

Legislative Coffee Hour Toolkit



**Making a
difference
starts with
making a
connection!**

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Request MPA Assistance

If you would like MPA's assistance in planning a Legislative Coffee Hour event, please send a copy of the planning checklist with your request to Amanda Lick at

Amanda@MichiganPharmacists.org



MICHIGAN PHARMACISTS ASSOCIATION



Toolkit Contents

MPA Contacts

This list will help you determine the person to contact for various needs related to planning your event.

Planning Checklist

This checklist will keep you on track with planning your event. You can also use it to request assistance from MPA by e-mailing it to Amanda Lick at

Amanda@MichiganPharmacists.org.

E-mail Invitation to Legislators

This e-mail can be personalized to invite the desired legislators to your event. Inviting multiple legislators can increase attendance at the event.

Email Invitation to Members

This e-mail can be used in combination with the flyer to invite your local association members to your event so they can interact with their local legislators.

Advertisement Flyer

This flyer can be customized with the information specific to your event. Once you know the date, time, location and legislators who will be attending, simply fill in the information and distribute to your members.

***E-news* Announcement**

This is the announcement that MPA will run in *E-news* during the month prior to your event.

Sample Social Media Posts

These messages are designed for Facebook and Twitter to encourage pharmacy professionals' attendance at the event.

"Thank You" Messages

These templates can be personalized and modified to thank both the legislators and pharmacy professionals who attend your event.

Advocacy Report

Complete and submit this document so that MPA can recognize your success.



Legislative Coffee Hour Toolkit



MPA Contacts

Michigan Pharmacists Association Main Office

Phone: (517) 484-1466

Fax: (517) 484-4893

Amanda Lick

Manager of Advocacy, Governmental and Regulatory Affairs

Phone: (517) 377-0254

E-mail: Amanda@MichiganPharmacists.org

Contact Amanda for general assistance planning your event or for questions related to policy or MPA's legislative agenda. She can help identify legislators in your district and provide guidance about choosing a date and sending invitations.

Eric Roath

Director of Professional Practice

Phone: (517) 377-0224

E-mail: Eric@MichiganPharmacists.org

Contact Eric for questions related to policy or MPA's legislative agenda. He can provide guidance regarding pending legislation and MPA's position on the issues facing pharmacy practice.

Mike Wolf

Director of Membership

Phone: (517) 377-0231

E-mail: Mike@MichiganPharmacists.org

Contact Mike for assistance related to membership, including generating e-mail lists for members in your local association.



Legislative Coffee Hour Toolkit



Legislative Coffee Hour Planning Checklist

Local Association: _____ Event Date: _____

	Task	Responsible Party	Timeline	Complete
Preliminary Event Planning	Decide to host a Legislative Coffee Hour event in your local area	Local association	As soon as possible	<input type="checkbox"/>
	Decide which legislator(s) to invite <input type="checkbox"/> <i>Request MPA's assistance if desired</i>	Local association <i>MPA can assist</i>	At least two months prior	<input type="checkbox"/>
	Pick a date and time for the event <input type="checkbox"/> <i>Request MPA's assistance if desired</i>	Local association <i>MPA can assist</i>	At least two months prior	<input type="checkbox"/>
	Determine location and secure space for event	Local association	At least two months prior	<input type="checkbox"/>
	Determine who will pay for event (e.g., local association, MPA, sponsor)	Local association <i>MPA can assist</i>	At least two months prior	<input type="checkbox"/>
	Customize draft e-mail invitation to legislator(s)	<i>MPA will provide draft e-mail invitation</i>	One week from venue selection	<input type="checkbox"/>
	Invite selected legislator(s) <input type="checkbox"/> <i>Request MPA's assistance if desired</i>	Local association <i>MPA can assist</i>	Within one week of receiving draft e-mail	<input type="checkbox"/>
	Secure commitment from legislator for attendance <input type="checkbox"/> <i>Request MPA's assistance if desired</i>	Local association <i>MPA can assist</i>	As soon as possible after the invitation is sent	<input type="checkbox"/>
	Customize flyer with confirmed date, time, location and legislator(s) attending	<i>MPA will provide flyer to local association</i>	One week from confirmation	<input type="checkbox"/>
	Send initial announcement e-mail to local association members with event details <input type="checkbox"/> <i>Request MPA's assistance if desired</i>	Local association <i>MPA can assist</i>	As soon as flyer is obtained	<input type="checkbox"/>
	Announce event in <i>MPA E-news</i> (first promotion)	<i>MPA will publish in E-news</i>	One month prior to event	<input type="checkbox"/>
Two Weeks Before and Day of Event	Announce event in <i>MPA E-news</i> (second promotion)	<i>MPA will publish in E-news</i>	Two weeks prior to event	<input type="checkbox"/>
	Reconfirm legislator commitment	Local association	One week prior to event	<input type="checkbox"/>
	Reconfirm venue space reservation	Local association	One week prior to event	<input type="checkbox"/>
	Send reminder e-mail to local association members about event to confirm pharmacist attendance	Local association	One week prior to event	<input type="checkbox"/>
	Arrive early to ensure that event runs smoothly and greet attendees	Local association	Day of event	<input type="checkbox"/>
After Event	Send thank you notes to legislator(s) <input type="checkbox"/> <i>Request MPA's assistance if desired</i>	Local association <i>MPA can assist</i>	Within one week after event	<input type="checkbox"/>
	Submit invoice for cost of coffee and breakfast to MPA (if applicable)	Local association	Within one week after event	<input type="checkbox"/>
	Submit successful advocacy reports to MPA	Local association	Within one week after event	<input type="checkbox"/>



Legislative Coffee Hour Toolkit



E-mail Invitation to Legislators

This e-mail can be personalized to invite the desired legislators to your event. Inviting multiple legislators can increase attendance at the event. Be sure to replace the highlighted sections with your event details and remove the highlights.



[Local Name] and Michigan Pharmacists Association
Cordially Invite You to Attend
a Legislative Coffee Hour
With Your Local Pharmacy Professionals

Meet your local pharmacy professionals to learn about their practice and the impact they have on patients' health and wellness. Hear about their successes and challenges in this ever-changing health care landscape.

This event brings legislators and pharmacy professionals together to develop strong relationships. Making a difference starts with making a connection!
Please join us for coffee and conversation.

[Date]

[Time]

[Location]

[Address]

Please RSVP by **[RSVP deadline]** to
[Contact e-mail] or **[Contact phone]**.

We look forward to seeing you there!



Legislative Coffee Hour Toolkit



E-mail Invitation to Members

Use this e-mail in combination with the advertisement flyer (next page) to invite your local association members to your event so they can interact with their local legislators. Be sure to change the highlighted portions to reflect information specific to your event and remove the highlights before sending.



Good [morning/afternoon]!

[Local association name] and Michigan Pharmacists Association cordially invite you to attend a special event coming soon in your district. Join us for this opportunity to share breakfast and coffee with legislators from your area. This informal gathering will allow us to spend some time talking with legislators about current pharmacy and patient issues. This is an opportunity to engage your legislator in a relaxed atmosphere to let them know the value that pharmacy professionals provide to the health care team as well as share your experiences and concerns. Currently, we have received confirmation of attendance from [legislator(s) name(s)]. Please join us for this special event!

Where: [Location name and location address]

When: [Day], [date] at [time]

Why: Because advocating for your profession and patients is important!

RSVP: Please respond to this e-mail by [deadline for RSVP] to let us know you will attend.

Thank you for your time today. We hope that you will be able to join us! If you have any questions, please contact me at [e-mail] or [phone].

Warmly,

[E-mail Sender]



Legislative Coffee Hour



WITH

[Legislator(s)]

[DATE]

[TIME]

[LOCATION]

**[STREET ADDRESS]
[CITY]
[STATE]**



MICHIGAN PHARMACISTS ASSOCIATION

**CALLING ALL
PHARMACY
PROFESSIONALS!**

JOIN US

[Local association name]
and Michigan
Pharmacists Association
cordially invite you to
attend a pharmacy
Professional and
Legislator Meet and Greet!

- Share your experiences and concerns with your legislators.
- Demonstrate the value pharmacy professionals bring to health care.
- Build important relationships with your elected officials to be their pharmacy resource.

RSVP

Please contact
[First Name] [Last Name]
at **[e-mail]**
or **[phone number]**
to RSVP for the event
no later than
[RSVP deadline].

**Making a
difference starts
with making a
connection!**

Legislative Coffee Hour Toolkit



E-news Announcement

This is the announcement that MPA will run in *E-news* during the month prior to your event. Be sure to coordinate with MPA at MPA@MichiganPharmacists.org to have this information included in the appropriate editions of *E-news*.



[Local association name] and Michigan Pharmacists Association
Cordially Invite You to Attend
a Legislative Coffee Hour
With **[Legislator(s)]**

Making a difference starts with making a connection!

This event brings legislators and pharmacists together to develop strong relationships. We must engage with our elected officials so they understand what we do as pharmacy professionals and the value we bring to the health care team. Please join us coffee and conversation in this informal setting to foster these important connections.

[Date]

[Time]

[Location]

[Address]

Please RSVP by **[RSVP deadline]** to
[Contact e-mail] or **[Contact phone]**.

We look forward to seeing you there!



Legislative Coffee Hour Toolkit



Sample Social Media Posts

These messages are designed for Facebook and Twitter to encourage pharmacy professionals' attendance at the event. Post these to personal or local association Facebook pages or Twitter feeds.

Facebook Posts

Join [local association name] and Michigan Pharmacists Association for a Legislative Coffee Hour with [legislators] on [date and time] at [location and address]. Use this informal venue to develop important relationships with your legislators and let them know the value of pharmacy professionals.

Contact [contact name] for more information.

REMINDER! Our Legislative Coffee Hour is almost here, and you want to be there! Engage with legislators and show how pharmacy professionals make a difference. Join [local association name] and Michigan Pharmacists Association for a Legislative Coffee Hour with [legislators] on [date and time] at [location and address]. Contact [contact name] for more information.

Tweets

Pharmacy professionals! Join [local association name or Twitter handle] and MPA for a Legislative Coffee Hour! Check your e-mail for details.
#PharmacyAdvocates

Making a difference starts with making a connection. Connect at our Legislative Coffee Hour. See e-mail for details. #PharmacyAdvocates



Legislative Coffee Hour Toolkit



“Thank You” Message to Pharmacy Professional Attendees

Personalize and modify this template to thank the pharmacy professionals who attend your event. Remember to customize with your information and remove the highlights before sending.



Good [morning/afternoon]!

On behalf of [local association name] and Michigan Pharmacists Association, I want to offer my sincerest appreciation for your attendance at our legislative coffee hour event on [date of event] at [location of event]. We have found these informal events to be an excellent venue for building relationships with local legislators. We hope you found the event both beneficial and enjoyable.

We know your time is valuable so thank you for making this event part of your schedule. Sharing more information about pharmacy and the value that pharmacy professionals bring to health care enables legislators to make informed decisions when voting on issues relevant to pharmacy practice. Continuing to develop these relationships can make you a valuable resource your legislator can call upon when he or she has questions about the practice of pharmacy.

Warmly,
[E-mail Sender]



Legislative Coffee Hour Toolkit



“Thank You” Message to Legislators

Personalize and modify these templates to thank both the legislators and pharmacy professionals who attend your event. Remember to customize with your information and remove the highlights.



Good [morning/afternoon] [Rep./Sen.] [last name]!

On behalf of [local association name], Michigan Pharmacists Association and our member pharmacists, I want to offer my sincerest appreciation for your attendance at our legislative coffee hour event on [date of event] at [location of event]. We have found these informal events to be an excellent venue for building relationships with local pharmacy professionals in your district. We hope you found the event both beneficial and enjoyable.

We know your time is valuable so thank you for making your pharmacy professional constituents part of your schedule. If there is anything we can do for you in the future, please do not hesitate to contact us. We hope to be a resource you can call upon when you have questions about the practice of pharmacy.

Warmly,
[E-mail Sender]



Legislative Coffee Hour Toolkit



Advocacy Report

Please have EACH pharmacy professional who attends the Legislative Coffee Hour complete and submit this document to Amanda Lick within one week of the event so MPA can recognize your success. When logged into the MPA Web site, this form can be accessed electronically under the Advocacy section at www.MichiganPharmacists.org/advocacy/pharmacy/report

Name of Advocate: _____

Your Practice Setting: _____

Your E-mail Address: _____

Your Phone Number: _____

Date of Advocacy Effort: _____ Are You a First-time Advocate? ☐ Yes ☐ No

Type of Outreach: (Phone Call, E-mail, Coffee Hour, etc.): _____

Name(s) of Legislator(s): _____

Issue(s) or Bill(s) Discussed: _____

Summary of the Meeting or Response: _____

Did the legislator agree to support the issue? ☐ Yes ☐ No

Would the legislator like more information? ☐ Yes ☐ No

If so, what would they like more information on? _____

Would you like MPA to follow-up with the legislator? ☐ Yes ☐ No

Overall, please rate your advocacy experience:

[1 = Very Dissatisfied, 10 = Very Satisfied]

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Please rate your level of satisfaction with the support MPA provided:

[1 = Very Dissatisfied, 10 = Very Satisfied]

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Will you likely participate in advocacy again? ☐ Yes ☐ No

