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Giving Kids a Boost

A children's hospital's efforts to build a grass-roots advocacy network pay off in legislative victories

By Alison Stein Wellner

When children outgrow their car seats, strapping them in with a seat belt seems to be the next logical step for safety. But seat belts are meant to fit adults, not small children, and can cause serious injuries or even death for a child in the event of a crash. The in-between option: booster seats, which raise a youngster up enough so that a seat belt can work most effectively.

At the Children's Hospital, in Denver, the way parents protect their children on the road is a matter of vital concern — the hospital admits more than 100 children a year who are passengers in car accidents. So when Colorado passed legislation to require children under 4 feet 6 inches tall to ride in a child restraint, it was something more than welcome news: It was a significant victory.

And the victory was a personal one — the hospital's representatives helped draft the legislation and hundreds of its volunteers made phone calls and wrote letters to push for passage of the measure.

With a mission of protecting children's health, the hospital sees advocacy as key to reaching its goals, says Maren Stewart, the hospital's vice president of external affairs, who led the push for the bill's passage.

In 2004, after the new regulations went into effect, more than 45 percent of Colorado adults with children ages 4 through 8 reported that their children were restrained in booster seats while riding in vehicles, up from more than 15 percent who reported the same in 2001, according to the Colorado Department of Public Health and Environment.

Passage of the booster-seat measure in 2003 galvanized the hospital's network of volunteers, who now seek to influence a wide range of government policies on issues such as government aid for immunizations and children's health care. The grass-roots advocacy network at the 98-year-old hospital has enlisted more than 4,000 volunteers and now serves as a model for other children's hospitals around the country that wish to invigorate their own advocacy efforts.

Building the Case

The advocacy network's success has come only after a dedicated, long-term effort by Ms. Stewart and her colleagues — not only to build the network, but to persuade the hospital that it needed one.

Back when Ms. Stewart, a former lobbyist who counted nonprofit organizations such as hospitals and colleges among her clients, joined the Children's Hospital in 1997, the organization retained paid lobbyists and public-relations professionals, but had no organized effort to link its supporters' voices into a network. In fact, when Ms. Stewart started the network, soon after her hiring, it consisted of only two members: herself and her husband.

"It had to start somewhere," she says.

Building the network, she says, started with making the case inside the hospital that grass-roots advocacy was an effective, essential complement to the professional advocacy efforts that the hospital was already sponsoring.

"Elected officials need to hear from the people that they care for the most," she says, "and that's their constituents."

Seeking Champions

To get started, she spent two years going after "low-hanging fruit" — the hospital's 3,000 staff members — urging them to join the network. Members agree to receive information alerts via e-mail and, if so moved, respond by writing a letter or making a phone call to the appropriate government official.

But to recruit employees, Ms. Stewart didn't simply pass a sign-up sheet around the hospital. Instead, she set about building support inside the organization for the network. She started with the backing of the hospital's chief executive officer and board, which eventually created an advocacy committee to develop the overall strategy and set priorities.

Ms. Stewart also tried to identify "champions" in each department — people who could be counted on to talk up advocacy with their colleagues.

Norine Hemphill, the clinical director of one of the hospital's nursing units, is one such champion. She makes sure to let new colleagues know about the network, and to share her own positive experiences with sending her legislators letters on issues important to children.

"I'm just one little voice, but when we get all these voices together, legislators really pay attention," Ms. Hemphill says. "And when a bill passes that I wanted to, I feel like it's because of me. I get that sense that I really made a difference."

Recruiting in-house champions like Ms. Hemphill was critical to the network's success, says Ms. Stewart.

"One of the challenges that we faced was that advocacy was not a new component to our mission, it's been in our mission many, many decades," she says. When people inside the hospital were approached to participate in the network, she says, the response was often, "Haven't we been doing that for all of these years, and why do we need to do something different?"

The answer, says Ms. Stewart, is that while professional lobbying can be effective, it's even more effective when it's combined with grass-roots efforts, because legislators are naturally more moved by hearing from their constituents — the people who will go to the voting booth on Election Day.

Indeed, Brandon Shaffer, a Colorado state senator who has been lobbied by the network, says that the hospital's advocacy is even more effective than most in this regard, since many members are people who work at the hospital and are in direct contact themselves with a large number of his constituents. Says Mr. Shaffer, "When they call and send me e-mails, they're not only making an intelligent, passionate plea on the issues, they're also saying, 'Look, I talk to your constituents every day because they're coming into my office.'"

Also, says Ms. Stewart, some hospital employees assumed that, as a charity, the hospital had to steer clear of legislative policy entirely. But she explained to them that, while nonprofit organizations can't get involved in partisan political campaigns, they have plenty of latitude to lobby on issues of public concern.

Aside from getting over that hurdle, she says, the institution is a busy place and capturing employees' time and attention was tough: "To have one more thing added to their plates was difficult."

Making Advocacy Fun

To overcome resistance, Ms. Stewart generated an information blitz, spreading the word in the hospital cafeteria, publishing updates in board reports, and encouraging managers to talk up the advocacy effort with employees. A

segment on the network was also added to the orientation for new employees.

To make sure that the message stood out, Ms. Stewart tried to develop an identity for the network by hiring a local graphic designer to develop a logo, to be used on all advocacy communiqués.

"I thought it was incredibly important to have an identifiable look to our advocacy efforts," she says.

The logo — a simple, hand-drawn, bright purple and red picture of children's smiling faces — also helped convey an image of the network as something fun and cheerful, in contrast to the stereotype of advocacy as dull drudge work.

As the network expanded beyond the hospital's walls, recruiting the families of patients and community members who support other children's charities, advocates were asked to participate in special events, including a tour of the state capitol; an annual July membership challenge, in which advocates can win prizes for recruiting more volunteers to the network; and a carnival held in front of the hospital.

The carnival, designed to register voters and generate enthusiasm for a forthcoming election, featured face painting, a snowcone machine, and a dunk tank, in which the hospital's chief executive officer took a turn.

Ms. Stewart's staff also plans activities around election time, such as special voting booths for children to introduce them to the electoral process, allowing them to vote on such pressing issues as whether cats are preferable to dogs. (In that particular election, dogs won.) "We've learned that a successful way to get to parents is through their children," she says. "It raises in their mind that there's an election coming up."

Staying Connected

Events like those are intended to build momentum for the network's real work: lobbying policy makers.

When the network prepares to ask its members for action on behalf of the hospital, an e-mail message goes out to them, and volunteers are directed to a Web site, which enables users to enter their ZIP codes, track down their representatives, and send an e-mail message either in their own words, or using the script that Children's Hospital provides.

The trick, says Ms. Stewart, is to use the grass-roots network just enough so that the volunteers feel engaged, but not overwhelmed.

"There's an art of balancing how much you send out. We don't want them to get an e-mail alert from us and say, 'Oh my gosh, here's another one,'" she says. Her staff sends out a quarterly e-mail newsletter that highlights its current agenda, plus other action alerts as needed. Last year, the network sent out 15 action alerts in addition to the quarterly newsletter; the year before, 19 action alerts.

Each year, the hospital surveys its advocates to find out how often they like to be contacted, in what ways, and on what issues.

Michelle Kuhn Thatcher, a network member and Denver homemaker who volunteers at several charities that focus on children, feels that the demands the network makes on her are appropriate. Indeed, she says, she appreciates the regular updates of information on what's happening at the state capitol, "since I'm not the kind of person who would be that abreast of what's happening there. The key for me is the fact that there is this automated network of information, and it gives me information about issues, and I can always look into it further."

Children's Hospital is careful to avoid a common pitfall in grass-roots organizing — asking for help, and then not letting volunteers know the results of their actions. For example, volunteers have been asked to urge lawmakers to

support measures that would increase money for children's immunization. The state has made progress in increasing the proportion of its children who receive immunizations, says Ms. Stewart, but more needs to be done.

"Colorado is now ranked very low — as opposed to very, very low," she says. "We'll say something like, 'You'll be hearing from us again on this, but look what you have accomplished so far.'"

A Model Network

With 4,000 members in the network, and a legislative victory list that includes successful efforts on behalf of bills that affect issues as wide ranging as medical-education standards and Medicaid, the Children's Hospital has caught national attention, and is frequently asked to consult with other hospitals eager to copy its success.

For example, in 2004, Rosie Valadez McStay, director of government relations at Texas Children's Hospital, in Houston, made a scouting trip to Denver.

"One of the things that really caught my eye was that they seemed to really engage their medical staff and leadership and the community," says Ms. McStay. "They've shown that to be an advocate, you don't have to be the most serious people in the room. You can be passionate, and take a little risk, be a little fun, and I liked that."

When she returned to Houston, Ms. McStay says, she set about building her own grass-roots network, which now numbers 350 members.

In Denver, Ms. Stewart is not resting on her laurels. She would like to recruit more hospital employees — only 22 percent of the hospital's 3,000 workers are network members.

"We've toyed around with the idea of mandating that all employees should be in our database. That would be great from a number-of-members perspective, but the downside is it would be a sort of false number," Ms. Stewart says. "We'd have 6,000 people in our network, but we'd know that 2,000 of them are not there because they want to be there. We'd send out an alert, and they'd hit the delete button. We want them to opt in."

To get there, she says, she'll redouble her efforts at recruiting employees through internal communications. "To continue to keep things highly visible within the culture is important," she says. "One person can make a difference, that's my personal motto. If you believe that, then you have to believe that 4,000 people can *really* make a difference."