Child Advocacy 101: A Guide for Young Pediatricians

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Fall, 2003
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i. INTRODUCTION

“The reason that advocacy is so much embedded in the work of pediatrics is that children have little political voice of their own and rely on the proxy voice of others including pediatricians to speak out on their behalf. This voice is so important because of the overrepresentation of our children among the poor and underserved.”

Defining Our Terms:
There are a million definitions of advocacy because there are a million things to advocate for—my patient, all patients, physicians, taxpayers, society. So we’ll focus a bit. Primarily, this piece will cover advocacy for children’s health needs.

Advocacy for children is a process that seeks to champion the rights of all children, to make known every child’s needs and to meet those needs.

Advocacy and lobbying are not necessarily synonymous, though advocacy can involve lobbying. We will be focusing on several levels of advocacy, including lobbying.

You already do it!
Pediatric residents are well accustomed to advocating for their patients on a daily basis in the clinical care setting. We do it without even realizing it. We run to the supply room to get some extra juice for a thirsty patient. We call consult services and practically market a patient’s case in order to get them to show real interest. We finagle earlier subspecialty follow-ups by calling for the appointment ourselves. And we practically beg, borrow, and steal to get that MRI for a hungry 3-year-old sooner than next month. We fill out forms for non-formulary medications, in-hospital schooling, and home health care. And then we watch our discharge planners argue with insurance companies to get us the home health care we need. We ask our Ben Taub ER parents if they have insurance, and hand out applications like water. We fill out WIC forms and Texas Health Steps forms at well-child visits. In all of this, though not consciously, we are advocating for our patients. After all, our very medical care of the patient is advocating for his well-being. By its very nature, pediatrics in large part is advocacy.

So what’s this guide for?
Most of us come to medicine and pediatrics with a burning desire to “help people” (though we tried to avoid those exact words on our personal statements), and most of us were active as volunteers in our high school, college, and medical school days. It looked good on our résumés, and it felt good too. Then we came to residency and entered survival-mode. Our work on a daily basis is gratifying and fulfilling, and it certainly qualifies as service. Who has time for more? But when we are freed to become attendings, we are out of the habit of finding opportunities—why avoid the cheese?—to make the world a better place.

There is still need in our community that we can’t meet just by showing up to our shifts, and it is evidenced by the number of people who come to the ER with simple primary care issues, without a medical home and with no clue how to get one, with no insurance and
sometimes no hope of qualifying for it. We get frustrated with the parents, but if they were better educated, had better access and guidance, well… shouldn’t we work a little to make sure that guidance is provided?

*What we can all agree on:*
The cool thing is that you can choose what to work for and how hard to work. We don’t all have to agree on the same things. You can advocate for stopping child abuse, for Head Start, after-school programs, foster care, immunizations, injury prevention, domestic violence. You can advocate for physicians—for less intrusive insurance agencies, for programs that allow us to provide better quality care for high-risk patients, for better reimbursement.

*Why Me?*
The MD at the end of our names makes a big impact. People listen to doctors—the general public, legislators, and philanthropists. Supposedly we’re smart, well informed, and can be trusted to have good intentions. That power means we are that much more effective as advocates.

*What do I have to do?*
First, figure out what you are good at and what you like to do—service, communications, fund-raising, administration, organization. Next choose the issues that motivate you. Then do as much as you like.

This guide is written to provide some knowledge of what’s out there, some ideas on how to apply that knowledge to effect change, and some quick tips for that 5 minutes you have free each month.
ii. ACGME Pediatrics Advocacy Core Competencies (FYI):

- Community-oriented care with focus on the health needs of all children within a community, particularly underserved populations
- The multicultural dimensions of health care
- Environmental toxicants and their effect on child health
- The role of the pediatrician within school and daycare settings
- The role of the pediatrician in the legislative process
- The role of the pediatrician in disease and injury prevention
- The role of the pediatrician in the regional emergency medical system for children

These experiences should utilize settings within the community, such as:

- Community-based primary care setting
- Community health resources and organizations, including governmental and voluntary agencies, e.g. local and state health departments, services for children with disabilities, and Head Start
- Schools and day-care centers, including elementary school through college
- Home-care services for children with special health care needs; and facilities for incarcerated youth
I. Step One:

*Getting Your Patients to the Resources Available*

*Goals:*
1. Know what’s already out there.
2. Know the rules and how they apply to your patients.
3. Know how to direct your patients to resources or more information.
Taking Care of the Patient in Front of You

Most pediatric residents are already doing this. It is probably the single easiest, most obvious, and most effective form of advocacy.

- Identify your patient’s needs. Ask about their funding and their abilities to pay for medications and get transportation to appointments. Remind them to renew their insurance!
- Encourage immunizations; spend time explaining away their fears.
- Ask about domestic violence and security issues. With your adolescents, ask all the HEADSS questions.
- Encourage and direct parents towards available resources—hand out insurance applications and phone numbers of helpful agencies
- Involve the parents—educate them about the patient’s illness and appropriate care.
- Know the services available to your patient and the rules that apply.
- Involve the parents in recognizing needs and applying for those services that are available.
- When the parents run into a wall, use your “MD” to fight to get the most out of managed care or other service providers—write a letter or make a phone call.

Writing an effective letter to an HMO:
- Present the issue, using the patient’s name and plan #
- Present the rule that applies from the HMO’s rulebook
- Present clinical analysis showing how the patient's condition satisfies the plan's requirements

Example letter to HMO:

Re: Cookie Munster, DOB 9/9/99
Dear Super-Duper Health Plan:
Cookie Munster is my patient at n and has been diagnosed with x disease. Your company has denied the Munsters’ request for reimbursement for a z to treat her condition. The Munsters’ policy with your company (policy # SR34567) states, in the section on durable medical equipment, that you will pay for a home z for the "medically necessary" treatment of x. A z is medically necessary in Cookie’s case, because a more conservative regimen based on y has proved ineffective. Cookie’s x attacks have resulted in four visits to the hospital emergency room in the past year. The records for those visits are enclosed. I have prescribed treatments via z to prevent further attacks. Under your policy guideline, the cost of this medically necessary z must be covered. Please provide this benefit as soon as possible. If you have any questions, please call me at 999-999-9999.
Sincerely,
Jimmy Joe, MD
For the Record: Let’s Talk Poverty²

For 2003, the federal Department of Health and Human Services has issued the following poverty guidelines for the continental U.S.:

<table>
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<tr>
<th>Family Size</th>
<th>Income - Yearly</th>
<th>Income - Monthly</th>
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<tr>
<td>Four</td>
<td>$18,400</td>
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</tbody>
</table>

Point of Reference: Full-time (40hr/wk) minimum-wage earns $10,712/yr (~70% FPL).

How Many Texans Are Poor?

- In 1999, per U.S. census report, an estimated 3 million people in Texas lived in families with incomes below the federal poverty level (FPL). This is 15% of the population statewide.
- The Texas rate is 8th highest in the nation, after New Mexico (20.8%), the District of Columbia (19.7%), Louisiana (18.2%), Mississippi (16.8%), West Virginia (16.7%), Arkansas (16.4%), and Montana (15.9%). The U.S. average is 11.8% (32.2 million people).
- *The working poor:* 81% of families with children who live below the federal poverty level are headed by a worker. (Head of family worked on average 45 weeks per year.)

By Age Group (1999):
- Under 18: 22.1% (1.2 million) statewide
  - 26.1% in Houston (that’s over a quarter of our kids!)
- 18 to 64: 12.3% (1.8 million) statewide

Within ethnic categories, poverty rates are:
- 26% for Hispanics
- 19% for Blacks
- 8% for Anglo and Other
Insurance Woes: Funding Options for Low Income Families

A Note on Eligibility:
By necessity, government-operated programs that are “need-based” demand proof of a patient’s financial status before services can be provided. These proofs usually involve documentation of income and of expenses. Sounds easy enough. Yet for a family whose income is based not on a reliable job but on day-labor (e.g. construction), such documentation is difficult if not impossible. You can imagine other difficulties for parents trying to provide documentation if they have moved recently, or for a wife seeking assistance without her husband’s permission.

A Note on Systemic Roadblocks:
Entitlement programs are generally underfunded and therefore unable to provide for all eligible candidates. So to keep enrollments low, roadblocks are installed (we’ve all experienced them at Ben Taub). Eligibility paperwork is one roadblock, as is the requirement of face-to-face meetings, the difficulty in getting appointments for those meetings, the number of offices a person has to visit to get all the paperwork approved, the biannual renewals, etc. Applicants get frustrated by the roadblocks, can’t navigate the system, and give up—so actual enrollment is lower than the number of eligible candidates.

HCHD GOLD CARD

Application and information:
http://www.tmc.edu/hchd/Q &_A/goldcard/gold_card_proofs.htm

- Medical insurance provided by the Harris County Health Department for residents of the county.
- Funding: local property taxes (and hospital funds—medicaid/medicare, GME funding).
- Entitles all county residents to medical services by the Hospital District’s network of hospitals and neighborhood clinics.
- Undocumented patients who reside in Harris County are eligible. Payment is on a sliding scale by income guidelines, but there may be payment required up-front.
- Claimants have 30 days after discharge to apply if they want assistance with the medical bills for that hospitalization.
- Limitations: Only accepted by county agencies. Enrollment is very difficult—appointments must be scheduled at one of 4 registration facilities (S Loop, Strawberry, Southwest, Acres), scheduling an appointment can be very frustrating, and it may takes several weeks to get one. NOW 713-873-KIDS provides “one-stop shopping” for appointments and gold card enrollment.
- To apply, families must show:
  1. Proof of ID (parent and child)
  2. Proof of County Residency (2 utility bills from the last 60 days)
  3. Household Income (last 4 income statements)
  4. Family Dependents (child’s birth certificates, school documents)
  5. Insurance Coverage (if they have other coverage)
6. INS status (if they have it)
PROBLEM: Patients with visitor’s visas do not count as county residents and so are not eligible. Undocumented patients are eligible.

MEDICAID

Information from the Federal Centers for Medicaid and Medicare: http://cms.hhs.gov/ 
Texas Health and Human Services Commission: http://www.hhsc.state.tx.us/  
(This site also has information on CHIP, socioeconomic demographics, and enrollment stats.)

- Provided at no cost for children whose families live at less than 100% of the federal poverty level ($18,400/yr for a family of 4), and for newborns (through 1 year old) whose families live below 180% FPL.
- Funding: 60% federal / 40% state / 0% local. This translates to $1.50 from federal funds for every $1.00 contributed by the state.
- Families reapply every 6 months.
- Can apply over the phone, but if application is “flagged” by credit scoring, patients must attend face-to-face meeting.
- Provides case management (social work services) and transportation to medical appointments.
- Must be Texas resident. (Federal program run by individual states).
- Limitations: Enrollment complications are barriers to increased participation. Few practitioners take Medicaid. (Funding cuts: More barriers, termed “credit scoring,” were introduced in the summer 2003 Texas legislative session.)
- Patients qualifying will receive benefits 60-90 days from application date. Once approved, family receives HMO packet directing them to choose an HMO and a PCP.
- If the benefit packet is not returned, the patient is assigned a default HMO and PCP—Amerigroup is the default HMO for >80% of pts. Changing HMO or PCP can be done over the phone, but the change does not take effect until the start of the next calendar month.

Medicaid HMOs
Medicaid contracts managed care organizations. HCHD contracts with Texas Health Network, Community Health Choice, AMCare First, Blue Star, and Star Plus. Neither BTGH nor TCH accepts Amerigroup, which is the major default Medicaid HMO. TCH accepts Texas Health Network, Blue Star, HMO Blue, and any of the Texas Children’s Health Plans. Amerigroup is accepted at Memorial Hermann.

Emergency Medicaid
- Indigent immigrants may be granted “temporary medical visas” under a federal health-care provision known as Emergency Medicaid.
- Emergency Medicaid generally allows immigrants, legal or illegal, to get emergency and trauma care at hospitals.
- Applies to pregnant moms at or below 157% FPL.
Fact: 85% of births at Ben Taub are to undocumented mothers who present through the ER and whose care is mandated by EMTALA.

- The program has broad exceptions, generally excluding single adults over 18 and childless couples under 65 years of age.
- Main idea was to treat critically ill patients in acute hospitals, then send them on their way.
- Emergency Medicaid does NOT pay for treatment of chronic conditions, even if the condition has the potential to be life-threatening (e.g. kidney failure necessitating dialysis).
- Only covers inpatient hospital care, not rehabilitation, nursing home care, or even follow-up visits. (A follow-up appointment costs $35 up-front.) We are working on making Gen-Med follow-up free (one follow-up at Ben Taub after hospitalization).
- Apply in the business office after patient is admitted.

A Case Study in Access:

How do our mommies and babies at Ben Taub get funding? (by Dr. Shea Palamountain)

1. All undocumented mothers who are eligible for Medicaid financially (but unable to obtain it because they are not citizens) apply for emergency Medicaid under a system called TP30.
2. If the mother has a VISA, she is legally ineligible for TP30. However, a case worker may decide to try anyway and is oftentimes successful. A case worker may also choose not to try.
3. A mother may apply for TP30 on a prenatal or postnatal basis. If she does it parentally, she must be in her 8th month of pregnancy or greater. She may apply postnatally up to 3 months after the delivery.
4. The baby's application is sent in separately from the mother's application if the baby has what he needs and the mother does not. (The baby's application used to be linked to mom's.) As a result, certification rates have gone up from 55% to 77%. This percentile would probably be higher if we had more TDH workers who could interview the mom in the hospital (certify the Medicaid in the hospital).
5. The mother must be interviewed by TDH prior to being certified. If the mother is not interviewed at BTGH (while in the hospital), she must go to the S Loop office for an interview after she is discharged. This is hard for a new mother to do.
6. If the baby gets certified (is interviewed by TDH and fills out the papers), the baby is certified for 6 months. At 4 months, the parents get a form in the mail that asks for changes in employment and address. The information is spot-checked by TDH to ensure that the patient is telling the truth about employment/address. If patients fill out the form prior to the 6 month deadline, they are recertified for 6 more months. No interview is required at this time. If they neglect to fill out the form, they lose their Medicaid certification and have to reapply.
7. Why not use the yellow TEXCARE Partnership for the newborns and completely separate them from mom? It would take longer (at least 6 weeks for Medicaid, 3 months for CHIP).
8. Some centers (including Ben Taub) are turning away patients for appointments during the first month or so of life because the baby's Medicaid is pending (i.e. not certified). They are being turned away in spite of the fact that they have a 60 day red card from the district.
CHIP (State Children’s Health Insurance Plan)

Information:  http://cms.hhs.gov/schip/
Apply through Medicaid application process.  1-800-647-6558

- Provided at a small cost for children whose families live above Medicaid eligibility but below 200% of the federal poverty level ($36,800/yr for a family of four).
- Funding: 70% federal / 30% state / 0% local. This translates to $2.33 from federal funds for every $1.00 contributed by the state.
- Cost: Annual fee of $15 per family, up to $18 per child per month, depending on family income.
- Must be Texas resident, U.S. citizen or legal permanent resident, under age 19, and have been uninsured for at least 90 days.
- Covers hospital care, surgery, testing, therapy, prescription drugs, regular check-ups, vaccinations.
- Funding cuts: As of the summer legislative session in 2003, CHIP no longer covers vision, mental health services, or dental care. (For information on Summer 2003 CHIP cuts, visit the Gulf Coast CHIP Coalition at http://www.main.org/txchip/)
- Renewals every 6 months. (Funding cuts: Reduced from annual renewals in summer 2003.)
- Has a 3-month waiting period after application before benefits start. **This means if applicants forget to renew and are dropped from CHIP, they have to wait at least 3 months to get coverage again. (This wait includes newborns!)

Who accepts Medicaid or CHIP? Public health department clinics, most hospitals, and some private pediatricians. Families can call their Medicaid or CHIP “plan” to find out which private offices accept the plan.

RED CARD

A HCHD creation. It means the patient has registered, and has a medical record number. If no insurance, they are billed for services.

PRIVATE INSURANCE

Multiple plans are available, often paid for and chosen by employers, and coverage varies with plans. These insurers can restrict coverage of high-risk, high-cost patients. Government programs cannot.
Who can help our patients figure all this insurance stuff out?

- In hospitals and certain clinics: social workers, business office representatives.

- In the community:
  **Gateway to Care**: [www.gatewaytocare.org](http://www.gatewaytocare.org)
  Navigators: Phone # 281-820-4616
  A fabulous not-for-profit organization and collaboration among hospitals, advocacy groups, clinics, etc. with the goal of improving access to care and finding a medical home for the uninsured and underinsured. Their “Navigators” perform a combination of services associated with case management, such as outreach, eligibility determination, health promotion, referral, advocacy, and facilitation of service coordination.

  **Cultural reference**: In Latin America, a *Promotor(a) de Salud* is a peer health educator in his/her neighborhood. He/she participates in a training program in which information about preventative health care and health care resources is taught. Promotores then go back into their neighborhoods to share this information with their neighbors. They also provide information about social services.

- **2-1-1**: ([www.211.org](http://www.211.org)) The United Way and the Alliance of Information and Referral Systems (AIRS) are rolling out a national program—a 3-digit phone number (like 9-1-1), which connects people to information about resources, clinics, and basic needs services. It is up and running here in Houston already.

- **713-873-KIDS (5437): Ben Taub Children’s Center**
  Effective October 15, 2003, Ben Taub started a new business process for access to pediatric services. This process is family-centered, “one-stop-shopping”
  - establish a medical record number for new patients
  - schedule appointments with pediatric or specialty clinics
  - pre-register patients for their appointments
  - process all transfers
  - guides them through insurance coverage applications
  - provides referrals
  - verifies insurance benefits
  - provides financial counseling
  - confirm patient appointments an
  - follow-up with patients who miss appts.
Additional Non-Insurance Resources for Low-Income Families

Government Support and Services
This is part of knowing what’s out there for our patients, so we can direct them to the services they need and qualify for. Sadly, there won’t always be a social worker at arm’s reach.

FINANCIAL ASSISTANCE PROGRAMS

SSI (Supplemental Security Income)

- Federal income supplement program funded by general tax revenues (*not* Social Security taxes) to help families pay for living expenses.
- Families qualify if:
  - The child is under age 18 and has a physical or mental condition that can be medically proven and which results in **marked and severe functional limitations**; and
  - The condition has lasted or is expected to last at least 12 months or end in death; or
  - The family has low income according to determination by the Social Security Administration. The formula used by SSA is complex but may be as high as 200% of poverty for working parents.
- Limitations: Limited funding; can be a waiting list to receive funds.

TANF (Temporary Assistance for Needy Families, a.k.a. Welfare)

Facts: About 63% of TANF families have at least one child under age 6. Almost half (43%) of TANF children are under age 6.

- The TANF-Basic program (formerly AFDC-Basic) provides temporary financial assistance to families with needy children who are deprived of support because of the absence or disability of one or both parents.
- The TANF-Unemployed Parents (UP) program provides financial assistance to two-parent families with needy children in which the principal wage earner is unemployed or underemployed.
- Eligibility: Must be Texas resident, citizen or legal admitted alien.
- Income limit is approximately 17% of the federal poverty income limit based on family size.
  - A single-parent family of 3 (parent and 2 kids) with a monthly income of $150 gets $51/month in assistance.
  - A single-parent family of 3 with no income gets $201/month.
- The One-Time TANF (OT-TANF) program allows applicants to receive a $1,000 payment in certain crisis situations instead of monthly TANF benefits.
Services include “self-sufficiency coaches” who are supposed to help guide the TANF recipient back into the workforce.

Housing Authority of the City of Houston  
http://www.hach.org, 713-260-0600

- Low-cost apartment and housing for families and the elderly inside the Houston city limits. Several locations.
- Rent computed at 30% of adjusted gross income.
- Think about referring families with special needs children for adequate housing.
- Applications accepted 9am-2:30pm Mon-Wed at 2640 Fountainview, Suite 100.
- Waiting list: 18+ months.

Public Housing  
The Public Housing Program provides housing to families, elderly and handicapped persons at 17 developments throughout the city. To receive housing assistance under this Program, residents must have incomes at or below 80% of Area Median Income.

Section 8  
Housing Choice Voucher Program allows participants to locate housing of their choice in the city of Houston, or in the continental U.S. Clients assisted by this program may locate suitable housing in privately owned rental apartments, single-family homes, condominiums, or mobile homes. If the unit meets Housing Quality Standards and Rent Reasonableness requirements, the Housing Authority will provide rental assistance for that property.

Homeownership Program  
This HACH Homeownership Programs are designed to promote and support homeownership opportunities for current clients of the Housing Authority of the City of Houston.

NUTRITION ASSISTANCE PROGRAMS  
http://www.fns.usda.gov/fns/

According to the 2000 USDA survey of household food security, which included all income groups, 10.5% of families were food insecure in 2000. 50% of these families participated in at least one of the federal food assistance programs.³

WIC (Women, Infants, and Children)  
State Office: http://www.tdh.state.tx.us/wichd/  
Applications: 1-800-942-3678  
In Houston—WIC Appointments: (713) 794-9090

- WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. It is a federally funded program (USDA Food Grant, USDA NSA grant, WIC rebates) providing nutrition education, healthful foods (including baby formula), and health referrals.
- WIC clinics also offer immunizations at no charge (no physician check, either).
• Eligibility: Pregnant women, breastfeeding women, postpartum women, and infants and children under age 5 in households with incomes up to 185% of the federal poverty level.
• Recertify every 6 months starting at 1 year of age.
• Like all income-based services, eligibility has to be demonstrated with paper proof of income (paycheck stub, recent tax return, letter from an employer) and expenses and presented at a face-to-face interview. Bring proof of residence such as a utility bill, rent receipt, or business letter. Applicants and certain family members who receive Medicaid, TANF, or Food Stamps automatically meet income eligibility by bringing proof of their participation in one of these programs and do not have to bring other income documents.
• Provided through the county in which the patient resides. Residency—but not citizenship—is required.
• WIC Sites in Houston: Every HCHD clinic, plus about 30 other sites. Many are open on evenings and weekends.
  Harris County sites: [link]
  Other city sites: [link]

Food Stamp Programs
[link]
[link]
[link]

Applications: [link]

• Federal Program serving as the first line of defense against hunger. It enables very low-income families to buy nutritious food with coupons and Electronic Benefits Transfer (EBT) cards. Food stamp recipients spend their benefits to buy eligible food in authorized retail food stores.
• To be eligible for food stamps an applicant must be a U.S. citizen or meet residency requirements, have or apply for a Social Security number, and may have to meet certain work requirements.
• The amount of food stamp benefits is based on household size and income.
• Nearest office to TCH: 6118 Scott St / Houston, TX 77021
  Phone: (713) 748-8450

Child Nutrition Programs (other than WIC)
[link] (contact local school districts for specific sites)

• National School Lunch Program: Provides free lunches to children at school based on low family income.
• School Breakfast Program
• Child and Adult Care Food Program
• Summer Food Service Program: Provides meals for low-income children during vacation periods when school is not in session. Placed in schools where at least 60% or more of the students are eligible for reduced meals.
• USDA Fruit and Vegetable Pilot Program

PUBLIC HEALTH CLINICS

Public health departments (state and some local): www.cdc.gov/other.htm

Defining a Term: Child Health/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening, known in Texas as Texas Health Steps. EPSDT examinations are provided by physicians, nurse practitioners, and registered nurses who have completed the Texas Department of Health’s approved training for Texas Health Steps.

Harris County Public Health Department (HCHD)
Clinic Locations: http://www.harriscountyhealth.com/chs/lochs.htm

• Pediatric Services: Texas Health Steps exams, newborn screens, nutrition screening and counseling, immunizations, lead screening. HCHD clinics are also all WIC centers.
• Adolescent Services: STD education and treatment, Teen Family Planning and Prenatal Care Clinics.
• TB Services: TB screening, contact investigation, DOT and DOPT services. (May be less than ideally carried out.)
• HIV Services: Education, testing, counseling (not treatment).
• Dental Services: At Antoine and Southeast only, for patients under age 21. Persons eligible for dental services are Medicaid-eligible children, Title V-eligible children, and children from low-income families (less than 200% of the FPL).
• Social Services: Case management workers for high-risk cases, help with insurance applications (CHIP/Medicaid), home visitation for intervention and assessment of special medical problems. Refugee health.

Antoine Community Health Center
5668 West Little York Road, Houston, Texas 77091
Days and Hours Open:

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Phone # (281) 447-2800   WIC # (281) 447-2888   Fax # (281) 447-6688
Baytown Health Center  
1000 Lee Drive, Baytown, Texas 77520

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Phone # (281) 427-5195  WIC # (281) 427-7656  Fax # (281) 427-1785

Humble Health Center  
1730 Humble Place Drive, Humble, Texas 77338

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Phone # (281) 446-4222  WIC # (281) 446-5207  Fax # (281) 446-9563

LaPorte Health Center  
1009 South Broadway, LaPorte, Texas 77571

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Phone # (281) 471-4202  WIC # (281) 471-5408  Fax # (281) 471-4263

Southeast Community Health Center  
3737 Red Bluff Road, Pasadena, Texas 77502

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Phone # (713) 740-5000  WIC # (713) 740-5085  Fax # (713) 740-5110

City of Houston Department of Health and Human Services (HDHHS)  
http://www.ci.houston.tx.us/departme/health/index.html  
Health Centers:  http://www.ci.houston.tx.us/departme/health/addresses.html  
Call 713-794-9999 for general information and appointments.

- Pediatric Services: Texas Health Steps exams through age 5, newborn screens, nutrition screening and counseling (dieticians/nutritionists), immunizations, lead screening, asthma education. Many are also WIC centers.
- Adolescent / Prenatal Services: STD education and treatment, contraceptive education and family planning services for women of child-bearing age are offered at all health centers except the Southwest Community Center. Comprehensive prenatal care for low-risk pregnant women is offered at each health center. Baby Buddy support groups for pregnant women are also available at each center.
- TB Services: TB screening, contact investigation, DOT and DOPT services.
- HIV Services: Education, testing, counseling (not treatment). Case management.
• Dental Services: Comprehensive dental services are available for low-income children age 1 to 19 years, up to age 21. Preventive dental services are provided for enrolled prenatal patients.

• For all these services, eligibility must be proven, and documentation provided: income (family), residency (in the city), dependents, marital status, identification.

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<tr>
<th>Name/Map</th>
<th>Address/Zip</th>
<th>Phone/Fax</th>
<th>Regular Hours</th>
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<tr>
<td>La Nueva Casa De Amigos Health Center</td>
<td>1809 N. Main Houston, TX 77009</td>
<td>Phone 713-547-8000 Fax 713-238-9638</td>
<td>Mon 10:30 a.m. - 8 p.m. Tue - Fri 7:30 a.m. - 5 p.m.</td>
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<tr>
<td>Lyons Avenue Health Center</td>
<td>5602 Lyons Houston, TX 77020</td>
<td>Phone 713-671-3000 Fax 713-671-3062</td>
<td>Mon 10:30 a.m. - 8 p.m. Tue - Fri 7:30 a.m. - 5 p.m.</td>
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<tr>
<td>Magnolia Health Center</td>
<td>7037 Capitol Houston, TX 77011</td>
<td>Phone 713-928-9800 Fax 713-928-9830</td>
<td>Mon 10:30 a.m. - 8 p.m. Tue - Fri 7:30 a.m. - 5 p.m.</td>
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<tr>
<td>Northside Health Center</td>
<td>8523 Arkansas Houston, TX 77093</td>
<td>Phone 713-696-5900 Fax 713-694-4169</td>
<td>Mon 10:30 a.m. - 8 p.m. Tue - Fri 7:30 a.m. - 5 p.m.</td>
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<tr>
<td>Riverside Health Center</td>
<td>temporarily at Third Ward Multi-Service Center, 3611 Ennis</td>
<td>Phone 713-527-4040</td>
<td>Mon 10:30 a.m. - 8 p.m. Tue - Fri 7:30 a.m. - 5 p.m.</td>
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<tr>
<td>Southwest Community Health Clinic</td>
<td>6441 High Star Houston, TX 77074</td>
<td>Phone 713-779-6400</td>
<td>Mon 8 am - 3 pm Tue 8 am - 3 pm Wed 8 am - 3 pm Fri 8 am - 3 pm</td>
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<tr>
<td>Sunnyside Health Center</td>
<td>9314 Cullen Houston, TX 77051</td>
<td>Phone 713-732-5000 Fax 713-732-5010</td>
<td>Mon 10:30 a.m. - 8 p.m. Tue - Fri 7:30 a.m. - 5 p.m.</td>
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<tr>
<td>West End Health Center</td>
<td>190 Heights Blvd Houston, TX 77007</td>
<td>Phone 713-866-4100 Fax 713-866-4113</td>
<td>Mon 10:30 a.m. - 8 p.m. Tue - Fri 7:30 a.m. - 5 p.m.</td>
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<tr>
<td>Medical Center Clinic</td>
<td>1115 South Braeswood Houston, TX 77030</td>
<td>Phone 713-794-9640 Fax 713-677-7314</td>
<td>Mon 7:30 am - 5 pm Tue 11 am - 8 pm Wed 7:30 am - 5 pm Thu 11 am - 8 pm Fri 7:30 am - 5 pm</td>
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School-based Clinics
www.ci.houston.tx.us/departme/health/schoolbased.htm
dep.t.houstonisd.org/studentservices/Health/SchClinic.html
www.hchdonline.com/about/facilities/schoolbased.htm

• The School-Based/Linked Health Program is a collaborative initiative between the City of Houston Department of Health and Human Services (HDHHS) and the Houston Independent School District (HISD). It is funded by both parties.
Provides access to medical and dental health services to children living in
deprived communities without health insurance.

After a needs assessment survey, four schools were selected by HISD.
Clinics are located on each of the following school campuses: Easter
Elementary School, Elrod Elementary School, McNamara Elementary
School, and Bonner Elementary School.

An HDHHS pediatrician visits each of the four school clinics once weekly
and provides treatment of common ailments, medical check-ups, screenings
and immunizations.

Public health dentists at two HDHHS clinics, Riverside Clinic and Ripley
Clinic, provide comprehensive dental services.

A minimal fee of $2.00 per visit is charged for non-Medicaid patients.
Health, safety, and nutrition education are provided.

Two social workers assigned to the program provide counseling to children
and their parents.

HCHD school-based clinics provide healthcare to more than 34,000 pediatric
patient visits every year.

Children and adolescents from birth to 21 years may receive regular
physical exams, primary preventive care, Texas Health Steps screenings,
sports physicals, development assessments, vision and hearing testing,
immunizations, lead and anemia screening and health education,

Treatment of minor and acute illnesses, management of chronic health
problems such as asthma, coordination of referrals for specialized care.

Open Monday through Friday, 7:30am - 4pm, including summer months.

Schools involved: Channelview High School, Cloverleaf Elementary,
Patrick Henry Middle School, Sherman Elementary, Smiley High School

MHMRA (Mental Health Mental Retardation Association)
http://www.mhmraofharriscounty.org/CAS.html

Mental Health Perspective:

- NIMH (National Institute of Mental Health) projects that about 2% of the child population at
  any time are in need of publicly-funded mental health services.
- Only 7% of children served by MHMRA in 2000 were covered by medical insurance.
- Most common diagnoses served by MHMRA were ADHD, Mood/Bipolar Disorder,
  Conduct/Oppositional/Defiant Disorder. 78% of all clients were on some type of medication
  provided by MHMRA.
- Approximately 20% of children who may be eligible for mental health services are not
  enrolled.
- The link between juvenile crime and mental health: 4 in 10 of the children in Harris County
  Juvenile Probation are considered mentally ill, emotionally disturbed, or mentally retarded.
  Almost 30% were estimated by the Texas Youth Commission to have high mental needs.
- **MHMRA Child and Adolescent Services (CAS)**
  [http://www.mhmraofharriscounty.org/CAS.html](http://www.mhmraofharriscounty.org/CAS.html)
  Phone: 713-970-7070
  
  - **Eligibility:** Children from birth to age 18 with serious emotional disturbances, behavioral problems, and those with the dual diagnosis of emotional disturbances and mental retardation can qualify.
  - **After calling MHMRA hotline, patients usually wait 3-6 weeks for an appointment.**
  - **Funding cuts:** MHMRA is limiting its diagnostic criteria. It is only funded for about 1800 children, while about 2100 called for services last year.
  - **Funding cuts:** Starting Fall 2003, CHIP pays for one psychiatric evaluation, 6 psychiatric visits during enrollment, but no payments for therapy or psychosocial intervention.
  - **Services:**
    - **Child and Adolescent Psychiatric Emergency Services (CAPES)**
      CAPES is a mobile crisis unit which provides intervention for children and adolescents. Services include assessment, intensive crisis resolution, and community linkage for continuing care.
    - **Family Resource Centers**
      The centers provide clinic and community-based mental health services to children and their families. Services include assessment, medication, service coordination, group, individual and family counseling.
      - **Midtown Family Resource Center**, 713-970-7000
        3630 West Dallas / Houston, Texas 77019
      - **Southwest Family Resource Center**, 713-970-7000
        7011 SW Freeway / Houston, Texas 77074
      - **Southeast Family Resource Center**, 713-970-7070
        5901 Long Drive / Houston, TX 77087
      - **Northside Family Resource Center**, (713) 970-7000
        330 N. Belt, Suite 100 / Houston, Texas 77060
    - **School-based Program**
      Offers therapeutic services in an educational setting, including screening, crisis intervention, skills training, family support, referral to community resources. Provided through the following school districts: Alief, Cy-Fair, Deer Park, Galena Park, Houston, Humble, Klein, Aldine, Spring Branch, and Juvenile Justice Alternative Education Programs.
    - **First Time Offender (FTO) Services**
      FTO services can help children and adolescents ages 7-17 who have committed a misdemeanor or delinquent act for the first time and have emotional or behavioral problems.
    - **TRIAD Family Preservation**
      Part of the interagency TRIAD Prevention Program, these services are designed to maintain families within their natural environment by providing assessment, counseling, behavior
management, skills training, and service coordination to link them to community resources. Referrals are made through one of the TRIAD agencies: Juvenile Probation, Children’s Protective Services, or MHMRA.

- **Family Support Program**
  Provides respite and flexible funding to assist families whose children have mental health difficulties, to overcome barriers to treatment, and to help in accessing therapeutic services.

- **Children’s Determination of Mental Retardation Unit**
  This assessment unit performs evaluations for children and adolescents (3 years to 17 years, 9 months) who are suspected of having Mental Retardation, Autism or Pervasive Developmental Disorders.

- **Juvenile Justice (JJ) Services**
  In cooperation with the Harris County Juvenile Probation Department, the Child and Adolescent Division provides a variety of programs within JJ facilities.

- **Juvenile Forensic Unit**
  Located at the Juvenile Probation Department, the unit provides psychological, psychiatric, and family assessments to children between the ages of 10 and 17 who are referred by the Harris County juvenile court system. These evaluations address treatment and placement needs as well as issues of competency and sanity when indicated.

- **Harris County Juvenile Probation's Burnett-Bayland Reception Center**
  This is a 144-bed secure assessment/treatment center, which combines the services of various agencies. The MHMRA Psychiatric Stabilization Unit and the Specialized General Program Units at BBRC provide clinical oversight assessments, case consultation, psychiatric evaluation, medication service, and individual and group therapy to youths experiencing psychiatric distress.

- **Harris County Juvenile Probation's Burnett-Bayland Home, Delta 3 Boot Camp, Youth Village, and Juvenile Detention Center**
  Juvenile Probation facility residents receive assessment, psychiatric evaluations, medication services, group skills training, and individual therapy.

- **Neuropsychiatric Center (NPC)**
  [http://www.mhmraofharriscounty.org/NPC.html](http://www.mhmraofharriscounty.org/NPC.html), 713-970-7070
  Has psychiatric ER, the capacity to evaluate and treat up to 50 patients in a 23-hour observation. Child stabilization inpatient services are available through the Harris County Psychiatric Center.

- **Harris County Psychiatric Center (HCPC)**
  [http://hcpc.uth.tmc.edu](http://hcpc.uth.tmc.edu), Phone: 713-741-5000, Fax: 713-741-5939
2800 S. MacGregor Way / Houston, TX 77021.  
A 250-bed acute care, public psychiatric facility which delivers a comprehensive program of psychiatric and clinical social services. Funded by the Texas Department of Mental Health and Mental Retardation and Harris County. Does NOT handle psychiatric emergencies. Admissions only via MHMRA direct referral (voluntary admission), or court-ordered (involuntary) mental health services in which an application is filed with the Mental Health Division of the Harris County Clerk's Office.

- **Ben Taub KIDS Clinic** (run by Dr. Sargent)  713-873-KIDS  
  Treats children under 18 with mental illness or anxiety through the Harris County Health Department System. Requires insurance, HCHD Gold Card, or Red Card.

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**LEARNING / DEVELOPMENT ASSISTANCE PROGRAMS**

**ECI (Early Childhood Intervention)**
http://www.eci.state.tx.us,  1-800-250-2246

- The Texas Interagency Council on Early Childhood Intervention, or ECI, is a statewide program for families whose children have disabilities and developmental delays (this includes atypical needs, e.g. behavioral problems).
- For ages 0-3 years. Anyone can refer.
- State and federally funded through the Individuals with Disabilities Education Act (IDEA, PL 105-17).
- ECI provides evaluations at no cost to families to determine eligibility and need for services.
- Services include: Assistive Technology, Services and Devices, Audiology Early Identification, Screening and Assessment, Family Counseling, Family Education, Medical Services (diagnostic or evaluation services are used to determine eligibility), Nursing Services, Nutrition Services, Occupational Therapy, Physical Therapy, Special Instruction, Speech-Language Therapy, Vision Services, Psychological Services, Service Coordination, and Social Work Services.
- Funding cuts: New nominal charges based on income were introduced in summer 2003 in response to funding cuts by the Texas legislative session. ECI will charge to insurance, including Medicaid. Proposed fee schedule can be viewed at:  
  www.eci.state.tx.us/agency/Fee%20scale.htm

**Head Start**
http://www.headstartinfo.org/index.htm
http://www.acf.hhs.gov/programs/hsb/
http://www.tea.state.tx.us/special.ed
Texas Education Agency, Division of Special Education:  1-800-832-1221

- History: In 1964, the Federal Government asked a panel of child development experts to draw up a program to help communities meet the needs of disadvantaged preschool children. The report became the blueprint for Project Head Start. The
project was launched as an eight-week summer program by the Office of Economic Opportunity in 1965.

- **Goal:** Head Start was designed to help break the cycle of poverty by providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs—to get them ready for school!
- **Head Start** serves about 1 million children and their families across the U.S. each year in urban and rural areas in all 50 States, the District of Columbia, Puerto Rico, and the U.S. Territories, including many American Indians and migrant children.
- The Head Start program is now administered by the Head Start Bureau, the Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS).
- **Funding:** Grants are awarded by the ACF Regional Offices and the Head Start Bureau's American Indian - Alaska Native and Migrant and Seasonal Program Branches directly to local public agencies, private organizations, Indian Tribes and school systems for the purpose of operating Head Start programs at the community level.
- All Head Start programs must adhere to Program Performance Standards, which define the services that Head Start Programs are to provide to the children and families they serve.
- **Eligibility:** Children ages 3-5 from low-income families, defined as below the federal poverty level. (Funding cuts: Summer 2003 legislation passed in the U.S. House of Representatives is cutting funding and reducing requirements in certain areas, which is likely to make Head Start less accessible to our patients.)

**Special Education**

http://www.tea.state.tx.us/special.ed  
Texas Education Agency: 1-800-832-1221, 512-463-9414

- **Goal:** To ensure that all children with learning or other disabilities have access to free and appropriate education with related services designed to meet their specific needs.
- **Created by** Individuals with Disabilities Education Act (IDEA, 1975).
- **Referrals:** Teachers or parents (with our help) can make referrals if disabilities are suspected. A parental referral must be a written request for evaluation to a school principal or psychologist.
- **Timeline:** Referral  
  ⇒ Within 60 calendar days a full individual evaluation must be completed.  
  (Consent for evaluation and treatment must be signed 5 days prior to initiation of evaluation.)  
  ⇒ Within 30 calendar days (or on the first day of school if summer referral) an ARD/IEP (Admissions, Review, Dismissal / Individual Education Program) meeting takes place to discuss the results with family and evaluators. (Physicians are often invited to these meetings.)  
  ⇒ Changes and services must be initiated within 30 days.  
  ⇒ Yearly ARD meetings monitor progress.
Just so we’re clear, what is an undocumented immigrant eligible for?

- Primary and secondary education, including special education, ECI.
- Head Start, school lunch and breakfast programs, WIC.
- Emergency medical services and treatment.
- Vaccinations. (Free to providers through federal vaccine program: [http://www.tdh.state.tx.us/immunize/tvfc.htm](http://www.tdh.state.tx.us/immunize/tvfc.htm))
- Testing for communicable diseases (including TB and HIV).
- Treatment of communicable diseases like TB, but NOT HIV.
- Non-cash assistance programs (soup kitchens, crisis counseling agencies, domestic violence programs).
- HCHD Gold Card. (Though residency in the county is the only official requirement, there have been denials based on immigrant status, and don’t forget that anyone with a visa is denied because they are not “residents.”)
- These services will not hurt a patient's immigration status. Programs that grant money (TANF, SSI) can cause problems for future green card applications.
- Know your patients’ rights, and don’t let them be dissuaded from going after them!
Non-Governmental Organizations

This section is by no means a comprehensive listing. There are an amazing number of community organizations that provide wonderful services for many specific causes, enough to make a book of their own. So we’ll highlight services in the Houston area that are likely be useful during residency and general practice in this area.

What about services outside Houston? For those of us who move outside of Houston, contacting your local medical society, talking to local social workers and public health agencies, or contacting the local chapter of a national service organization (e.g. United Way) can provide you with leads to local services.

Community Youth Services Resource Directory for Harris County:
This directory is a comprehensive list of commonly used services for Harris County. It is a 97-page directory with blurbs on each service, including resources for adoption, AIDS, basic needs, substance abuse, domestic violence, rape counseling, learning disabilities services, emergency services, shelters, camps, and more.
Harris County CPS organization: [http://www.he-ps.org](http://www.he-ps.org)

Every physician needs a copy of this outstanding directory. (It even has a clickable table of contents!) Find it online at:


CAR SEATS

Safe Riders Program: Coordinates distribution of car safety seats to low-income families throughout the state. Texas Department of Health: 1-800-252-8255

Texas Children's Childhood Injury Prevention Center and the Greater Houston Coalition for SAFE KIDS offer free car safety seat checks at locations in the greater Houston area. Tell your moms to swing by!

- Texas Children's Center for Childhood Injury Prevention
  Address: Meyer Bldg, 1919 S. Braeswood (at Greenbriar), Houston, TX 77030
  Contacts: Sarah Gangross, Diana Hernandez, Javier Valdez
  Days/Hours: 8 a.m.- 11:30 a.m., Tuesdays
  Appointments: 832-824-2976, 832-824-2938, 832-824-2939
- AVANCE Early Head Start
  Address: 427 W. 20th Street, Houston, TX 77008
  Contact: Lisa Lopez
  Days/Hours: 2nd Monday each month, 1-4 p.m.
  Appointments: 713-224-6626
• Community Family Centers (available for Community Family Centers only)
  Address:  7524 Ave. E, Houston, TX 77011
  Contact:  Paty Morales
  Days/Hours:  1st and 3rd Fridays of the month, 1-4 p.m.
  Appointments:  713-923-2316, Ext. 256

• Harris Co. Sheriff's Dept., District 1 Store Front
  Address:  NW Assistance Ministries, 15555 Kuykendahl, Houston, TX 77090
  Contact:  Deputy Kathy Fitch
  Days/Hours:  Wednesdays, noon-2 p.m., Fridays,  8-11 a.m.
  Appointments:  281-885-4552

• Harris Co. Sheriff's Dept., District 3 Store Front
  Address:  610 S. Main, Highlands, TX 77562
  Contacts:  Deputies Grace Luna and Laura Pascoe
  Days/Hours:  Tuesdays, 9 a.m.-noon, other times pending availability
  Appointments:  281-843-4047

• UT Police Dept.
  Address:  7777 Knight Road, Houston, TX 77054
  Contact:  Sgt. Wiley Smith
  Days/Hours:  Wednesdays, 8-10 a.m., other times pending availability
  Appointments:  713-745-1129

HOMELESS SHELTERS

• Hospitality Apartments:  713-790-9120
  7219 Cecil, Houston (Southwest)
  Provides housing for up to three months for indigent patients and their families if receiving treatment through the medical center for any illness. 42 apartments can accommodate up to 4 people each. Must be from out of town (at least 50 miles away). Children may only visit 3 days per month if not the identified patient. Minimum stay of 2 weeks. No smoking, no pets.

• Coalition for the Homeless:  713-739-7514
  1301 Travis #1701, Houston (Downtown) David Mandell, Director
  Current and accurate information on shelters, assistance programs, specialized housing and licensed care homes. Advocacy and education. Semi-annual shelters guide available.

• House of Tiny Treasures:  713-921-6092
  1529 Lombardy, Houston (Southeast) Amanda Gorner, Director
  Free day care for children of the homeless, ages 6 weeks to 5 years, while parents attend job training, school or working programs. Limited transportation and meals provided 7am-5:30pm. Speech, hearing, dental screenings for children.

• Interfaith Hospitality Network / NAM Intake:  281-885-4568
  15555 Kuykendahl, Houston, Susan Cope, Director 1960 Area
  Network of 8 churches and synagogues that will shelter families on a weekly rotation. Social services provided through Northwest Assistance Ministries (NAM). Clients spend day at this site and return to host congregation for shelter at night. Drug and alcohol free, mentally stable families.
• **Salvation Army Family Center:** 713-650-6530  
    1603 McGowen, Houston (*Downtown*)  
    Family service center and shelter for married couples with children, single mothers and their children, and single women.  

**Salvation Army Montgomery County:** 936-760-2440  
304 Ave. E, Conroe  
Shelter for homeless singles or families.  

**Sally’s Houston:** 713-223-8889  
1717 Congress, Houston  
Transitional living center for 64 single homeless women who are recovering from drugs and/or alcohol. A variety of services to enable independence. Free to unemployed, nominal fee after job placement.  

• **S.E.A.R.C.H. Resource Center:** 713-739-7752  
    2505 Fannin, Houston (*Downtown*)  
    Full-facility day shelter, 365 days a year. Lunch, showers, laundry, dentist, HIV counseling, telephones, and a mailing address and voice mail for job leads are provided. Operates a van that identifies locations of the homeless and distributes lunches, blankets, and information. Also provides childcare (at House of Tiny Treasures) for participants or while homeless search for jobs. 42 efficiency apartments planned with ½ reserved for HIV+ homeless. HCHD Gold Card services on Tuesdays and Fridays. Bus tokens provided for those with jobs. Referrals for ID and clothing.  

• **★ Star of Hope Women & Family Shelter:**  
    Headquarters: 6897 Ardmore  713-748-0700  
    Transitional Living Center: 6801 Ardmore  713-748-7242  
    Women and Family Shelter: 419 Dowling  713-222-2220  
    Men’s Emergency Shelter: 1811 Ruiz  713-227-8900  
    Transitional Center has 6 buildings with 11 units each for families, plus 45 rooms for single women. Children bused to schooling through HISD. Pleasant environment. Social services and medical clinic on site. Residents assist in upkeep. Two short-term emergency shelters in downtown area also.  
    *(This shelter has gotten rave reviews from physicians in the community.)*  

• **List of Clinics for the Homeless in Houston:**  
  [http://www.tmc.edu/hchd/Outreach/homeless_health_care.htm](http://www.tmc.edu/hchd/Outreach/homeless_health_care.htm)  

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**DOMESTIC VIOLENCE VICTIMS SERVICES**  


• **Child Protective Services (CPS)**  
  [http://www.cy-ps.org](http://www.cy-ps.org), 1-800-252-5400.  
  Statewide Intake Abuse Hotline to report incidents of Child Physical, Sexual and Emotional Abuse or Neglect. CPS caseworker prioritizes the timing for evaluation—in-hospital, within 24 hours of report, or within a week—and makes a home visit to determine further need for investigation or intervention.
• **Children’s Assessment Center (CAC)**
  2500 Bolsover / Houston, TX 77005
  Multidisciplinary treatment center for victims of sexual abuse. Includes forensic evaluation (videotaped and usually admissible in court), social work, counseling and psychiatric evaluation and therapy, medical examinations and treatment, expert testimony.

• **Houston Woman’s Center**
  Information and Referral / Shelter Screening: 713-528-2121
  1010 Waugh, Mon-Fri 8am-9pm, Sat. 8am-12pm 713-528-6798
  Speaker’s Bureau: 713-528-6798
  Rape Crisis: 713-528-RAPE
  Thrift Shop: 1435 Westheimer 713-528-1062
  Shelter and counseling services for battered women and their children. 41 beds. Can provide clothing. Counseling for nonresidents also. “Safe Harbor Project” will use hotels and motels as safe places when residence is full. Full case management services to all clients. Assistance for survivors of sexual assault and rape (adults and adolescents). Program to prevent battering during pregnancy. Free walk-in counseling every Tuesday 1:30-7:00pm.

• **Casa Juan Diego**
  [http://www.cjd.org](http://www.cjd.org) 713-869-7376
  4811 Lillian, 6101 Edgemoor

• **La Rosa**
  P.O. Box 16042, Houston 77222-6042 713-699-3974
  Emergency crisis intervention. One-on-one counseling. Adult and teen support groups. Family therapy. Services are free, in Spanish.

• **Aide to Victims of Domestic Abuse**
  2603 LaBranch, #100, Houston 77004 (*Downtown*) 713-224-9911
  Staff and trained volunteers advise victims of domestic violence on their legal rights and alternatives. Attorney on staff can provide legal representation to low-income families in family law. No fee except court cost.

• **VIVA Clinic**
  Ben Taub Hospital, 2nd floor, Thursdays 1pm-5pm 713-873-4980
  Run by the internal medicine service, psychiatry, and social workers from private groups around the city. Provides a safe haven for battered women (they can say they have a doctor’s appointment) to discuss their situations with a case worker and get referrals and evaluations. Also offers primary care and gynecological services for women.
MENTAL HEALTH RESOURCES

National Mental Health Services Locator: http://www.mentalhealth.samhsa.gov
National Substance Abuse Services Locator: http://findtreatment.samhsa.gov

- **Counseling Services:** Many are available for even the uninsured through not-for-profit and religious service organizations—see the CYS Directory for the long list: http://www.hc-ps.org/pdf_files/CYS%20Directory%202002.pdf

- **Learning Disabilities:** As noted above, law requires public schools to evaluate for learning disabilities and teach according to the student’s level. See the CYS Directory’s extensive list of additional private services which evaluate, treat, and help families obtain services.

- **Mental Health Association:**
  
  Information: 713-522-5161
  2211 Norfolk, Suite 810, 77098
  Business: 713-523-8963

  Information and referral to private and public services for all phases of mental health. Public education programs and speaker’s bureau. Advocacy on mental health issues. W.H.O. PROGRAM. Programs on aging, crisis needing support and referral, and support group facilitating.

- **DePelchin Children’s Center:** http://www.depelchin.org
  4950 Memorial
  Central Intake: 713-730-2335


Additional Psychiatric Hospital Facilities

Offer inpatient hospitalization, crisis management, outpatient treatment. Most take only patients with insurance (including Medicaid), but many do not follow Medicaid patients as outpatients.

- **West Oaks Hospital:** 713-995-0909
  6500 Hornwood, Houston 77074

- **Cypress Creek Hospital:** 281-586-7600
  17750 Cali Dr. Houston 77090

- **Intercare North Hospital:** 281-893-7200
  1120 Cypress Station Dr Houston, TX 77090-3031

- **Devereux Treatment Network:** 800-373-0011 / 281-335-1000
  Children and Family Outreach Center
  1150 Devereux Dr. League City 77573
  (Specializes in ADHD, ADD, behavior disorders, autism and pervasive development disorder.)
SPECIAL NEEDS RESOURCES

- **Texas Department of Health, Children with Special Needs Section:** [http://www.tdh.state.tx.us/cshcn/default.htm](http://www.tdh.state.tx.us/cshcn/default.htm)
- **National Information Center for Children and Youth with Disabilities, Texas Information and Resources:** [http://www.nichcy.org/stateshe/tx.htm](http://www.nichcy.org/stateshe/tx.htm)
- **Shriners’s Hospital:** [http://www.shrinershq.org](http://www.shrinershq.org)
  Referral Line: 1-800-237-5055
  Free medical information and care for children (age 0 - 18yrs) who qualify with orthopedic problems, burns, cerebral palsy, or spinal cord injuries.
- **Ben Taub Special Needs Clinic** (through HCHD, Dr. Ostermaier and Dr. Palamountain): 713-873-KIDS
- **Texas Commission for the Blind:** [http://www.tcb.state.tx.us](http://www.tcb.state.tx.us)
  1-800-252-5204, 512-377-0500
  Assists children who are blind and visually impaired in developing their individual potential for independent living and self-sufficiency. Includes vocational rehabilitation program, blind children's vocational discovery and development program, independent living rehabilitation program, blindness education, screening and treatment (BEST) program.
- **Center for Hearing and Speech:** [http://www.centerhearingandspeech.org](http://www.centerhearingandspeech.org)
  3636 West Dallas / Houston, TX 770919  713-523-3633
  Through the United Way, a special school, audiology clinic, and parent-infant program for hearing-impaired children.
- Internet directory of resources for special needs children: [http://www.irsc.org](http://www.irsc.org)

SOFTWARE/COMPUTER RESOURCES

[http://www.simhouston.com](http://www.simhouston.com)

SimHouston is “bridging the digital divide”. It is a suite of powerful Web-enabled office productivity tools (includes a word processor, e-mail, calendar, contact manager, spreadsheet, and file manager) and is available to all Houstonians for free. Files are accessible from any Internet-ready device anywhere in the world, so even people without computers can write resumes, search for jobs, etc. All that’s necessary is a City of Houston Library Power Card. Computers available at libraries.

ON-CALL NURSES

- **Texas Dept. of Health Family Health Services Information & Referral Line:** 1-800-422-2956.
  Answer health questions, access questions, insurance questions.
- **Ask Your Nurse:** (Through Gateway to Care) 713-633-CALL. RNs answer health questions 24 hours a day, 7 days a week.
- **Harris County Hospital District's Ask a Nurse Program:** 713-566-5437.
  Seven days a week, from 4 p.m. to 11:30 p.m., patients can reach a certified HCHD nurse.
II. Step Two:

*Doing More… As an Individual*

Goals:
1. Consider options for extending your advocacy to direct individual service.
2. Know how you can market health and medical services.
3. Know who can help.
Direct Service: Pro Bono Care

IN OUR OFFICES

Pediatricians in practice impulsively provide pro bono care to patients whose families seem more needy. In their private offices, pediatricians reduce costs for patients by downgrading coding for visits, not charging for some services, and giving away medication samples. (These kinds of breaks are easy to “sneak” to our patients in our private offices, but obviously more difficult to provide in settings like hospitals, where we are employees.)

PHYSICIAN VOLUNTEERS

Note: Volunteering medical services is complicated by issues of liability and medical malpractice coverage. A physician has to clear his work in volunteer settings with his insurer first. In the case of Baylor pediatrics residents, our offices of risk management and licensing tell us that we are covered so long as we are working in a clinic setting in an activity “sanctioned by a Baylor department.” This is why working at Covenant House is covered.

Pediatricians can volunteer a half-day or more to various clinics—can you imagine a public service organization that would say no to physician volunteers? Here are some ideas.

- During residency, talk to faculty who are involved in advocacy and service to get directed to department-sanctioned activities. (See below.)
- Good Neighbor Health Care Center: 713-529-3597
- American Red Cross: http://www.houstonredcross.org 713-526-8300
- VIVA clinic at Ben Taub: 713-873-4980
- Children’s Clinic at NAM: 281-583-5630
- Check with other organizations and clinics, or with coordinating organizations such as Volunteers in Healthcare: http://www.volunteersinhealthcare.org 1-877-844-8442
- Talk to your local medical society, and to other physicians involved in service.

Choose a job that inherently involves serving the un/underinsured:

- Work for a city or county public health department clinic. You may make less, but do more. Consider part-time public health work.
- National Health Service Corps: http://nhsc.bhpr.hrsa.gov
  Loan Repayment program pays a maximum of $25,000/year for an initial two-year contract (which may be renegotiated thereafter) for physicians practicing primary care in areas identified as underserved. The physician chooses the practice and applies for the NHSC program. There are a large number of “underserved” areas in Harris County alone.
• Convince your office (private or through a hospital or academic center) to have time set aside to do sliding-scale, need-based care for the uninsured.
• Check with organizations that focus on getting physicians to needed areas—NHSC (above), or the Bureau of Primary Health Care, a federal agency working to ensure access to primary health care for medically underserved populations. [http://bphc.hrsa.gov/](http://bphc.hrsa.gov/)
• Create a clinic. (For funding sources, see Section V.)

**Public Health Education**

Think of this as marketing medical services. If we want people to stop showing up at the emergency room with primary care complaints, we have to teach them where else to go, why, when, and how to pay for it.

• Keep up with local advocacy groups that organize activities, and join them when you can. (For some suggested groups, see section IV.)
• Fliers
  o For example: The Friends of the Texas Medical Library (a part-philanthropic, part-service group) has created fliers with basic information on immunizations and communicable diseases, translated them into Spanish, Vietnamese, and Chinese, and placed them in booths in appropriate communities.
• Health Fairs
  o For example: Gulf Coast CHIP Coalition ([http://www.main.org/txchip](http://www.main.org/txchip)) and Children’s Defense Fund ([http://www.cdf.texas.org](http://www.cdf.texas.org)) spent the last several years “marketing CHIP” by offering health enrollment at health fairs at common locales like Fiesta, dramatically increasing health insurance coverage for children in the Houston area.
  o For information on health fairs through HCHD: [http://www.tmc.edu/hchd/Outreach/health_fairs.htm](http://www.tmc.edu/hchd/Outreach/health_fairs.htm)
• Enlist the help of the media in putting a health issue on the forefront—write letters to editors and call TV news stations. (See below.)
• Volunteer at local schools to give class talks on health issues you deem important. (Just call a teacher you know, the school nurse, or the principal.)
• Many city public health centers (the clinics listed above, especially those run by CHDHHS) offer public health education classes. Call up the directors’ offices and volunteer to teach.
• Be creative.
Baylor Faculty Contacts

- Dr. Jeff Starke (Director, Ben Taub Pediatrics / Infectious Diseases, 713-873-3504). General advocacy work with many groups. Lobbying at local, state, and federal levels, especially for tuberculosis treatment and prevention programs with the World Health Organization.

- Dr. Joan Shook (Chief, TCH Emergency Department, 832-824-5454). Advocacy for injury prevention, improving emergency care, lobbying at local, state, and federal levels.

- Dr. Ana Malinow (Academic General Pediatrics, 832-824-3441)
  - Dr. Malinow and Dr. Serena Yang (Academic Gen Med fellow) volunteer at Casa Juan Diego Homeless Shelter Pediatric Clinic (a haven for victims of domestic violence and/or political persecution in their homelands). Residents would be welcome to join them!
  - Dr. Malinow and Dr. Yang also have a monthly community radio show on KPFT 90.1 FM where they discuss/educate the community about health care issues.
  - Dr. Malinow and Dr. Teresa Rice (Academic General Pediatrics) also work on projects in literacy.
  - Advocacy for universal healthcare.

- Dr. Mark Hanfling (Academic General Pediatrics, 713-873-2595) and Dr. Anne Gill (713-798-7817) work on injury prevention.

- Dr. Katie Ostermeier (713-873-2595), Dr. Shea Palamountain (sheap@bcm.tmc.edu), and Dr. Grace Villareal (832-824-3441) are advocates for children with chronic illness.

- Dr. Villareal is also a Committee member of the "Medical Homes Initiative - Every Child Deserves a Medical Home" sponsored by the AAP/Shriners Hospital

- Dr. Kathy Franchek-Roa (Academic General Pediatrics, 832-824-3441) volunteers at The Bridge, a domestic violence shelter for women and children; Pedi 101 residents join her in the clinic during their rotation.

- Dr. Nancy Kelly (832-824-3441) is heading a program that educates the community about the Poison Control Center

- Dr. Julie Boom and Dr. Jan Drutz (832-824-3441) are involved with projects designed to increase immunization coverage levels in Houston through education and the national immunization registry.

- Dr. David Buck, a Family and Community Medicine faculty member at Baylor heads Health Care For The Homeless - Houston. [http://www.homeless-healthcare.org](http://www.homeless-healthcare.org). Baylor Medical Students already volunteer there. Contact Cherie Wyatt, Director of Volunteer services at HHH (713-739-7752 x158; cwyatt@bcm.tmc.edu) to find opportunities with HHH.

- Dr. Pat McColloster (713-798-4491) volunteers as a physician at Houston Catholic Worker House (Casa Juan Diego and Casa Maria).
III. Step Three:

*Effecting Legislative Change*

*Goals:*
1. Know how to keep up-to-date.
2. Know how to change legislative and policy decisions.
3. Have some tools and examples to help you get your message out.

“Power sees nothing without demand.”
—Garnet Coleman, Member, Texas House of Representatives
Now we know what’s available, and we have helped our patients locate the best resources for them. We have educated the public. A lot can be accomplished that way, but sometimes it’s still not enough. Sometimes, when talking to patients about their difficult and complex situations, it becomes apparent that there is not enough help available for them. Instead of getting frustrated on their behalf, and losing hope, think: this is broken—can’t we fix it?

We have to stop passively tolerating laws and regulations which adversely affect our patients and our ability to deliver care. Get in the mix! Individually or with organizations, our voices matter. Many city, county, and state legislators work part-time in their political roles, and they always need their constituents to tell them what they should care about. You tell them what their constituents care about. This is especially vital in Texas, where our legislature meets only 140 days every two years (excluding special sessions).

Remember, policy-makers don’t know what you know. It’s our job, as people who work with children in healthcare every day, to connect our legislators with the truth (as we see it). As physicians working with the community, we have a unique grassroots perspective, as well as powerful, trusted voices. Our appeals carry our professional judgment as well as stories of personal impact to get a listener’s attention. Add some knowledge of the finances involved, and we can be very dynamic movers for change.

A little history. The first pediatric clinic in the U.S. was established in 1860 in New York. At the turn of the 20th century, there were only about 6 physicians in the U.S. devoted to the care of children. The AAP was formed as the pediatric division of the AMA, but split off to advocate for women and children. The pediatric section—though not the AMA—was actively in support of the Sheppard-Towner and Infancy Protection Act of 1921, the first significant piece of health care legislation aimed at reducing infant mortality. (The law passed, but was later repealed). The AAP, with its grassroots support of local pediatricians, has been instrumental in expanding Medicaid, passing CHIP, and passing the law which requires insurance to cover preventive and well-child visits.4

There are, of course, different levels of advocacy. Low-impact, easy things to do include supporting an advocacy group and staying informed, and then telling a colleague or a friend about an interesting issue. To take it a step further, you could email or write a letter to a legislator or newspaper, make a phone call, or even visit a policy-maker.
STEP ONE: Know What’s Going On

- **Follow the News**

- **Monitoring groups**: These keep track of laws passed and proposed, provide statistics on populations, money, and health, and analysis of the likely effects of new legislation.

**CHILD HEALTH-RELATED**

  Committed to improving public policies and private practices that influence the economic and social conditions and prospects of individuals, families, and communities. The Center pursues this goal through independent research, analysis, policy development, advocacy, public education, technical assistance, and building collaborative partnerships. Focuses on low- and moderate-income families in Texas.

- *Texas Department of Health, Center for Health Statistics*:
  [http://www.tdh.state.tx.us/dpa/default.htm](http://www.tdh.state.tx.us/dpa/default.htm)

- *National Center for Children in Poverty*:
  [http://www.nccp.org](http://www.nccp.org)
  Provides information and analysis of policies and trends in child poverty, including identification of strategies to help children overcome the risks associated with poverty.

**GOVERNMENT**

- “*Window on State Government,***” Texas Comptroller of Public Accounts Office, Carole Keeton Strayhorn: [http://www.window.state.tx.us](http://www.window.state.tx.us)

- ★ *The League of Women Voters*:
  A nonpartisan political organization, encouraging the informed and active participation of citizens in government and influencing public policy through education and advocacy. Has info on where and when to vote, and what issues are up for vote.

- ★ *Texas Legislature Online*:
  [http://www.capitol.state.tx.us](http://www.capitol.state.tx.us)
  Updates on what’s going on in the legislature, including bills and a calendar, explanations of how decisions get made, contact information for all members of Senate and House. You can even sign up for email updates on bill changes.


- ★ *Thomas – Legislative Information on the Internet* (national):
  [http://thomas.loc.gov](http://thomas.loc.gov)
  Thomas is a service of the Library of Congress. It provides searchable databases for legislative information, including the full texts of federal bills, bill status, and sponsor lists. This site links to the *Congressional Record*.
and committee Web sites, and provides schedules for both houses. General educational information on the legislative process and historical documents are also available.

**STEP TWO: Vote!**

- Register to Vote:  http://www.fec.gov/votregis/vr.htm
- League of Women Voters:  http://www.lwv.org
- Government websites (see “Step One” above) have updates on current issues, and links to pro and con arguments. These are extremely useful, especially when voting on vague referenda.

**STEP THREE: Tools for Effecting Change**

*Now that I know what’s going on and what’s being proposed, I have an opinion or suggestion that I think will make a positive difference on a larger scale than my vote will. Who do I talk to? What do I say?*

- **Who to contact:** “Power can see nothing without demand.”
  - Houston City Government:  http://www.cityofhouston.gov/
    Site includes policy agenda, and links to elected officials and their contact information.
  - Harris County Government:  http://www.co.harris.tx.us/
    Information on the boards of the health department.
  - Texas Legislature Online:  http://www.capitol.state.tx.us
  - All members of Congress:  http://www.visi.com/juan/congress
    Includes fax, phone, and e-mail addresses for members of the United States Congress and state legislatures.

- **Who can help?**
  Most healthcare systems have lobbyists to contact for information and tips.
  Texas Children’s Hospital Lobbyist:  Rosie Valadez-McStay
  832-824-2914  lrvalade@texaschildrenshospital.org

- **Tools for Effecting Change**
  - Letter to the editor
    This can be a short paragraph responding to an article or opinion piece in the paper, or a more involved “op-ed.” An “op-ed” gets its name from the fact that it usually appears on the page opposite the publication’s editorial page. Quite simply, an op-ed is a highly-focused opinion piece that aims to stir the reader’s motions while presenting facts that support the author’s point of view.
Op-Ed Tips:

- Pick an issue. Be or become an expert on this issue. Check and double-check your facts.
- Identify a significant problem. Clearly identify the problem, the people it affects, and how you might go about solving it.
- Make a bold statement. Often a powerful opening statement and paragraph are the most important. Defend your statement.
- An op-ed usually totals between 500 and 700 words. The opening statement will take up about 25 words, and the conclusion will take up another 100. The rest will be devoted to defending your opening statement. Use facts and statistics, but only those that apply directly. Be passionate. Avoid humor and sarcasm.
- Propose a solution.

  - **Letter/Call to an elected official**  
    (See example below.)
    - State intent in the first paragraph.
    - Be concise, informed, and polite.
    - Be brief (1-2 pages).
    - Refer to the bill or policy by name (and number).
    - State whether you support or oppose it and why.
    - Be factual and speak from personal knowledge and experience.
    - A personal story always makes a big splash.
    - Personalized letters are better than forms, and handwritten letters are even better.
    - Consider making your letter a petition.
    - Don’t forget to send letters praising politicians for work or decisions you strongly support.

  - **Fact/Advocacy sheet**  
    (See example below.)
    One-page, attention-getting flyer summarizing important issues you want the public to be concerned about. Include suggestions for how your public can get involved!

  - **Development of an issue brief**
    Brief (1-2 pages) persuasive summary of an issue and position for a press release or to hand out to politicians and other people in positions affecting policies. Outlines an issue, including data and the concerns and solutions you are advocating for (e.g. issue briefs about the potential effects of CHIP cuts were given to legislators in Austin when advocates went there to lobby...
against the cuts). Similar to a fact/advocacy sheet, but made for the decision-makers, and more formal.

- **Use the media**
  As an articulate and intelligent pediatrician, your own voice can market to the masses, using media resources already in place.
  - Get to know the public affairs representative at your institution, and offer your help or ask for theirs. (At Baylor: 713-798-4712, pa@bcm.tmc.edu).
  - The AMA website (http://www.ama-assn.org) Grassroots Action Center has lists of local media and their contact information.
  - Call in to a radio talk show and give them the facts on a current issue.
  - Call the local news station and offer them story ideas for slow news days. They love stories that involve children, so give them personal angles. If aired at crucial times, the effect on public opinion can be powerful. Speak in lay terms that are easy to understand.
  - After you have a relationship with your local paper or TV station, you can become a regular health column writer or health segment host. (e.g. Dr. ZoAnn Dreyer is the host of Baylor’s “TV Healthline,” monthly health news blurbs syndicated to local and national news stations. Dr. Garcia-Prats writes a health column in Spanish entitled “Enfoque A La Salud.”)

- **Written testimony**
  Written testimony has similar content and structure to the letter to the legislator but is addressed to a specific topic on which a hearing is being held. Address the testimony to the council, and name the specific issue in your heading.

**STEP FOUR: Go There.**

- **Oral testimony**
  Extremely valuable. Advocacy groups can notify you when important hearings are being held. Also, the websites for the legislatures have calendars of events which direct you to the relevant hearings.

- **Visit a legislator to personally advocate for an issue**
  - Get to know the legislators’ aides. They can be extremely effective in getting your message through.
  - Plan your visit based on the issue, and choose relevant legislators.
  - Make an appointment. Be patient.
  - Have a prepared speech and an issue brief. Have useful facts and a compelling story.
  - Don’t expect immediate results.
  - Offer your help to them in return for their time.
  - Send a thank you note.
  - For more tips see: http://www.congress.org
SAMPLE LETTER TO AN ELECTED OFFICIAL

This letter was provided by the National Head Start Organization on their website:

Letter to a U.S. Senator

[Your information will be inserted here]
Prefix Firstname Lastname
123 Street Address
MyCity, ST 12345

August 28, 2003

[The Official's information will appear here]
The Honorable Firstname Lastname
123 Street Address
CapitolCity, ST 12345

Dear [Official's Title and Name will be inserted here]:

I am writing to you to express my opposition to any proposed changes to Head Start that would dismantle the program. I am urging my Congressional delegation and Governor to speak out in favor of preserving Head Start as it exists today. I do not support turning over Head Start to the states at a time of record budget revenue shortfalls that are leading to deep cuts in state government support for early childhood education and development programs.

I will not be fooled by word games. I do not believe that you can “improve” Head Start by breaking it up and diverting its funding to the states for use in untested and unproven programs that may not survive deficit-driven state budget cuts over the next few years. I intend to stay informed about this issue and hold accountable every elected official who casts his or her lot with those threatening the services provided by the Head Start program.

I do not support serving fewer children than Head Start does now or providing less comprehensive services to those children who are served. Either outcome is unacceptable since the at-risk children who rely upon Head Start require special assistance in order to be “ready to learn” when they start kindergarten and elementary school. I do not support spending funds on state administrative costs that should go to serving our children in the classroom. I also oppose reducing teacher education requirements and other key standards and providing no role for Head Start parents and volunteers.

What do I support? Rather than dismantling Head Start, we should make sure that this program survives and is properly funded to serve all eligible children, including the two out of five 3- and 4-year old children who could be in the program, but are not, today. Congress should build on the success of Head Start, not dismantle it. Head Start deserves to get the funds needed to serve all eligible children and to put more teachers with top qualifications into the classrooms where they are so urgently needed today.

Sincerely,

[Your name will appear here.]
Great News!

Congress passed the “S-CHIP Fix” just before the August recess!

(S-CHIP is the generic name for the Children’s Health Insurance Program (CHIP) used when discussing the program on a federal level.)

Just before Congress recessed for their August break, the House and Senate passed the “S-CHIP Fix”. This is legislation that will preserve $2.7 billion in unused federal State Children’s Health Insurance Program (CHIP) funds that were slated to have been returned to the federal treasury.

Among other things, this legislation (H.R. 2854):

1. Allows states with unused Fiscal Year (FY) 2000 and 2001 SCHIP funds to keep 50% of what they have left. The FY 2000 funds will be available until the end of FY 2004 and the FY 2001 funds will be available for states to use until the end of FY 2005.

2. Calls for the remaining 50% of unused FY 2000 & 2001 funds will be reallocated to states which have already spent their full allotments for those years. Reallocated FY 2000 funds will be available until the end of FY 2004 and reallocated FY 2001 funds will be available until the end of FY 2005.


Texas stands to have just over $124 Million dollars available thanks to this reallocation.

Now, what does this mean for Texas? Well, this gets tricky. While it is great news that the Fed’s have reallocated the unused S-CHIP funds, it does not automatically mean that Texas will get an influx of new dollars.

Here’s why:

- The S-CHIP program is designed on the federal level such that states must invest state dollars in order to draw down federal funds. The matching dollars are a great investment for states during these difficult economic times: the current match rate for Texas in the S-CHIP program is 72%. For every dollar that Texas puts in, the federal government gives us $2.57 for a total of $3.57. This is one of the best match rates available to states in any federal program.

- Texas does not currently have additional state or local money to put up as a match that would draw down or leverage the federal dollars available to our state. This is due to legislative changes made during the 78th Texas Legislature to the CHIP program and CHIP policies.

There were legislative changes to the number and type of children who qualify and will be served by the CHIP program, and inherently the state will be spending less on this more narrowly defined CHIP program. If Texas, in providing fewer services to fewer children, spends less on the program, then that is fewer state dollars that can be used to leverage and draw down federal matching funds.

However, there are some financing initiatives going on at the state level with the Health and Human Services Commission that might allow Texas to take advantage of the $124 Million available in draw down federal funds. It will be imperative that the community be aware of the newly available, previously unspent, reallocated federal funds.

Will Texas invest in order to provide more health services and to take advantage of this positive Congressional move for children’s health?
IV. Step Four:

Organize

Goals:
1. Know your professional organizations and what they have to offer.
2. Know private community organizations and what they advocate for.
3. Know where to look for more organizations that work on projects you love.
Working as an individual, while wonderful, is nonetheless limited. If we organize and share the work, filling gaps in healthcare can be accomplished in a more efficient, cost-effective manner. And the effects will reach further. Advocacy organizations follow legislatures, compile data, and prioritize policies—they do all the grunt work, so we can be better informed when selecting an issue to pursue.

**Professional Organizations**

*Why join a professional organization?*

Professional medical societies serve a dual role. As representatives of their physician-members, they lobby and advocate for policies that benefit physicians financially, professionally, etc. As representatives of physicians, who are inherently representatives of their patients, these organizations also coordinate projects to serve and advocate for those patients. Given this duality, keep in mind that organized medicine can present a conflict of interests.

*So, do physicians need advocacy?*

The short answer is actually yes. HMOs and hospital administrations wield tremendous power in dictating the environment and reimbursement for our work. Occasionally that power is used to neither the physicians’ nor the patients’ advantage. For instance, HMOs use their power to reduce payments to physicians and to discriminate against patients with complex medical problems (by refusing them altogether, or not covering appropriate care). The “hassle factor” associated with billing insurance and securing repayment has become a significant financial and staffing burden on any pediatric office. Physician organizations have been effective in curbing that frustrating trend. More recently, organized physician groups have lobbied strongly for and won legislation to limit medical liability costs.

As a member of your professional organization, you can take advantage of services offered, stay informed of current issues, and participate in grassroots public health and advocacy initiatives. You can go further by sitting on committees, making policy decisions, and organizing projects.

  - Powerful lobby for national legislative reform to protect physicians’ pocket-books, including advocacy for medical liability reform, Medicare and Medicaid funding and reimbursement, and antitrust relief.
  - Website includes a “Grassroots Action Center” with calendars for hearings, email updates on important issues, and form letters for you to send to lawmakers.
  - Website also includes names and contact information for local media.
  - Coordinates testimony to legislative bodies.
  - Lobbies for public health and patient safety issues, including patient bill of rights and expanding health coverage for the underinsured.
- Lobbies for increased spending on medical research.
- Provides many resources for physicians: CME resources, resources for private practices, physician directories, job listings.
- Publishes *JAMA, Archives, msJAMA, AMA Voice, AMNews*.

- **American Academy of Pediatrics (AAP):** [http://www.aap.org](http://www.aap.org)
  - Focused on advocacy for patients. Large advocacy division with many programs:
    - State Government Affairs section involved in lobbying at state and national levels:
      - for children—health insurance coverage, medical nutrition support, firearms control, funding for vaccinations, etc.
      - for pediatricians—improving insurance reimbursement
    - Public Health Education initiatives include campaigns for safety belts, gun safety, folic acid, immunization, poison prevention, injury prevention, and breastfeeding promotion.
    - Programs to support and encourage physicians’ advocacy and service, including:
      - ![CATCH](http://www.aap.org/visit/factshet.htm), a national program which supports and funds pediatricians and communities who are improving local child healthcare. Provides grants (funded by Robert Wood Johnson Foundation), training and technical assistance, peer support and networking.
      - **National Center of Medical Home Initiatives for Children with Special Needs** offers a training program for pediatricians and health professionals providing comprehensive and coordinated care for special needs children.
      - Emergency preparedness for children with special health care needs provides tools for organizing medical history information for complex children.
  - Resources for the physician advocate
    - Guides to organizing and promoting health fairs
    - Canned lectures on public health issues such as child abuse/neglect, substance abuse prevention, preventing firearm injury
    - Product safety information, with reports on unsafe products and recalls.
  - Media resource team provides accurate information to news and entertainment programming about child health concerns. Issues press releases on current topics. Media center provides excellent resources:
    - Sample editorials
    - Member alerts
• Sample letters to the editor
• Speech ideas
• AAP fact sheets
• Questions and answers on common controversial issues
• PR handbook
• Contact information
• Opportunities to speak for the AAP
  o Section for residents and women in pediatrics.
  o Resources for the practicing pediatrician, including practice guidelines and information on risk management, coding, HIPAA, health insurance.
  o Publishes *Pediatrics, Pediatrics in Review*, patient education brochures and a series of child care books (e.g. *Caring for Your Baby and Young Child: Birth to Age 5*).
  o CME events and job listings.
  o Funded by membership dues, revenues from CME and publications, grants, and donations.

- **Texas Medical Association**: [http://www.texmed.org](http://www.texmed.org)
  o Priorities similar to AMA’s. TEXPAC (Texas Medical Association Political Action Committee) lobbies for physicians: prompt pay, medical liability reform, increasing reimbursement.
  o Lobbies for patients (and physicians): increasing Medicare, Medicaid, CHIP coverage, increasing worker’s compensation injury coverage, lobbies against taxing health coverage.
  o Provides CME, practice management resources including consulting services on billing and payment.
  o General Counsel offers guidance on legal issues.
  o Publishes *Texas Medicine*.

- **Texas Pediatric Society** (TPS): [http://www.txpeds.org](http://www.txpeds.org)
  - Primary goal is promoting child health and welfare.
  - Committees working on adolescent health, child abuse and neglect, children with disabilities, CATCH, emergency medicine, immunizations, ID, injury and poison prevention, sports medicine.
  - ★Texas Pediatric Society Foundation supports and funds ($) programs and individuals working for child health in Texas. Target initiatives include adolescent obesity, immunization rates, and vehicle child restraints.
  - Support for pediatricians: Provides CME, support for pediatric practices, and links to other useful resources.

- **Harris County Medical Society** (HCMS): [http://www.hcms.org](http://www.hcms.org)
  o Board of Ethics with physician counseling committee, liaison to Attorney General’s office.
Advocate for physicians:
  - Legislative lobby for strengthening Medicaid and CHIP, reforming Worker’s Compensation Program, reduction in medical malpractice.
  - Hassle Factor Program: HCMS communicates with insurance companies to pressure for fair repayment and health insurance dispute resolution.
  - Has email alerts for important issues.

Advocacy and programs for patients:
  - Public health updates.
  - IDEA program—lawyers and physicians explain to teens the medical and legal consequences of substance abuse.
  - Helmet program.
  - HCMS has a D-Tag tattoo removal program—physicians volunteer to remove gang-related tattoos to help individuals re-enter mainstream society.
  - Blood donation campaigns.

Member Services: Medserv, Inc. provides employee screening, practice management seminars, business expos, patient referral services, CME.

Publishes Harris County Physician Newsletter, HCMS Physician Advocate, HCMS Pictorial Roster.

**Private Advocacy Organizations**

Advocacy organizations are always excited by physician interest, always love to talk to you, and always have something for you to do. They often do the hard work—collecting information, setting priorities, and organizing projects. Jump in and do as much as you want. Remember to set limits on your involvement to avoid being overwhelmed. You may be invited to sit on the board of an advocacy organization or to participate as a professional policy advisor, fund-raiser, lobbyist, or spokesperson.

Advocacy groups make advocacy easy. Advocates work for countless worthy causes: child abuse prevention, injury prevention, smoking cessation, adolescent health issues and STD prevention, health insurance coverage, infant nutrition, immunizations, community health initiatives, and funding for specific diseases.

Decide which issues inspire you and find organizations that advocate for those issues. There are countless fantastic organizations out there. Below are a few starting points. Most of these sites contain links to lists of many other organizations; the resources are virtually endless. Use an internet search engine to find more. For disease-specific organizations (e.g. asthma, diabetes, CF, specific cancers) which advocate, fund-raise, or provide support groups, a quick search on Google (http://www.google.com) is all it takes.
GENERAL CHILD HEALTH

- **National Association of Child Advocacy:** [http://www.childadvocacy.org](http://www.childadvocacy.org)
  Coordinate nationally various advocacy organizations, lobbies for important child health issues.

- **Children at Risk:** [http://www.childrenatrisk.org](http://www.childrenatrisk.org)
  - Serves as a monitoring agency, organizing, analyzing, and publishing data regarding the condition of children in Houston.
  - Uses this research to form its own policy priorities and leads advocacy and lobbying.
  - Website has links to great children’s advocacy organizations.
  - Sends out fax and email alert sheets to subscribers, has form letters on website.

  - Lobbies for children’s health insurance coverage, child health, adolescent health and social issues, immunizations, violence prevention.
  - In our area: public health fairs to enroll children in insurance.
  - Provides family support and direction to resources, including financial help.
  - Coordinates media attention to important issues.
  - Sends out fax and email alerts,
  - Form letters to legislators on Website.

- **Child Welfare League:** [http://www.cwla.org](http://www.cwla.org)
  Association of agencies that help children, countless programs and services to protect children. Publishes monitoring information and offers training on creating child services. Self-described as Kids’ Advocate with many lobbying issues.

- **Academy for Educational Development:** [http://www.aed.org](http://www.aed.org)
  International and national advocacy organization with programs in family health, nutrition, insurance promotion, school health, maternal and child health, STD prevention, and more.

- **United Way Texas:** [http://www.uwtgc.org](http://www.uwtgc.org)
  Community service projects including 2-1-1, tutoring, and many others. Collaboration and grants for many not-for-profit groups in the community.
  - **St. Luke’s Episcopal Health Charities:** [http://www.slehc.org](http://www.slehc.org)
    Houston area organization. Organizes public health initiatives (e.g. adolescent obesity). Gives grants to non-profit organizations serving community health needs.
  - **National Association of Children’s Hospitals and Related Institutions** [http://www.nachri.org](http://www.nachri.org)
- Powerful lobby for children’s hospitals, health insurance coverage and funding.
- Advocates for injury prevention, smoking cessation, and child abuse prevention.
- Coordinates grassroots lobbying efforts.
- Also advocates for increased GME spending and funding for pediatric research.

**SCHOOL CLINICS**

- **National Assembly on School-Based Health Care**: [http://www.nasbhc.org](http://www.nasbhc.org)
  Not-for-profit organization involved in advocacy and public policy as well as technical assistance and training for school-based clinics.
- **Center for Health and Health Care in Schools**: [http://www.healthinschools.org](http://www.healthinschools.org)

**HEAD START**

- **National Head Start Association**: [http://www.nhsa.org](http://www.nhsa.org)
  Advocacy for Head Start Program funding, provides training and technical support for programs. Has on-line form letters to legislators.
- **USDHHS Head Start Information Center**: [http://www.headstartinfo.org](http://www.headstartinfo.org)
  Coordinates support, marketing, outreach, and advocacy for head start programs.

**IMMUNIZATIONS**

- **CDC National Immunization Registry**: [http://www.cdc.gov/nip/registry](http://www.cdc.gov/nip/registry)
- **Children’s Vaccine Program**: [http://www.childrensvaccine.org](http://www.childrensvaccine.org)
- **Texas Immunization Registry**: [http://www.tdh.state.tx.us/immunize/immtrac.htm](http://www.tdh.state.tx.us/immunize/immtrac.htm)
- **Immunization Action Coalition**: [http://www.immunize.org](http://www.immunize.org)
- **Caring for Children Foundation of Texas, Inc.**
  [http://www.bcbstx.com/about/community/caring](http://www.bcbstx.com/about/community/caring)
  The Care Van Program, the Foundation’s primary activity, provides immunizations to uninsured and medically underserved children with its fleet of five vans.

**SPECIAL NEEDS**

- **Families USA**: [http://www.familiesusa.org](http://www.familiesusa.org)
  National advocacy for special needs children.
- **Council for Exceptional Children**: [http://www.cec.sped.org](http://www.cec.sped.org)
Non-profit organization advocating for individuals who work with or for children with special needs, birth through age 8, and their families.

- **National Association of Protection and Advocacy Systems:**
  [http://www.protectionandadvocacy.com](http://www.protectionandadvocacy.com)
  Contains contact information for every state providing protection of the rights of disabled persons through legally based advocacy.

- **Family Voices:**  [http://www.familyvoices.org](http://www.familyvoices.org)
  Speaking on behalf of children and youth with special health care needs.

### MENTAL HEALTH

- **National Alliance for the Mentally Ill (NAMI)**
  A non-profit, grassroots, self-help, support and advocacy organization of consumers, families, professionals, and friends of people with serious and persistent neurobiological disorders.

- **National Mental Health Association:**  [http://www.nmha.org](http://www.nmha.org)
  Promotes mental health through advocacy, education, research, and services. Website contains support information for children and families, as well as information and alerts on government affairs.

- **Judge David L. Bazelon Center for Mental Health Law:**
  [http://www.bazelon.org](http://www.bazelon.org)
  Provides legal info and advocacy for people with mental disabilities. Website includes news alerts and sections dedicated to advocacy for mental health resources.

### EMERGENCY MEDICINE

- **Save our ERs:**  [http://www.saveourers.org](http://www.saveourers.org)
  Check out the success story of how this advocacy group (led by one UT doctor) made a legislative difference that is likely to save thousands of lives.

- **Trauma Care:**  [http://www.traumacare.com](http://www.traumacare.com)
V. Step Five:

Starting Your Own Organization

Goals:
1. Know to apply for 501(c)(3) not-for-profit status.
2. Know where to apply for grants to fund your initiatives.
In 1988, several pediatricians [Jeff Starke, Joan Shook, Rebecca Kirkland, Virginia Moyer] began to wonder if there wasn't something they could do to change public policy towards children in Houston. At that time, there was no major advocacy group - like today's Children at Risk or Children's Defense Fund - to advocate for all kids. Also at that time, the City of Houston Health Department was in relative chaos with poor programs, a director under fire and accusations of poor performance and wasted funding. Immunization rates for two year olds were 11%, and Houston was about to experience a measles outbreak with 1,800 cases and 10 deaths.

Since these pediatricians had some knowledge of public health, they decided to address this area. They and a local activist named Joe Rubio got together to plan and plot. They called themselves “Medical Advocates for Children’s Health” [MACH]. They never really “organized” -- there was no office, no staff, no budget, no logo -- just some pediatricians and ideas. The physicians invited themselves to speak with the mayor's chief of staff and the city budget director. They rode in with just some confidence and the power of their MDs. To make a long story short, MACH was invited to review the city health budget every year to make constructive criticisms and suggest changes to improve public health programs.

The biggest triumph of MACH was saving the Baby Buddies Program [BBP]. In the late 1980s, there was a push by the health departments to form public-private partnerships with community organizations. The March of Dimes [MOD] developed the BBP in partnership with the health department. BBP was a mentoring program, aligning a pregnant teenager with an experienced mother to help her through the pregnancy and post-partum period and, hopefully, to help prevent further unwanted pregnancies. The program was very successful. MOD was to fund the program for 3 years, then turn it over to the city. After 4 years of MOD funding, the city wanted to bow out of the deal and end the program. MACH got irate, went to see the city budget director, and gave him the following message: it would be very bad for the city to back out on the BBP as every other private organization in the city was watching to see if the city could be trusted in its commitments in all other public-private partnerships. MACH reminded the city that if they backed-out, all current and future partnerships would be ruined. The BBP was back in the city budget the next day and remained a successful program for years.

Remember, the MACH group had no real authority and yet was able to directly influence the outcome of the city's budget and save a vital program. Like it or not, the initials "M.D." can have a great influence, can open doors and provide an audience. In 1990, the MOD gave MACH the “Rookie of the Year” award and trophy, probably the only time in MOD history that it recognized an organization that never actually existed.
Resources for Building Your Own Free Clinic

- **Volunteers in Healthcare:** [http://www.volunteersinhealthcare.org](http://www.volunteersinhealthcare.org)
  National resource, funded by Robert Wood Johnson foundation that seeks to identify organizations across the United States that use clinical volunteers; provides technical assistance and small grants to such organizations; links organizations together. Includes a manual on starting a free clinic and grants.

  Build a free clinic using a model from national organizations.

Applying for Non-Profit Organization Status

- Groups that are recognized by the Internal Revenue Service as exempt under section 501(c)(3) of the Internal Revenue Code are known as not-for-profit organizations. Consult with your attorney and/or accountant about the possibility of qualifying. Not-for-profits enjoy important benefits, such as:
  - no Federal tax on income earned by or contributed to the group in furtherance of its exempt purposes (although taxes may be due on “unrelated business income”)
  - in some states, exemption from state income and sales taxes is automatically granted to groups that have been recognized as exempt by the IRS (however, in most states, organizations are required to apply for this exemption)
  - eligibility to receive donations that are tax deductible by their donors as charitable contributions
  - special reduced postal rates for bulk mailings (requires an application to the U.S. Postal Service)
  - eligibility for grants by public agencies and private charitable foundations
  - in some facilities, eligibility to rent space at below-market rates;
  - eligibility for services of arts councils and other service organizations.

Grant Writing

Once we decide on a project or organization, we have to fund it. Direct contributions are always great, if you are good at soliciting them. Other sources of funding abound, and this section will direct you to them. There are many philanthropic organizations providing grants for worthy projects; most of these organizations have grant applications with explicit instructions on their websites or available for the asking. Professional organizations and some government organizations are also invested in funding projects that address certain issues they have prioritized. Finding funding can be one of your easiest tasks—the money is out there, just ask for it!

So...who has the money?
The Baylor GME office has a huge book of grant agencies.

GOVERNMENT SOURCES

The federal, state, and local governments have grants available. Look at your state government website, and search the federal grant directory.

- Federal grant directory: http://www.grants.gov
- HCHD children’s health fund: http://www.hchdfoundation.org
- USDHHS Health Resources and Services Administration: http://www.hrsa.org

PRIVATE FOUNDATIONS AND CORPORATIONS

Private and public foundations exist to fund projects they deem worthy. Many corporations set aside 5% or more of their profits for grants. Pick a corporation and look for a link to community relations, social responsibility, local initiatives, or corporate giving. Some examples include:

- Houston Endowment: http://www.houstonendowment.org
- Healthy Vision 2010 Community Awards: http://www.healthyvision2010.org Program provides funding for community-based education and health promotion projects that address the vision objectives in Healthy People 2010.
Foundations dedicated to health care funding:

- **Annie E. Casey Foundation**: [http://www.aecf.org](http://www.aecf.org)
  Fosters public policies, human service reforms, and community supports to meet the needs of vulnerable children and families. Publishes *Kids Count*, a data book summarizing issues surrounding child welfare, including poverty.

- **The Commonwealth Fund**: [http://www.cmwf.org](http://www.cmwf.org)

- **Dental Health Foundation**: [http://dentalhealthfoundation.org](http://dentalhealthfoundation.org)

- **Kaiser Family Foundation**: [http://www.kff.org](http://www.kff.org)


- **W.K. Kellogg Foundation**: [http://www.wkkf.org](http://www.wkkf.org)

- **David and Lucile Packard Foundation**: [http://www.futureofchildren.org](http://www.futureofchildren.org)
VI. The 5-Minute Advocate

Here are some ideas for ways you can engage in advocacy even during a brief break in your day (or night).

1. Keep informed—skim the paper, look at policy monitoring group websites.

2. Sign up for e-mail alerts from different advocacy groups.

3. Many advocacy websites have pre-written letters you can just sign and send (usually via e-mail):
   - Children At Risk: http://www.childrenatrisk.org
   - Head Start: http://www.nhsa.org
   - NACHRI: http://www.nachri.org

4. Write a quick letter to the editor of your local paper.

5. Call your legislator and leave a quick message.

6. Forward an issue of concern (or a link to a letter) to friends or colleagues who you think might also have 5 minutes to raise their voices.

7. Call in to a radio talk show and share a quick blurb on an issue.

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2 Source: http://www.cppp.org/products/fastfacts/poverty.html