribal Lands.
 - Built from a model developed in New Zealand nearly a century ago.
- Globally, over 50 countries have adopted New Zealand's DHAT model, successfully expanding access to safe and effective oral healthcare.

- Question for the group: how many of you have dental care in your health centers? What are the barriers to including oral health?



Advocacy at AHCH



Advocacy at AHCH

AHCH experience

- Strategy
- Advocacy Agenda
- Structure

Examples

- [IDs](#)
- [Criminalization of poverty](#)
- [SNAP Benefits](#)
- [Portland Loo](#)
- **Why non-profit service organizations can and should advocate:**
 - We see the impacts of good/bad public policy each day.
 - We can influence and change our communities' decisions, priorities and allocation of resources.
 - It's the right thing to do.

Position Statement Public Hygiene Facilities

PURPOSE OF STATEMENT:

Reflect and share our research, analysis and conclusions. Provide framework for evaluating plans and proposals for addressing public hygiene facilities.

STATEMENT:

The indignity of not having access to a restroom is a unifying issue. AHCH believes that this is one of the simplest issues of human nature. Access to restrooms is a public health issue and an issue of human rights, social justice, and health for all.^{i ii}

AHCH believes the lack of public restrooms severely impacts the quality of life of people experiencing homelessness, creates a lack of dignity and essentially criminalizes basic human functions.ⁱⁱⁱ The right to a restroom is as much of a human right as food, shelter or health care and is officially recognized in international human rights law.^{iv v}

CHALLENGES:

Opponents argue that public restrooms can create a public safety risk and that the cost of purchase and installation is too high. Opponents also may be concerned about the upkeep required and the ability of the entity responsible for the restrooms to maintain them. There are also some merchants that have restrooms in their stores or restaurants who argue that they should not provide restroom access to community members that are not customers.

SOLUTION:

AHCH proposes that Albuquerque adopts a solution Portland, Oregon has successfully implemented, the [Portland Loo](#). This solution has proven to be good for tourism and benefits everyone in the community. The Portland Loo is a permanent public restroom facility using the best technology available and they are environmentally-friendly, clean, and safe. Public investment in this innovative and forward thinking solution could pay for itself in the form of increased tourism dollars and less spending on portable restrooms. This is also an easy solution to a public health problem that has the benefit of being environmentally friendly.

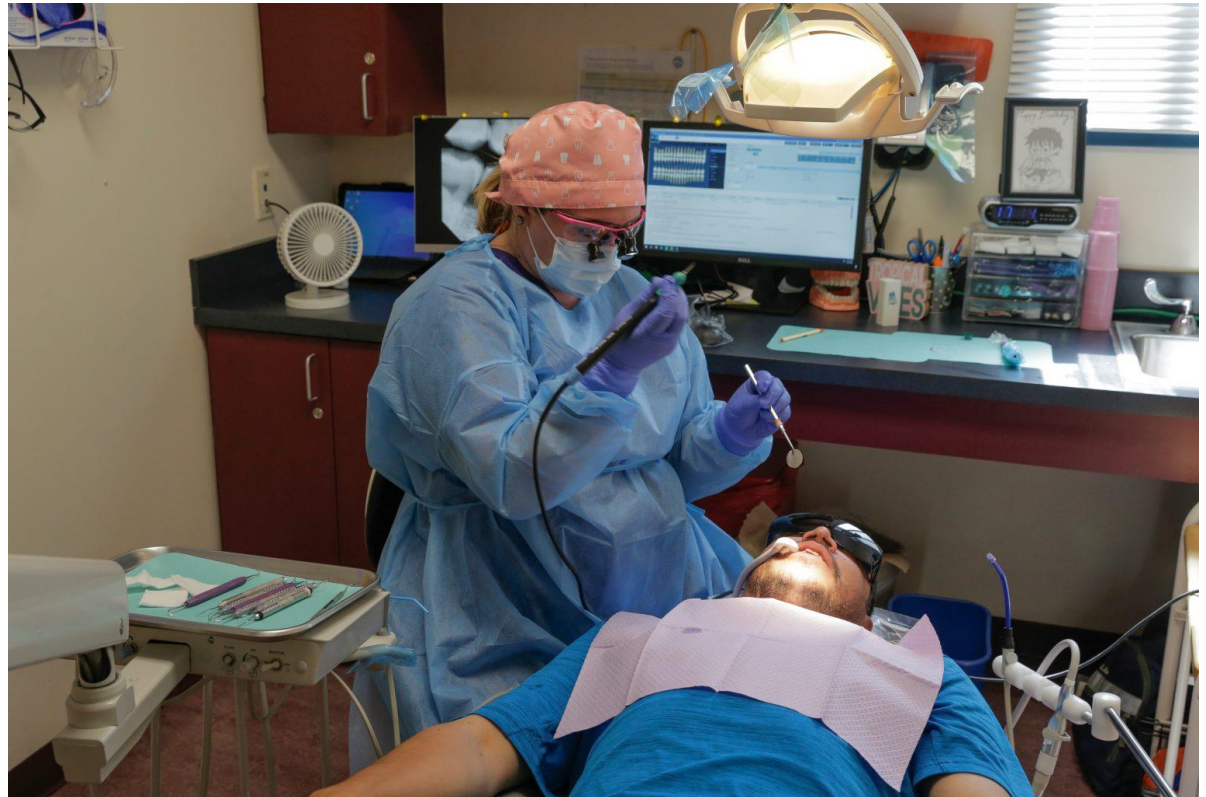
Staff Advocacy at AHCH

1. Advocacy briefs
2. Subject Matter Experts
3. Tours with elected officials
4. State capitol visits
5. Candidate forums
6. Action alerts, public comments



Clinician Voices in Advocacy

1. Credibility in public policy
2. Job satisfaction
3. Recruitment



Advocacy in Action

Small Group Discussion





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