



Lisa Maatz, AAUW Leader on Loan

Summer Leadership Conference: Leading and Learning

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AAUW MEMBERS WHO attended the 2004 Summer Leadership Conference in Winston-Salem saw leadership in action. Our Leader-on-Loan was Lisa Maatz, Association director of government relations and public policy. When the speaker scheduled to precede Lisa didn't arrive, Mary Peterson looked at Lisa and said "we have a problem." Lisa responded with "I know a bit about healthcare issues, but just don't have the NC facts and figures." She began to speak. Within moments, her audience was listening intently.

Maatz told us that her public policy career began as early as third grade when she asked her friend, the school principal, to please put doors in the girls bathroom...after all, the boy's bathroom had doors. She received a nice smile and a pat on the head. After a time period with no action, she realized that she needed to do more. She decided to circulate a petition and within a few days returned to the principal with more than 200 names (both girls and boys) requesting doors for the girls bathroom. She got action almost immediately.

She asked her audience to raise a hand if they had ever been asked for an opinion on a community issue by their friends or neighbors. Of course, many raised their hands. "See—you are already opinion leaders in your community" said Maatz.

Maatz continued to speak off the cuff, spelling out the reasons healthcare is an important issue for women (some published in the Summer *Tar Heel News*) and answering questions. For example:

- 4.3 million uninsured in North Carolina
- 1.3 million of uninsured go to E.R. If they can pay, the uninsured are charge exorbitant rates. They have no power of negotiation.
- Health problems are No. 1 reason for bankruptcy for senior citizens.
- Women live longer, have chronic period between husband's retirement and Medicare eligibility.
- Pay equity—health benefits often based on salary; women earn less than men.
- Tax credits appeal to people who have money and already have health insurance.
- Prescription drug cards—sound good to general electorate, will help people with catastrophic expense.

- Women use more prescription drugs than men and pay more for them.
- Healthcare has rippling effect on every area of life.
- Bringing drugs from Canada is illegal, yet pharmaceutical companies refuse to sell as many drugs to Canada because Canada sells drugs to the United States at cheaper prices.
- Medicare is forbidden from negotiating for drug prices—seniors pay more than younger people.
- AAUW has 110,000 constituents, as opposed to the 675 lobbyists.
- Begin with a small piece, i.e., infant mortality, what healthcare is available for uninsured in a given community. The main thing is focus.
- Set up a forum and bring in the experts.
- Important drug bill very popular with people but much opposed by drug industry. Congress has a short time to pass 12 spending bills; at the time of the Conference, had passed only one.

Maatz talked about how to work in coalition. We discussed what factors make a good coalition and those that cause a poor coalition. A successful coalition has a goal or goals, has cross-pollination or diverse membership and is organized. If an AAUW branch wants to be the lead organization on a community issue, they need to have an organizational plan before they contact other community groups. A successful coalition has each group having a role in the project goal. The meetings are focused on the work to be done and each coalition member knows what they are expected to do. Maatz provided public policy resource handouts to conference participants, which include get out the vote and lobbying tips.

Healthcare will be an economic security issue in the 2004 election according to Maatz. She then reminded us that some issues, such as healthcare, are so large that we need to "take a bite"...work on a specific part of the issue. For example, a coalition might want to focus on how uninsured members in their community can have an access to healthcare other than going to the hospital emergency room.

Always remember that information is power. A coalition needs to HAVE the information, put their BRAND or focus on it, SHARE the information and ACT on the information. This is coalition work that gets results.

AAUWNC was indeed fortunate to have had Lisa as our Leader-on-Loan and her presentation should help empower us to become better leaders in our communities.

How to be the lead organization in your community on healthcare issues

- Build a coalition. AAUW is a prized coalition partner. We are reasonably progressive, yet moderate, we don't "do the knee-jerk thing." We bring credibility to coalitions.
- Important factors in organizing are numbers, credibility, visibility, organizational ability, expertise.
- Structure—be clear on reason for coalition: What is the idea? Why are we here? Know what you want from each other.
- Brainstorm with coalition partners who are already working on the issue, think outside the box to spin issue so it works to advantage of all the partners (could be school groups, doctors, unions, businesses, other women's groups, civic, ethnic, and church groups).
- Benefits include diversity, networking, work equity, shared goal, trust, mutual benefit (cross-pollination), leadership, specialized information.
- Possible frustrations—turf issues and disorganization—who's in charge? Agendas can be co-opted (original goal taken over and changed), media/visibility (helps to have a coalition name with rotating leadership), schedule may not be followed.
- Important to have right kind of leader, one who will put her best foot forward.
- Tools needed—place to meeting, access to printing, avenues for communication (listserv, etc.)
- Have information—research, bring in experts, use AAUW position papers.
- Brand it—carry brand of goal of group through marketing and advertising.
- Share in—beyond the coalition partners by e-mail, web sites, letters to the editor and elected representatives (always sign as AAUW member if AAUW issue), do op-ed pieces, be regular in sharing information.
- Act on it—be focused and organized.

State Health Issues Reported in Legislative Update of the N.C. Justice and Community Development Center, July 23, see <http://www.ncjustice.org/> for details

- NC Health Choice, the subsidized health insurance program for children of low-wage working parents, will stop taking new children into the program when it freezes on January 1, 2005.
- No cuts to Medicaid and Health Choice coverage or services were made. Senator Purcell played a critical role in ensuring this. Children who qualify for EPSDT services in the Medicaid program will now be able to go to a wider variety of health providers. Adults receiving Medicaid will also be able to receive services from a much wider variety of health providers.
- The legislature did not even consider the cigarette tax increase, in spite of public support, bipartisan legislative support, successful press conferences, broad media coverage and a recent increase in the Virginia tax—not to mention the health benefits.
- \$7m for a grant program for community health services. \$5m will be available to federally qualified community health centers and \$2m for state designated rural health centers and public health departments.
- \$4m in state money plus \$3.25m from the Maternal and Child Health Block Grant will provide a total of \$7.25m for 145 new school health nurses, assigned to meet the greatest needs in schools with the least money and the highest nurse student ratios.
- \$156,630 allocated to reinstate the WIC Farmer's Market Program. This will again draw federal money.
- \$2,765,622 increase in funding for the AIDS Drug Assistance Program to meet growing prescription costs.
- Department of Health and Human Services (DHHS) will serve as a clearinghouse for criminal record checks conducted on individuals seeking employment in long-term care facilities and directives are given to the DHHS centralize all their activities relating to the coordination and processing of criminal record checks required by law.
- DHHS received directives to study issues related to mentally ill residents of long-term care facilities; also, whether the State's Medicaid program has a bias favoring support for individuals in institutional settings over support for individuals living at home.
- \$10m allocated to the Mental Health Trust Fund to help support more community services across the state.
- Eliminated - \$2m TANF funding for Residential Substance Abuse Services for Women with Children. This is the first year since its inception that NO TANF MONEY is spent on substance abuse or mental health services.