

CREATING CHANGE THROUGH

Advocacy AND **Policy Analysis**

Many long-term sustainable solutions for reforming the health care system involve changing public policy. In health care, public policy decisions determine how much funding is available for public health programs and services, who is eligible for public insurance programs, which services are covered (such as immunizations, language services, and disease management), and other fundamental choices. Advocacy and policy analysis are two strategies for influencing system transformation.

THE LEGAL FRAMEWORK

Foundations often shy away from funding advocacy and policy activities for fear of breaking the federal tax law governing lobbying. But there is a great deal more leeway than funders may realize. Grantmakers should keep in mind the following:

- ***Advocacy is much broader than lobbying*** – While lobbying is often part of an advocacy strategy, advocacy does not always include lobbying. Foundations may legally engage in a variety of advocacy and policy activities. For example, foundations may convene legislators, executive officials, and their staffs to discuss broad health issues; conduct and disseminate nonpartisan analyses, studies, or research; and respond to written requests for technical advice or testify at legislative hearings.
- ***Foundations can give grants to nonprofit organizations that lobby*** – Certain conditions must be met. First, grants made to specific projects that have a lobbying component must be for an amount less than the budget for the non-lobbying activities. Second, grants of general operating support may not be earmarked for lobbying.
- ***Grants for core operating support provide more latitude than project-specific grants*** – General operating support grants not only provide the greatest flexibility for nonprofit organizations to engage in lobbying, but also protect a foundation from the limitations on funding lobbying activities (Asher 1995).

Grantmakers also have other concerns about supporting advocacy and policy analysis. First, foundations may be hesitant to assume the risks that come with engaging in policy work. Supporting the provision of health care insurance for children or other direct services is clear cut, whereas

funding certain policy initiatives could put the foundation at the forefront of controversial policy debates. Second, a foundation's early success with policy change may create unrealistic expectations from board members for subsequent policy victories. Board members may only be willing to support policy initiatives with a high chance for success, shying away from activities that may require more resources, but that have the potential to create real social change. Lastly, an area of concern to grantmakers is the ability to evaluate grants made to support advocacy and public policy, both individually and collectively. As with any long-term strategy, measuring the final outcome of advocacy and policy work can be daunting and messy.

Despite these challenges, grantmakers who fund in policy analysis and advocacy have learned that funding these activities can complement the other aspects of their grant-making portfolio, and have the potential to effect lasting change that benefits more people than grants for direct services alone.

OPPORTUNITIES FOR GRANTMAKERS

There are various ways for health funders to support advocacy and policy analysis to foster system transformation and promote better health outcomes.

- ***Promoting collaboration and coalition building among advocates*** – Foundations play an important role in promoting collaboration among advocacy communities and facilitating coalition building among advocates and stakeholders. Organizations can often do more together; collaboration provides an opportunity to share resources, learn from one another, and become energized about the work ahead. For example, the Maryland Citizens' Health Initiative (MCHI) established the *Maryland Health Care for All! Coalition* with the support of several state and local foundations. The coalition consists of a broad-based, statewide collaborative of over 1,100 state and local member organizations to promote health care reform in the state. It has developed what it believes is an economically feasible plan to extend health care coverage to all Marylanders, and has conducted grassroots organizing efforts. MCHI's goals are to continue educating and activating its powerful coalition to effect policy change in Maryland at the state and local levels. In 2003, the Consumer Health Foundation gave MCHI a modest grant of \$10,000 to implement a campaign in two

suburban counties to address the issue of medical debt among indigent patients.

At the local level, The San Francisco Foundation funded the Bay Area Working Group for the Precautionary Principle, a coalition of 12 community and environmental health groups, focused on generating support for the infusion of the precautionary principle in public policy initiatives. The precautionary principle was developed with the idea that policymakers should use caution in making decisions about public health before exposure and potential harm occurs. For example, it states that “some credible evidence that illness may be caused by air pollution or synthetic chemical exposure (as opposed to conclusive proof of a direct link) should be sufficient to trigger protective and regulatory action by governments.” In June 2003, a victory was achieved when the San Francisco board of supervisors adopted an environmental code that established the precautionary principle as its basis, the first municipality in the country to do so (The Women’s Foundation of California 2003).

► **Funding policy analysis and dissemination** – Foundations can be influential in determining what information is available to policymakers, opinion leaders, and the public on key health issues. At the national level, both The Henry J. Kaiser Family Foundation (KFF) and The Commonwealth Fund serve as credible sources of information on the Medicare and Medicaid programs by analyzing program fundamentals, monitoring implementation issues, and weighing in on proposed reforms. For example, KFF has analyzed how the possible restructuring of Medicaid financing could affect states, providers, and beneficiaries, a useful tool for advocates and policymakers. Since 1995, The Commonwealth Fund’s *Program on Medicare’s Future* has focused on preserving Medicare in guaranteeing access to health services for elderly and disabled populations. Early analysis focused on Medicare’s solvency and was useful in informing important policy choices. More recently, the program has turned its attention to issues affecting low-income Medicare beneficiaries, racial and ethnic disparities in access, and evidence of nonfinancial barriers to care.

► **Providing a forum for discussion of health policy issues** – Many health funders are in the advantageous position of having the ear of diverse members of the community, such as business leaders, policymakers, and grassroots activists. Exercising their role as convener, grantmakers are providing opportunities for the discussion of public policy issues to help inform the public debate on important health topics. For example, the Blue Cross Blue Shield of Massachusetts Foundation hosts a yearly summit on issues related to its mission of expanding access to health care. At its 2004 meeting, the foundation released findings from the first phase of a new initiative, *Roadmap to Coverage*, developed to inform the public debate about how to provide health coverage for the state’s uninsured and generate a practical roadmap for

achieving this goal. The project includes three parts: documentation of how much is being spent on the uninsured and who is paying for it, analysis of various policy options, and development of a detailed roadmap on how to achieve this long-term goal. The first phase of the initiative found that if the uninsured had health coverage, the share of the state’s economy devoted to health care would increase by less than one-third of one percentage point. The researchers also noted that expanding coverage to the uninsured could result in as much as \$1.2 to \$1.7 billion in economic and social benefits from improved health. A final report will be completed in the spring of 2005.

► **Identifying policy goals in direct service grants** – Grantmakers are also looking for opportunities to learn from their grantmaking and identify policy reforms that focus on improving existing systems of care. In California, efforts are underway to find the most effective strategies for improving access and expanding coverage in the short term and, ultimately, how these actions can serve as the blueprint for future policy solutions. Funding from The California Endowment and other foundations has helped to expand health coverage to all children in the state, regardless of immigration status. Broad-based coalitions in counties across the state are exploring, developing, and implementing children’s health insurance programs that are comprehensive and inclusive for all children, including low-income children that do not qualify for existing programs. These efforts have led to the development of policy goals that focus on changing the current system of how children obtain coverage and care, such as simple enrollment entities, use of technology to improve the efficiency and effectiveness of outreach workers, built-in safety net supports, coverage that is portable across providers, and standardized benefits for undocumented children. Subsequent efforts are focusing on ensuring consistency in the development and implementation of local models and on engaging state administrators on needed policy changes.

For more information on philanthropic support of advocacy and policy-related work, see the GIH Issue Brief, *Funding Health Advocacy*, available at www.gih.org.

This article is part of GIH’s portfolio, Agents of Change: Health Philanthropy’s Role in Transforming Systems. Each article focuses on an approach grantmakers are using to promote systemic or social change. The entire portfolio is available on GIH’s Web site www.gih.org.

SOURCES

Asher, Thomas R., *Myth v. Fact: Foundation Support of Advocacy* (Washington, DC: Alliance for Justice, 1995).

The Women’s Foundation of California, *Using Our Power: Communities Confronting Toxins in the Bay Area* (San Francisco, CA: 2003).