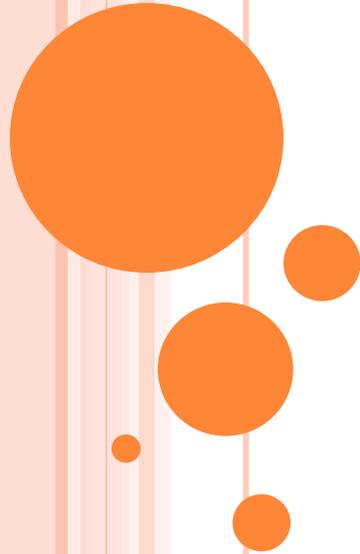


LA – HPAC – HOW-TO GUIDE TO ADVOCACY



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



California Chapter 2

**Los Angeles Healthcare
Provider Alliance for Children**



Children's Hospital Los Angeles

International Leader in Pediatrics

SO...HOW DO WE “DO” ADVOCACY?

1. Identify the issue
2. Craft the message
3. Develop Coalitions
4. Communicate the Message



#1: IDENTIFYING THE ISSUE

- You care deeply about it /are knowledgeable
- The general public is invested in the issue
- There is a critical mass of pediatricians and health care professionals/experts concerned about the issue
- A feasible solution to the problem exists but needs to be disseminated
- Interest in the issue already exists among influential decision-makers
- There may already be recognition that the issue is a problem in the adult population in your community; but there has not been any discussion about how this problem impacts children and adolescents



#2: CRAFTING A MESSAGE

- Know your audience
 - Know politics, interests, review voting records
- Short and Simple
 - Succinct message in one minute or less
- Translate for Real People
 - Avoid using medical jargon, acronyms that general public may not know
- Address both short and long term goals
 - Most effective if you discuss short term goal, and how it may have a greater impact later on



#2: CRAFTING A MESSAGE (CONT.)

○ Build Credibility

- Develop a fact sheet to inform, educate, persuade
 - Stories or examples that illustrate the issue/the proposed action
 - Up-to-date/factual data are key!
 - Specific data on the specific issue for your state/region/community/hospital/clinic

○ Personalize your message

- Personal stories and stories of patient experiences



#3: JOIN A COALITION OR GROUP

- ✓ Shared vision of children's needs
- ✓ More effective to work together
- ✓ Share resources and workload
- ✓ Variety of perspectives
- ✓ Increased knowledge of community needs

LOCAL/STATE ORGANIZATIONS
LA-HPAC
AAP-CA



#4: GET THE MESSAGE OUT

- Letter writing
- Phone calls
- In-person visits
- Fact sheets
- Testifying
- Media



LETTER WRITING

- Make sure you identify yourself as a pediatrician (child health professional) and a constituent in the first paragraph
- Personalize, personalize, personalize— state why the issue is important and how it will affect the elected official's district or state?
- Thank the elected official if he/she has done something positive on behalf of children and adolescents
- Include your contact information
- E-mail or fax your letter – try to identify a specific staff person



SAMPLE LETTER

Dear Representative/Senator:

As a constituent and pediatrician, I urge you to act now to reauthorize the State Children's Health Insurance Program (SCHIP).

Over the past 10 years, SCHIP has provided children, who would otherwise have been uninsured, with a vital source of comprehensive health insurance. Reauthorization of SCHIP offers Congress a historic opportunity to come together once again – on a bipartisan basis for the nation's children – to build on SCHIP and Medicaid's remarkable successes.

Nine million children currently live without any private or public health care coverage. Every day that Congress fails to enact SCHIP reauthorization, another 2,000 American children are added to those ranks. I look to you, as a political leader for our state, to reauthorize and fund SCHIP not for partisan gain, but because it is the right thing to do at the right time.



FACT SHEETS

- Keep your ask short, clear, simple and prominent
- One page and no more than 2-3 key points
- Use pertinent and poignant statistics
- Be clear about what you want the official to do

“I urge you to provide \$300 million for the Title VII Health Professions Programs in FY 2008. This allocation merely restores funding for these vitally important physician training programs to FY 2005 levels.”



State Children's Health Insurance Program

SCHIP

The State Children's Health Insurance Program (SCHIP) has become an important source of coverage for children and families. SCHIP and Medicaid together have contributed to the decline in uninsured children from 14% of all children in 1997 to 9% in 2005. SCHIP needs to be reauthorized in 2007 with substantial new funding if the program is to maintain and build on its successes.

SCHIP State Snapshots: Maryland Children's Health Program



	2005 Enrollment	Federal Match Rate ¹
Maryland	95,018	65%
United States	6.1 million	65% - 85%

Basic Program Facts

States have three options for SCHIP programs:

- Medicaid expansion (M-SCHIP)
- Separate SCHIP program (S-SCHIP)
- Combination of both

Maryland runs a combination program, operating both a Medicaid expansion and separate SCHIP program.

Eligibility

SCHIP was enacted to provide health coverage to targeted low income children. Federal rules and waivers allow states to set their income eligibility at levels that are higher or lower than the target level of 200% of the federal poverty level (\$43,300 for a family of four in 2007). States that cover families at higher income levels usually require some cost sharing.

Maryland is one of 19 states that set eligibility for coverage at a level greater than 200% of the federal poverty level (FPL). Maryland's upper income eligibility limit is 300% FPL. Families at the higher ends of income eligibility pay higher premiums.

Program Type by Age	Eligibility as % of FPL	Premium Requirement
Medicaid SCHIP		
infants	185% - 200%	\$0
1-5 yrs	133% - 200%	\$0
6-18 yrs	100% - 200%	\$0
Separate SCHIP		
infants	200% - 300%	\$42 - \$53
1-18 yrs	200% - 300%	\$42 - \$53

Cost Sharing

Many SCHIP programs require enrollees to share in the cost of coverage or services by paying premiums or co-payments. The type of SCHIP program a state has determines its flexibility in establishing cost-sharing requirements. M-SCHIP programs have less flexibility than S-SCHIP programs.

Maryland requires premiums of \$42 to \$53 per month per family with incomes between 200%-300% FPL.



TESTIFYING/LEGISLATIVE VISITS

- In-person visits show dedication and bring “life” to the issue
- Many organizations schedule legislative visits in Sacramento and locally, including:
 - LA-HPAC (Visits throughout Spring)
 - AAP-CA2 (Leg Day in Sacramento - April 5)
 - Children’s Health Initiative (Visits through the year)
 - CMA, AAFP and other medical organizations
- Testifying is a key part of the process and experts are often needed



MEDIA OUTREACH

- Highlight an issue through media, including:
 - Pitch letters – short concise letters to initiate interest with a specific reporter (TV and PRINT)
 - Letter to the Editor – draft comprehensive letters on an issue or topic for submission to editorial pages (PRINT)
- Participate in press conferences
- Attend media trainings



SAMPLE LETTER TO THE EDITOR

Dear Editor:

While the May 14 commentary “Customer Health Care” by Grace-Marie Turner might make retail health clinics sound like a good health care option, the reality is that they are not appropriate for infants, children and adolescents. The American Academy of Pediatrics (AAP) strongly discourages parents from taking their children to these clinics. First, care may become fragmented. For those children who sometimes go to a pediatrician and sometimes a retail health clinic, there is no continuity of care and no relationship established. Second, making a diagnosis without the child’s complete medical history is risky and underlying conditions can go undetected. Without proper follow-up, what started out as something minor could turn into something more serious. Third, public health issues could result from patients with contagious diseases visiting the store. Do you really want to be waiting in the checkout line behind a child with pink eye?

We realize that what these clinics do offer is convenience, which is why the AAP urges more pediatricians to provide longer office hours, including evenings and weekends. Many pediatricians have been doing this already for many years. The bottom line is that children are our future and they deserve the best quality health care, so that they can become healthy adults. You can’t find that at a retail store.

Jay E Berkelhamer, MD, FAAP
President, American Academy of Pediatrics



UPCOMING EVENTS

- Media Training with Mark Bernheimer, CNN
 - Monday, March 28th from 2:00pm-5:00pm at CHLA
- AAP-CA/CMA Legislative Day- Sacramento, CA
 - Monday, April 4th from 6:00pm-8:00pm at UC Davis Medical Center
 - Tuesday, April 5th from 8:00am-6:00pm at the Sheraton Grand Hotel
- CHLA Local Legislative Visits
 - April 18 – 22, 2011

Please email Kelly Clancy at kclancy@chla.usc.edu if you are interested in attending either of these events.

