

Experts discuss nonprofit
advocacy and lobbying

ADVOCACY INITIATIVE FORGES NEW AVENUES AND AMBITIONS FOR NONPROFITS

For many nonprofit health organizations, advocacy is a virtual no man's land.

Limited resources, misperceptions about the appropriateness of the activity and incomplete knowledge about the laws governing nonprofit advocacy are common reasons few organizations step into the policymaking arena.

"Nonprofit organizations, particularly in health and human services, are used to being responsive to the community's immediate needs," said Elizabeth Krause, Connecticut Health Foundation's (CHF) program officer. "They tend to put out fires, rather than commit resources to affecting problems through policy change."

In 2006, CHF launched an initiative to encourage grantees to step outside their comfort zones.

"We challenged organizations to elevate the debate on health care throughout 2006," Krause said, explaining the initiative's goal.

CHF invited current grantees to apply for financial and technical assistance to increase community members' and political candidates' awareness and knowledge of important health policy issues.

(continued on page 3)



Understanding the rules of
nonprofit advocacy



Grantees Celebrate
Successful Advocacy
Initiatives



Ask the Experts

chf news asked **Abby Levine**, senior counsel for the Alliance for Justice in Washington, D.C., and **Bob Smucker**, founder and former executive director for the Center for Lobbying in the Public Interest, about nonprofit advocacy and lobbying.

What are key barriers to nonprofit advocacy?

Abby: Misinformation and confusion are probably the chief barriers. Advocacy is uncharted territory for many organizations. The fact is, the rules vary depending on the type of tax exemption an organization has and the type of activity in question.

What is the difference between advocacy and lobbying?

Abby: Anytime an organization is doing “lobbying,” they are doing “advocacy.” However, just because they are doing advocacy does not mean they are lobbying. The federal rules that control an organization’s tax exempt status focus on lobbying and election activity.

While federal laws do not define advocacy clearly, they define lobbying fairly narrowly as either “direct lobbying” or “grassroots lobbying.” Direct lobbying occurs when an organization communicates with a legislator to express a view about specific legislation. Grassroots lobbying refers to communication with the public that expresses a view about specific legislation and includes a call to action.

Generally, public charities with the 501(3)(c) tax exemption can lobby. However, lobbying must not constitute a “substantial” part of the group’s activities. An organization must look at all its activities — including work by its staff, board and volunteers — to determine if lobbying is a substantial or insubstantial part of its work. We call this the “insubstantial test.”

Bob: In addition, public charities may “elect” to participate in lobbying under a law passed in 1976. It was a superb piece of legislation that makes it very clear that charities have virtually all the latitude they need to lobby. Many nonprofits fail to investigate this option or take the steps necessary to use it. Charities in a wonderfully progressive state, such as Connecticut, really ought to elect to exercise their rights under this law.

When does advocacy become lobbying?

Bob: For example, a charity asking a store not to sell an article that they believe is harmful is “advocacy.” Going to the City Council and requesting a law or ordinance to prohibit stores in the city from selling the article would be “lobbying” because the charity is asking for action from a legislative body.

Advocacy Initiative *(continued from front page)*

The 2006 initiative identified advocacy as a strategy to cultivate public policies that are responsive to Connecticut communities' health needs. It also set out to remind nonprofits of their role and responsibility as credible sources of information for policymakers, government officials and the public.

"Without advocacy by nonprofits, many of the root causes cannot be addressed effectively," explains CHF board member and Public Policy Committee chair Susan Addiss.

Monette Goodrich, CHF's vice president of communications and public affairs, agrees. "If you are really going to change systems, you need to get involved in the policymaking process."

CHF chose nine of 22 applicants to receive technical assistance, \$25,000 and other support to help train, plan for and execute an advocacy program.

At the end of the nine-month grant period, the grantees celebrated noteworthy outcomes, including increased legislative and community dialogue, thought-provoking forums, new collaborations, successful grassroots mobilization and public education that set the stage for new laws and policies related to each grantee's respective missions. *(Read more about the successes of three advocacy grant recipients on page 4.)*

"The program offered an opportunity for them to become more comfortable taking risks and getting their feet wet in advocacy," Krause said.

In fact, eight of the nine grantees told CHF they plan to continue their health advocacy efforts. "In that regard, we were very successful," Krause said.

Goodrich characterizes the 2006 initiative as a "pilot program" and a valuable learning experience for everyone, including CHF. The initiative and its successes illustrate how much more organizations could accomplish with more time and a greater understanding of the rules and laws that govern nonprofit advocacy, she said.

"We see advocacy as ongoing and incremental," Goodrich said.

While the CHF staff and board are still formulating strategies to support advocacy, they are eager always to help organizations strengthen or build their capacity for health advocacy.

"We want to make it clear that CHF believes advocacy is an important component of affecting systems change," Goodrich said.

"The debate is not should we be supporting advocacy, the debate is how, in what areas, and with what tools?" Addiss added.

CHF also continues working internally to strengthen and expand its own capacity for effective advocacy through greater policy research, public education, convening, board member activity and other permissible activities.

10 STEPS TO ADD ADVOCACY TO YOUR WORK

- 1. Build your organization's capacity and will for advocacy.** Individuals and groups have been changing laws and policies throughout history. MADD (Mothers Against Drunk Driving) is one example of a group successfully influencing laws and policies while also changing individual behavior.
- 2. Know the rules.** Understand the rules governing different activities, organizations and the legislative process.
- 3. Create structure to guide advocacy.** Identify a key policy issue related to your mission. Develop a policy agenda, decision-making process and a system for disseminating and tracking communications.
- 4. Recognize that lobbying is a means to real solutions and systems change.** Health and human services groups can have an even greater impact when they engage elected officials to address the fundamental causes of their clients' problems.
- 5. Remember: Policymakers need your expertise.** Community nonprofits are eyewitnesses to the problems people face everyday. Nonprofits help policymakers better understand public needs.
- 6. Do not ignore local government.** As more federal dollars pass through local government, local organizations enjoy greater opportunities to put those funds to work immediately.
- 7. Recognize that lobbying is not difficult.** Investigate and use available resources to understand the rules and develop effective strategies.
- 8. Collaborate.** Identify and work with organizations with similar policy goals and interests.
- 9. Embrace the side benefits of advocacy.** Public advocacy increases and strengthens your organization's visibility and can build greater public trust. All organizations benefit from research, analysis, strategic planning, collaboration and convening.
- 10. Designate resources for advocacy.** If your advocacy efforts clearly focus on policy issues related to your mission, investing resources in advocacy will advance your mission.

Compiled from information published by the Center for Lobbying in the Public Interest.

For more information, visit these web sites:

www.afj.org – Alliance for Justice

www.spinproject.org – SPIN Project

www.clpi.org – Center for Lobbying in the Public Interest

www.allianceonline.org – Alliance for Nonprofit Management

GRANTEES CELEBRATE SUCCESSFUL ADVOCACY

CHF is pleased to share the success stories of three advocacy initiative grantees. The projects developed and implemented by Asian Family Services, the Foundation for Educational Advancement and the Yale-Griffin Prevention Research Center exemplify hallmarks of effective advocacy, from public education to meaningful civic engagement and new public policies.

NEW LEGISLATION REWARDS ADVOCACY FIRST LAUNCHED IN 2004

"Exhausting, but exhilarating."

That is how Vivian Cross, Ed.D., executive director of the Foundation for Educational Advancement (FEA), describes her organization's foray into advocacy.

As the result of CHF's 2006 health advocacy initiative, FEA executed a multi-faceted program that helped realize the goals for advocacy efforts first launched in 2004.

With CHF's support, FEA developed communications, surveys and legislative forums to discuss gaps in policies concerning childhood lead poisoning, particularly regarding screenings and education.

Ultimately, the dialogue contributed facts and momentum for legislative action in 2007, specifically legislation for universal screening for children ages 1 to 3 by 2009, greater responsiveness by the early intervention education programs and Health Education Lead Poisoning (HELP) training for educators and students in three urban school districts.

"Nonprofits do not always look favorably upon advocacy," Cross said. "Some people view it as a lot of poking and stroking. Sometimes it does provoke people, but you have to stay focused because it is a win-win situation for everyone when all is said and done."

ASIAN AMERICANS' NEEDS CAPTURE LAWMAKERS' ATTENTION

The needs of Connecticut's Asian and Pacific Islander immigrants are poised for greater attention and more responsive policies because of successful advocacy by Asian Family Services (AFS).

"We did make some headway," said Mui Mui Hin McCormick, MS, LMFT, clinical director for AFS-Community Renewal Team. "Representatives are listening."

AFS, working in collaboration with the Asian Pacific American Affairs Coalition, was instrumental in educating lawmakers and rallying community support for legislation and a \$25,000 budget allocation to create a commission in 2009. First-term state Rep. William Tong (Stamford, New Canaan) introduced the bill.

"The Asian American community is one of the fastest growing ethnic minority communities in Connecticut," Tong told *chf news*. "Unfortunately, the community is growing faster than our awareness of its needs."

AFS's role as "eyewitness" to Asian family's needs and its advocacy efforts — including an Asian American Call to Action at the Capitol, forums and other outreach and education — were pivotal, Tong said.

"Asian Family Services explained how important the commission was and what a significant role it would play in addressing the needs of the community," he said.

DIABETICS' PERSONAL STORIES ENGAGE NEW HAVEN VOTERS

Like a balanced diet and exercise, voting is important to good health.

That is the message the Yale-Griffin Prevention Research Center (YGPRC) set out to deliver in 2006.

With CHF's support, YGPRC implemented a multi-faceted program to educate political candidates, local leaders and New Haven's African-American community about the link between diabetes and public policies related to health care access, diabetes education, nutrition and physical activity in schools and the community.

Leading the charge were local residents originally trained as community health advisors for a YGPRC diabetes outreach project known as PREDICT (Partners Reducing the Effects of Diabetes: Initiative Through Collaboration and Teamwork), which also had CHF support.

Using forums, door-to-door education, and, above all, by sharing the advisors' personal stories about diabetes, YGPRC set out to mobilize residents distrustful of the political process with a fresh perspective on health disparities and gaps in health care policy, explains Georgia Jennings, MPH, associate director of the group's community research division.

YGPRC representatives distributed 4,000 printed testimonials about the advisors' experiences with diabetes. The testimonials and photographs were printed on large postcards.

"Our goal was to make the link between improving diabetes prevention and management and public policy," Jennings said. "By far the most successful part of the initiative was the testimonial stories."

YGPRC also hosted a voter registration drive and talked to local leaders about links between public policies and diabetes in the community. The group also collaborated with other nonprofits to host a candidate forum, produce a 32-page new voter guide and convene roundtable discussions with local leaders and state representatives.

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Writer: Linda Cocchiola
Design: E.K. Weymouth Design
Printer: Hitchcock Printing

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maryland@cthealth.org or
at 860.224.2200.

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74B Vine Street
New Britain, CT 06052
www.cthealth.org

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