

# Health Reform Five Years Later: Foundations Steps Up to the Challenge

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## AGENDA

- Goals and Methods
- The Last Five Years: Philanthropy's Contributions and Roles

*Questions?*

- Going Forward: Realizing health reform's potential
- Advocates' perspectives
- Regional Differences

*Questions?*

- Recommendations

*Questions?*

Surveyed all GIH Funding Partners (N=224)

- ❖ 91 foundation representatives responded (41% response rate)
- ❖ Mix of National-State-Local funders, and regions

Interviewed 21 foundations and 15 advocates

- ❖ Four national and 18 state based/local funders
- ❖ Five national and ten state-based advocates

Four geographic regions

- ❖ Two to three states per region
- ❖ Two foundations and one advocate per state

# The Last Five Years: Philanthropy's Contributions and Roles

# The Last Five Years: Philanthropy's Contributions and Roles Health Reform

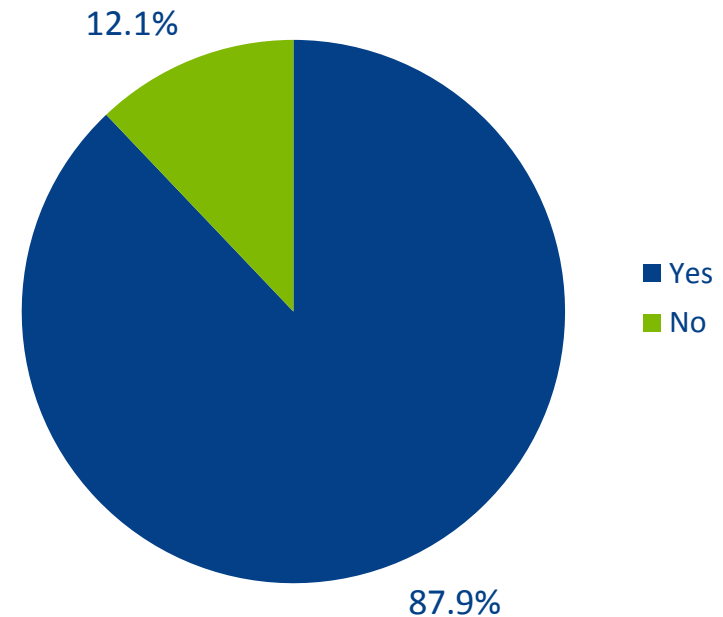
Elevated health reform over many years

Invested in outreach & enrollment

Provided long standing support for advocacy

Jump-started delivery system reform

Over the last four years, has your foundation supported any health reform-related activities, which we define as either reforming the health care delivery system or expanding coverage? (n=91)



# The Last Five Years: Philanthropy's Contributions and Roles Health Reform

**Elevated health reform over many years**

**Invested in outreach & enrollment**

**Provided long standing support for advocacy**

**Jump-started delivery system reform**

- Invested in data and policy research, public education and awareness campaigns, advocacy and pilot projects—all of which helped build the policy imperative for the ACA
- The Public Health and Prevention Fund, among other provisions, was championed by many foundation grantees

# The Last Five Years: Philanthropy's Contributions and Roles Health Reform

Elevated health reform over many years

Invested in outreach & enrollment

Provided long standing support for advocacy

Jump-started delivery system reform

- Supported the creation of Enroll America
- Catalyzed coalitions
- Provided state match to draw down federal funding
- Underwrote navigator and enrollment assistors
- Targeted support to assist diverse communities

# The Last Five Years: Philanthropy's Contributions and Roles Health Reform

Elevated health reform over many years

Invested in outreach & enrollment

**Provided long standing support for advocacy**

Jump-started delivery system reform

- Built and strengthened various aspects of the advocacy infrastructure
- Supported advocacy through an equity lens
- Directly engaged in advocacy efforts
- Created a new 501(c)4 advocacy organization



# The Last Five Years: Philanthropy's Contributions and Roles Health Reform

Elevated health reform over many years

Invested in outreach & enrollment

Provided long standing support for advocacy

Jump-started delivery system reform

- Program innovation and reform was the second most utilized strategy undertaken by foundations with regard to health reform
- Care coordination was the most frequently cited priority issue by foundations
- Delivery system issues provided opportunities for foundations to engage in health reform in “less enthusiastic states”

# Not “Business as usual”



Modified  
grantmaking  
practices



Partnered with  
and funded  
State  
government



Exerted  
leadership in  
the state



Developed and  
deepened  
collaborations  
with other  
foundations



# Not “Business as usual”



Modified  
grantmaking  
practices



- Increased funding levels
- Streamlined processes and procedures
- Took higher levels of risk

*The Commonwealth Fund put special procedures in place to be able to fund requests, when necessary, more quickly than is possible with the traditional schedule.*

# Not “Business as usual”



Partnered with  
and funded  
State  
government



- Twenty-one percent of survey respondents partnered with government
- Many foundations increased their level of engagement with government
- Provided critical resources to the state to implement the ACA

*Three California health foundations supported a series of stakeholder-engagement processes associated with the development of California’s State Innovation Model grant proposal.*

# Not “Business as usual”



Developed and deepened collaborations with other foundations



- More than 80 percent of foundations reported collaborating with other funders on health reform
- Funder collaborations:
  - Provided new entry points for foundations
  - Enabled funders to share information about public policy
  - Convened grantees and stakeholders

*Six foundations in Kansas jointly developed the Health Reform Resource Project (HRRP) and hired a person to represent the collective, who has become the “go to” person on health reform. The HRRP provides education, convening, and funding opportunities to assist various audiences develop greater understanding the ACA.*

## Which issues did you collaborate on with other foundations? Top six choices shown.

Outreach and enrollment activities related to the health insurance marketplace or Medicaid

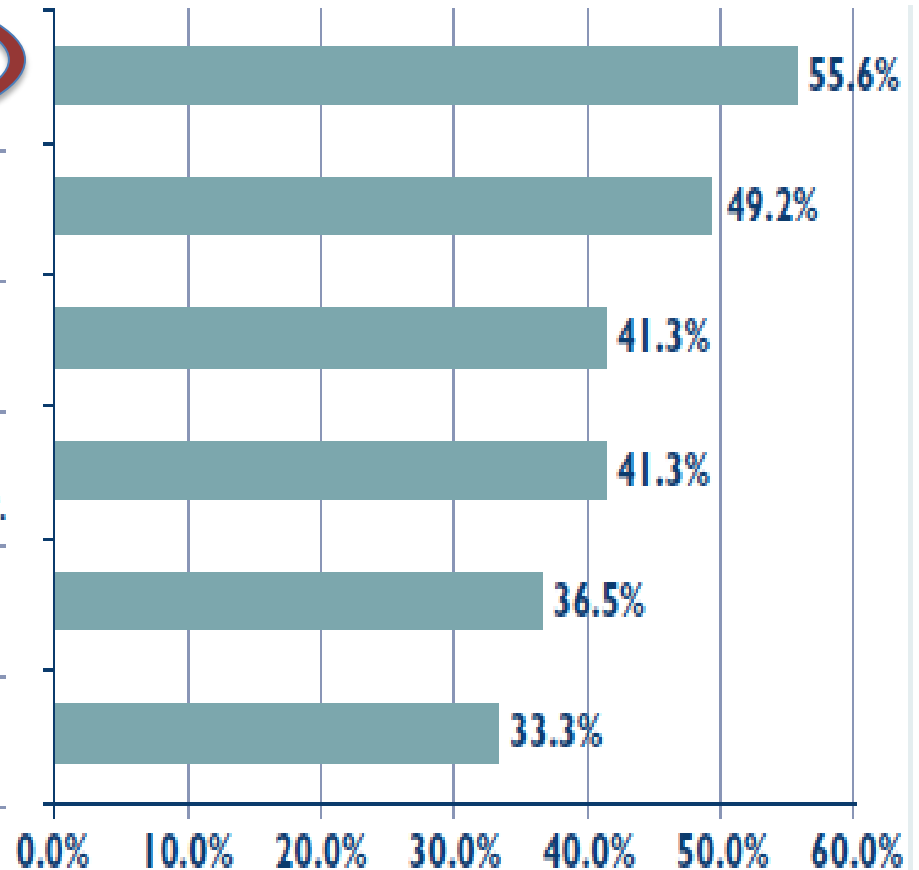
Access and coverage options, including for individuals ineligible for the ACA

Health insurance coverage-related issues, including the health insurance marketplace

Care coordination, such a medical homes, integration of behavioral health and primary care, etc.

Medicaid expansion

Safety net issues



# Not “Business as usual”



Exerted  
leadership  
in the state



- Built relationships with policymakers and convened people together
- Directly participated as an advisor to a policymaker or member of special panels or task forces
- Funded policymaker education on key issues, especially the Medicaid expansion

*The CEO of the Connecticut Health Foundation was appointed vice chair of the Governor’s Health Care Cabinet to advise on health reform implementation*

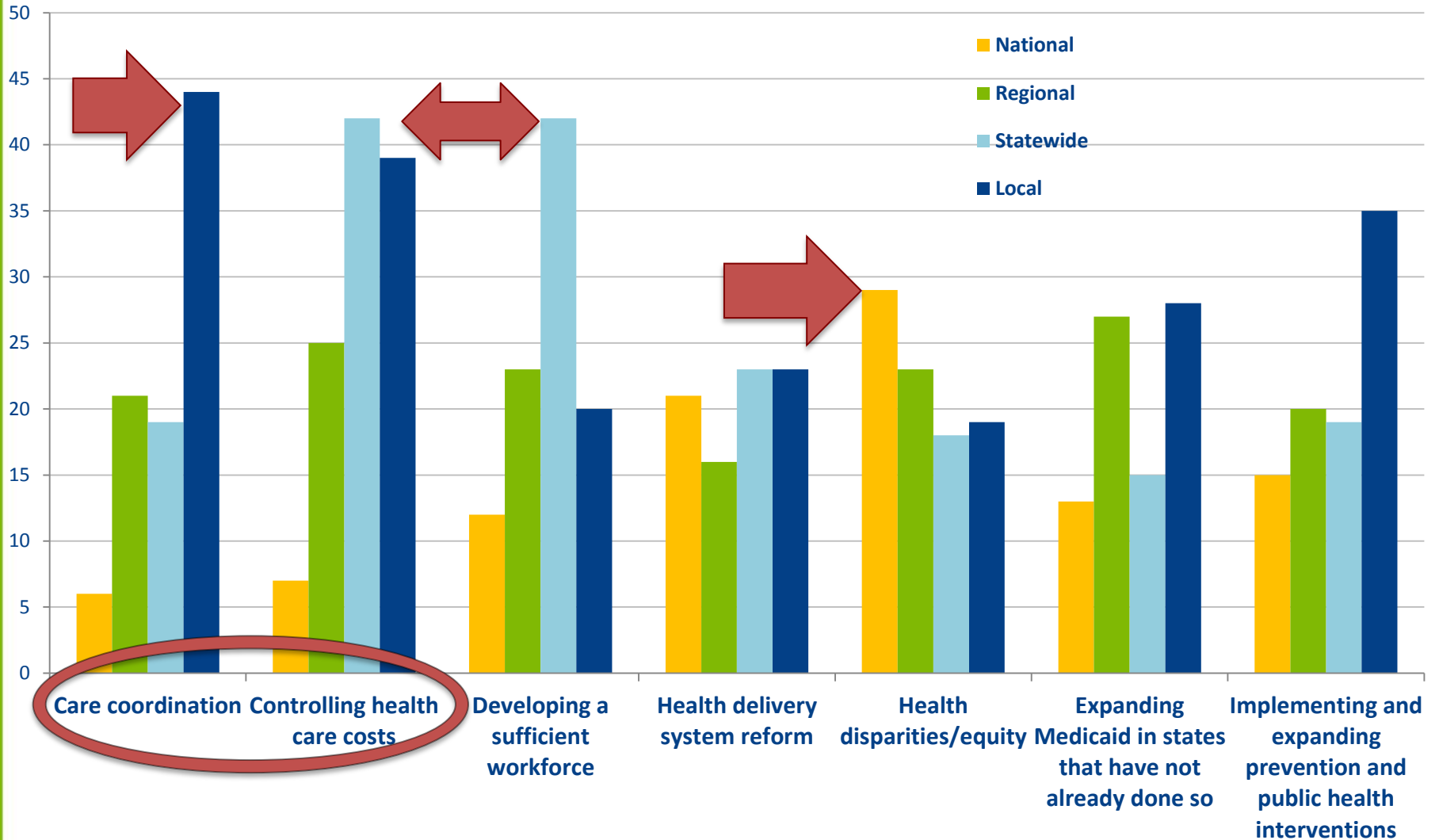


# QUESTIONS



# Going Forward: Realizing Health Reform's Potential

# What do you think are the most critical issues related to health reform that need to be addressed in your state (or nationally, if you are a national funder) over the next two years?



# Most Critical Issues

## Outreach, enrollment, and education

- Reaching Latinos
- Health insurance literacy and consumer engagement

## Accelerating delivery system reform

- Health care costs and payment reform
- Workforce

## Elevating health equity

- Health coverage for the remaining uninsured
- Leveraging health reform

# Most Critical Issues

## Outreach, enrollment, and education

- Outreach to Latinos
- Health insurance literacy and consumer engagement

- Enrollment of Latinos lagged, challenged by language barriers, inadequate marketing approaches, and immigration issues
- Many people newly eligible for insurance had little experience or knowledge of health insurance
- Consumer education is needed at multiple stages of the process: outreach, enrollment, post-enrollment (e.g. how to use insurance)

*Missouri  
Foundation for  
Health added  
health literacy to  
its enrollment  
efforts and is  
supporting  
Health Literacy  
Missouri, a  
leading  
organization*

# Most Critical Issues

## Accelerating delivery system reform

- Health care costs and payment reform
- Workforce

- Although purchasers, payers and providers, as well as the state government are in the drivers' seats for both issues, funders can contribute by supporting research, analysis, and evaluation.
- On workforce, many foundations are exploring strategies to support the development of new types of health care workers, such as lower-level practitioners.

*The Sunflower Foundation in Kansas described how its image as a neutral player enabled it to convene payers and providers even when tensions existed*

# Most Critical Issues

## Elevating health equity

- Health coverage for the remaining uninsured
- Leveraging health reform

- National funders ranked health equity as their highest priority.
- Variation in traction of the term, “health equity” and strategies for addressing health equity

*The W.K. Kellogg Foundation explicitly uses an equity frame for its health reform work, which led it to support a network of advocates representing various communities of color.*

# Advocates' Perspectives

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1

Continued focus on outreach enrollment and overall implementation activities

2

Medicaid expansion is priority one

3

New skills and capacities for engagement in service delivery reform



# Advocates' Perspectives

**1**

Continued focus on outreach enrollment and overall implementation activities

- Advocates believe that outreach and enrollment needs to be a “three- to five-year disciplined implementation effort”
- Concerns expressed that support may be waning after two rounds

# Advocates' Perspectives

## 2

### Medicaid expansion is priority one

- Although the number of states implementing the Medicaid expansion is slowly increasing, 17 have not yet done so.
- Advocates believe that continued efforts to build public and political will for Medicaid is needed, potentially through a concerted, nationally coordinated, state-by-state campaign
- The need to monitor states that are expanding Medicaid through Section 1115 waivers in order to ensure adequate consumer protections are present was also identified.

# Advocates' Perspectives

## 3

### New skills and capacities for engagement in service delivery reform

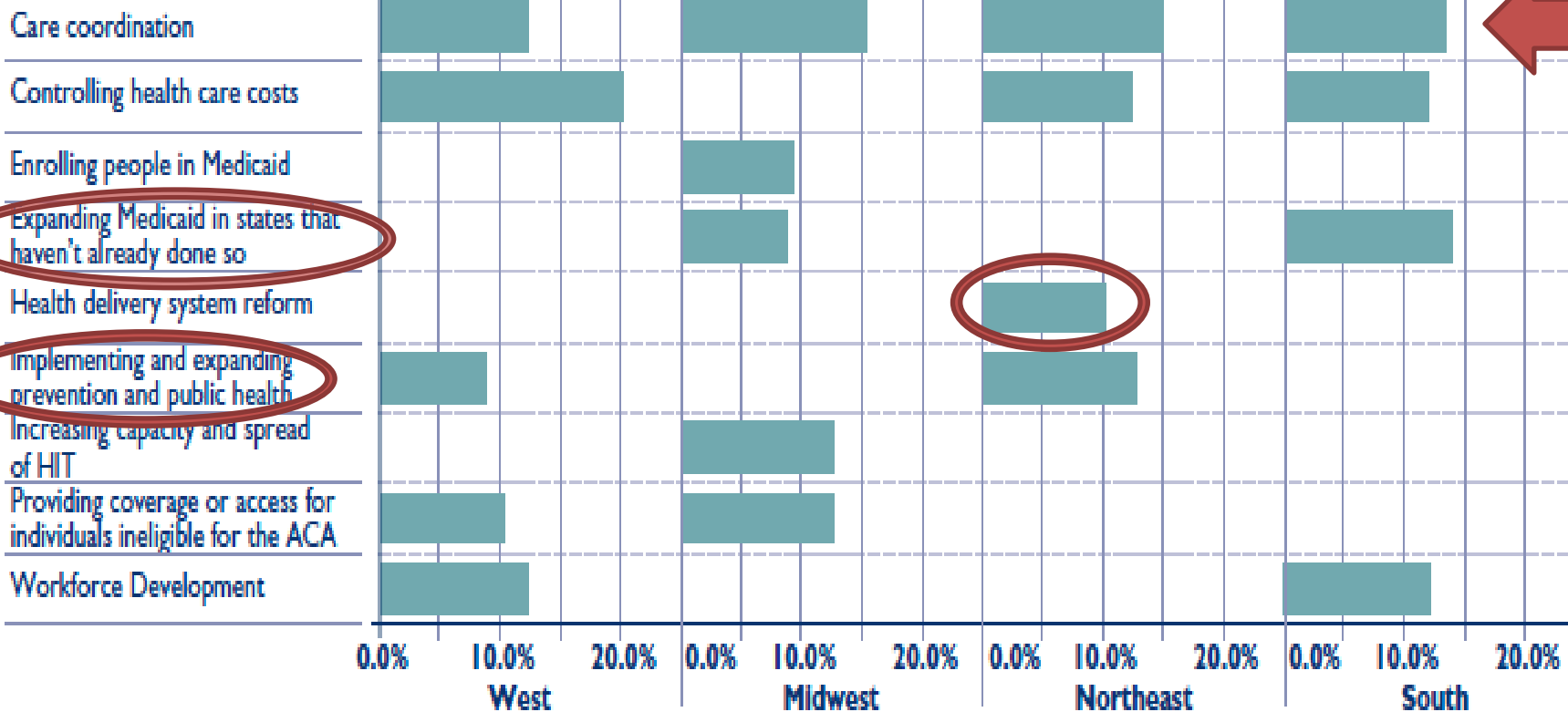
After years of focusing on coverage-related issues, consumer advocates need to develop a similar level of technical expertise to participate in service delivery reform issues, including cost and quality:

- New relationships and coalitions with health provider organizations need to be built
- New communication tools and messaging are needed to translate jargon in order to better engage consumers to have a voice

# Regional Differences

# What do you think are the most critical issues related to health reform that need to be addressed in your state?

## Most Critical Issues



# What do you think are the biggest challenges to addressing the most critical health reform-related

## Biggest Challenges

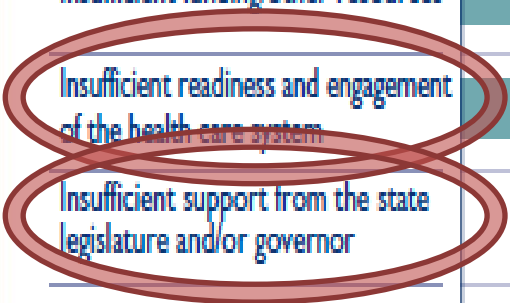
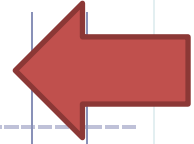
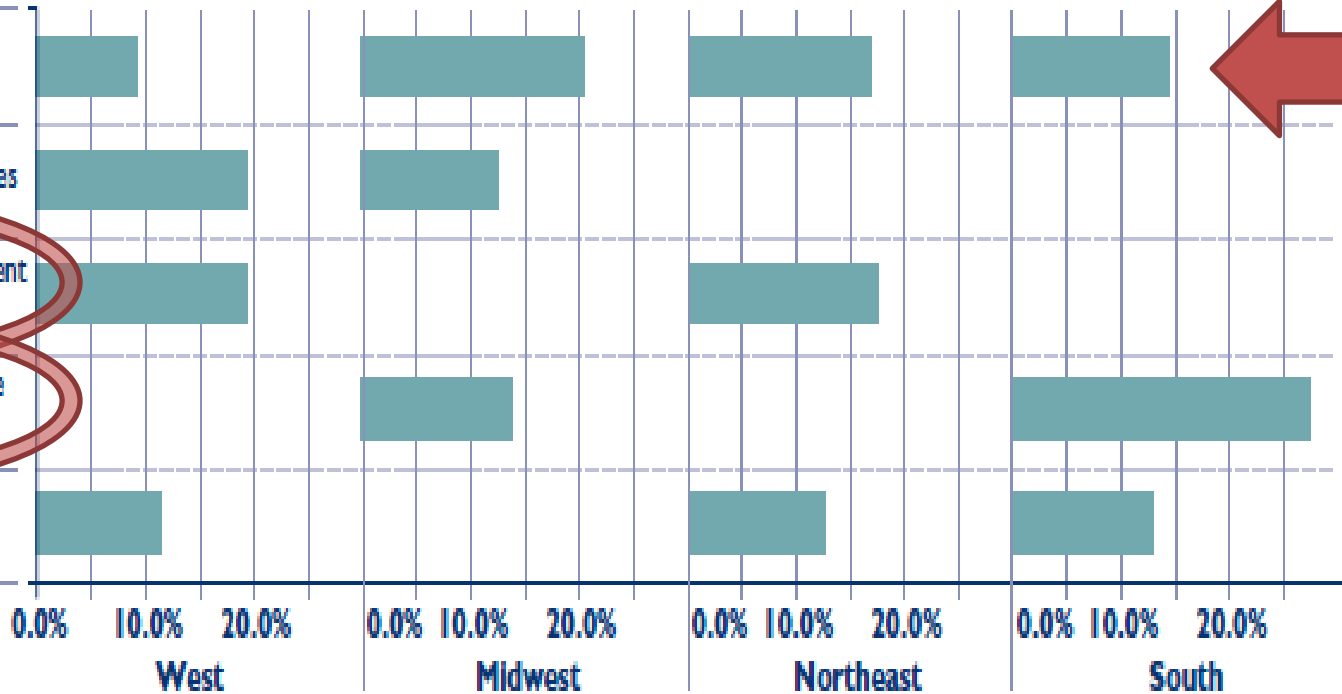
Insufficient capacity of state government

Insufficient funding/other resources

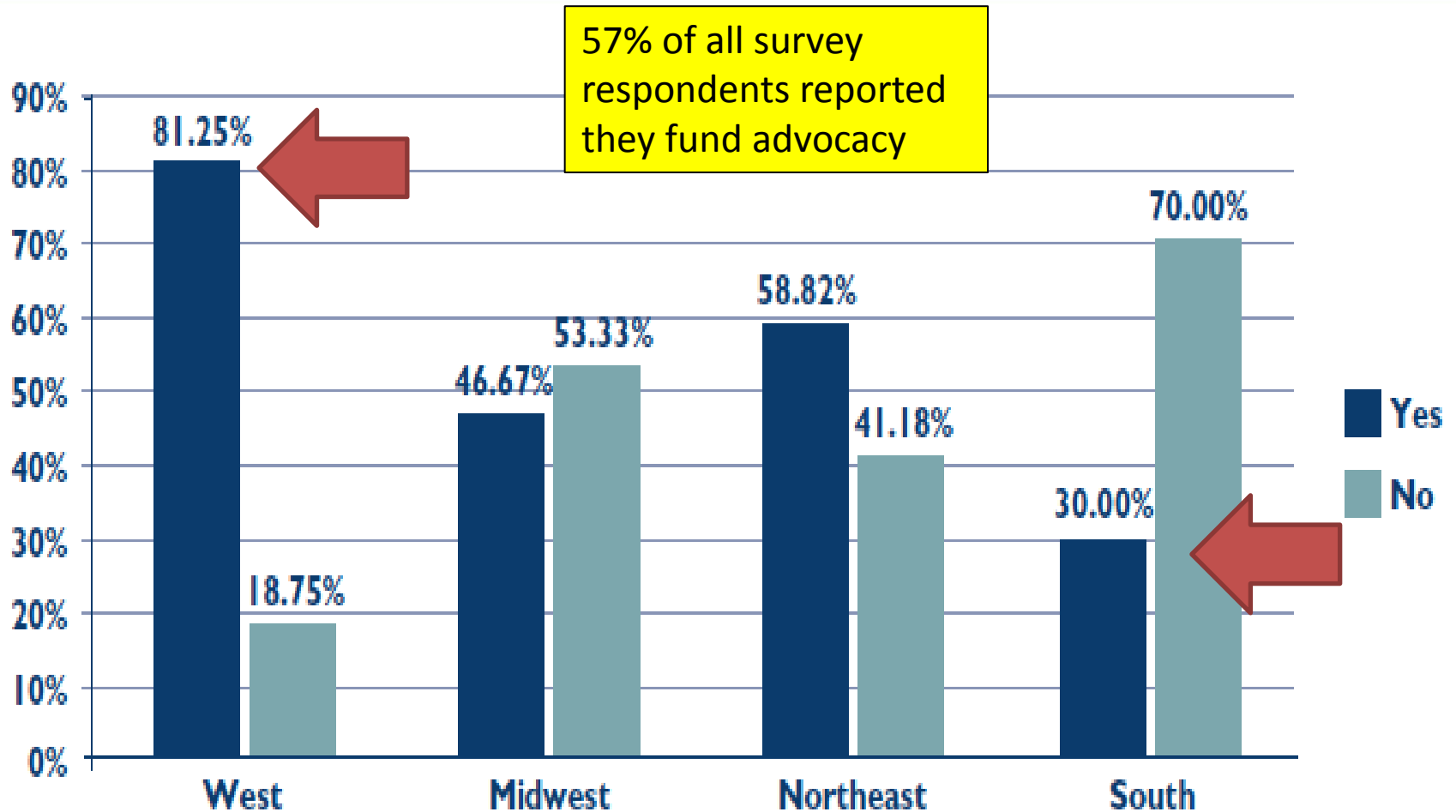
Insufficient readiness and engagement of the health care system

Insufficient support from the state legislature and/or governor

Insufficient workforce capacity

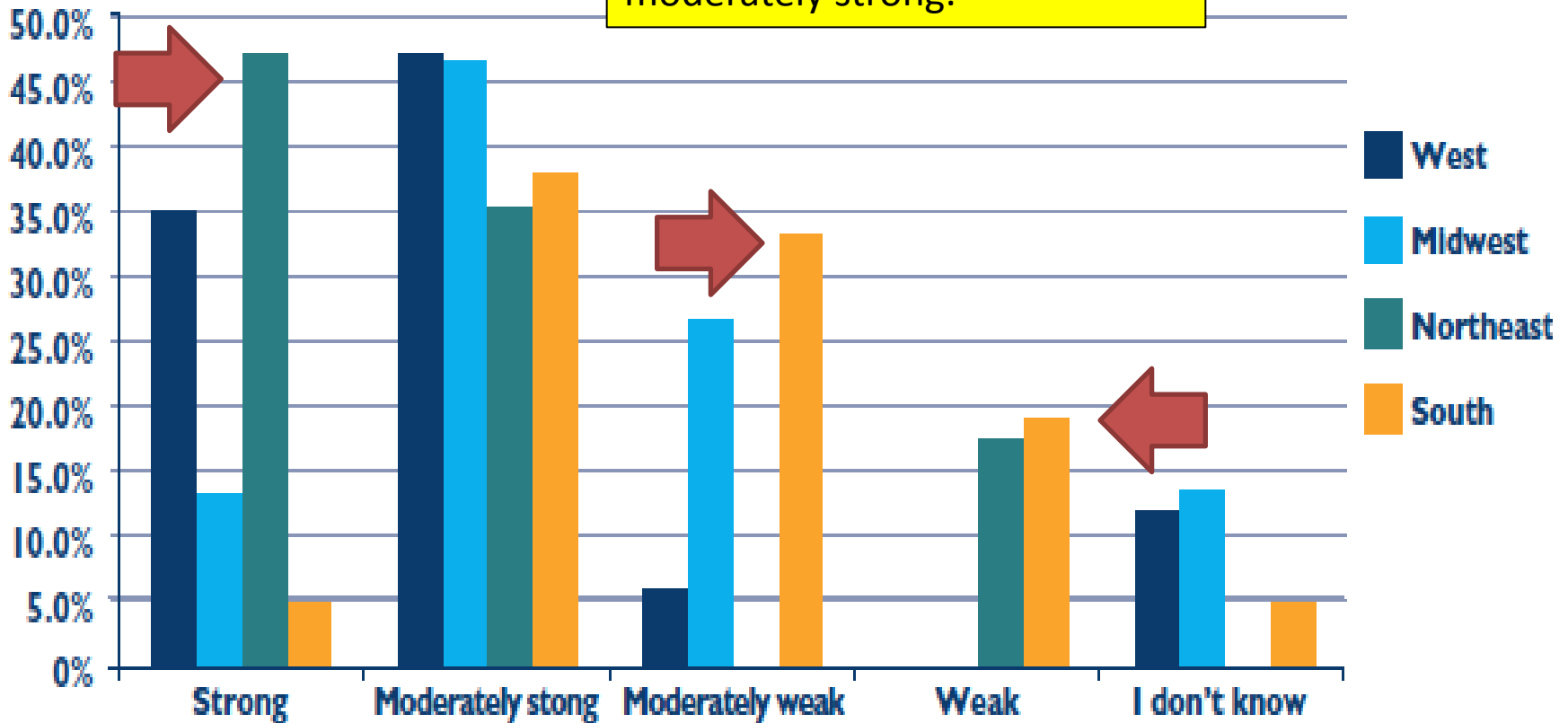


# Do you currently fund consumer or other types of advocacy to work on health reform–related issues?



## How would you characterize the capacity of the advocacy organizations and overall advocacy infrastructure in your state?

63% of all survey respondents reported that their state's advocacy capacity is strong or moderately strong.







# QUESTIONS

# Recommendations

# RECOMMENDATIONS

1

**Find the Balance Between Staying the Course and Advancing New Issues on the Horizon**

2

**Recognize That Service Delivery Reform Efforts Will Require Advocacy Organizations to Develop New Skills and Expertise and Invest in Their Capacity Building**

3

**Build on Successful Models of Collaboration**

4

**Capitalize On and Leverage Past Investments in the Advocacy Infrastructure for Health Equity and Other Goals**



# QUESTIONS