



See your
picture here

Let Your Story Be Heard

Participate in the “Faces of Michigan Health Centers” Campaign

Let Your Story
Be Heard
Across the State

Let Your Story
Be Heard
at the State Capitol

Let Your Story
Be Heard
in Washington, DC

■ What is the “Faces of Michigan Health Centers” campaign?

The “Faces of Michigan Health Centers” campaign is an effort to spread the message across the state, at the State Capitol in Lansing, and in Washington, DC, about how Community Health Centers like yours benefit patients, families, and communities.

■ Who is behind the campaign?

The campaign is a project of the Michigan Primary Care Association (MPCA). Your Community Health Center is a member of MPCA whose mission is to promote, support, and develop comprehensive, accessible, and affordable community-based primary health care services to everyone in Michigan. For more information, contact Dana Lawrence at 517.381.9440 or dlawrence@mpca.net.

■ Why should I participate in the campaign?

Personal stories like yours are the best way to share the message. Legislators, policy makers, and funders listen when “real people” talk. Selected stories and photos will be included in an online story and photo gallery, used in printed materials, and shared with state and federal legislators, policy makers, and funders.

■ How can I participate in the campaign?

Participation is easy and free! Just complete the form on the back and send your answers to:

Michigan Primary Care Association
Faces of Michigan Health Centers
7215 Westshire Drive
Lansing, MI 48917



www.mcpa.net



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Please complete and sign this form, attach your photo, and mail to:

Michigan Primary Care Association, Faces of Michigan Health Centers, 7215 Westshire Drive, Lansing, MI 48917

Name _____ City where you live _____

Name of Community Health Center _____

I would prefer that someone call me so I can share my story: Daytime phone (____) _____
Evening phone (____) _____

Age range (circle one): 18-29 30-39 40-49 50-59 60-69 70-79 80 and over

Please list family members: Spouse _____ Receives care at health center Yes No
Number of children living with you _____ Ages of children _____
Children receive care at health center Yes No

Please tell us about the difference this Community Health Center has made in your life — below are some questions to start you thinking.

- How has this Community Health Center helped you and/or your family and for how long?
- Where did you receive health care before coming to this Community Health Center?
- How did you find out about this Community Health Center?
- What do you like best about this Community Health Center?
- Please use an additional page if you need more room, and please attach your photo.

I am willing to have my story and photo used in Community Health Center publications Yes No

Signature _____ Date _____



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Name _____ Position _____

Name of Community Health Center _____

Daytime phone (_____) _____ Evening phone (_____) _____

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Please tell us about the difference this Community Health Center has made in your life — below are some questions to start you thinking.

- When did you begin working at this Community Health Center?
- What is your role at the Community Health Center?
- Why did you decide to practice medicine at a Community Health Center?
- How does the Community Health Center benefit your community and your patients?
- Is there a patient or family you have treated who might be willing to share their story to illustrate the work of Community Health Centers?
- Please use an additional page if you need more room, and please attach your photo.

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