

# POLICY ENGAGEMENT

## by Local Health Funders

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Policies made at the local level have a tremendous influence on people's health. The quality of foods served in schools, water fluoridation, the availability of parks and recreation facilities, transit planning, public transportation, zoning restrictions, housing codes, smoke-free ordinances, minimum-wage requirements—the list of health policies determined or mediated at the local level goes on and on. Local health funders are uniquely well positioned to inform and influence local policy decisions that can play a critical role in shaping community health and well-being. Local health foundations bring an in-depth understanding of community health needs and have often established long-standing, trusting relationships with local policymakers.

This scan of the field explores how local health funders are engaging in health policy issues, particularly those made at the local level. The report is based on key respondent interviews conducted between July and December 2015 with representatives of 20 GIH Funding Partner<sup>1</sup> organizations that maintain a local geographic focus. GIH Funding Partners self-identify their geographic focus as local, state, regional, national, or international and may select multiple designations (e.g., local *and* national funder). This scan is restricted to Funding Partners identifying exclusively as local funders, excluding those with multiple geographic foci. Foundations identifying as “local” funders include those focused on a specific community, township, or metropolitan area, as well as those focused on a specific county or multicounty area. Therefore, the size of these localities varies widely in terms of both populations served and geographic areas.

A random sample of 20 local health foundations was selected from the 118 local Funding Partners affiliated with GIH as of June 2015. Foundations were randomly selected to ensure the sample would include an unbiased, representative mix of locally focused philanthropic organizations. While this sample size is not large enough to be statistically representative for all locally focused GIH Funding Partners, it does provide a reasonable basis for qualitative analyses of the field's engagement in local policy issues.

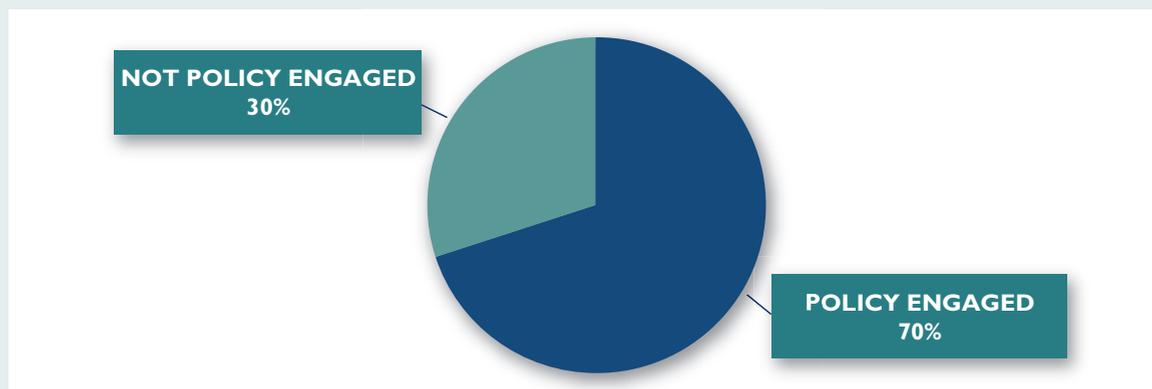
Interview respondents for the sampled foundations were identified from staff contacts maintained in the GIH Funding Partner database. In most cases, the foundation's chief executive officer served as the interview respondent. GIH promised interview respondents confidentiality to encourage candor. Therefore, this report does not identify the foundations selected for inclusion in the scan. Interview responses were not independently validated. GIH assumes that respondents provided accurate characterizations of their policy involvement.

### **MOST LOCAL HEALTH FUNDERS INTERVIEWED ARE ACTIVELY ENGAGED IN PUBLIC POLICY.**

A majority of respondents (70 percent, N=14) indicated that they fund or directly engage in activities intended to inform or influence public policy decisions. Among the 30 percent of respondents (N=6) that are not currently funding or directly engaging in policy activities, two indicated that they expect to become policy-engaged in the near future. Reasons for choosing not to engage in public policy issues vary among respondents and include: concerns regarding legal restrictions related to lobbying, board reluctance, competing priorities, concerns regarding the capacity of potential grantees, and resource limitations.

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<sup>1</sup> GIH Funding Partners are health grantmaking organizations that support GIH through unrestricted or program funding.

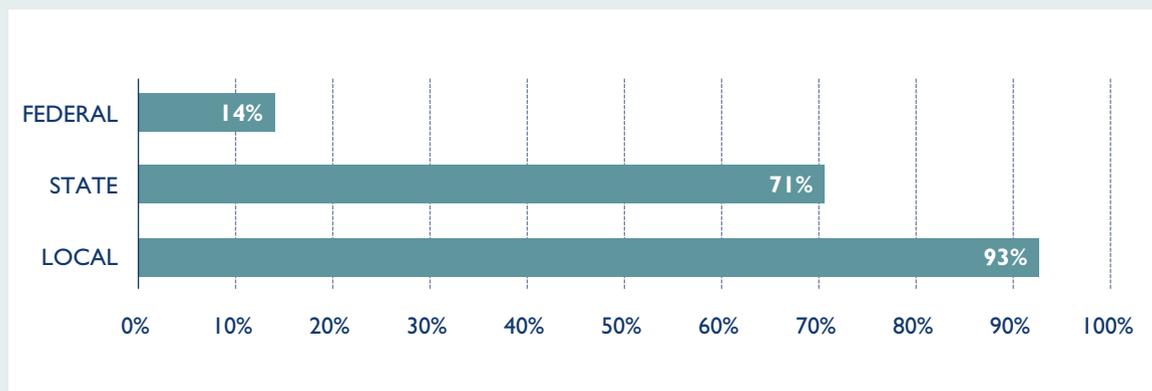
**FIGURE 1: POLICY ENGAGEMENT BY LOCAL HEALTH FUNDERS**

Respondents self-identified whether their foundation funds or directly engages in activities to inform or influence public policy decisions and were not given a specific definition of which activities constitute policy engagement. In fact, throughout the interview process, it became clear that respondents held varying perspectives on the types of decisions that were viewed as “public policy,” as well as the types of activities that were seen as attempts to “inform or influence” these decisions.

Most respondents employed fairly broad definitions of both “public policy decisions” and the types of activities pursued to “inform or influence” those decisions. Public policy decisions included formal decisions made by elected officials, such as the enactment of local ordinances and public budgets, as well as formal and informal decisions made by appointed government officials to direct the operation and conduct of government agencies.

#### **LOCAL HEALTH FUNDERS TYPICALLY FOCUS ON LOCAL POLICY ISSUES.**

Among local health funders engaged in policy work, 93 percent of respondents seek to inform or influence policy decisions made at the local level, 71 percent are engaged in state-level policy, and only 14 percent are actively engaged in federal policy.

**FIGURE 2: GOVERNMENTAL FOCUS OF POLICY ACTIVITIES**

The focus of local policy activities varies somewhat among respondents. Collaborative work with public schools, school districts, and local government agencies is most prevalent. However, engagement with elected officials, such as mayors, county executives, city council members, county commissioners, and school board members, is also widespread.

Although somewhat less common than local policy engagement, a majority of respondents reported engagement in state policy issues. These activities generally focus on legislative issues, particularly the implementation of state law at the local level, but also include partnerships with executive-branch agencies and involvement in rulemaking and other regulatory processes. Efforts to assist in implementing the Affordable Care Act were widely reported, including outreach and enrollment for the federal Health Insurance Marketplace or state-based insurance exchanges, and advocacy related to Medicaid expansion.

A number of respondents cited the importance of their regional association of grantmakers in facilitating state-level policy engagement. These respondents indicated that their regional association of grantmakers plays an instrumental role in identifying relevant state policy issues, connecting them with other funders, and helping to coordinate funders' policy activities. However, other respondents reported that their regional association of grantmakers is not actively involved in policy issues, suggesting that the role of these regional associations varies widely across geographic areas.

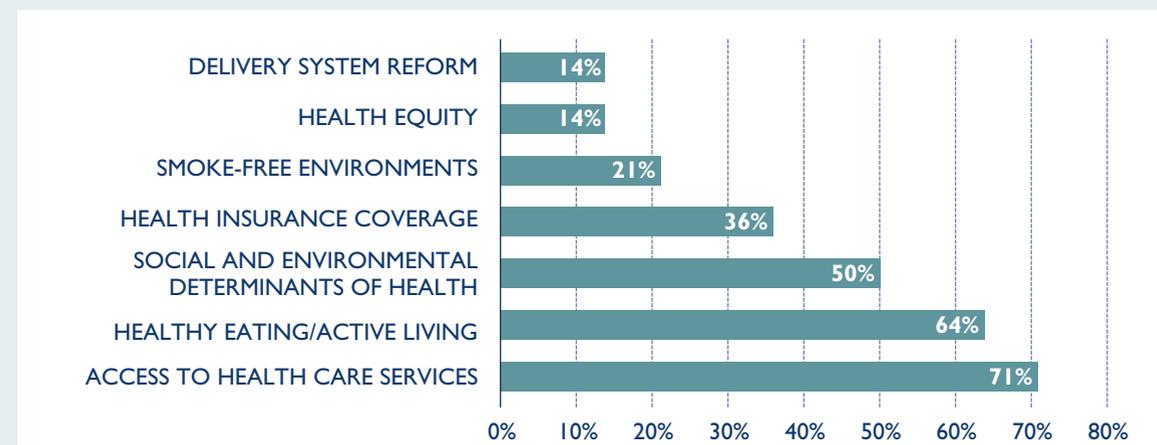
Although few local funders are actively engaged in efforts to inform or influence federal policy, many respondents indicated that they work to stay current on health policy debates and legislative changes unfolding at the national level. Federal policy issues frequently cited by respondents include school food policies, ACA implementation, and policies related to funding and reimbursement for community health centers.

### LOCAL HEALTH FUNDERS HAVE IDENTIFIED A DIVERSE RANGE OF POLICY PRIORITIES.

Policy priorities vary among policy-engaged funders. The policy priorities most widely cited by respondents include:

- access to health care services (71 percent),
- healthy eating/active living (64 percent),
- social and environmental determinants of health (50 percent), and
- health insurance coverage (36 percent).

**FIGURE 3: POLICY PRIORITIES**



Less commonly cited priorities include smoke-free environments (21 percent), health equity (14 percent), and delivery system reform (14 percent). Several respondents also reported targeted priorities related to particular interventions or populations in need, such as affordable housing, transportation systems, and immigrant and refugee health.

Foundations participating in this scan did not focus exclusively on a single policy priority. Most respondents identified multiple policy priorities (ranging from two to six priorities per funder), with an average of three priorities reported for each foundation.

Respondents frequently characterized their engagement in policy-change activities as “a means to an end.” Most respondents stressed that the selection of policy priorities was intrinsically tied to broader organizational goals. The fact that policy activities were a natural outgrowth of philanthropic objectives was cited as a key reason why governing boards were supportive of the foundation’s involvement in local policy activities.

These efforts were often described as focusing on “little P” policy change involving administrative practices and protocols rather than “big P” policy change related to legislative action. In fact, local funders typically characterized their efforts as partnership with local government, rather than policy or advocacy activities.

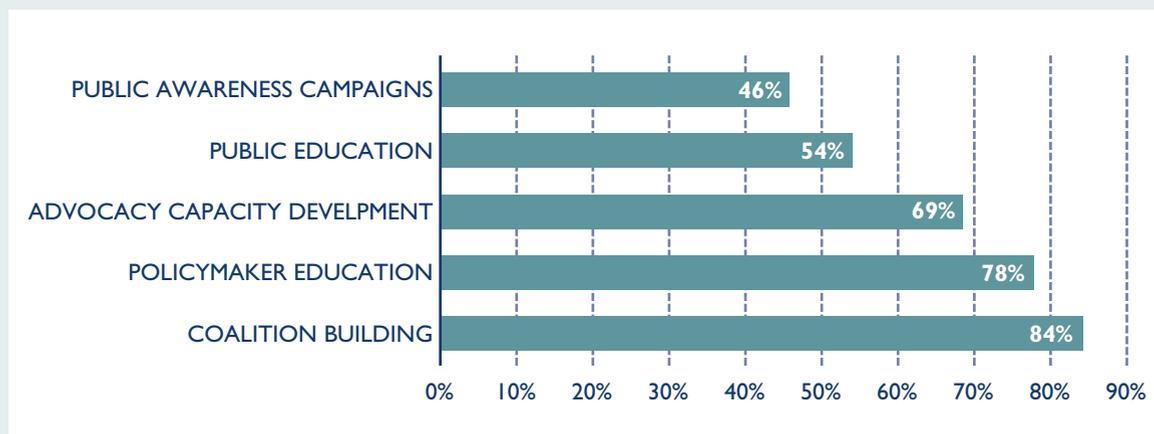
### LOCAL HEALTH FUNDERS EMPLOY A DIVERSE SET OF STRATEGIES TO INFORM AND INFLUENCE PUBLIC POLICY.

The types of strategies local health funders use to inform and influence public policy vary significantly among respondents. The policy strategies most commonly cited include:

- coalition building (84 percent),
- policymaker education (78 percent),
- advocacy capacity development (69 percent),
- public education (54 percent), and
- public awareness campaigns (46 percent).

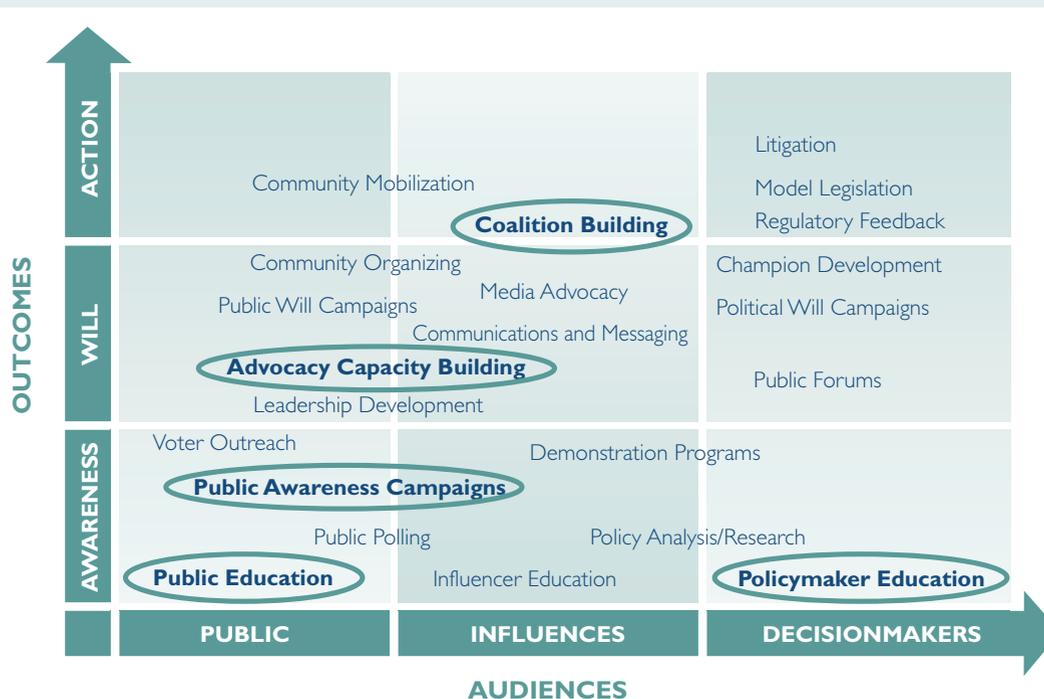
Less frequently cited strategies include: policy analysis, demonstration projects, leadership development, community organizing (39 percent, respectively); influencer education (e.g., training for journalists) (31 percent); communications and messaging research, champion development, and model legislation development (23 percent, respectively). Public policy strategies rarely cited by respondents include: public polling, public will campaigns, media advocacy, community mobilization, voter outreach, and litigation support.

**FIGURE 4: POLICY STRATEGIES COMMONLY USED BY LOCAL HEALTH FUNDERS**



Respondents indicated that their foundations directly engage in or support a combination of different strategies to inform or influence public policy, (ranging from two to fourteen strategies per funder) with an average of seven strategies reported for each foundation.

**FIGURE 5: VISUAL FRAMEWORK OF PUBLIC POLICY STRATEGIES**



Adapted from “Visual Framework of Public Policy Strategies” presented in Campbell, Martha, and Julia Coffman. “Tools to Support Public Policy Grantmaking,” *The Foundation Review*. 1, no. 3 (2009): 123-131.

Local health funders implement these strategies in a wide variety of ways:

- **Foundation staff frequently play a direct, hands-on role in conducting policy activities.** Local health funders often rely heavily on foundation staff to directly inform or influence policy decisions and policy implementation activities. Foundation staff regularly interact with local government officials, both elected and appointed, to identify community health needs, educate policymakers about important health issues, advocate for public-sector interventions, and assist in policy change and implementation efforts.

In some instances, foundation partnerships with local government are formally organized. For example, one local foundation convenes a behavioral health consortium consisting of a variety of public- and private-sector stakeholders. The consortium’s purpose is to examine the community’s behavioral health system, identify unmet needs, and work toward a more integrated, inclusive, effective, and patient-centered system of care. After conducting a rigorous assessment of the county’s behavioral health system, the consortium elected to focus on three priority areas: behavioral health integration, improvements in the criminal justice system, and family behavioral health. A leadership council was established for each of these priority areas to foster communication, collaboration, and goal-setting among community stakeholders. Foundation staff are directly responsible for facilitating and coordinating the consortium and the leadership councils. This work has influenced a variety of local policies, including the establishment of pretrial policies and procedures to maximize jail diversion for persons with mental illness. The foundation

has bolstered these collaborative policy efforts with grants to the county government to support training for over 260 detention personnel and changes in detention standards of practice.

While foundation-government partnerships sometimes involve grants to local government agencies, more commonly they emphasize collaborative relationships, in-kind contributions, and coordinated funding to community-based nonprofits. At times these partnerships are somewhat informal. For example, staff at one local foundation worked closely with local government officials to plan the location of, and build support for, permanent housing for the homeless. Despite some neighborhood opposition, the foundation was able to persuade public officials that the proposed location was the most suitable of available alternatives, offering access to transportation and support services.

- ▶ ***Support for “backbone” organizations to coordinate advocacy coalitions is common.*** Although foundation staff frequently play a direct role in managing collaborative advocacy activities, a number of respondents indicated that their foundation funds a designated organization to organize and coordinate coalition-building efforts. While grants to “backbone” organizations appear more common in major metropolitan areas, local health funders based in smaller communities have played an active role in establishing organizations capable of leading collaborative advocacy efforts. For example, one local health funder incubated, and eventually spun off, a nonprofit organization focused on youth leadership development and community collaboration. Although there were several youth-serving organizations in the community, none were well suited to take on the convening and advocacy roles the foundation envisioned. Initially the organization began as a foundation-sponsored project, directly staffed and managed by foundation employees. The foundation assumed these activities would eventually be housed in an independent organization and began planning for that transition almost two years before the actual spin-off, including conducting a fundraising effort to ensure the organization would be established with an adequate cash reserve. While the foundation continues to provide grants to the organization, it has helped the grantee develop a diverse array of funders. The organization has grown into a strong voice for youth in the community and plays a key role in developing youth leaders who advocate for equitable school discipline policies, substance-abuse prevention, and other local issues affecting adolescents and young adults.
- ▶ ***Coalition-building often requires support for individual coalition members.*** In some cases, local funders may not directly fund a “backbone” organization, but instead provide strategic support for the various partners that contribute to a coalition-based advocacy effort. For example, one local funder sought to increase its community’s access to healthy foods and supported multiple grantees working to develop community gardens and urban farming. Grantees included organizations focused on helping gardeners and farmers grow food, as well as a community development corporation that led efforts to mobilize grassroots support. Multiple organizations, including grantees and others not receiving foundation support, formed a coalition to examine barriers to community gardens and urban agriculture, and identified water access as a major obstacle to the expansion of these efforts. Working in partnership with city and county governments, the coalition helped to establish a publicly funded grant program to install water taps at community gardens. The grants are funded by the local department of public works and managed by the local health department, while the coalition provides technical assistance to grantees and applicants.
- ▶ ***Local health funders are working to build advocacy capacity in health care and human service organizations.*** While support for coalition building is often granted to organizations that are fully or substantially dedicated to policy advocacy efforts, local health funders are also helping service-oriented organizations, such as health care and social service providers, develop the capacity necessary to engage in local policy issues. This support includes training and technical assistance, as well as funding for staff to conduct advocacy-related activities. The types of service organizations receiving capacity-building support are diverse and include federally qualified health centers, behavioral health providers, child care organizations, community gardens, food pantries, and homeless shelters. Some funders are also working to link the advocacy efforts of local service providers to state-level advocacy organizations and coalitions.

Most local policy efforts are fluid and involve an evolving combination of financial and in-kind support to multiple organizations, including government agencies, grassroots advocacy organizations, “backbone” organizations, and service organizations. Rather than utilizing any one of the approaches described above, local funders frequently mix and match implementation strategies depending on changing circumstances, political dynamics, grantee capabilities, and levels of community engagement.

## LESSONS LEARNED

- ▶ ***Engagement in local policy is a cost-effective way to achieve sustainable improvements in community health.*** Respondents repeatedly emphasized that their engagement in local policy issues is driven by broader organizational goals related to community health. Policy engagement is pursued selectively in areas where policy change promises to have a meaningful effect on philanthropic priorities and engagement is likely to accelerate those policy-change decisions. When these criteria are met, most local funders view policy engagement as a highly effective way to advance their mission. Several respondents questioned why local health funders would avoid engaging in policy and advocacy efforts. As one respondent advised, “You only have as much power as you choose to exercise.”
- ▶ ***Public officials welcome the involvement of local health funders.*** While acknowledging that policy engagement is often viewed as a “risky” undertaking by funders, respondents stressed that policy engagement is rarely associated with significant legal or reputational risks. In fact, most respondents indicated that public officials, both appointed and elected, typically value local funders’ involvement in policy deliberations and usually perceive these activities as helpful, rather than confrontational. Foundation staff are frequently viewed as subject-matter experts free from the self-interests or entrenched positions that may bias other stakeholders. Respondents suggested that once a foundation exhibits a willingness to engage in policy issues, public officials will often seek out the active involvement of foundation staff as new issues emerge, particularly for those issues that require public-private partnership and community engagement.
- ▶ ***Local policy issues are often less politicized than state or national issues.*** Local funders frequently described local policy issues as being less overtly partisan than many state or national policy debates. Respondents felt that this lack of political drama made it easier to bring people together for a fact-based exploration of local health policy decisions. A more objective focus also made foundation boards more receptive to local policy engagement.
- ▶ ***Sometimes local funders need to follow, and sometimes they need to lead.*** Respondents indicated that, although it is often easier to engage in health policy issues that have already been identified and prioritized by local government officials, in some instances foundations need to play a leadership role to ensure important issues rise to the top of the local policy agenda. For example, several respondents noted that foundation staff were instrumental in encouraging local schools to improve the quality of school foods.
- ▶ ***Policy engagement requires a time-consuming, long-term commitment.*** Many respondents cautioned that policy engagement is a time-intensive activity for foundation staff and governing boards must understand that this significant commitment of time rarely results in immediate policy “wins.” Funders stressed that efforts to inform and influence local policy are inherently relationship-based, requiring a long-term dedication to building and maintaining open communication and collaborative partnerships with public officials. Turnover among elected and appointed officials exacerbates these time demands, as relationships must continually be established with new players who may not be familiar with, or receptive to, past agreements.

Local funders with service areas spanning multiple counties or municipalities face particularly challenging circumstances. Establishing and maintaining relationships with officials from multiple jurisdictions was described as a very difficult undertaking. Several regional funders indicated that they needed to set clear priorities regarding the localities in which they would focus their policy efforts.

- *Local foundation leaders are often chosen for their policy expertise and relationships with public officials.* A number of respondents noted that their expertise in health policy issues and strong relationships with local officials were key determinants in the governing board's decision to recruit them to lead the foundation. Several of the foundation CEOs interviewed had previously served in local government agencies or had played prominent roles in policy-advocacy organizations. These experiences were viewed as important qualifications to ensure that the foundation would be viewed as an informed, credible voice in local policy deliberations.

## CONCLUSION

Most local health funders view local policy engagement as a natural outgrowth of community service. They recognize that local governments play a profound role in influencing community health and see engagement in local policy decisions as instrumental—or even essential—to advancing their missions. However, the nature of this engagement can take a variety of forms.

For many, engagement in local policy reflects supportive partnerships with local government agencies. In implementing these “inside” strategies, local funders serve as a resource to local government officials, providing information to support decisionmaking, garnering community input, coordinating other stakeholders, and sometimes offering financial assistance to supplement public-sector investments. Less commonly, local funders pursue “outside” strategies, seeking to inform or persuade policymakers who are less receptive to working in close partnership with foundations or foundation-supported coalitions. In these instances, local health funders often focus their efforts on increasing community empowerment and civic engagement by educating the public, organizing and amplifying the voice of marginalized populations, and building capacity to strengthen health advocacy.

Regardless of whether they choose an “inside” or an “outside” strategy (or some combination of the two), local health funders are actively engaged in public policy decisionmaking and often view these activities as strategic priorities. Although many local health funders provide financial support to grantee organizations seeking to inform or influence policy decisions, foundation staff often play a direct role in implementing policy strategies. Respondents indicated that policymakers view local foundations as a knowledgeable, credible, and trusted resource to guide decisionmaking.