

Prevention and Advocacy an Era of Reality, Recession, Rescission


HIV/STD Prevention in Rural Communities:
Sharing Successful Strategies VII."
April 7–9, 2011



Robert Foley
National Native American AIDS Prevention Center



Why do we advocate?

- ▶ Provide a voice to underrepresented or misrepresented people and/or interests
 - ▶ Mobilize people to participate in a process
 - ▶ Assist in the development or restructuring of better public policy
 - ▶ Raise awareness of public policy decisions or lack of public action
 - ▶ Ensure leaders' accountability to constituents and community
 - ▶ Support the development of a representative leadership culture
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Advocacy =
attempts to affect
broad-based change

What causes us to act?



We can't halt advocacy efforts



"We're waiting for the city to come to us..."

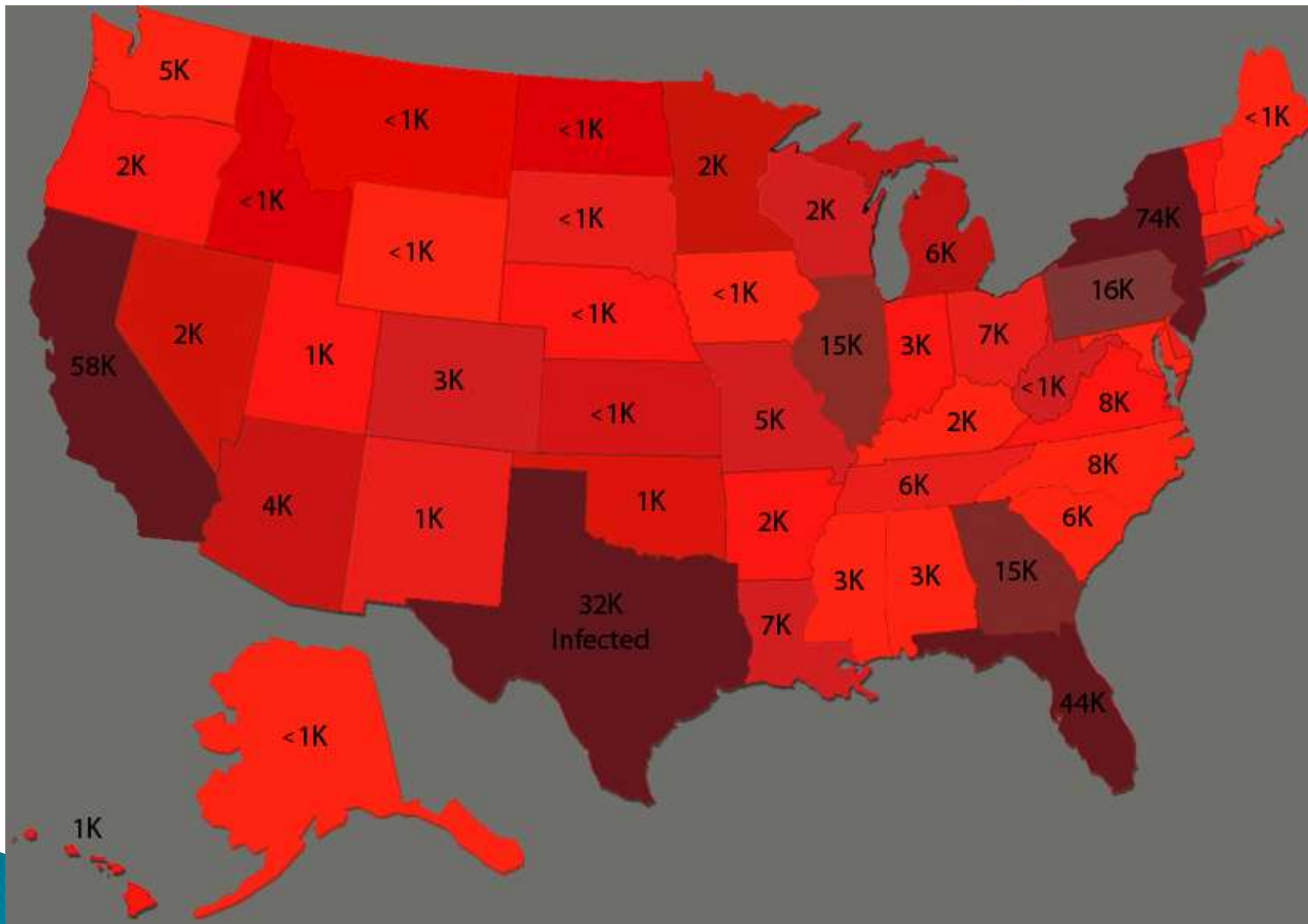
Why are we afraid of Advocacy?



“Rural” in NHAS

- ▶ There are also differences in health care access and treatment outcomes by race/ethnicity, gender, and geography.
 - ... and access to care and supportive services is particularly difficult for HIV-positive persons in rural areas, as well as other underserved communities.
- ▶ Encouraging nontraditional sites to offer HIV screening.
 - This is also one element of a strategy to better meet the HIV prevention and care needs of people living in rural or under-resourced areas.
- ▶ As HIV service providers develop ways to improve delivery of care for these and other specific populations, including youth, people in or transitioning from correctional settings, and people living in remote or rural areas, it will be important to disseminate information about effective models to enable other providers to better serve those groups and overcome common barriers to care.

Living With AIDS In America




Shift the way we think about advocacy



Appropriations Rider Applicable to Grantees and Contractors

- ▶ A law that applies to the delivery of federal grant and contract dollars
- ▶ “No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to **INFLUENCE** legislation or appropriations **PENDING** before the **CONGRESS OR ANY STATE LEGISLATURE.**”

Advocacy and education

- ▶ Advocacy seeks support commitment and recognition from policy and decision makers and the general public about a problem
 - ▶ Education raises the level of knowledge
- 

Policy change at the local level is easier than at the national level

- ▶ Look at who is making decisions locally
 - Tribal council, Ryan White planning council or consortia, CPG, city or county health department
- ▶ Opportunities to be heard here are easier

Obstacles to Advocacy



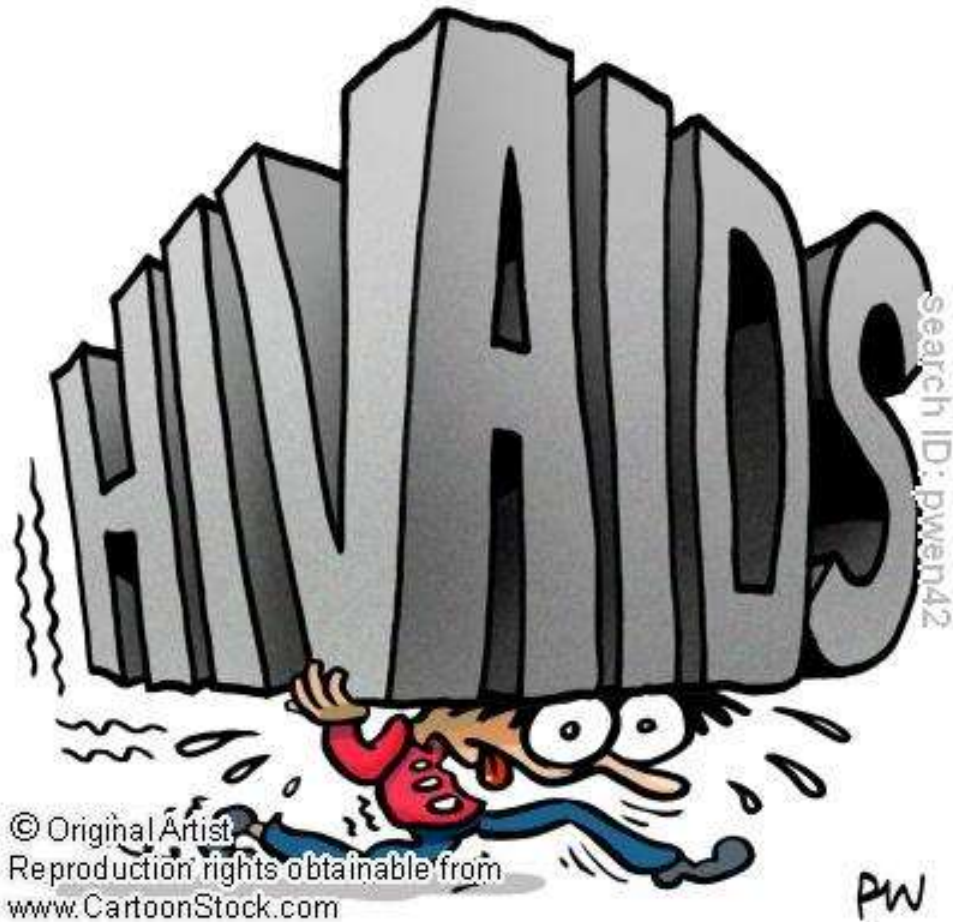
Advocacy in all you do



Be clear about what you want



Speak to the burden



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Strength in numbers

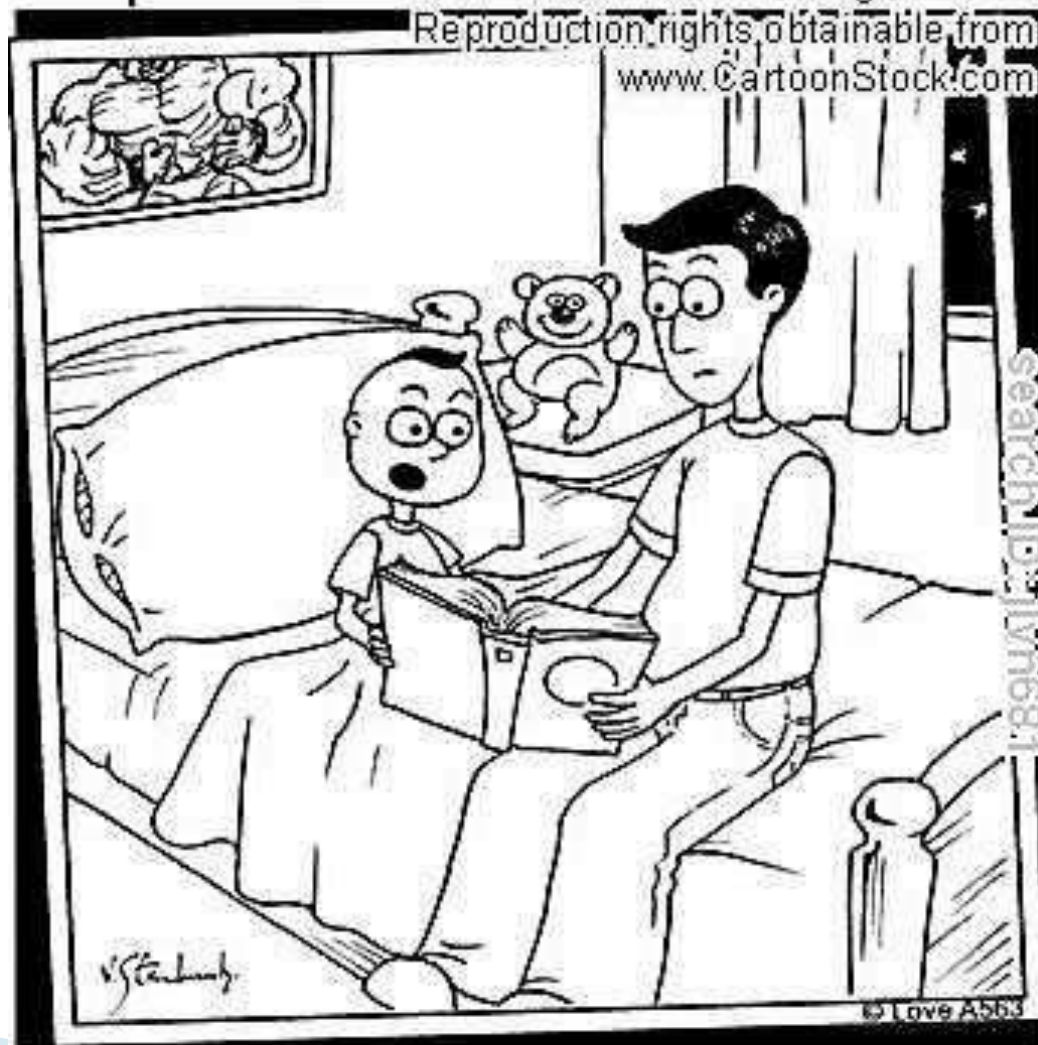


Let me tell you a story

Snapshots

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"Okay, one book. But if I catch you skipping pages, we start over."

United States Senate

WASHINGTON, DC 20510

September 24, 2009

Thomas Frieden, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

Dear Director Frieden:

We are writing to express our concern over the Center for Disease Control and Prevention's insufficient support of HIV prevention activities in American Indian, Alaska Native, and Native Hawaiian communities and request that you take action to remedy this situation.

As you know, the CDC is charged with providing culturally relevant capacity building assistance and training to community-based organizations as a key strategy for the promotion and sustainability of health prevention programs. In spite of this, Native peoples were excluded as a distinct priority population from CDC's recent grant cycle for HIV capacity health prevention services. This drastic departure from the practices of previous grant cycles represents the deprioritization of the health and prevention needs of American Indian, Alaska Native and Native Hawaiian communities.

This policy decision by the CDC strips Native people of one of the few resources and services that are currently available to them. Yet American Indians and Alaska Natives have the third highest rate of new HIV infections in the country after African Americans and Latinos. Pacific Islanders and Asians have the fourth highest rate. American Indians and Alaska Native have the shortest survival rate, followed by Native Hawaiians. These statistics do not support the de-prioritization of these target populations.

The National Native American AIDS Prevention Center (NNAAPC) is the only national, Native-specific agency that is working solely on curbing the impact and spread of HIV/AIDS in Native communities. NNAAPC has been funded by the CDC for the past 22 years to develop materials, provide training and serve as the lead capacity building agent for Native communities. CDC's lack of support for this organization has already resulted in staff layoffs, with the probability that NNAAPC will be closing its doors altogether within the next two months.

We believe it is imperative that specific funding be committed to fighting HIV/AIDS in Native communities. Rather than asking that NNAAPC's funding be restored through the CDC's current grant process that requires them to compete against providers that serve broader communities, we believe it would be more appropriate for CDC to create specific funding for a National Native HIV/AIDS Resource Center including such areas as prevention, data collections, training and technical assistance activities in Native communities. As part of this, we request that you partner with NNAAPC to ensure they can continue to lead the way in innovative and culturally appropriate prevention.

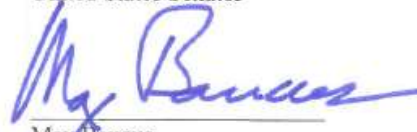
Sincerely,




Daniel K. Akaka
United States Senator



Lisa Murkowski
United States Senator



Max Baucus
United States Senator



Tim Johnson
United States Senator



Jon Tester
United States Senator



Mark Begich
United States Senator




Maria Cantwell
United States Senator

Lessons Learned in grassroots advocacy

- ▶ Meet with leaders regularly
 - Feed them information
 - Get on their radar
- ▶ Qualitative and quantitative information is valuable
- ▶ Know what you want to see changed
 - Solution not the problem
- ▶ Speak to the burden of the disease or the system
 - Stress the social determinants of health
- ▶ Work with the media
 - To help educate, not infuriate

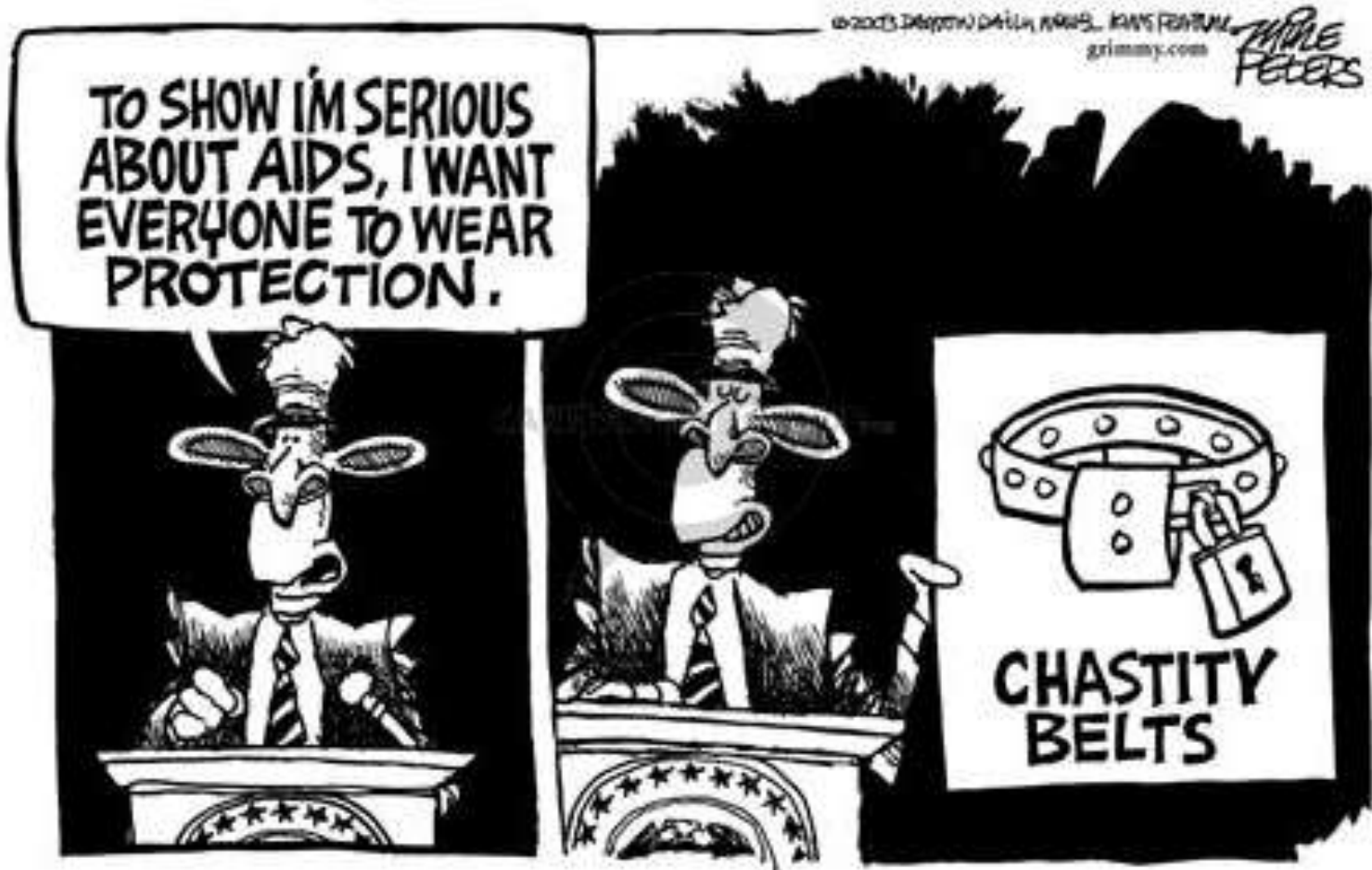
Lessons Learned in grassroots advocacy

- ▶ Being proactive helps to avoid the appearance of victimization and can help to legitimize a claim
 - Not that you shouldn't seek assistance during times of victimization
 - ▶ Know your decision-makers at all levels
 - And their staff
 - ▶ Understand where in the decision-making process you can interject
- 

NHAS as a an advocacy tool

- ▶ Steering funding decisions
 - ▶ Steering policy decisions
 - ▶ Look towards implementation plans
 - State and department
- 

Balance Hope and Reality



Thank you and Good Luck!

Robert Foley

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