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HEALTH CARE

STORIES FROM THE PROFESSION

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Social Work Advocacy in Mississippi

My name is Kathryn Rehner. I'm 27, a native Mississippian, social worker, community organizer, one-time political candidate, and a pragmatic optimist who believes that change can happen for people and within systems—even in Mississippi.

To understand my practice and the role advocacy plays in my work and life, you have to understand some things about Mississippi. Mississippi ranks poorly in nearly all health outcomes nationwide. According to the 2016 *America's Health Rankings* annual report, Mississippi ranks 50th as the nation's most challenged state. Some of the challenges include high prevalence of smoking and low birthweight, and a high percentage of children living in poverty. In addition, Mississippi has a 17% uninsured rate, a 35% obesity rate, and 6.5% of Mississippians are unemployed.

Such unflattering statistics, and others like them, are the direct result of decisions and legislative priorities, perpetuated by policies, systems, and practices that both intentionally and unintentionally make it difficult for vulnerable populations to obtain services. For example, a community-wide survey conducted by the University of Southern Mississippi School of Social Work in 2013 found that the greatest barrier Hattiesburg families faced to enroll in Medicaid and the Children's Health Insurance Plan (CHIP) was transportation. Despite this rather evident reality (or because of it?), the child support office—previously sensibly co-located with

the food stamp office—was relocated in 2017 to West Hattiesburg, a more affluent community beyond city bus routes. The Medicaid office was similarly relocated beyond public transportation access, making it substantially more difficult for families to get the services they need, services that the Mississippi State Legislature view as poverty-perpetuating “handouts.”

Social services in general have long been under state-level assault. For years, Mississippi’s legislature has rendered Medicaid more and more difficult for children and families to access under the guise of fiscal responsibility. In Mississippi, Medicaid is funded 74.4% by the federal government, making the state share virtually insignificant in comparison to the benefits received. Still, the state refused to adopt changes that would reduce the burden on families to obtain and retain health coverage. Reasonable and helpful changes, such as providing a true online application process and automatic renewal, were not adopted by Mississippi when the opportunity arose through the implementation of the Affordable Care Act. Such systems issues, making life unnecessarily difficult for hundreds of thousands of average Mississippians, are pervasive.

Why Mississippi Needs Advocates

Blatant disregard for the general welfare, a consistent refusal to serve and represent all persons in our communities, both directly and indirectly threatens my clients and those I have committed to work for daily. Decisions about education, health care, and social services clearly point to who and what the state legislature prioritizes. In 2016, Mississippi passed one of the most egregious anti-LGBTQ laws in the United States: House Bill 1523, disingenuously characterized as protection for “religious freedom.” HB 1523 states that no discriminatory actions can be taken against anyone who holds these main values: marriage should be recognized as the union between one man and one woman; sexual relationships are properly reserved for marriage; and gender is immutable from the biological sex assigned at birth. The law allows citizens and business owners to refuse service to anyone based on their Christian convictions regarding sex, marriage, and gender.

The Mississippi Legislature also passed Senate Bill 2469, the “Blue Lives Matter” bill, which provides enhanced penalties under Mississippi hate crime law to include persons convicted of aggravated assault or other crimes against an officer or other first responder. It enhances penalties in such situations up to double the standard sentence with no early parole. While Mississippi has, fortunately, been so far spared from killing incidents like those in communities such as Ferguson, St. Louis, Chicago, and Baltimore, it is not surprising that the

legislature's response is to ignore the possibility of abusive police behavior and instead secure police power.

State priorities are seen not only in actions (laws passed), but in failures to act. In the last legislative session, an equal pay for equal work bill was brought to committee to protect women from pay discrimination. Unfortunately, this bill never made it out of committee. Mississippi has failed to fully fund public education for nearly a decade, resulting in generations of children who, through no fault of their own, are unprepared for higher education or the workforce. In the same sense, Mississippi does not mandate kindergarten attendance and does not fund pre-K education. Viewing public education as a burdensome expense instead of a prudent investment in the state's future, government has chosen to ignore the many benefits of quality schooling, from early children to higher education.

The decision most directly detrimental to my clients and to the health status of Mississippians was our governor's decision to opt out of Medicaid expansion. In 2013, Governor Bryant claimed that Medicaid expansion would bankrupt the state, when in reality, as the poorest state in America, Mississippi would have received nearly \$20 for every \$1 spent to expand Medicaid. So instead of creating jobs and stimulating the economy, the legislature chose to leave hundreds of thousands of Mississippians uninsured and without access to the medical care they need to be successful and contributing members of society. For many, life-saving prescriptions are not an option, mental health care is not an option, and standard preventative screenings are not an option. These are my clients. They are the people I have worked to find resources or alternative care for over the past 4 years, and they are the reason I decided to run for Mississippi House of Representative for House District 102.

Social Work and Health Care

For the past 4 years, I have been working in health care outreach and enrollment through grant-funded programs. My first position was working as the program coordinator for the City of Hattiesburg's E³ (Educate, Enroll, Empower) Health Initiative. This program was funded through the National League of Cities to help educate and enroll children and families in Medicaid/CHIP. This grant targeted three elementary schools in the Hattiesburg Public School District. Within this target area, we estimated that there were approximately 19,000 residents. Of those 19,000 residents, there were nearly 6,000 eligible for health coverage who were not insured. The goal for this project was to reduce the uninsured rate by 50%, that is, to enroll 3,000 persons in health coverage over the grant's

18-month period. We did just that. Knowing that transportation was the primary barrier in obtaining coverage, I developed an outreach and enrollment model that brought the application process to eligible populations or what I call the “lived spaces” where people spend their time. Instead of asking a single mom to drive 30 minutes to the Medicaid office across town, we began offering enrollment opportunities at Women, Infants, and Children (WIC) Centers, health department clinics, schools, food pantries, after-school programs, and community centers. We made the enrollment process simple, quick, and convenient – doing everything that the state was not doing.

E³ empowered people to know and understand their health care rights. For the first time, a trusted agency, in this case, a city government, was telling them that they had a right to health care. Many people I spoke to had been denied coverage by Medicaid without explanation, leaving them to assume there were no health coverage options available. When I would speak to a family and let them know that they were indeed eligible and that they had been wrongfully denied coverage (which happens far too frequently), they were empowered to stand up for themselves and demand what they knew they deserved. E³ walked with them through that process. I accompanied families to the Medicaid office to speak with case workers on their behalf, reported instances where regional offices had failed to comply with federal Medicaid mandates, and educated each family about their rights under the law. The work I did with the City of Hattiesburg through the E³ Health Initiative extended beyond micro to mezzo practice, as I worked to create a network of agencies and organizations in our community that integrated health coverage into individual agency cultures. This network focused on making health access a shared responsibility rather than an individual one. The success of my program resulted in roughly \$2.5 million for health access funding in south Mississippi over the next 4 years, including my current federal Navigator grant program, “MS Health Access Collaborative” (MHAC).

As the project director for the MHAC, I am implementing the same model to build sustainable access to health care for vulnerable and underserved populations in the 24 southernmost counties of the state. One of two Navigator entities in Mississippi, MHAC’s primary focus is enrolling individuals and families in health care coverage under the Affordable Health Care Act (“Obamacare”). Prior to January 20, 2017, our only concern as Navigators was what Mississippi would do to limit access to eligible children and families. Now, however, Obamacare is being attacked on all sides by the Trump administration. We have so far managed to escape repeal and replace bills but must fight executive orders that discriminate against women and their access to birth control, increase premiums for

consumers who depend on government assistance, lower the cost for unregulated insurance plans, and cut funding for outreach and education programs like mine. Many of our clients depend on the Affordable Care Act to have coverage that is literally saving their lives. They live on fixed incomes and are not eligible for Medicare. Paying more than \$75 per month for health coverage is simply not an option for them. The fight goes on, and no doubt attacks will continue as long as a presidential administration and Congress are hostile to the general welfare of average Americans, but unlike many other states, the Mississippi Legislature will not thwart these attacks from the federal government or protect Mississippians from losing access to health coverage.

Social Workers in Public Office

As social workers, we have relationships with people and communities who are most impacted by legislative decisions. Governor Bryant's decision to opt out of Medicaid expansion was easy for him because he has never had to look someone in the face and tell them that they are not eligible for coverage. Every day I have to tell someone they will not be able to get the help they need to pay for medical care. I have to explain to them that Mississippi makes it hard for average people to get health coverage because our government views health care as a privilege rather than a right. It is these daily conversations with clients that demand a response, demand a voice. Social workers are uniquely positioned to be that voice for communities. So, in July 2017, I announced my candidacy for Representative of House District 102, to be a voice for all those who have been ignored by the Mississippi Legislature.

As a social worker, I go to work every day to create solutions to real problems people face in our community, whether that is a student intern who is struggling to balance school, bills, and two jobs or a single mom who doesn't have reliable transportation to get to a doctor's appointment for her little girl. These are real problems that I am tired of putting Band-Aids on because our state legislature insists on ignoring the needs of average Mississippians. Although we knew the cards were stacked against us in this special election, I changed the conversation to one of "putting people first." On October 3, 2017, 3,000 of the roughly 13,000 voters determined who would go to the state capital as our Representative. Even though I lost to the Republican candidate, my campaign was always about more than one election. It was just the beginning. Creating real change for our clients in Mississippi is a battle we will have to fight every day, at every opportunity. We have to build a movement that at once encompasses elections and goes beyond

them. We have to organize and activate people, citizens, and my campaign was a catalyst for renewed political and civic engagement in Hattiesburg.

In a place like Mississippi, it is easy to become discouraged, to feel that meaningful change will never come because hate, corruption, discrimination, and bad ideology still have such a stranglehold on the culture. In both politics and in social work practice, too many give up in fatigue and despair. But now more than ever we have to fight against the forces of reaction, fight for doing the things that others say cannot be done. If we as social work advocates do not tell our clients' stories, if we are not their voice and help them discover their own voices, if we fail to be their advocates, then who else will fight for them? Our profession was born in struggle, and for more than a century has struggled to advance the cause of social justice, in big and small ways, at every level and in every venue of practice. We stand on the right side of history. As the next generation of social workers, it is your responsibility to continue that most important tradition of promoting social justice and social change on behalf of our clients.

JOB DESCRIPTIONS FROM THE FIELD OF HEALTH CARE ADVOCACY

Health Educator – Nationwide

Education Required: Bachelor's degree in health education/health promotion/related field

Salary: \$53,070 (May 2016). Salaries range from \$30,400–\$95,730.

Job Description: Health educators work to determine program efficacy and the needs of those they serve by analyzing data. These individuals must be comfortable with public speaking as they often facilitate discussion and lead programs related to health conditions. Excellent writing skills are needed as these individuals create and provide the community with written health materials. These individuals may also advocate by writing proposals for funding to develop and improve community health programs. Additionally, employers may provide on the job training on the topics each health educator will specialize in. Health educators understand that culture plays a role in health behaviors and outcomes. They use their skills and knowledge to improve community health through education and advocacy.

Job source: <https://www.bls.gov>

**Office of Rural Health and Primary Care Director – State Program
Administrator Manager Principal**

Education: Bachelor's degree and 5 years of experience

Salary: \$79,866–114,568 annually

Location: St. Paul, Minnesota

Job source: <https://careers.mn.gov>

Responsibilities: Work to provide direction and leadership for statewide support to assist the health care safety net that assists 1,400,000 Minnesotans. Provide policy research, planning, analysis and recommendations related to Minnesota's health care delivery, safety net system, rural health, urban underserved areas, health care workforce and medical education concerns. Assist with policy programs and partnerships on health reform for the Minnesota health care system and safety net system to ensure its availability to underserved populations. Coordinate program administration to meet the goals of the department. Manage the sections budget including state and federal appropriations, federal and private grant funding and Medicaid funding. Plan and monitor spending from various accounts within the budget.

Director of State Policy and Advocacy – American Kidney Fund

Average Salary: \$110,000–115,000 per year

Education and Experience: College degree required, no mention of advanced degree. 7–10 years of experience required.

Job source: <https://www.indeed.com>

Responsibilities:

- Recommend to the Vice President of Government Affairs the public policy and legislative positions and strategies that AKF should undertake at the state level and develop a proactive AKF state strategy.
- Work directly with state legislatures and state executive branch agencies. This includes working with key healthcare policy makers, including members of legislative committees with jurisdiction over healthcare, as well as the Departments of Insurance and other state agencies and executive departments tasked with overseeing state healthcare programs.

- Collaborate with colleagues in the Office of Government Affairs to develop grassroots action plan that strategically engages AKF patient-advocates to achieve desired policy outcomes.
- Identify key states and monitor activity with these state legislatures and government agencies as well as insurance company activity with regard to issues affecting people with end stage renal disease.
- Develop and implement proactive strategies and plans of action aimed at insurance companies, state government officials and agencies to facilitate AKF-desired outcomes, including representing AKF to state officials, comment letters, position descriptions, etc.
- Develop relationships with key state officials and stakeholders, as well as with other advocacy organizations.
- Coordinate with the AKF director of government affairs to engage with the National Association of Insurance Commissioners on an on-going basis.
- Communicate effectively and work closely with colleagues in the AKF Office of Government Affairs and other AKF colleagues, as well as the AKF advocacy network.
- Collaborate with AKF's public relations agency of record to provide needed information to execute effective statute-level media campaigns.
- Assess outside counsel and lobbying need within each state and manage these resources appropriately.

Legislative and Policy Strategist – Center for State Policy Helping Family Physicians Advance Health

Salary: No salary listed

Location: Washington, D.C.

Experience and Education:

- Bachelor's degree (graduate degree preferred) in an academic field directly related and essential to the job or through equivalent work experience, plus at least two to four years related experience. State government relations experience with an interest in health care policy, or health care policy experience with an interest in state government relations helpful.

The incumbent must possess a solid understanding of state-federal relations and roles in the policy-making process. Knowledge of state health care issues, excellent communication skills, and strong research and writing skills.

Responsibilities:

- The Legislative and Policy Strategist will assist the Manager, Center for State Policy in analysis of state health policy, track state legislation on issues affecting family medicine, and provide research for AAFP's chapters in support of their governmental advocacy programs. The Legislative and Policy Strategist will also assist the Manager of Strategic Advocacy Communications in federal grassroots engagements. The position is an integral part of the planning process of advocacy-related meetings. The position will report to the Manager, Center for State Policy. Approximately 14 days travel per year. Other duties as assigned.

State Legislative Analyst – Government and Pharmacy Affairs

Education and Experience: Bachelor's degree in political science, public policy, government, or related field and 3 years of state legislative experience.

Location: Alexandria, Virginia

Job source: <https://workforcenow.adp.com>

About the organization: For 30 years the Academy of Managed Care Pharmacy has been the nation's leading professional association dedicated to increasing patient access to affordable medicines and improving health outcomes. Our 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for over 270 million Americans.

Responsibilities:

This position works within the Department of Government and Pharmacy Affairs at AMCP and leads our state legislative tracking and reporting needs. Working closely with the Director of Legislative Affairs, this role is responsible for identifying, tracking, and monitoring state legislation related to AMCP issues. You will also research, analyze, and summarize legislation, draft comment letters, briefs and other issue related correspondence for target audiences. AMCP is a highly collaborative environment and seeks candidates that enjoy working in an open office environment and cooperative atmosphere.

- Providing timely responses to member requests, identifying important issues and the connection to AMCP policy; develop advocacy materials and grassroots communications
- Create and maintain legislative tracking charts and contribute to AMCP written member communications

Health Care – Public Health Educator

Location: Dallas, Texas

Company: Parkland Hospital

Job source: <https://www.parklandcareers.com>

Looking for your next opportunity? If so, choose Parkland and discover what a meaningful job feels like. Whether you work directly with patients or use your talent to support our care, you'll be part of a team that's providing valuable health services to Dallas County residents. And here, you'll have the opportunity to put all your skills to work, and the support to grow and advance in your job and your field. Step into a career that will make a substantial difference for our patients—and for you. We blend cultures, talents, and experience into an exemplary health and hospital system. Parkland has earned distinction as one of America's Best Hospitals by *U.S. News & World Report* every year since 1994.

Responsible for the assessment of health education needs, developing and presenting appropriate educational materials, continuously evaluating program activities and revising as needed to ensure a quality health education program.

Education:

- Must have a Bachelor's degree in Public Health, Health Education, Community Health Education or related field.

Experience:

- Must have two years of experience in the development and implementation of health education programs, community outreach, and public speaking.

Equivalent Education and/or Experience:

- May have an equivalent combination of education and/or experience in lieu of specific education and/or experience as stated above.

Certification/Registration/Licensure:

- None

Skills or Special Abilities:

- Must be able to communicate effectively with all levels of staff and management.
- Must be able to demonstrate a working knowledge of training methods and techniques, including the group facilitation process.
- Must be able to demonstrate excellent writing and communication skills.
- Must demonstrate knowledge and skill in working with a diverse population.
- Must be organized, detail oriented and able to work independently.
- Must demonstrate patient centered/patient valued behaviors.
- Must be able to demonstrate a working knowledge of PC operations, and be able to use word processing, spreadsheet, presentation, and database software.

Case Manager – Pueblo, Colorado

Salary: \$19.41/hour (40 hr work week)

Job source: <https://www.health.solutions>

Qualifications: Bachelor's Degree in Social Work, Psychology, Education or closely related field required. Experience in conducting clinical interviews and triage assessments, family case management, and community systems navigation desired. Experience working with children/families as well as school systems preferred. Valid Colorado Driver License and access to transportation during working hours required.

Other: Experience working with a multi-disciplinary team. CAC eligible and ability to speak Spanish desired but not required. Computer proficiency required. Must be a self-starter, self-motivator and possess exceptional time management, presentation and documentation skills.

Responsibilities: Provision of supportive services to children/adolescents/families who are at high risk of being hospitalized. The Case Manager will

provide support with the goal of assisting children/adolescents/families through crises. Services may be provided in home in conjunction with services at Health Solutions or at other locations in the community that provide a setting of natural support for the client such as the school setting. Duties can include transportation of clients, provision of brief supportive therapy sessions and case management services. The Case Manager will also be required to perform evaluation and triage duties on children and families that present at the agency for enrollment into treatment.

Desired Attributes:

- Is adaptable to change in the workplace and uses change as an opportunity for innovation and creativity.
- Takes ownership of problems, has ability to brainstorm different problem resolution paths, uses sound judgment in selecting solutions to problems, and demonstrates consistent follow-through.
- Has job knowledge and skills to perform the fundamental job functions and is able and willing to assume greater responsibility over time regarding the scope of work.
- Has the ability to inspire and model collaborative teamwork.
- Demonstrates an understanding of customer service regarding accommodation, politeness, helpfulness, trust building, appropriate boundaries, and flexibility.

Job Duties:

- Identifying stressors and precursors which led up to the current crisis
- Identifying coping mechanisms and natural supports that may be available
- Attend school staffings and provide support to the school system
- Provide education re: mental health diagnosis
- Enhancement of problem-solving skills
- Providing consistent support and availability until the child/adolescent/family has achieved a higher level of functioning
- Teaching the child/adolescent/family about available community resources including peer support activities

- Linking the child/adolescent/family with community resources
- Linking the child/adolescent/family with the schools
- Helping the child/adolescent/family to make and keep scheduled appointments with medical doctors
- Providing/arranging transportation for scheduled appointments
- Provide support to remain in home and community to avoid more restrictive, disruptive out of home placements
- Keep accurate, complete and up-to-date records with 100% compliance with Health Solutions standards
- Maintain competency and proficiency with the electronic health record
- Perform other job-related duties assigned by the Director or his/her designee

ADVOCACY FOR HEALTH CARE – POLICY EXAMPLES

As mentioned previously, there are many ways that policies intersect across levels of government and topic area. Health care is certainly one of those places. The two major health care policy opportunities are under the Affordable Care Act and usually involve Medicaid and Medicare. Social justice advocates who understand the expansiveness of Medicaid and Medicare and how health care budgets are directly affected by these two programs are worth their weight in gold in the policy arena.

Coverage gap for adults – In states that are not expanding Medicaid, the Kaiser Family Foundation estimates that nearly 2.5 million poor uninsured adults fall into the “coverage gap” that results from a lack of Medicaid expansion (Garfield & Damico, 2017).

Accessibility to rural health care – According to the American Hospital Association (2017), rural hospitals provide essential health care services to nearly 57 million people. “Because of their size, modest assets and financial reserves, and higher percentages of Medicare patients, small and rural hospitals disproportionately rely on government payments” (n.p.). There is a shortage of providers in rural areas, and small rural hospitals often experience unique financial circumstances due to location and costs to improve hospital facilities.

REFERENCES

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