



NATIONAL PEER SUPPORT

Collaborative Learning Network

COMMUNITY HEALTH WORKER ADVOCACY TOOLKIT

Changing Health Policy to Promote Sustainability

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Community Health Worker Advocacy Toolkit: Changing Health Policy to Promote Sustainability

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Contents

Overview	1
National Support for CHWs	2
CHW Fact Sheet	4
CHW Business Case	5
ACA Fact Sheet.....	6
CHW in Chronic Health Homes	9
Talking Points	11
Action Steps	13
Online Advocacy	22
Advocacy Case Studies	25
Advocacy Resources	26

Overview

Advocacy can sway public opinion, shift norms, and change behaviors. Advocacy is most effective when the right messages are targeted at the right people, calling upon them to conduct specific actions.

Community health workers (CHWs), also known as peer supporters or promotoras, are individuals who have knowledge from their own experience with a condition or with someone else close who was affected by the condition. They complement, supplement, or extend formal primary care services but their distinct role does not take the place of healthcare providers.

Many CHWs are familiar with advocacy work as a routine part of their practice. Typically, they are advocating on behalf of somebody else, whether that's people in the community or patients in the clinic. However, there have only been limited attempts to advocate on behalf of CHWs. While advocacy is regarded as a core competency for both CHWs and public health professionals, many organizations lack the necessary capacity to conduct effective advocacy.

With greater funding opportunities becoming available through the Affordable Care Act, it's more important than ever to make the case for the role of CHWs in health and healthcare. Establishment of Chronic Health Homes as part of the Affordable Care Act is one way to involve peer supporters in the healthcare delivery of populations in need. The Chronic Health Home is an integrative approach to healthcare with individuals living with chronic disease (e.g., diabetes) that involves physicians, nurses, nutritionists, behavior health providers, and other healthcare professionals.

As the CHW workforce grows in size and becomes more organized, its proponents should be prepared to launch more sophisticated advocacy campaigns by mobilizing grassroots networks, building public-private partnerships, and utilizing digital advocacy tools. The CHW field will face many challenges in the near future as it grapples with controversial issues related to training, certification, and reimbursement. That's why it's important for CHWs and their allies to have the skills and tools to advocate on their own behalf.

This toolkit assembles some of the best resources that we've identified in public health and health policy advocacy. We hope you find this toolkit useful in your efforts to change state and national policy to promote sustainability, secure state Medicare and Medicaid funding for reimbursement, and persuade healthcare organizations to adopt positions on CHWs/peer support.

In this toolkit, you will find:

- Fact sheets about the important issues surrounding CHWs/peer support
- Talking points with key messages
- Action steps for advocacy campaigns
- Resources and tips for digital advocacy
- Sample phone scripts, emails, and social media messages for contacting members of Congress
- Tips for meeting with members of Congress
- A list of organizations that support CHWs
- Case studies of effective advocacy campaigns

National Support for CHWs

From the [CHW Network of NYC](#)

American Public Health Association (APHA)

APHA has had a CHW Special Primary Interest Group for over 20 years. In 2009 APHA recognized this group by accepting them as the CHW Section. In 2009, APHA also issued a policy statement titled "Support for Community Health Workers to Increase Health Access and to Reduce Inequities" (Policy Number 2009-1). The CHW Section also published a national CHW definition as follows:

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Centers for Disease Control and Prevention (CDC)

The CDC has provided leadership in documenting and acknowledging the role of CHWs. CDC's Division of Diabetes Translation report titled Community Health Workers/Promotores de Salud: Critical Connections in Communities stated "Across the scope of CDC's diabetes programs, many ties link communities to health care systems through which runs a common thread-including and honoring the advocacy and teaching skills of community members in the role of CHWs."

U.S. Department of Labor (DOL)

In its publication of the 2010 Standard Occupation Classification revisions for the Department of Labor, the Executive Office of the President included a unique occupational classification for Community Health Workers (#21-1094), which was used in the 2010 census.

Health Resources and Services Administration (HRSA)

HRSA has a history of supporting the role of CHWs. HRSA funded the Community Health Workers National Workforce Study, a comprehensive national study of the CHW workforce released in 2007 and funds a national Patient Navigator program. HRSA mandates that all of its Area Health Education Centers use CHWs for outreach to community members.

Institute of Medicine (IOM)

In its 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, IOM recognized that CHWs "offer promise as a community-based resource to increase racial and ethnic minorities' access to health care and to serve as a liaison between healthcare providers and the communities they serve." The report also asserts that CHWs are effective as, "a strategy for improving care delivery, implementing secondary prevention strategies, and enhancing risk reduction" and recommends integrating trained CHWs into multidisciplinary health care teams. In its 2010 report, *A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension*, the IOM recommends the CDC Division for Heart Disease and Stroke Prevention (DHDSPP) should explore ways to make increased use of community health workers.

National Heart, Lung and Blood Institute (NHLBI)

In its Hypertension Awareness and Control Programs, NHLBI recommends a strategy of training and using CHWs as: 1) trainers of others; 2) to educate community members; and 3) to work as a member of a health care team to help improve adherence to clinical and educational recommendations.

United States Congress

The newly enacted Patient Protection and Affordable Care Law, defines CHWs as members of the "Health Care Workforce" and lists CHWs as "Health Professionals." In addition, the law determines that funds granted under sec. 399V, subsection (a) shall be used to support CHWs to provide outreach, promote positive health behaviors, support enrollment in health insurance, identify and enroll underserved populations to appropriate health care agencies and community based programs, and provide home visitation services regarding maternal health and prenatal care. Funding for the use of CHWs in underserved communities through the CDC also was included. The use of CHWs has been promoted by numerous other state and national agencies and organizations, including Aetna, the American Association of Diabetes Educators, American Diabetes Association, American Heart Association, American Hospital Association, American Medical Association, American Nurses Association, National Coalition of Ethnic Minority Nursing Organizations, National Conference of State Legislatures, and New York State Department of Health.

Organizations Supporting Use of Peer Supporters

American Public Health Association	www.apha.org
National Council of La Raza	www.nclr.org
Campaign for Better Healthcare	www.cbhconline.org
Healthcare for America Now	www.healthcareforamericanow.org
Kaiser Family Foundation	www.kff.org
Robert Wood Johnson Foundation	www.rwjf.org
Community Catalyst	www.communitycatalyst.org
Community Voices	www.communityvoices.org
AARP-Public Policy Institute	www.aarp.org/research/ppi

The American Public Health Association compiled this [list of CHW associations](#) across the country to help you connect with your local groups.

CHW State Law Fact Sheet

The CDC's National Center for Chronic Disease Prevention and Health Promotion published this informative [fact sheet concerning state laws on CHWs](#).

CHW Fact Sheet

Adapted from the [Michigan Community Health Worker Alliance](#)
& the [NYS Health Foundation](#)

What is a Community Health Worker?

According to the American Public Health Association, a Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. The national CHW workforce is estimated to be 120,000.

Other names for CHWs:

Community-based doula
Community health advocate
Community outreach worker
Family health advocate
HIV peer counselor
Lay health advisor
Maternal child health worker
Parent support partner
Patient advocate
Patient educator
Patient health navigator
Peer support specialist
Peer educator
Promotore(a)
Recovery coach

What do CHWs do?

- Outreach and community mobilization
- Community/cultural liaison
- Case management and care coordination
- Home-based support
- Health promotion and health coaching
- System navigation
- Participatory research

What is the evidence for CHWs?

As research in this field accelerates, studies are starting to show the impact of CHWs on health outcomes and cost effectiveness. As part of the health care team, CHWs have been shown to help 1) secure access to health care, 2) coordinate timely access to primary care, behavioral health, and preventive services, and 3) help individuals manage chronic conditions.

What makes CHWs so effective?

“Peerness” is a key part of what makes CHWs so effective. As members of the communities they serve, CHWs have the inside knowledge and cultural competency that enables them to build relationships with their clients. Selected for their empathy, non-judgmental attitude, and strong communication skills, CHWs can earn the trust of their clients. This relationship is fundamental to breaking down barriers to accessing care (e.g., mistrust of the health care system, healthy literacy, language, and cultural barriers). As part of community outreach activities, CHWs have succeeded in engaging hard-to-reach and high-risk populations, which has helped reduce health disparities.

What do CHWs need to succeed?

- Training and continuing education
- Defined roles and responsibilities
- Close, supportive supervision
- Backup from healthcare professionals
- Career advancement opportunities
- Steady, reliable funding
- Public and professional recognition

CHW Business Case

From [Paving a Path to Advance the CHW Workforce in New York State](#)

Many studies have identified health care cost-savings associated with CHWs. CHWs contribute to overall health system savings through their impact on (1) improved prevention and chronic disease management, which reduces costly inpatient and urgent care costs; (2) cost-shifting, with increased utilization of lower cost health services; and (3) indirect savings associated with reallocation of expenditures within the health care system, e.g., by appropriate team allocations within the patient-centered medical home.

The return on investment method has been used to assess the contribution of CHWs to a reduction in Medicaid charges or health system total costs. CHW programs for which the return on investment has been calculated fall in the range of savings or returns of \$2.28 to \$4.80 for every dollar spent on CHWs. For example, CHWs working with underserved men in the Denver Health system were able to shift the costs of care from costly inpatient and urgent care to primary care, achieving a \$2.28 return on investment for every \$1.00 spent and an annual savings of \$95,941.

Several studies have documented the reduction in emergency care or inpatient services associated with a CHW intervention, with savings ranging from \$1,200 to \$9,300 per participant in programs with CHWs. In Baltimore, African-American Medicaid patients with diabetes who participated in a CHW intervention had a 40% decrease in emergency room (ER) visits, a 33% decrease in ER admissions, a 33% decrease in total hospital admissions, and a 27% decrease in Medicaid reimbursements. The CHW program produced an average savings of \$2,245 per patient per year and a total savings of \$262,080 for 117 patients.

In New York, New York-Presbyterian Hospital (NYP) has been using CHWs in their childhood asthma program. Over a 12-month period of care coordination, CHWs reduced asthma-related ER visits and hospitalization rates by more than 50%. Hospital lengths of stay were also reduced. Based on these findings, NYP incorporated the costs of CHWs into their operating budget and CHWs are now a permanent part of the community-hospital partnership childhood asthma program.

An analysis of four diabetes self-management projects funded by the Robert Wood Johnson Foundation's Diabetes Initiative yielded an incremental cost-effectiveness ratio of \$39,563 per quality adjusted life year (QALY). This is well below the standard of \$50,000 per QALY that is widely considered a reasonable value for health care resources expended.

Peer Support under the Affordable Care Act

ACA Fact Sheet

What does the ACA do?

Reforms the Insurance System

- Making the healthcare marketplace fairer
- Making insurance more affordable/accessible

Moves towards new delivery models

- Focus on Coordinating Care
- Emphasis on Cost Savings while Maintaining Quality
- New Prevention Programs

I. Insurance Reforms

1) Ends Discriminatory Insurance Practices

- Cannot be denied insurance or charged higher premium because of preexisting condition(2014)
- Health plans cannot drop people from coverage when they get sick (already in effect)
- No lifetime limits on coverage (already in effect)
- No annual limits on coverage (2014)

2) Expands Access to Insurance to Millions of People

- Medicaid Expansion
 - All adults \leq 138% FPL will qualify for Medicaid in states that choose to expand Medicaid
- Health Insurance Marketplaces
 - People with incomes between 100-400% FPL are eligible for advance tax credits to reduce the costs of premiums
 - People with incomes between 100-250% FPL are eligible for cost-sharing subsidies
 - However, those under 100% FPL cannot receive federal assistance, except for legal immigrants

How can peer supporters play a role in these new insurance programs?

- Peer supporters can use their strong community ties to help clients enroll or refer to enrollment assistance.
- Peer supporters may work for community organizations or health care providers that get grants to be navigators, certified application counselors or in-person assisters

For another look at CHW opportunities in the ACA, [download this report](#) produced by Health Resources in Action for the Maricopa County Department of Public Health.

II. Integration of Peer Support into New Models of Health Care Delivery

The Affordable Care Act attempts to shift health delivery systems away from the traditional fee-for-service system towards a model emphasizing care coordination across providers; financial incentives to reduce costs; and mandated quality measures to promote improved health outcomes amidst cost-cutting. Peer supporters and promotores are well-suited to work within these systems because of their proven ability to reduce health care spending while improving health outcomes for underserved populations. Peer supporters' cultural competence, close ties to their communities, and unique position within the healthcare system allow them to play pivotal roles in providing whole-person, integrated care.

Some promising ACA models which could benefit from the addition of peer supporters include:

Medicaid Health Homes and Patient-Centered Medical Homes

What is a Health Home? A network of providers who agree to integrate and coordinate all primary, acute, behavioral health, and long-term services and supports. The Medicaid Health Home is designed for people with chronic conditions including type 2 diabetes.

What services are required in a Medicaid Health Home?

- Comprehensive care management
- Care coordination (including coordination of behavioral and primary care)
- Comprehensive transitional care/follow-up
- Health promotion
- Patient & family support
- Referral to community & social support services (incl. non-medical services)

What role can peer supporters play in Health Homes?

- Peer supporters can become members of care teams within health homes. Excellent for retention in care, health promotion, patient & family support and referral to community and social support services
- Peer supporters can use HHs to expand their role in Medicaid:
 - Beyond behavioral health (states can choose what chronic conditions to cover, including diabetes)
 - To states currently without any peer support system in Medicaid

Model Example: Health Share of Oregon: integrates community health workers in Oregon's Medicaid program, involving 15 regional Coordinated Care Organizations

Medicaid Managed Care Organizations

What is a Medicaid MCO? An organization typically accepting a set payment—“capitation”—from the state to provide services for Medicaid beneficiaries. 70% of all Medicaid beneficiaries nationally are enrolled in MCOs. MCOs generally have freedom to pay for services which are not reimbursable under the Medicaid statute.

What role can peer supporters play in Medicaid Managed Care Organizations?

- MCOs provide opportunity for innovative models that incorporate CHWs
- Some MCO programs have funded CHW programs, (direct employment by the MCO or inclusion of CHW services as a reimbursable benefit)
- Good way to target medically underserved groups

Example: New Mexico Medicaid’s inclusion of CHW teams to serve its highest need beneficiaries

Accountable Care Organizations

What is an Accountable Care Organization? ACOs are groups of doctors, hospitals, and other health care providers who agree to provide coordinated high quality care to a defined set of patients, while sharing in any cost savings that result (or in some cases, bearing risk if there are losses). ACOs are being developed by the Medicare and Medicaid programs, as well as by private insurers.

What role can peer supporters play in ACOs?

- Provider organizations have incentives to reduce costs. Peer supporters would make excellent members of care teams and can be employed by provider groups.

Example: Maine’s Accountable Communities/Multi-Payer ACOs Coordination and Peer Support

III. Pre-existing Opportunities within Medicaid for Peer Supporters

Section 1115 Waivers

- Waivers let states change federal rules
- Have been used by states to cover CHW programs
- CHW as reimbursable provider (AK, CA and MN)
 - Remember this is an opportunity even where state does not expand Medicaid or adopt Medicaid health homes

Medicaid administrative funds

- ACA requires states to establish outreach procedures to vulnerable populations
- Federal funds are available to states to administer Medicaid programs
- Outreach, eligibility determination, coordination and translation services have all been funded
- Could apply to expansion as well as regular Medicaid
- Possible CHW/peer supporter collaboration with public health departments and community groups providing administrative services

CHW in Chronic Health Homes

From [Making the Connection: The Role of Community Health Workers in Health Homes](#)

In the Patient Protection and Affordable Care Act, the Chronic Health Home option is transforming the healthcare delivery model for Medicaid beneficiaries. A health home is responsible for coordinating comprehensive care across all care settings, including medical care, behavioral health care, and social services. To be eligible for participation in a health home, a Medicaid beneficiary must: 1) have at least two chronic conditions; 2) have one chronic condition and be at risk for another; or 3) have one serious and persistent mental health condition.

Health homes are required to provide six core services:

1. Comprehensive Care Management
2. Care Coordination
3. Health Promotion
4. Comprehensive Transitional Care
5. Individual and Family Support Services
6. Referral to Community and Social Support Services

States have a great deal of flexibility in designing their health home options. Many states have approved Health Home State Plan Amendments (Idaho, Iowa, Maine, Missouri, New York, North Carolina, Ohio, Oregon, Rhode Island), and many more are in the process of submitting a plan.

Peer supporters and CHWs are a perfect fit for the health home model. The following two tables are reproduced from a brief published by the NYS Health Foundation. Table 1 shows how the six core services align with the tasks that CHWs commonly perform. Table 2 shows how CHWs fill a unique role that can ensure the success of state health home plans. This policy brief also includes, in the appendix, a sample CHW health homes job description.

Table 1: Core Health Home Services and Potential Roles for CHWs	CHW in a Direct Role	CHW in a Supportive Role
Comprehensive Care Management		
Complete a comprehensive health assessment and reassessment, including medical, behavioral, rehabilitative, and long-term care and social service need.		✓
Complete/revise an individualized patient-centered plan of care with the patient to identify patient’s needs and goals and include family members and other social support as appropriate.		✓
Consult with multidisciplinary team on client’s care plan, needs, and goals.		✓
Consult with primary care physician and/or any specialists involved in the treatment plan.	✓	
Conduct client outreach and engagement activities to assess ongoing emerging needs and to promote continuity of care and improved health outcomes.	✓	
Prepare client crisis intervention plan.		✓
Care Coordination and Health Promotion		
Coordinate with service providers and health plans, as appropriate, to secure necessary care; share crisis intervention and emergency information.	✓	
Link/refer client to needed services to support care plan/treatment goals, including medical, behavioral health care, patient education, self-help/recovery, and self-management.	✓	
Conduct case reviews with interdisciplinary team to monitor/evaluate client status and service needs.		✓
Advocate for services and assist with scheduling of needed services.	✓	
Coordinate with treating clinicians to ensure that services are provided and to ensure changes in treatment or medical conditions are addressed.		✓
Monitor, support, and accompany the client to scheduled medical appointments.	✓	
Crisis intervention, revise care plan/goals as required.		✓
Comprehensive Transitional Care		
Follow up with hospitals/ED upon notification of a client’s admission and/or discharge to/from an ED, hospital/residential/rehabilitative setting.	✓	
Facilitate discharge planning from an ED, hospital, residential, and rehabilitative setting to ensure a safe transition/discharge and that care needs are in place.		✓
Notify/consult with treating physicians, schedule follow-up appointments, and assist with medication reconciliation.		✓
Link client with community support to ensure that needed services are provided.	✓	
Follow up post-discharge with clients and their families to ensure client care plan needs/goals are met.	✓	
Patient and Family Support		
Develop/review/revise the individual’s plan of care with the clients and their families to ensure that the plan reflects individual preferences, education, and support for self-management.		✓
Consult with client/family/caretaker on advanced directives and educate on client rights and health care issues, as needed.	✓	
Meet with client and family, inviting any other providers to facilitate needed interpretation services.	✓	
Refer clients and their families to peer supports, support groups, social services, and entitlement programs as needed.	✓	
Referral to Community and Social Support Services		
Collaborate and coordinate with community-based providers to support effective utilization of services based on client/family need.	✓	

This table summarizes the findings from New York State’s Chronic Illness Demonstration Project (CIDP), a pilot that aimed to improve health outcomes and reduce costs among chronically ill Medicaid beneficiaries.

Table 2: CIDP Elements of Success and Related CHW Roles	
Critical Success Factors	Unique CHW Roles and Attributes
High-touch interdisciplinary teams that are highly accessible	The central purpose of CHWs is to provide high-touch support and coordination. CHWs share a common background with the communities they serve; hence they are perceived as highly accessible and knowledgeable to the population that they serve. CHWs are accessible both in the clinical care setting and in community settings.
Dedicated housing coordinator	CHWs coordinate access to social services, including housing.
Dedicated staff with social service expertise	CHWs coordinate access to social services and are often the primary source of information on social services that are available in the community and among care providers. CHWs have often been consumers of social services; consequently they have a firsthand knowledge of the intricacies of accessing these services. They also tend to live or work in the same communities of the population they serve; hence they have a local understanding of the availability of social services.
Inclusion of peers in the staffing model	CHWs are essentially trained peer health workers.
Client-centered service delivery model	CHWs are trained to provide support for the whole person and tailor service delivery to meet the full range of needs of each individual person.
Partnerships with community-based organizations	The role of CHWs is to develop and maintain partnerships with community-based organizations and connect people to those services as needed.
Ability to coordinate medical and behavioral health care as well as social services	CHWs coordinate access to behavioral health and social services, including assisting with scheduling appointment for these support services; preparing for visits; escorting people to their appointments; and serving as interpreters.

Talking Points for Peer Support

Health Literacy	Peer supporters are trained in communication and patient education. They can improve patients' understanding of their disease conditions and their options within the healthcare system.
Patient Navigation	A primary role of peer supporters is linking patients with healthcare and community resources. Peer coaches can provide insightful recommendations and trusted guidance for patients that are unfamiliar with the services that are available to them.
Patient Satisfaction	Peer support programs routinely receive high patient satisfaction ratings. By improving health literacy and coordination of care, peer support also improves patient satisfaction with the professional healthcare services they receive.
Quality of Care	Peer support is inherently patient-centered. Peer supporters often develop a personal relationship with patient that allows them to gain an in-depth understanding of individual, community, and environmental factors affecting the health of the patient. This information may be used to create more effective care plans that are tailored to individual patient needs.
	Peer supporters can facilitate the exchange of health information. Acting as a liaison between the patient and healthcare providers, peer supporters help providers deliver individualized, culturally competent care.
Coordination of Care	Peer supporters can play a valuable and unique role in the health team. The health team outlines "what to do" in a patient care plan, the peer supporter helps the patient figure out "how to do it."
Health Disparities	Peer supporters can engage high-risk populations and the hardly reached. They often have greater impacts on patients with greater needs.
	Increasing access to primary care has been proven to reduce health disparities among vulnerable populations.
	Community health workers strengthen existing community ties and advocate for changes to address the social determinants of health.
Cost Reduction	Chronic health conditions are costly and unevenly distributed across the population. A small part of the population accounts for a large portion of expenditures. This group tends to be older, Medicare beneficiaries with multiple chronic conditions.
	Peer support reduces the cost of healthcare by promoting utilization of outpatient and primary care services as opposed to inpatient and emergency care.
	Peer support should be part of a strategy to reduce hospital readmissions.
Cost Effectiveness	Peer support programs have seen a return on investment as high as 2.28:1.00.
	Community health workers represent a lower cost solution to address existing gaps in the healthcare workforce.

Action Steps

Many organizations have developed comprehensive tools for developing advocacy campaigns and carrying out advocacy action steps. Longer resources are provided below as links to the original documents. Brief guidelines and tips are reproduced on the following pages, along with tailored messages that you can use for your advocacy efforts.

[Media Advocacy](#)

[Media Advocacy Evaluation Findings](#)

Letters to the Editor and Op-Eds (provided)

[General Rules for Organizing for Legislative Advocacy](#)

[Developing and Maintaining Ongoing Relationships with Legislators and their Aides](#)

[Policymaker Relationships: From Education to Partnerships](#)

Writing Letters to Elected Officials (provided)

Calling Your Members of Congress (provided)

Meeting Your Members of Congress (provided)

[Get an elected official to attend your event](#)

[Conducting Public Forums](#)

[Town Hall Meetings](#)

[Sample Questions for Public Forums](#) (provided)

[Conducting a Petition Drive](#)

[Organizing Public Demonstrations](#)

Local Advocacy

[NAMI State Advocacy](#)

Letter to the Editor

Adapted from the [APHA PHACT Toolkit](#)

Writing a letter to the editor for your local newspaper or other media outlet is a great advocacy tool and helps create awareness of the importance of public health in health reform.

- **Be brief and concise.** Focus your letter on just one concept or idea. Limit yourself to 150-200 words.
- **Refer to other stories.** If possible, refer to other articles, editorials or letters the newspaper has recently published. This should be done as soon as possible after the article was published. This will increase its chances of being printed.
- **Include contact information.** Include your name, address and daytime and home phone number so the paper can contact you with any questions. Also, include any titles and degrees that are relevant to help the media know you have expertise. And make sure to refer to your organization or the American Public Health Association in your letter.

Op-Ed

Writing an op-ed for a local newspaper helps bolster awareness around a variety of public health issues. This important media advocacy tool is an opportunity to offer your opinion or position on a given topic. An op-ed is a short opinion piece generally placed opposite the editorial page in your local newspaper.

- **Start early.** Many papers receive up to 500 submissions a week. Submit an op-ed to only one paper at a time.
- **Reach out.** Call the newspaper and ask for the editorial page editor. Introduce yourself and tell them you are interested in submitting an op-ed for placement during the August congressional recess. Ask about any specific guidelines. An op-ed is usually limited to about 650 words.
- **Follow the submission guidelines.** Most newspapers now accept op-ed submissions via email or an online form on their websites, though some may still ask you to send it via U.S. mail. Following their preferences will increase the chances of getting your op-ed placed. When you send your submission, include a cover letter reminding the editor who you are and reference any previous contact you may have had. Highlight why the subject is important to the newspaper's readers. Include your full name, contact information and a brief description of who you are and what you do, illustrating what makes you an expert on the subject.
- **Be persistent.** Make a follow-up call about a week after submitting your op-ed to give time for the editor to review it. Confirm that the op-ed was received and answer any questions the editor may have. Offer to modify it if needed.

Writing Letters to Elected Officials

Adapted from the [APHA Health Reform Advocacy Toolkit](#)

Tips for Writing a Letter

Offices accept constituent mail via email, fax or the postal service. Many policymakers prefer to receive correspondence using an online form on their websites or fax. U.S. mail can often take weeks to arrive due to security.

- **Accuracy and attention to detail.** Be sure to use the proper form of address and correct spelling of the policymaker.
- Whenever possible, use your **organization's letterhead**.
- Remember to identify yourself as a constituent.
- Whenever possible, give your official title and any professional degrees, following your signature.
- **Short letters are best.** Try to keep them to one page. Be sure not to use jargon or confusing technical terms.
- **Concentrate on a single issue.** Letters should cover only one topic or bill and be timed to arrive while the issue is alive.
- **Praise, Praise, Praise.** If your legislator pleases you by supporting a public health issue, write and tell him/her so.
- **State your purpose** for writing at the outset.
- **Tell your legislator how the issue would affect you and the rest of his/her constituents.** Your own personal experience and district-specific information are the best supporting evidence.

Sample Letter or Email

Dear [member of Congress],

As a constituent and Community Health Worker (CHW) advocate, I am writing to urge you to support a state chronic health home plan that includes CHWs/peer supporters.

According to the American Public Health Association, a CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

CHWs/peer supporters provide four key functions in chronic disease management: assistance in daily management, social and emotional support, linkages to clinical care and community resources, and ongoing support over time.

In demonstration projects around the United States, CHWs/peer supporters have made clinically significant impacts on the treatment of chronic health conditions such as diabetes and mental health. When integrated with primary healthcare and closely supervised, CHWs/peer supporters can enhance team-based, patient-centered care by complementing the work of healthcare professionals.

CHWs/peer supporters help primary care providers understand the real problems that clients face on a daily basis. They are the ones that clients trust to help them solve problems and figure out how to implement their clinical care plans. In fact, there are potential ways in which CHWs/peer supporters can satisfy all six of the core chronic health home services (Comprehensive Care Management, Care Coordination, Health Promotion, Comprehensive Transitional Care, Individual and Family Support Services, Referral to Community and Social Support Services) in direct or indirect roles.

I strongly urge you to support the important work of CHWs/peer supporters, which brings significant benefits to the members of your constituency. This is an issue that resonates deeply with many of your constituents and we would be excited to have your support.

Sincerely,
Your name
City, State

Calling Your Members of Congress

Adapted from the [APHA PHACT Toolkit](#)

A phone call to your policymakers or their staff is an effective way to influence legislation. Legislators regularly ask their staff to report on the opinions of constituents calling the office and often keep track of the numbers of constituents weighing in on either side of a particular issue.

To call your senators' and representative's Washington, D.C., office, call the U.S. Capitol Switchboard at 202-224-3121 and ask for the office of your Representative/Senator.

You can also find additional contact information for your members of Congress, including their district office, by visiting their websites:

Senate websites: www.senate.gov/general/contact_information/senators_cfm.cfm

House of Representative websites: www.house.gov/house/MemberWWW.shtml

Sample Phone Script

Hello, my name is XX and I am a constituent and advocate for community health worker in your [state/district].

I am calling today on behalf of [name of your organization] to urge Senator/ Representative XX to support a state chronic health home plan that includes CHWs/peer supporters.

In demonstration projects around the United States, CHWs/peer supporters have made clinically significant impacts on the treatment of chronic health conditions such as diabetes and mental health. When integrated with primary healthcare and closely supervised, CHWs/peer supporters can enhance team-based, patient-centered care by complementing the work of healthcare professionals.

CHWs/peer supporters help primary care providers understand the real problems that clients face on a daily basis. They are the ones that clients trust to help them solve problems and figure out how to implement their clinical care plans. In fact, there are potential ways in which CHWs/peer supporters can satisfy all six of the core chronic health home services in direct or indirect roles.

Thank you for your attention to my request, and I look forward to hearing Senator/Representative XX's position on his/her support of CHWs/peer supporters.

Meeting with Your Members of Congress

Adapted from the [APHA PHACT Toolkit](#)

One of the most effective ways to influence the policy-making process and build a relationship is to visit with your senators and representative, or their staff, in person.

Tips for arranging a meeting

- **Call or email to request an appointment.** If you want to meet with your legislator in the district, send the request to the district office. Congressional member websites often have online submission appointment requests available.
- **Follow up by phone.** Do not hesitate to call the office if you do not receive a response to your initial request.
- **Be sure to identify yourself as a constituent.** Include information about who you are, the nature of your visit (identify what you want to discuss), when you would like to meet and the names of any friends or colleagues who may accompany you.
- **Call or email to confirm the appointment.**

Sample request for an appointment

DATE

The Honorable XX
Attention: Scheduler
Dear Senator/ Representative XX,

As a constituent and public health professional, I am writing to request an appointment with [Senator/ Representative XX] in [name of town where nearest district office is] on [insert date and times available] to discuss public health funding.

Please contact me to let me know when the [senator/representative] or the relevant staffer might be available to meet. I will follow up with you in the next week by phone. Thank you for considering my request.

Sincerely,
[Name]
[Contact information]

Tips for Conducting a Meeting with Your Members of Congress

Adapted from the [APHA PHACT Toolkit](#)

- **Arrive on time.** If meeting with a staff member, be sure you have the correct contact name. Do not underestimate the power of the staff person in helping to shape the policy-maker's opinions and positions on issues or a particular piece of legislation.
- **Bring two or three colleagues with you.** Prior to the meeting, you should agree on what points will be made and which one each of you will discuss.
- **Try to deliver your message in three minutes.** Be sure to introduce yourself and your colleagues and explain why you are concerned about the issue and why you have expertise regarding the issue. Be concise, polite and professional.
- **Be prepared to answer questions.** When asked what you want, clearly explain.
- **Be a resource for the policymaker and his/her staff.** Offer your time and assistance if he/she wants to talk about your areas of interest and expertise in the future.
- **Provide material to support your position.** Leave behind a business card and a one-page fact sheet summarizing your position.
- **Follow up with a thank you letter.** Be sure to include any additional information you may have promised or that may be relevant to the issue.

Dos and Don'ts When Meeting with Your Members of Congress

Adapted from the [APHA PHACT Toolkit](#)

Do

- Learn the committee assignments of your members of Congress.
- Present the need for what you're asking the member of Congress to do using data or cases.
- Relate relevant situations in his/her home state or district.
- Ask the policy-maker's position and why.
- Show openness to the knowledge of counterarguments and respond to them.
- Admit you don't know. Offer to find the answer and send information back to the office.
- Spend time with members whose position is opposite yours.
- Develop relationships with congressional staff.
- Thank them for stands the member has taken that you support.

Don't

- Overload the meeting with too many issues.
- Confront, threaten, pressure or beg.
- Be argumentative.
- Expect members of Congress to be specialists.
- Make promises you can't deliver.
- Be afraid to take a stand on the issues.
- Shy away from meetings with legislators with known views opposite your own.
- Be offended if a legislator is unable to meet and requests that you meet with his/her staff.

Sample Questions for Public Forums

The following questions are designed to help start conversations about chronic health homes with policy makers at the local, state and federal level. They can be tailored to highlight local issues by providing local examples and concerns. Our goal is to demonstrate the importance of chronic health homes and community healthcare workers in communities around the country. The questions are not exhaustive or required. You are encouraged to pick examples that are relevant to you and your community.

1. With rising healthcare costs, many individuals cannot afford evidence-based healthcare, especially those who suffer chronic illnesses, like diabetes (provide other relevant examples). Utilizing peer supports is one way to deliver affordable, evidence-based, and cost-effective healthcare to those in need. Will you pledge to support efforts to include peer supporters in healthcare delivery?
2. With the advent of the Affordable Care Act, millions of uninsured individuals will gain access to health insurance. I am worried that there will not be enough healthcare professional to meet the needs of these individuals, especially those who have chronic illnesses. Utilizing peer supports is one way to deliver affordable, evidence-based, and cost-effective healthcare to those in need. Will you pledge to support efforts to include peer supporters in healthcare delivery?

Online Advocacy

In addition to traditional modes of advocacy, online advocacy is becoming more common and effective.

Online Boosts – Not Replaces – Offline

There is often a misconception that social media is the silver bullet when it comes to advocating for a cause. As a result, advocates may tend to invest more time and resources into online engagement rather than offline. This should not be the case. Online advocacy via social media should boost your offline efforts, not replace them. Use your website and social media footprint to inform, rally, and organize offline activities, like visits to policymakers or calls to company representatives.

Creating an Online Advocacy Calendar

Like with any communications team, your online advocacy strategy should include a general advocacy calendar to help create a timely plan for execution. Map out when Congress or Parliament is in session. Track when major conferences and conventions are taking place within your line of work. Note when key international holidays or days of remembrance. And once you have built your calendar, overlay the dates with key advocacy messages you want to hit at that particular time.

[Tips from Armchair Advocates](#)

Click-to-call telephone tools

Congress has typically been more responsive to phone calls than emails, and staffers are more likely to answer a phone than reply to — or even read — an email. Technology is emerging that will allow your supporters to make a phone call by entering their phone number on your website and clicking a button.

Social media tools

As politicians and corporations have adopted social media, those channels have emerged as locations for advocacy campaigns. Social media channels like Facebook and Twitter are public locations that allow for more public exposure than calling or emailing a congressional office. Many national politicians seem to be embracing Twitter, in particular, and many national and multinational corporations and brands have similarly taken to both Twitter and Facebook.

Remember, because corporations have more at stake to protect the image of their brand, they are more likely to respond to campaigns. While your supporters can take action directly on Facebook, or using hashtags and retweets on Twitter, some purpose-built tools have emerged to help with these efforts.

For instance, [Act.ly](#) provides a free tool that uses Twitter to target politicians and corporations. You can only target those already using Twitter. Act.ly also provides [GovLuv](#), which helps supporters find their representatives on Twitter based on their residential addresses.

Tips for utilizing social media

Find more at the Community Tool Box - [Using Social Media for Digital Advocacy](#)

Social media allows you to enhance your advocacy activities and can be integrated into the other work you do. Below are some social media tools and tips for getting the most out of them.

- [Twitter](#): Send short messages (140 characters or less) about your advocacy activities or information about chronic health homes and community healthcare workers. The tweets can be easily “retweeted” by other users.
- [Facebook](#): Post information about chronic health home and peers supporters on your wall or status and update your page with new advocacy activities in which you are participating. Invite your friends to join you at a town hall or meeting. Share pictures and stories about the activities. “Like” the [Peers for Progress Facebook page](#).
- [Peers for Progress Newsletter](#): This monthly newsletter contains program and issue spotlights, peer support resources, research briefs, funding opportunities, and upcoming events. Read one of our [spotlights](#) on using social media for digital advocacy.
- [Instagram](#) or [Flickr](#): Instagram/Flickr allows you to share your photos easily with others. Create an account so you can post photos of your advocacy activities and link to your Flickr photos from your Web site, blog and Facebook page and tweet the link when you upload new photos.
- Blogs or [Tumblr](#): If you have a blog or Tumblr, use it to promote your activities. Post all the essential information (location, date, time, etc.) and provide frequent updates to encourage your readers to join you in your efforts. This can also be a forum for readers to post questions in the comments section, which you will be able to answer and potentially address in future posts. You can stay up to date with key initiatives of Peer for Progress by visiting their [Idea Exchange Blog](#).

Online Advocacy Tools	
<u>CitizenSpeak</u>	The free tool CitizenSpeak provides a simple, straightforward method for advocacy organizations to create an email and then allow supporters to modify, personalize and send the message. Organizations must provide a single target email address, however, which makes it difficult to spread an email campaign across multiple voting districts. CitizenSpeak emails will not automatically navigate through Web forms or other filters, making it better suited to a campaign targeting state or local politicians, or corporations.
<u>Votizen</u>	The startup company Votizen provides an alternative to email that lets your supporters create profiles, and then verifies their congressional districts and voting histories. Once their profiles are approved, they can support causes, sign petitions and pledges, and send messages to their state and federal elected officials. Not all states currently provide voter history to Votizen .
<u>PopVox</u>	Similar to Votizen , PopVox matches your supporters to their representatives and verifies them by name and address. Approved users can then support or oppose legislation by selecting from upcoming bills, or send messages to their representatives.
<u>Capwiz</u>	Capwiz has long been a standard tool for email advocacy for those with a more sizable budget. It integrates into your website, allows you to look up legislators by zip code, and can navigate through most Web forms and filters. The vendor also now offers Capwiz for Facebook, which integrates your website with a Facebook app.
<u>Salsa</u>	Salsa offers email advocacy, list management, petition functionality, website content management features and survey capabilities. Email blasting and online donations are also available for additional fees. The package is quite flexible, and can be seamlessly integrated into a website, but you'll need substantial HTML expertise to set it up.

[Online Advocacy Tools from Social Brite](#)

Advocacy Case Studies

In 2010, [UCSF developed 17 case studies](#), which describe grant-funded initiatives to expand coverage for medically underserved Californians and achieve policy gains benefiting community clinics and their target populations. These cases illustrate the advocacy strategies used by grantees as well as longer-term outcomes of these initiatives. Here are three of these case studies:

- [The Patient Advocacy Program: Educating Policymakers on Clinic Policy Issues and Community Health Care Needs](#)
Community Health Partnership, Inc.
Santa Clara County, CA
- [Promoting Healthy Lifestyles in California: Advocating for Nutrition Education for the Medically Underserved](#)
Central Valley Health Network
Central Valley, Northern California, Inland Empire, CA
- [Expanding the Public-Private Partnership Program to Meet the Needs of the Medically Underserved](#)
Community Clinic Association of Los Angeles County
Los Angeles County, CA

In 2012, the [Foundation for a Healthy Kentucky reported the evaluation findings](#) from their 5-year Advocacy Initiative.

In 2009, the Foundation Review published [The Potential of Partnerships for Health Advocacy and Policy Change: The Legacy of the Partnership for the Public's Health Initiative](#).

Advocacy Resources

[APHA Health Reform Advocacy Toolkit](#)

American Public Health Association

[Advocacy in Action: A Toolkit for Public Health Professionals](#)

Public Health Advocacy Institute of Western Australia

[The Community Tool Box Chapters on Advocating for Change](#)

Kansas Community Tool Box

[Addressing the Health Workforce Crisis: A Toolkit for Health Professional Advocates](#)

Health Workforce Advocacy Initiative

[Promoting Health: Advocacy Guide for Health Professionals](#)

International Council of Nurses