Advocacy Supporting Evidence-Based Programs

NCOA asked states to share success stories about advocacy efforts and policy changes that are contributing to the dissemination and sustainability of evidence-based health promotion programs for older adults. The states highlighted offer examples of diverse efforts to advocate for proven programs that support healthy aging for a vulnerable, diverse older adult population.

“Never doubt that a small group of dedicated people can make a difference—indeed, it’s the only thing that ever has.”
—Margaret Mead

Influencing Policy Through Advocacy

Advocacy activities allow individuals to participate in the democratic process and offer an opportunity for policymakers to support constituent needs. Additionally, these activities allow organizations to provide leadership by organizing supporters on issues of importance and educating a wider audience on their accomplishments.

Advocacy can take shape through several types of action, online or in-person, as individuals or groups. Advocates write letters, call, or organize meetings to see legislators and their staffs, attend town hall meetings, and communicate with policymakers through social media and other methods. Effective advocacy is a mix of identifying the right audience (such as the policymaker), having a persuasive message (clearly stating what you want to achieve and how it relates to the policy), and including an individual or local perspective (telling a story).

Is Advocacy the Same as Lobbying?

No. While lobbying entails a specific “ask” regarding a particular piece of state or federal legislation, advocacy includes a broader suite of actions (such as those noted above) that will shape policy.

There are also legal differences between advocacy and lobbying that affect nonprofit organizations’ tax status. Generally, a nonprofit organization cannot have a substantial part of its budget go towards lobbying activities. There are also prohibitions on any use of federal funds for lobbying. However, most organizations can and do engage in as much advocacy as possible to achieve their goals.

What Does Advocacy Accomplish?

When done effectively, advocacy influences public policy by providing a conduit for individuals and organizations to voice an opinion. These efforts can, in turn, sway public opinion, garner press coverage, and ultimately provide policymakers an opportunity to respond to constituents’ needs.

To Learn More

- Please visit NCOA’s Public Policy & Action site for advocacy toolkits: http://www.ncoa.org/public-policy-action/advocacy-toolkit/.
- For webinars on effective advocacy, visit Independent Sector (free registration required): http://www.independentsector.org/building_a_successful_advocacy_effort.
- The IRS has a fact sheet on how it determines an organization’s level of lobbying activity for tax exemption purposes: http://www.irs.gov/charities/article/0,,id=163392,00.html.

Advocacy: Education in Action

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District of Columbia

Getting Started

District of Columbia’s Healthy Aging Coalition (DCHAC) stems from DC’s Chronic Disease Self-Management Program (CDSMP) initiative, providing senior and disabled DC residents assistance with management of chronic diseases so that they can live active and fulfilling lives. The coalition is in the next phase of promoting healthy aging in DC. The DCHAC’s vision is that DC will create and sustain programs, policies, and environments to foster healthy aging and independence of its citizens.

Lessons from DC: Best Practices

- Create a multi-disciplinary, multi-network group comprised of key leaders from organizations throughout the city.
- Establish strategic goals to conduct surveillance and identify needs to coordinate prevention and chronic disease management for older adults.

South Carolina

Developing the Policy Platform

The South Carolina Healthy Aging Policy Platform Initiative (Project HAPPI) is a group of professionals who worked together over a period of 18 months to share their commitment to making policy changes to expand evidence-based prevention programs for older adults. The goal was to develop a formal, written policy platform and advocacy toolkit for expanding physical activity and CDSMP in South Carolina.

Lessons from South Carolina: Best Practices

- Get the right people involved and committed to the project at the start.
- Determine where your state will begin your efforts and what areas you can impact. SC’s handbook on Project HAPPI is a great resource for other states: www.scdhec.gov/healthyaging.

Washington

Securing Sustainable Funding

Washington’s Medicaid waiver program, the Community Options Program Entry System (COPES), allows clients to choose to receive home and community-based services instead of nursing facility care. The state of Washington successfully incorporated CDSMP and PEARLS as waiver-approved services for COPES clients, thus contributing to the sustainability of these valuable programs for a vulnerable population.

Lessons from Washington: Best Practices

- Read the fine print to understand the details of your state’s waiver benefit including provider types, contractor qualifications, and services targeted to therapeutic client-centered long-term care planning.
- When requesting CMS to recognize CDSMP as a Medicaid waiver benefit, emphasize organizations that are licensed to provide CDSMP (such as hospitals and community clinics) as qualified providers.

Wisconsin

Creating a Home for Evidence-Based Programs

The Wisconsin Institute for Healthy Aging (WIHA) was launched to house the state’s evidence-based programs.

Lessons from Wisconsin: Best Practices

- Develop statutory language to include aging services into the state budget.
- Include language that will create partnerships between academia, state agency, and non-profit organizations. Wisconsin’s language gives the state Department on Aging and the University of Wisconsin authority to contract with WIHA to administer and study aging services in the state.