

From Soda Pop to Creating a Healthier Future for Children and Families

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Speaking at a TEDxChange in New York in the fall of 2010, Melinda Gates, co-chairperson of the Bill and Melinda Gates Foundation, focused on what nonprofits working in the developing world can learn from Coca-Cola.¹ For many years, Coca-Cola has ranked as the most valuable brand in the world. With a distribution system that reaches into the most remote areas of the third world, it is a brand recognized by 94 percent of the world's population. So it should not be surprising that Mrs. Gates, who is concerned about encouraging development, relieving poverty, and improving health in the developing world, would look to Coke for lessons for success. However, we too at The David and Lucile Packard Foundation have seen the three elements of Coke's success that Mrs. Gates highlights working in our children's health insurance grantmaking. The three elements are:

- Use aspirational messages.
- Rely on entrepreneurship on the ground.
- Make decisions based on real-time data.

To be sure, these three elements are not sufficient to assure success. Our experience suggests that another key ingredient is a central organization to set overall goals, hold participants accountable, allocate resources, and support learning (see *endnote*). I do not focus on those important elements here, but on the three lessons Mrs. Gates draws from Coke's successful global marketing efforts, which can be useful tools for philanthropy and nonprofits to use in their efforts to create a healthy future for kids, families, and communities.

I discuss in this essay how these three elements have been incorporated into the Packard Foundation's Insuring America's Children: Getting to the Finish Line (IAC) grantmaking strategy. Formally launched in 2007, IAC builds upon the ongoing work in states across the country to cover children. The long-term goal of IAC is to inform and advance federal policies to cover all children. IAC provides support to state-based groups working to expand children's health insurance coverage through investments in advocacy, policy analysis, communications, technical assistance, cross-program learning, and training.

Next, I consider how these elements, combined with a continued focus on children's coverage, can be used to support the successful implementation of the Patient Protection and Affordable Care Act (ACA). Because the ACA has the potential to increase access to necessary health care, improve the quality of care and the equity with which care is delivered, and promote health maintenance and disease prevention, successful implementation can provide the foundation for a healthier future for children, families, and communities.

➤ **Use Aspirational Messages.** Coca-Cola is known for its marketing skills and effective use of positive, aspirational slogans and ad campaigns. As early as 1887, Coke used slogans such as "Delicious! Refreshing! Invigorating! Exhilarating!" to sell its product. More recent variations include "Things go better with Coke" and "It's the real thing." However, perhaps Coke's most aspirational

¹ For a video clip of the Melinda Gates speech, visit http://www.ted.com/talks/melinda_french_gates_what_nonprofits_can_learn_from_coca_cola.html

message is one used recently in India: “Whatever you wish will come true, enjoy Coca-Cola!”

In contrast to the aspirational messaging used by Coke, the traditional messaging used to motivate action to address problems with the U.S. health care system is primarily negative, focusing on problems and not solutions. Such messages call attention, for example, to the large number of uninsured and to the risks that being uninsured can pose to the health and economic security of individuals, families, communities, and the nation. Although such negative messages may be useful in building awareness about a problem, our experience suggests that positive, aspirational messaging is frequently more useful in building movement toward solutions.

In the middle of the past decade, the foundation engaged Spitfire Strategies to help develop a positive message frame to use in our work to advance children’s coverage. The nation had made good progress in expanding kids’ coverage in the years following the 1997 enactment of what is now called the Children’s Health Insurance Program (CHIP) with the growth in Medicaid and CHIP. However, progress appeared to stall mid-decade in the face of mounting concerns about the growth in state government spending on the programs and an increasingly hostile political environment in Washington, DC. In that environment, Spitfire worked with foundation staff and several leading national policy advocacy grantees to develop the Narrative Communications Project.

The narrative has two components. First, it provides a set of messages in support of children’s coverage that follow a narrative arc and is designed to be used at different stages of the work on children’s coverage. The idea is to engage with effective messages in the debate on children’s coverage at different points along the arc, from major problem to problem solved, and to move discourse and action forward to the next stage on the path to a solution. Thus, an advantage of the narrative is that it provides messages that can be used in different venues and at different times depending on relevant circumstances.

A second and perhaps more important aspect of the narrative is that it employs positive, aspirational messages. Rather than focusing on the uninsured and the bad things that flow from being uninsured, the narrative calls attention to the number of formerly uninsured children who can get the care they need to grow and thrive because of Medicaid and CHIP. It celebrates progress on reducing the rate and number of uninsured children, calls attention to government programs that are working well, and challenges state leaders and ordinary citizens to do even better.

There are numerous examples of how Packard grantees have used narrative messages in their work on kids’ coverage in the past few years. Perhaps the most visible use of this type of message is found in the campaign launched as part the Robert Wood Johnson Foundation’s Cover the Uninsured Week effort in 2007. Unlike previous campaigns that featured the problems of the uninsured, the campaign focused on the successes of CHIP and the need to finish the job of covering kids. A print ad from the campaign (reproduced here) highlights this messaging.

When kids have health coverage, they can stay focused on the really important stuff. Like bugs.

10 years ago, Congress created the State Children's Health Insurance Program to protect kids whose parents work, but can't afford insurance on their own. Now, 6 million kids get the health care they need, when they need it. But millions more are waiting for Congress to cover them, too. Go to www.CoverTheUninsured.org.

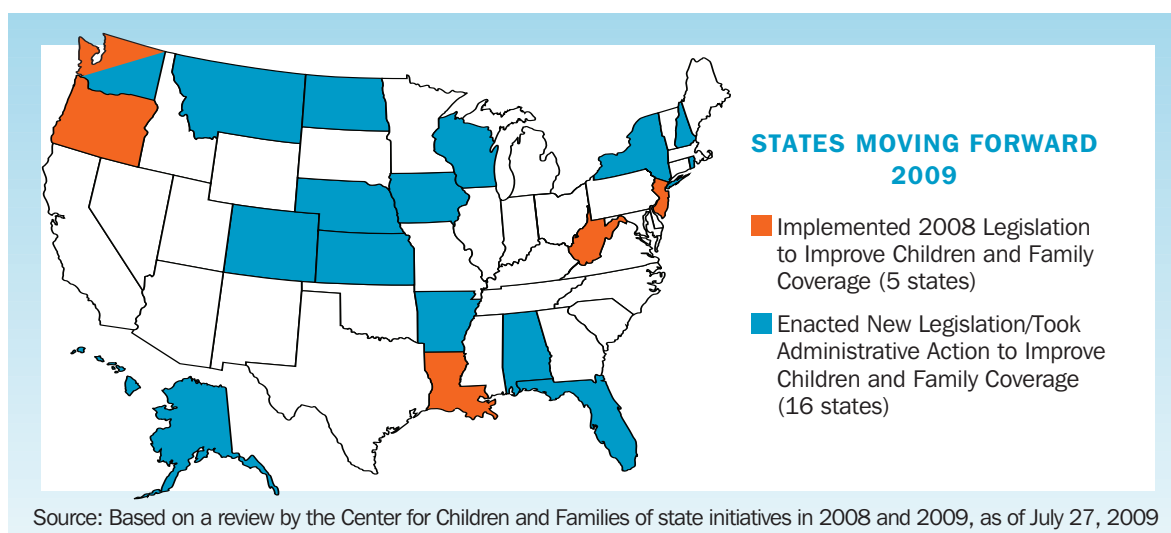
LET'S MAKE HISTORY. LET'S GET EVERY CHILD COVERED.

U.S. Division of Consumer Affairs • AFL-CIO • American Academy on Disability • AARP • United Way of America • American Medical Association
National Medical Association • American Nurses Association • Families USA • Blue Cross and Blue Shield of America • American Health Insurance Plan
American Hospital Association • Federation of American Hospitals • Catholic Health Association of the United States • Service Employees International Union
National Alliance to Protect Access to Abortion • The California Laborer • UIC • Laborers • Robert Wood Johnson Foundation

CoverTheUninsured
LET'S GET EVERY CHILD COVERED

Over the years, advocates have succeeded in inserting these messages into hundreds of news media stories and commentaries and have helped other stakeholders adopt the new approach. Using repetition and consistency – just like Coca-Cola does – they were able to change the conversation about the issue to one more supportive of progress.

When, in 2007, CHIP reauthorization legislation was vetoed twice by President George W. Bush despite strong bipartisan and public support, advocates employed narrative messaging to characterize the need to reauthorize the program as “unfinished business,” which helped establish CHIP reauthorization as a high priority for the incoming Obama Administration. Within weeks after it convened in January 2009, Congress passed and sent to the President the CHIP Reauthorization Act. Many states took immediate advantage of the new federal legislation to expand and improve their children’s coverage programs despite the dismal economy in 2009. The rate of uninsurance among children continued to decline in that year, even as the adult rate continued to increase (see map).



➤ **Rely on Entrepreneurship on the Ground.** Coke’s long history of success in the third world is built on local entrepreneurs who distribute its products through channels that are appropriate for the environment in which they operate. While Coke relies on a modern transportation system to distribute products to supermarkets, convenience stores, and other outlets in the developed world, Coke is distributed in the developing world on donkeys, bicycles and hand carts, and even sometimes on the backs of small business men who purchase the product and earn a living by reselling it. Coca-Cola encourages this localized approach, making deliveries to town squares and busy intersections to make distribution more cost-effective for entrepreneurs and more effective for Coke.

Somewhat analogously, the IAC strategy relies on state-based advocacy organizations to advance the children’s coverage agenda in their states by pursuing near-term objectives that the state groups feel have a high probability of success and impact. Grantees are also encouraged to use the advocacy techniques that are most likely to be effective given the objectives being pursued and the environment in a state. Grantees are chosen through a request for proposals process with clearly specified goals to substantially reduce the number of uninsured children and/or support the development of statewide programs to cover all children. In their proposals, grantees are expected to present a set of objectives that will accomplish the specified coverage goals, as well as a work plan detailing how the objectives will be achieved given the resources the foundation can supply in grant and technical assistance support, as well as other resources grantees may bring to the work.

The IAC included the Finish Line and Narrative Communications projects, as well as an evaluation component and support for the National Academy for State Health Policy, to provide technical assis-

tance to states on children's coverage programs. Following a multistage competitive process in 2007, the original Finish Line grants were awarded in early 2008. The grants provided support over three years so that grantees could focus on longer-term objectives and strategies. In contrast, the Narrative Communications Project grants, first piloted in 2006, are much smaller in amount, only come with a single year of commitment (though many have been renewed several times), and are primarily focused on improving the communications work of the recipients. Appropriately, the objectives identified by Narrative Communications Project grant recipients are less ambitious than the objectives proposed by the Finish Line group. Communications support is provided to both sets of grantees by Spitfire Strategies, while the Georgetown University Center for Children and Families provides customized technical assistance on policy and advocacy strategies to the Finish Line grantees.²

Although the state groups have independence in choosing their objectives and strategies, there are also commonalities in their approaches to reducing the number of uninsured children. Two briefs recently published by Mathematica Policy Research, *State-Based Advocacy as a Tool for Expanding Children's Coverage: Lessons from Site Visits to Six IAC Grantee States* and *Strategic Engagement of Policymakers Is Key to Advancing a Children's Health Care Coverage Policy Agenda*, document the variety of gains made on children's coverage in states where Finish Line groups have been active, as well as the different policy and political environments in which the groups have had to operate.

Coca-Cola sets sales objectives, but then trusts local entrepreneurs to analyze their particular circumstances and devise locally relevant solutions, and then helps them do more of what's working. Likewise, our IAC strategy sets coverage objectives, then trusts advocates to analyze their own state's circumstances and devise state-relevant solutions, focusing our technical assistance provider role on facilitation and the dissemination of effective approaches.

➤ **Make Decisions Based on Real-Time Data.** One of the distinct advantages that for-profit businesses such as Coca-Cola have when compared with nonprofits and philanthropies is access to real-time data with which to distinguish between successful efforts and failures, help identify problems that need to be addressed, suggest options for corrective actions, and share success stories for replication. Product sales can provide a timely measure of whether a marketing campaign is working, a new product is catching on, or a distribution channel is reaching customers. While nonprofit activities that focus on the delivery of services may rely on similar metrics, efforts that focus on systems, policy change, or improved health outcomes often lack comparable real-time information. Funders typically rely on after-the-fact evaluations to measure the returns on their investments, but these do not provide the kind of information that allows for real-time decisionmaking. They may even be met with limited interest by those who have moved on to their next initiatives by the time the evaluations of previous initiatives are completed. To address this shortcoming of traditional evaluations, funders have increasingly attempted to employ so-called real-time evaluations to monitor progress and make timely midcourse corrections. A variety of approaches to real-time evaluation have been tried in different programs of the Packard Foundation, but anecdotal evidence suggests that they are not yet ready for primetime decisionmaking.

The IAC work on children's coverage suffers from similar limitations on access to timely, actionable real-time information, but we do have access to some information that can aid in decisionmaking. Data on the lack of insurance among children is available periodically and can be used to measure trends, suggest which interventions might or might not be effective, and minimize the prospect that there will be unpleasant surprises when the initiative is over. More immediate information on whether specific policy and/or programmatic objectives are being met can inform decisions about how to proceed from a given point. Perhaps the most immediate feedback loop is provided in the work on communications and messaging. The measure here is whether the messages used by

² In 2011 the Finish Line and Narrative Communications projects were consolidated as the IAC: Getting to the Finish Line grantmaking strategy. The new strategy continues elements from both the previous strategies.

proponents of children's coverage are echoed by the larger audience of decisionmakers, including some of the opposition, and thus become the basis for the discussion about how to move forward. Following the model of the narrative arc, once the discussion is framed in ways that are supportive of positive actions, it is easier to achieve the desired outcomes and then move on to the next stage of the process. This message echoing effect can be detected by systematic listening by grantees and others, as well as through various forms of media tracking. These activities focus on content as much as the frequency of mentions. Not hearing the desired echo is a clear indication that messages are not catching on and that a different approach may be warranted.

Lessons for Creating a Healthy Future for Children, Families, and Communities

Other funders have mounted successful multiyear, multisite initiatives that have had lasting positive effects on the health and well-being of children and their families. Nonetheless there are lessons provided by the IAC work (and the success of Coca-Cola) that may be helpful in future work. These lessons would seem to have particular relevance for the work to support successful implementation of the ACA. Although successful implementation does not guarantee a healthy future for children, families, and communities, it can provide a foundation for continued progress. However, the ACA is extremely complex and in a polarized political environment has generated controversy and efforts to repeal and/or significantly modify its provisions. Moreover, given current economic conditions, the resources needed to successfully implement the law are likely to be less than what is needed. In this challenging environment, a continued focus on children's coverage, as well as aspirational messaging, entrepreneurship on the ground, and data-driven decisionmaking, provide a platform for continued forward movement.

- **Continued Focus on Children:** The growth in children's health insurance coverage to historically high levels in the face of declining adult coverage, rising health care costs, and a weak economy has laid the groundwork for continued progress. CHIP reauthorization legislation and the ACA provide incentives and reforms that create opportunities for continued progress in the next few years, and provide the results and good news stories to help sustain continued progress. In addition to benefiting children directly, many of the program and policy improvements that can be implemented for children in the next few years will provide a glide path for systems changes that can benefit other population groups when more comprehensive reforms take effect in 2014.
- **Aspirational Messaging:** So much of the messaging in the period leading up to enactment of the ACA and since has been confrontational, with opponents stressing the risks of reform and proponents focused on the problems with the existing system. While public opinion polls consistently show support for many elements of the ACA, that support has not been sufficient to blunt efforts to derail it. As implementation moves ahead, supporters of reform will need to change the conversation, focusing not only on the potential benefits of reform, but also celebrating the gains that are made. Many of these early gains can be in the areas of children's coverage, but other groups, such as those on Medicare, will have experienced improvements in their coverage also worth highlighting.
- **Entrepreneurial Efforts on the Ground:** The model for the health care finance and delivery systems in the ACA is much like the federal-state model currently used in Medicaid. Accordingly, states will need to play active roles in implementing and administering the program. But states differ with regard to their readiness, ability, and desire to take on the responsibilities assigned to them in the legislation. Some states such as California appear eager to move ahead with implementation, while others are engaged in lawsuits to block implementation. Most lack the resources to engage fully in the work. In such an environment, state and local nonprofits will need to be nimble to adapt to local political, policy, programmatic, and market conditions to effectively advance a reform agenda state by state. The resource needs of those engaged in this work will be substantial. Many will look to state and local, as well as national, funders to exercise their own entrepreneurial skills to respond in new and unfamiliar ways to the challenges and opportunities that present themselves in this time of transition.

➤ **Data-Driven Decisionmaking:** The timeline for implementation of the ACA is very short, with many key provisions (Medicaid expansions, implementation of insurance exchanges, and new income tax-based subsidies for moderate-income families) to begin in 2014. With such a short time frame, it is unrealistic to develop sophisticated new data and reporting systems to monitor progress and aid decisionmaking. At a minimum, however, it would seem useful to develop a work plan with detailed milestones that would capture the work that needs to be accomplished to meet the implementation schedule in the law. Such work plans could be used to not only guide the work, but also to track progress and establish accountability. Reference to the timeline could identify where things are working well and where more effort or a change in plans is indicated. Successes could be celebrated and problems identified in time to be remediated. If the process was transparent, it would likely help inspire support for reform and a willingness to engage honestly in addressing the sticky issues that are sure to arise.

In the United States today, confidence in our ability to assure a healthy future for children, families, and communities is challenged by the recent economic crisis, ongoing efforts to control terrorism, burgeoning deficits, deterioration of essential services, and acrimonious partisan bickering. Progress in addressing some of the shortcomings of our health care system and assuring access to quality health care for children and their families is not only a highly desirable goal in its own right, but could serve as a confidence-building stepping stone to other accomplishments.

Beyond children's health, or beyond even health reform, our experience with the IAC grantmaking strategy has shown that the ideas pioneered by Coca-Cola and highlighted by Mrs. Gates – trust those closest to the problem to develop locally relevant solutions, track progress as it happens and make timely course corrections, and give your audiences hope that progress is possible – are worth consideration for designing any social change effort.

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ENDNOTE

In the implementation of a multistate, multiyear initiative such as Insuring America's Children (IAC), the Packard Foundation and its technical assistance (TA) providers the Center for Children and Families at Georgetown University and Spitfire Strategies assume roles similar to those assumed by large multinational businesses such as Coca-Cola in managing its operations. First off, the TA providers assist the state-based organizations with expert advice on policy and advocacy strategies and in communications. But the TA operation also helps facilitate, through conference calls, webinars, a password-protected website, and face-to-face meetings, cross-group learning, as well as an esprit de corps, that help foster momentum not only in the grantee states but more broadly. The foundation can play a role in fostering excitement and an esprit de corps as well, but its main roles are to set clear, long-term objectives for the funding strategy and then make the funding (capital allocation) decisions on who to fund and for what amounts based on the plans, performance, and progress of the participants in the work, as well as the resources available for the work. While the foundation has been able over time to maintain its support for the IAC grantmaking strategy and for most participants in the work, it has exercised its prerogative in reducing support for some state-based organizations while increasing support for others, and has had to reduce overall funding levels in response to the reduction in available grant dollars resulting from the recession.