

GIH

IMPLEMENTING
HEALTH CARE
REFORM:

*Funders and Advocates
Respond to the Challenge*

AUGUST 2010

FINDINGS AND
RECOMMENDATIONS
BASED ON
INTERVIEWS
WITH FUNDERS
AND ADVOCATES

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FOREWORD

Implementing Health Care Reform: Funders and Advocates Respond to the Challenge is part of Grantmakers In Health's (GIH) targeted work to keep funders advised about implementation of health care reform and informed about the work of their colleagues as implementation unfolds.

Barbara Masters of MastersPolicyConsulting, along with her colleague Amanda Rounsaville, helped design the study, conducted all of the interviews, synthesized the information gathered, and wrote the report. We greatly appreciate the time and attention paid to this work and enjoyed working with them throughout the project.

This project and report were made possible by support from The Nathan Cummings Foundation and Public Welfare Foundation. Additional support was provided by The California Endowment. We especially want to acknowledge the foundation staff who worked closely with GIH and MastersPolicyConsulting in shaping the project and resulting report: Sara Kay and Terri Langston.

Without all of the grantmakers and advocates who gave generously of their time for interviews and fact checking, we could not report to the field on early implementation activities and plans. All those interviewed are listed in an appendix to the report, and we greatly appreciate their contributions.

On the GIH staff, this project was managed by Lauren LeRoy, president and CEO, and Osula Rushing, program director. Leila Polintan, communications manager, edited the report and managed its production.

EXECUTIVE SUMMARY

IMPLEMENTING HEALTH CARE REFORM:

Funders and Advocates Respond to the Challenge

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA). The law set forth a new framework that will provide health insurance coverage to more than 32 million Americans, establish oversight of the health insurance market, reform the health care delivery system, provide new opportunities to promote prevention and public health, and establish a number of new programs and services. The law's provisions, many of which require extensive planning and preparation, are staged to take effect at various times over the next four years. To support philanthropy's response to this unprecedented development, Grantmakers In Health (GIH) is tracking and reporting foundation activities. The purpose of this initial report, which is based on interviews with 43 national and state funders and advocates, is to:

- identify key strategies under consideration by national, state, and local foundations;
- provide an overview of the plans, strategies, and challenges of national and state-based consumer education and advocacy organizations; and
- offer a set of recommendations and a menu of options for funders considering engagement and support of health care reform efforts.

CRITICAL ISSUES

Although there are a wide range of issues related to health care reform implementation that demand attention, two issues emerged, in particular, as the most critical to address over the next year.

- ▶ **Public Education** – Most polls show large segments of the public still unclear about what the new law will do, and skepticism and opposition remain. Efforts are needed to explain the law in ways that people can understand and to target groups who might benefit from early implementation provisions.
- ▶ **Laying the Groundwork for Implementation** – The law presents numerous implementation challenges at both the federal level and across all 50 states. Starting immediately, state government officials must develop new state laws, regulations, and structures, and many federal agencies will need to develop regulations and guidance, as well as provide oversight over a host of new insurance-related issues.

KEY CHALLENGES

As foundations consider what activities to support, they must take into account three main challenges – political climate, lack of government capacity, and gaps in policy expertise. These clearly are beyond the reach of philanthropy alone to address, but they will shape the context for the roles philanthropy can play.

- ▶ **Political Climate and November Elections** – Controversy surrounded passage of the PPACA and will likely continue at least through the November 2010 elections. Those elections have implications for how states begin the implementation process, and the state political environment also has implications for how a foundation may choose to set priorities.
- ▶ **Lack of Government Capacity** – Virtually every state foundation and advocate expressed concern about the capacity of state governments to implement the PPACA because of budget deficits, staff reductions, and potential turnover due to the fall elections. Moreover, multiple agencies will need to be involved, with some having little experience with health care insurance issues. Health advocates may also have had little experience working with new agencies.

- ▶ **Gaps in Policy Expertise** – Among the hundreds of provisions of the PPACA are those that set up a new mechanism for expanding health insurance coverage – the health insurance exchange – and that establish broad oversight of the private insurance marketplace. There are concerns about advocates and health agencies having little experience or expertise in these areas and a lack of sufficient health consulting firm capacity to meet the demands of all 50 states.

FUNDERS' ACTIVITIES

Irrespective of whether a foundation has been involved with health care reform activities in the past, the post-enactment period presents many opportunities for advancing the goals of health care reform, as well as a foundation's individual goals. Because reform implementation has a significant state-based component, state and local foundations can actively engage where they might not have during the pre-enactment phase. Building on previous experiences with both health care reform and other programs, foundations identified six main categories of activities.

- ▶ **Public Education** – There is a broad lack of understanding about the new health care reform law, prompting many foundations at the state and national levels to make public education a priority for the next year, including educating grantees, funding public education campaigns, and polling.
- ▶ **Partnering with Government** – Given fiscal constraints in many states and the amount of work that states are undertaking to implement reform, foundations are examining how they can partner with government. Examples include direct funding for personnel or programs, supporting local and state governments to apply for federal grants, and supporting data collection and evaluation.
- ▶ **Advocacy** – In order for there to be sufficient advocacy capacity to ensure that the consumer voice has a strong presence in all aspects of implementation, funders can support core operations, efforts to apply for federal grants, capacity building, and other activities.
- ▶ **Policy Research** – Because of the numerous issues addressed in the PPACA, foundations can make an enormous contribution by supporting policy research and analysis to help inform grantees, policymakers, the media, and the public about key provisions.
- ▶ **Convening** – Foundations are uniquely positioned to bring together grantees, experts, stakeholders, and policymakers to share information, discuss strategies, and build networks and coalitions to work on specific issues related to the PPACA.
- ▶ **Program Innovation and Reform** – The PPACA provides new opportunities to advance funder priorities within the framework of the law, particularly around the range of health delivery system and payment reform innovations. They also provide opportunities for national and state funders to collaborate.

FUNDER COORDINATION AND COLLABORATION

Greater funder coordination and collaboration on health care reform implementation could stretch scarce resources and enhance the effectiveness of foundation efforts to support implementation. Funders may want to consider coordination and collaboration activities at multiple levels.

- ▶ **Coordination and Collaboration among Funders within a State** – Many state-based funders commented on successful coordination and collaboration efforts that have been established with other funders in their states. This kind of effort can produce added resources, stakeholder partnerships, and leadership for health reform implementation efforts.
- ▶ **Coordination and Collaboration between Funders in Neighboring States** – Funders expressed some interest in regional convenings to learn about what their colleagues are doing. Funders can benefit from sharing information, approaches, and progress as implementation unfolds across states.
- ▶ **Coordination and Collaboration between Local, State-Based, and National Funders** – State and national foundations operate from very different perspectives and bring different expertise to the

implementation process. Coordination and collaboration between state and national funders will be critical to maximizing the effectiveness of all resources, relationships, and strategies.

ADVOCATES' PRIORITIES AND PLANS

Advocacy organizations played a crucial role during the health care reform debate and ultimate enactment of the PPACA. Going forward, advocates believe that it will be critical to maintain the current capacity at the national level, particularly to engage in the federal regulatory process, while expanding capacity in the states.

► **Key Challenges** – Advocates highlighted three capacity-related challenges that warrant special attention.

- Issue-specific coalitions will need to be developed to focus on the range of issues embodied in the PPACA.
- Advocates in states with a low level of capacity will need additional assistance.
- Deeper policy expertise will be required, particularly on insurance regulation and marketplace issues.

► **Advocacy Activities** – Advocates also identified five high-priority activities going forward.

- **Overarching Blueprints at National and State Levels.** Advocates emphasized a need to create blueprints to identify regulations, timelines, and responsible agencies to enable them to know when and how to engage in the implementation process.
- **Communications and Public Education.** Communications research, support, and technical assistance will continue to be needed at different levels—issue-based, constituency-based, and regional and local – to educate the public about how specific elements of the PPACA will directly affect them.
- **Defensive Advocacy, Including Responding to Negative Attacks and Lawsuits.** Given state lawsuits and legislation to impede implementation of the PPACA, coupled with challenged state budgets, many advocates will likely need to balance defensive activity with proactive advocacy and be prepared to respond on multiple fronts.
- **New Allies.** To move beyond the polarizing partisanship of the health care reform debate, advocates will need to engage mainstream groups, such as disease and provider groups, because of their critical roles in implementation and as credible messengers to the general public.
- **A Multifaceted Infrastructure for Enrollment.** With the potential for tens of millions of Americans to obtain health insurance coverage, there is a critical need for robust outreach and enrollment mechanisms.

ADVOCATE COORDINATION

State-based and national advocates recognize the importance of coordination among and between each other. This is particularly important since federal agencies will issue regulations and guidance on implementation, which should be informed by state experience, and national standards will need to be carried out in all states.

SYNTHESIS AND RECOMMENDATIONS

A broad range of national and state advocates and funders identified similar priorities, as well as issues and needs. Moreover, there was strong consensus about the need for building greater:

- government capacity, particularly within the states;
- policy expertise regarding health insurance marketplace issues and the development of exchanges;
- advocacy capacity, particularly in Southern and rural states; and
- coordination among advocates and among funders.

There were also important differences in the perspectives of funders and advocates who work at the state level and those who work at the national level. It is important for funders and advocates who work at the state and national levels to recognize and understand each other's roles and needs in order to reduce competition and fragmentation, and make meaningful coordination possible.

State and national funders are already planning, engaging, and putting into practice a wide spectrum of activities and strategies to support implementation of the PPACA. Although the specific activities and strategies may have evolved since the interviews occurred, they can inform a set of recommendations to help funders considering implementation activities.

- Recognize the unique opportunity provided by the PPACA to advance a foundation's priorities and goals.
- Understand the lay of the land before making any decisions about strategy or grantees.
- Identify state leadership on an issue-by-issue basis.
- Maintain – and increase funding – for advocacy.
- Engage a broad range of stakeholders and constituents.
- Coordinate, coordinate, coordinate.

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INTRODUCTION

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA), landmark legislation to expand health insurance coverage and lay the groundwork for a more effective, efficient, high-quality health system. The law set forth a new framework that, when fully implemented, will provide health insurance coverage to more than 32 million Americans, establish oversight of the health insurance market, reform the health care delivery system, provide new opportunities to promote prevention and public health, and establish a number of new programs and services. The law's provisions, many of which require extensive planning and preparations, are staged to take effect at various times over the next four years. To support philanthropy's response to this unprecedented development, Grantmakers In Health (GIH) is tracking and reporting foundation activities. The purpose of this initial report is to:

- identify key strategies under consideration by national, state, and local foundations regarding implementation of health care reform;
- provide an overview of the plans, strategies, and challenges of national and state-based consumer education and advocacy organizations that are engaging in health care reform implementation; and
- offer a set of recommendations and a menu of options for funders considering engagement and support of health care reform efforts.

This report begins with an overview of the environment and context in which the health care reform law is being implemented and lays out critical needs, especially over the next year. Next, it identifies a range of activities that funders are already engaging in, as well as ideas under consideration. It also provides advocates' perspectives on priority issues and potential strategies at the national and state levels. For both funders and advocates, the report gives particular attention to issues related to coordination and collaboration, as each sector recognized it is more important than ever to work closely with peers both within states and across the country. The report also provides snapshots of how funders in four different regions of the country are approaching health care reform implementation in the contexts of their particular environments and dynamics. Finally, the paper offers some observations, based on a synthesis of the perspectives from both advocates and funders, and concludes with recommendations for funders.

METHODOLOGY

This report synthesizes the content of 43 interviews (42 individual and one group) with state and national advocates and funders conducted between March 31 and May 21, 2010. The health foundations were selected with the goal of obtaining a wide variety of perspectives from funders of different sizes and geographic focus (local, state, or national). Accordingly, eight national funders and 17 state-based and local funders were interviewed.

Eighteen interviews were also conducted with advocates, most of whom were consumer health advocates. Fourteen interviews were with national advocacy organizations, and three were with state consumer health advocacy organizations. In addition, one group interview was conducted with representatives from nine state-based consumer health advocacy organizations.

A full list of the individuals interviewed can be found in Appendix 1. All interviews were conducted by phone and lasted between 45 minutes and an hour. In addition, websites, issue briefs, and other materials produced by funders and advocates were consulted, as well as health policy literature.

It should be pointed out that most interviews with national advocates and funders took place during the first two weeks of April, just after the enactment of the health care reform law. Their strategies were just being formulated and, because of the rapidly changing health care reform environment, their plans have likely evolved significantly since then and during our efforts to update the information shortly before publication. Consequently, this report does not provide an exhaustive inventory of activities that foundations or advocates are undertaking across the spectrum of the new law. Rather, the examples included should be seen as illustrative of different strategies and approaches.

BACKGROUND & CRITICAL ISSUES

The Patient Protection and Affordable Care Act (PPACA) is the most significant social policy enacted in decades. It is more complex and broader in scope than Medicare or Medicaid. Not only will the federal government have to issue hundreds of regulations, but each state will need to enact implementing legislation and regulations.

Complicating the matter is states' continuing struggle against deep budget deficits that threaten Medicaid, among other programs, which is the basis for covering millions of Americans under the PPACA. Advocates and state governments will have to balance focusing on how to preserve and protect Medicaid and the Children's Health Insurance Program, while planning for expansion in the long term.

The health policy and advocacy infrastructure will have other challenges as it transitions from a focus on securing enactment of a singular piece of federal legislation to the implementation of the law in 50 states on myriad issues. New and different capacities and expertise will be required, as will meaningful coordination among various organizations at the state and national levels.

Similarly, state agencies that are responsible for administering the new law have experienced significant budget cuts over the last several years. They will be straining to hire necessary staff and obtain the expertise to create the infrastructure related to health insurance exchanges, regulatory oversight, and other key elements of the new law.

The PPACA focuses on more than extending coverage and providing health security to Americans. It seeks to restructure the health care delivery system to be more focused on prevention and primary care, reduce costs, and improve quality. Moreover, it provides an infusion of funds to restructure public health; enhances and expands the safety net; and spurs the expansion of the health care workforce by providing thousands of new job opportunities, from allied professionals to highly skilled professionals. If successful, it will represent a significant step toward combating poverty by eliminating one of the major causes of bankruptcy, and, from a political perspective, could demonstrate that government has a meaningful role to play in improving the lives of all Americans. All this hinges on whether the federal government – in conjunction with the 50 states – can successfully implement the most complex and complicated law in recent memory.

CRITICAL ISSUES

Although there are a wide range of issues related to health care reform implementation that demand attention, two issues have emerged, in particular, as the most critical to address over the next year: public education and laying the groundwork for implementation.

- **Public Education** – Most polls show large segments of the public still unclear about what the new law will do, and skepticism and opposition remain. Although support is slowly improving, efforts are needed to explain the law in ways that people can understand and that can address their concerns.

Increasing – or at the very least maintaining – public support over the next few years is critical in order to respond to efforts to repeal or undermine the law before it has a chance to take effect. In the short term, public education efforts are needed to address the general public's concerns, as well as target groups who can benefit from early implementation provisions, such as the uninsurable, young adult children up to 26 years old, seniors with prescription drug costs, and small businesses.

Lessons from states that have enacted health care reform laws clearly demonstrate that early “wins” are critical for maintaining public support. Therefore, there will need to be strategies to link monitoring and evaluation of the early implemented provisions with efforts to create a sense of momentum and confidence in the law. Policies going into effect within the year include high-risk pools, small business credits, a down payment on closing the Medicare Part D “donut hole,” and extending group coverage to children under 26 years old. Moreover, states have the option to accelerate Medicaid enrollment of all persons under 133 percent of the poverty level, albeit at their current federal match rate.

- ***Laying the Groundwork for Implementation*** – The scale and scope of this law present challenges at the federal level and across all 50 states. State government officials will be tasked with developing new state laws, regulations, and structures; many federal agencies, from the U.S. Department of Health and Human Services to the Internal Revenue Service, will need to develop regulations and guidance, as well as provide oversight over a host of new insurance-related issues.

In the short term, states must make a number of early decisions that will set the stage for implementing the major parts of the law – most significantly, the health insurance exchanges – and prepare for a major expansion in their Medicaid programs. At the same time, they also must act on a set of provisions that have early implementation dates, such as the high-risk pools. Moreover, there are a number of potential demonstration projects and other grant programs that states can apply for to bring in additional federal resources (see Appendix 2).

It is important to note here that, although most of the focus – and controversy – surrounding the PPACA centers on the health insurance expansion provisions, the PPACA encompasses significant policy changes that affect virtually every aspect of the health system, including information technology, delivery system and payment reforms, health workforce development and training, and prevention, to name a few – all of which provide opportunities to make meaningful progress before the major coverage provisions take effect. In fact, over the long term – as states that have already enacted their own version of health care reform are finding – it is the payment and service delivery reform provisions of the PPACA that hold the most promise for changing the way the health system operates and achieving the kinds of cost containment necessary to sustain the expansion of coverage.

KEY CHALLENGES

As foundations consider what activities to support, three main challenges – political climate, lack of government capacity, and gaps in policy expertise – must be taken into account. These are challenges that clearly are beyond the reach of philanthropy alone to address, but there are important roles for philanthropy to play.

- ***Political Climate and November Elections*** – Controversy surrounded passage of the PPACA and will likely continue at least through the November 2010 elections, with many important state and national races, governorships, and control of Congress on the line. Those races have implications for how states begin the implementation process over the next six months. Many states that anticipate a change in governor, for example, are setting up implementation structures – such as a health care reform cabinet or interagency task force – but deferring major decisions to the next administration.

The political environment of a state also has implications for how a foundation may choose to set priorities. For example, in states with strong opposition, a foundation may determine that the most important need is communications, public education, and support for advocacy to protect gains made. In so-called “leader” states with a more supportive political environment, foundations may seek stronger partnerships with government to bolster capacity for reform.

- ***Lack of Government Capacity*** – Without exception, virtually every state foundation and advocate expressed concern about the capacity of state governments to implement the PPACA. Several years of budget deficits have resulted in fewer state agency staff, with many of the most senior and talented staff having left their positions. Potential turnover as a result of the fall elections threatens to further diminish the bench strength of policymakers. Moreover, in most states, multiple agencies beyond the traditional health and social services agencies will need to be involved. These agencies may have little experience with health care insurance issues, and health advocates may have had little experience working with the agencies.
- ***Gaps in Policy Expertise*** – Among the hundreds of provisions of the PPACA are those that set up a new mechanism for expanding health insurance coverage – the health insurance exchange – and that establish broad oversight of the private insurance marketplace. These are areas that many advocates and health agencies have little experience or expertise in. Even among the country’s largest health consulting firms, which states (and foundations) often retain for policy analysis, there are concerns that sufficient capacity does not exist to meet the demands of 50 states.

FUNDERS' ACTIVITIES

Most foundations interviewed for this report indicated that their level of funding for health care reform-related activities will stay the same or increase in the coming year. Some foundations are designating separate funding allocations for implementation, while others are seeking to align health care reform activities with their specific program goals. In addition, several foundations indicated that they are planning to add staff to work specifically on health care reform activities.

Irrespective of whether a foundation has been involved with health care reform activities in the past, the post-enactment period presents many opportunities for advancing the goals of health care reform, as well as a foundation's individual goals. In particular, because health care reform implementation has a significant state-based component, state and local foundations can actively engage where they might not have during the pre-enactment phase.

Although the tight deadlines imposed by the PPACA require a sense of urgency from foundations, a focused planning process could be beneficial, especially for foundations that have not previously participated in or funded health care reform activities. Many foundations' planning efforts are well underway and include:

- meeting with state officials to learn about their priorities and capacities;
- assessing the lay of the land to determine the priorities, capacities, needs, and plans of advocates, providers, and other stakeholders;
- putting together a stakeholder engagement process for the purpose of informing the foundation's strategy;
- conferring with experts;
- determining how the PPACA intersects with a foundation's priorities and goals; and
- sharing strategies with other foundations in the state to prevent duplication and, to the extent possible, promote coordination.

Building on previous experiences with both health care reform and other programs, foundations identified six main categories of activities:

- Public Education
- Partnering with Government
- Advocacy
- Policy Research
- Convening
- Program Innovation and Reform

While these represent general categories, state-based funders were clear that their specific strategies and activities would have to account for the context of political and health care dynamics within their states.

ALIGNING FOUNDATION GOALS WITH THE PPACA

The Colorado Health Foundation undertook a comprehensive assessment regarding how the new law aligns with the foundation's key strategies: Healthy Communities, Healthy Schools, Adequate and Affordable Coverage, Enrollment for Public Health Insurance Programs, Integrated Care, Health Information Technology, and Health Care Workforce. With input and guidance from the board of directors, foundation staff developed a framework that compared health care reform issues to the foundation's strategies. They identified the key stakeholders engaged in each issue and highlighted potential roles for the foundation to play (such as new funding opportunities, developing partnerships, assuming a public profile, convening stakeholders, and playing a direct policy or advocacy role). This deliberative process resulted in a blueprint for the foundation that maximizes opportunities to align its efforts with the PPACA.

PUBLIC EDUCATION

As discussed earlier, it is widely acknowledged that despite extensive media coverage during the legislative phase of reform, there is a broad lack of understanding about the new health care reform law. Many foundations at the state and national levels have made public education a priority for the next year. As one funder noted, “For people to trust the policy and the process, there’s a need to communicate what the bill will do for them.” Funders have identified a range of activities to improve public understanding. Some are seeking to influence public opinion in order to build support for health care reform, while others believe it is most critical to improve the public’s knowledge of the law. Others want to focus on specific provisions of the law that align with their priorities.

- ▶ ***Educating Grantees*** – Foundations can look to current grantees and partners as an initial target for education.
 - The Missouri Foundation for Health is bringing grantees together by program area, such as oral health and health literacy grantees, to educate them about the new law. In addition, it is producing an insert on the new law in publications targeted to audiences interested in each foundation program area.
- ▶ ***Funding a Public Education or Social Marketing Campaign*** – Foundations are supporting a wide range of activities designed to use the media, messaging, and an organized set of communications activities to help shape public opinion on health care reform.
 - The Maine Health Access Foundation issued a request for proposals for public education grants that specified outreach to the foundation’s priority populations (those who are uninsured and underserved), as well as new constituencies. Applicants were required to describe how they would use new/innovative media in their engagement strategy.
 - During its earlier work on state-based reform, the Blue Cross Blue Shield of Massachusetts Foundation participated in a successful three-pronged public education campaign. The first and second components, which were sponsored by the Commonwealth Health Insurance Connector Authority, involved a partnership with the Boston Red Sox. Public service announcements were run at every game with different players acting as spokespeople, as well as television advertisements. For the third component, the foundation partnered with the state to fund community-based organizations to conduct outreach about the state’s new health insurance connector and to coordinate work with the media.
- ▶ ***Establishing a Centralized Place for Information and Resources*** – Many foundations have responded to the need for information by establishing a centralized resource for information, news, and policy analysis. In some cases, foundations choose to play this role themselves. In others, they create new, independent sources.
 - The California HealthCare Foundation devoted considerable staff resources during the health care reform debate to respond to inquiries from policymakers and the media, and to share information and intelligence on the status of legislation. It is creating a new Health Reform and Public Programs Initiative, which will bring together grant dollars; internal expertise; and partnerships with other philanthropies, the government, and the private sector to support implementation. For example, the foundation will identify options for supporting the evolution of Medi-Cal (California’s Medicaid program) to adapt to the changes brought about by the PPACA and will develop methods for monitoring progress along the path to its full implementation.
 - At the national level, The Henry J. Kaiser Family Foundation is considering creating a specific on-line space, in addition to the health care reform resources it already provides, with information from multiple sources that could serve as a technical assistance hub on reform issues.
 - The Blue Cross Blue Shield of Massachusetts Foundation is planning to roll out this summer a new section of its website that is designed to be a portal for information related to health care reform in the state. It is producing a variety of resources that outline key facts and is commissioning research papers

on implications for the state and lessons for other states to consider.

- The Robert Wood Johnson Foundation developed a partnership with the Hirsh Health Law and Policy Program of The George Washington University School of Public Health and Health Services to create the Health Reform GPS (<http://healthreformgps.org>), which will present unbiased information about the health care reform legislation while also setting forth implementation issues that may arise from a full range of stakeholder views on any particular topic.
- ***Building Capacity for Framing Issues and Developing Effective Messages*** – Framing and messaging research are the core elements of crafting communications that are designed to move a target audience to action on an issue. Many state and national foundations have invested in framing and messaging research with regard to health care reform.
 - The Endowment for Health in New Hampshire has invested heavily in messaging and framing on health care reform and health care issues. The foundation will continue to be involved in building communications capacity for grantees, as well as in supporting public education efforts in the state on a broad range of issues related to health care reform.
 - The SCAN Foundation will be studying how the Community Living Assistance Services and Support (CLASS) Act, which creates a voluntary long-term care insurance program under the new law, is understood and viewed by younger generations in order to support a potential social marketing or education campaign.
- ***Supporting Media Coverage*** – The news media are a primary source of information on public policy issues. As an increasing number of newsrooms are experiencing cutbacks, foundations are stepping in to ensure continued coverage of health issues.
 - Kaiser Health News (KHN), an editorially independent program of The Henry J. Kaiser Family Foundation, partners with national and local media outlets to cover health policy and politics, including implementation of the health care reform law. KHN informs readers about the new law with in-depth stories and a special weekly column, and also works with state-based news outlets – including nonprofit news organizations in Kansas, Florida and Texas – to explore issues such as Medicaid expansion and the establishment of high-risk health insurance pools.
- ***Conducting Public Opinion Polling*** – Public opinion polling can be a useful tool for guiding public information, policy communications, or social marketing campaigns, as well as for the formulation of policies.
 - As part of its planning work, the Healthcare Georgia Foundation recently began conducting opinion polling on health care reform to gauge perceptions among residents on the effects of the new law on costs, quality, and access. It found, for example, that Georgians believe that reform will drive costs up, and quality and access down, so the foundation is looking at developing messages to respond to these perceptions.
 - The California Endowment is funding polling and focus groups on Californians' views of health care reform. It is using the results of this public opinion research to inform a public education campaign about what is in the health care reform law and health care reform's positive benefits for Californians.

PARTNERING WITH GOVERNMENT

Given the fiscal constraints in many states, the amount of work that states are undertaking to implement reform, and the overlaps between government and foundation program activities, foundations are examining how they can partner with government on health care reform. Although many foundations have formal or informal policies against supplanting government funding for staff or programs, there are a variety of ways in which foundations can work with government depending on the level of engagement a foundation seeks. A recent report prepared by Mathematica Policy Research for the U.S. Department of Health and Human

Services provides a useful framework for helping foundations determine the level of partnership with government that fits their philosophy and approach (Person et al. 2009). The Mathematica report identifies five levels of interaction that are characterized by different degrees of alignment in terms of targets, goals, strategies, resources, and implementation.

- **Incidental Overlap.** Foundations and government happen to be working on similar needs, targeting similar groups or geographic regions, or using similar approaches, but the overlap is not intentional or planned.
- **Supplementary Action.** Goals are aligned. Strategies may be similar, but they are not developed together.
- **Communication.** Goals and strategies are aligned. Foundations and government take account of one another's activities in a shared arena and communicate with one another about goals, strategies, and progress.
- **Coordination.** Goals and strategies are aligned. Implementation is aligned but decisionmaking is carried out separately. Similarly, resources are aligned but typically not pooled. Each sector retains autonomy.
- **Collaboration.** Full, formal partnership. Goals, strategies, resources, and implementation are aligned. Foundations and government share decisionmaking, often pool contributions of funding and/or other resources, and share responsibility for implementing specific initiatives within a broad area of need or through specific components of individual initiatives or projects.

As the report further comments, “The culture and constraints within which each sector operates – including governance and organizational structures, rules, regulations, reporting requirements, time horizons, and stance toward risk – can constrain or facilitate different levels of interaction. Substantial transaction costs may limit the viability of formal collaborations; larger gains may be available through seeking opportunities for complementary action or coordination” (Person et al. 2009).

In assessing whether and how to work with the government, funders should determine which kind of interaction is best suited for their overall strategies and goals. There are other considerations to be aware of when working with government, which are identified in the new Grantcraft brief *Working with Government: Guidance for Grantmakers* (2010).

Examples of how foundations are partnering with government around health care reform are described below.

- **Providing Direct Funding for Personnel or Programs** – Some foundations have found that supporting a staff person who works directly for a government office, committee, or entity is a smart investment. Although foundations cannot oversee the staff position, it is the most direct way to increase the capacity of government to address health care reform implementation.
 - The Colorado Health Foundation and the Rose Community Foundation jointly fund the health policy position in the Colorado governor's office. As a result of the success of that partnership, the Rose Community Foundation is considering additional support for the governor's health care reform implementation work.
 - Along with five area foundations, the United Methodist Health Ministry Fund is working directly with the Kansas Health Policy Authority to create an implementation team for the state that includes legal analysis capacity, grantmaking capacity, insurance reform analysis, a stakeholder engagement process, and communications support.
 - The Connecticut Health Foundation will provide support to the state for administrative implementation, such as technical assistance and project management, for the Sustinet board, an 11-member panel charged with implementing the comprehensive state reform program that increases access and improves quality and affordability.

- ▶ ***Funding Expert Consultants to Work for or with the State*** – Foundations can respond to state needs while maintaining a degree of independence by hiring consultants to work with the state rather than funding the state directly.
 - The George Gund Foundation has convened funders and senior administration officials in Ohio to collaboratively examine state government’s health policy capacity and explore public-private partnerships that will boost that capacity around key implementation issues.
 - The Missouri Foundation for Health funded Health Management Associates to work with the state on ways to improve its Medicaid program. Once the time was granted to the state, the foundation was not further involved in the project, except for financial reporting.
 - The California HealthCare Foundation is funding consulting and analytic expertise to support the state in the development of the high-risk pool.
- ▶ ***Supporting Local and State Government Efforts to Apply for Federal Grants*** – The PPACA provides numerous grant opportunities for states and local government, as well as health systems and providers (see Appendix 2). Many government agencies lack the administrative capacity or resources to apply for grants or to serve as a regranting entity. In addition, several of the federal grants require some type of matching funds. Foundations can use their resources to help leverage federal funding for their state by supporting state efforts to apply for grants, as well as providing matching funds.
 - The Northwest Health Foundation in Oregon funded the National Academy for State Health Policy to help the state health information technology group prepare its proposal for federal funding.

GOVERNMENT SUPPORT ORGANIZATIONS

Although technically one step removed from a direct partnership with government, there are a number of government support organizations that connect and promote information sharing among state government officials, as well as conduct research and provide technical assistance. Examples of some government support intermediaries that are involved in helping states with the implementation of the PPACA include:

The **National Academy for State Health Policy**, an independent nonprofit organization that provides analysis, support, and technical assistance to state health policy officials. Recent activities include:

- building a web-based, peer-to-peer mechanism to share knowledge and lessons among state health officials, organize and coordinate material, and help state officials discuss issues and compare solutions with their peers, funded by the Robert Wood Johnson Foundation, and
- creating a Health Reform Implementation Resource Center, a platform for information sharing among the states, along with the National Governors Association’s Center for Best Practices, the National Association of Insurance Commissioners, and the National Association of State Medicaid Directors.

The **National Governors Association**, a bipartisan organization of the nation’s governors. Recent activities include:

- holding a Health Reform Summit for members as part of an array of resources on reform that includes the Alliance for e-Health, which focuses on health information technology, and the Rx for Health Care Task Force.

The **National Conference of State Legislators**, a bipartisan organization that serves the legislators and staff of the nation’s 50 states, commonwealths, and territories. Recent activities include:

- creating an on-line health care reform resource area that includes webinars; tracking state implementation and repeal efforts; and specific issue-area resources, such as on Medicaid and high-risk pools.

- Similarly, the Missouri Foundation for Health hired a consultant to work with the state to develop a plan for health information technology that led to a large federal grant to the state. It is planning to replicate that process for management of chronic care models and health workforce planning, as well as several other opportunities for states under the PPACA.
- The Foundation for a Healthy Kentucky provides grantwriting assistance to enable state staff to respond to federal funding opportunities.
- ***Supporting Data Collection and Evaluation*** – The PPACA includes substantial requirements for data collection, evaluation, and reporting to track the new law’s effect on health care quality and population health outcomes, and to monitor progress as a result of grants and other funding streams. Many state foundations already collaborate with state agencies on data collection efforts, and states will likely need additional assistance to carry out these functions.
 - The Foundation for a Healthy Kentucky has a Memorandum of Understanding with the state Department for Public Health to assist with statewide data collection at the county level, as well as oversampling of underserved populations.
 - The Williamsburg Community Health Foundation (Virginia) funded the state directly to see if areas that fall within the foundation’s geographic focus area qualified as medically underserved areas. The analysis led to the identification of additional potential designations that might qualify for federal funding.
- ***Partnering on Enrollment and Eligibility Simplification Activities*** – Enrolling the estimated 32 million Americans who will be eligible for coverage as a result of the PPACA will entail coordinated efforts between the federal government and states. In addition, many states struggled with enrollment issues even before reform was enacted and are already thinking about how to combine new efforts with current outreach to eligible, but unenrolled, populations. One foundation’s assessment of enrollment rules in three different health programs revealed that because of conflicting guidelines on income and family size, “at one point, it was possible to be ineligible for any program, eligible for one program, or eligible for all three depending on which rules you were using.” A recent report by the National Academy for State Health Policy identifies the need for “dramatic simplification of eligibility” as the “only way to achieve the promise of near-universal coverage” (Weil 2010).
 - The John Rex Endowment has partnered with local government to increase the capacity and effectiveness of enrollment efforts. The foundation’s primary focus is at-risk children and youth, and supporting outreach is consistent with the foundation’s priorities. This new funding builds off of work on outreach and enrollment in the Children’s Health Insurance Program that the foundation has supported in the past.
 - The California HealthCare Foundation has provided leadership through investments in new system development and deployment of Health-e-App and One-e-App, web-based tools that provide a one-stop approach to enrollment for a range of public sector health programs. It is also providing support to counties, conducting research and analysis, convening a funders’ coalition, and partnering with state agencies. The foundation will continue its leadership in modernizing public program enrollment and will seek to inform decisionmaking on options for the design, implementation, financing, and sustainability of a consumer-friendly enrollment system.

ADVOCACY

Advocates at both the national and state levels face a variety of challenges associated with implementation of the PPACA. A significant advocacy infrastructure was built during 2009, which contributed to the health care reform debate and ultimate enactment of the PPACA. Although many state-based and grassroots organizations were involved, the advocacy effort was focused primarily on action at the federal level. Advocacy at the federal level will continue to be critical, but now there is an even greater need for state-level advocacy.

Several foundation-funded initiatives over the last few years have helped build advocacy capacity in many states throughout the country. For example, the Robert Wood Johnson Foundation's Consumer Voices for Coverage program and the Public Welfare Foundation's Southern Health Partners initiative funded networks of advocates in 18 states and 11 states, respectively. Those initiatives were supported by Community Catalyst, a national advocacy and technical assistance provider. Similarly, The David and Lucile Packard Foundation supports a network of advocacy groups in more than 15 states through the Insuring America's Children: States Leading the Way initiative. The Center for Children and Families at Georgetown University, in conjunction with Spitfire Strategies, provides communications and policy support to these grantees.

Several other advocacy networks exist as well, including PICO, Health Care for America NOW!, USAction, and Voices for America's Children, among others. Appendix 3 describes the major networks involved with health care reform and displays the presence of different network affiliates in each state.

Of critical concern is the disparity in advocacy capacity across the country. Some states have a wide variety of advocates that have deep capacity on a range of issues, while other states have only a few. It is no coincidence that most low-capacity states are ones in which there are fewer health foundations and there is greater opposition to health care reform.

In order to ensure that the consumer voice has a strong presence in all aspects of implementation, funders should consider:

- ▶ **Supporting Core Operations** – General operating support for advocacy organizations has long been a priority for advocates. This core support provides advocates with the greatest flexibility to respond to multiple and changing policy needs.
 - The Public Welfare Foundation has provided core support to consumer health advocacy organizations and coalitions around the country for years.¹ These groups have formed the backbone of the health advocacy infrastructure.
- ▶ **Building Capacity** – Capacity building can take many forms, which are well known to health funders. For purposes of implementing the PPACA, many state-based funders are supporting national advocacy organizations to provide technical assistance and other support to their state advocacy organizations. This approach can help bring national expertise and connections to state-based advocates.
 - The Northwest Health Foundation is supporting a planning process for developing a consumer

CAPACITY BUILDING FOR ADVOCACY

The Missouri Foundation for Health has invested in a multipronged strategy over the last several years to build capacity for health advocacy in its state. The foundation brought in a national advocacy group, which otherwise would not have targeted the state, to assess the advocacy infrastructure and provide training and capacity building. The assessment found that Missouri lacked a centralized consumer voice, which paved the way for the foundation to help create a new nonprofit organization whose board is made up of many of the state's leading advocacy groups. The foundation also instituted a program to give general support for policy and advocacy grantees, and provided a space to bring advocates together once a year to encourage strategy development and information sharing. In addition, the foundation instituted programming with the Alliance for Justice to help grantees that did not have an advocacy orientation to better understand advocacy work. Lastly, the foundation has been reaching out to specific collaboratives, such as those that involve disability groups and faith-based groups, to connect them to health care reform. Using a train-the-trainer model, the foundation is supporting a faith-based group to develop new sets of materials on health care reform for faith leaders, who, in turn, have committed to doing community events.

¹ The foundation announced recently that this funding priority will be discontinued.

advocacy coalition, in partnership with Community Catalyst, which has involved a survey of select advocacy groups to identify ways the collective consumer voice could be strengthened in Oregon.

- ▶ ***Supporting Technical Assistance to Improve Communications*** – Communications skills are critical for advocacy organizations' ability to participate in policy debates and in public conversations on an issue. Advocates and foundations reported that investments in communications during the health care reform debate significantly strengthened the capacity of advocates.
 - The Nathan Cummings Foundation is continuing to support the Herndon Alliance to provide communications training and capacity building to a broad coalition of national advocates, state-based groups, and coalitions. The Herndon Alliance is a nationwide coalition of more than 200 minority, faith, labor, advocacy, business, and provider organizations that works to develop communications strategies to build public support for reform.
 - The David and Lucile Packard Foundation has supported communications training and capacity building for its network of children's advocacy grantees and will be looking to build on this capacity going forward with new media and communications tools. One example is Moms Rising, which employs a full range of community and engagement strategies, including a social media site with a national and state presence that works with mothers and grandparents to promote change on issues such as paid family leave, health care for all children, and fair wages, among others.
- ▶ ***Funding Consumer Participation on Rule-Setting Bodies, Task Forces, and Stakeholder Engagement Processes*** – Many states are establishing interagency task forces, commissions, and stakeholder processes to guide implementation. In some cases there are designated roles for consumer advocates, such as with the National Association of Insurance Commissioners. Because of the demands on advocates to actively participate in these efforts, which are largely uncompensated, foundations may want to consider targeted support to advocates to ensure a strong consumer voice in these forums without them having to take resources away from their basic activities.
- ▶ ***Supporting Grantee Efforts to Apply for Federal Grants*** – As mentioned earlier, there are number of grant programs and funding streams in the PPACA (see Appendix 2). States are listed as the eligible applicant for many, but there are other grant opportunities that are open to intermediary and advocacy groups that, for example, help consumers navigate the health system, evaluate the impacts of programs, reform the delivery system, and expand prevention. Several foundations indicated that they were looking at ways to leverage their investments in obesity prevention and other issues to obtain federal funding for those activities.
 - The Rose Community Foundation is supporting a planning process for Federally Qualified Health Centers to develop a five-year growth plan that will help them apply for federal funding.

POLICY RESEARCH

Policy research is a prime strategy that many foundations have used to bring awareness and attention to their priority issues and help shape public policy. Because of the numerous issues addressed in the PPACA, foundations can make an enormous contribution by supporting policy research and analysis to help inform grantees, policymakers, the media, and the public about key provisions of the new law. Some foundations, like The Henry J. Kaiser Family Foundation, often conduct policy research themselves and have come to be regarded as expert, independent sources of analysis. Others commission outside experts to conduct the research, either on their behalf or on the behalf of others, or to identify innovative research ideas through open solicitation processes.

- ▶ ***Conducting Policy Analysis*** – More and more foundations are developing in-house capacity to conduct and publish policy analysis.

- The Connecticut Health Foundation has become a well-regarded policy research organization, as well as a grantmaker, and will be producing and commissioning analysis on the PPACA for the advocacy community and the state.
- The New York State Health Foundation is conducting an analysis to project what the coverage landscape will look like in the state in 2019 under different scenarios. It will examine who will still be uninsured, and why, in order to inform state, grantee, and foundation strategies.
- ▶ ***Commissioning Policy Analyses*** – The most common strategy for foundations is to commission expert researchers, consulting firms, or academics to conduct policy analysis. Some foundations indicated that they are doing this in coordination with or on behalf of state policymakers.
 - The Blue Cross Blue Shield of Massachusetts Foundation has commissioned a report on what other states can learn from Massachusetts’ previous state-based reform efforts, with a focus on how best to support implementation at the state and local level.
 - The Healthcare Georgia Foundation has concentrated its commissioned policy analysis specifically on health information technology and distance learning to address issues that are critical for rural populations in the state.
- ▶ ***Funding Independent Centers/Policy Institutes*** – Foundations around the country have invested in setting up state health policy institutes as independent, nonpartisan research organizations to perform analysis on health issues and trends that affect the state in order to inform policymakers, state agencies, advocacy groups, and other stakeholders. Some foundations are considering ramping up their support in light of the PPACA.
 - Ohio, Georgia, Colorado, and Kansas, among others, have state health policy institutes that were funded by collaborations of state-based and local foundations.

CONVENING

Foundations are uniquely positioned to bring together grantees, experts, stakeholders, and policymakers to share information, discuss strategies, and build networks and coalitions to work on specific issues related to the PPACA.

- ▶ ***Supporting Grantee and Partner Strategy Development***
 - The George Gund Foundation cohosted a convening of national and state advocates and stakeholders to translate what provisions in the new law mean for the state in a train-the-trainer technical assistance model. Discussions will focus on supporting both proactive and defensive strategy development over the next year.
 - The Foundation for a Healthy Kentucky brought national organizations and experts to meet with and educate stakeholders about the new law during a series of meetings. They worked with Community Catalyst, the Herndon Alliance, and the National Academy for State Health Policy to educate grantees on provisions in the law, nurture coalition building, and provide training and capacity building on communicating about reform.
- ▶ ***Convening Community Leaders, Public Officials, and Stakeholders***
 - The New York State Health Foundation is convening roundtables of experts – a “brain trust” on health in New York that includes providers, insurers, consumer advocates, and state officials – and they have commissioned an implementation roadmap that lays out the policy decisions and tasks at play in the near term. The foundation is focusing on cost containment, coverage provisions, and improving primary care capacity for the newly insured and for those who remain uninsured.

- Healthcare Georgia Foundation convened a leadership academy over the summer for the boards of local public health districts, which represent local policymakers, and a diverse array of business, government, and community leaders, to examine the state's public health system in the context of health care reform.

PROGRAM INNOVATION AND REFORM

The PPACA provides new opportunities to advance funder priorities within the framework of the new law, particularly around the range of health delivery system and payment reform innovations. Since many national and state-based foundations may have a common interest in certain issues, funders should explore collaborative approaches where possible.

- The SCAN Foundation is partnering with the Center for Health Care Strategies to develop solutions regarding reforms associated with Medicare-Medicaid dual-eligible beneficiaries.
- The Commonwealth Fund is supporting the Institute for Healthcare Improvement to oversee the State Action on Avoidable Rehospitalizations (STAAR) initiative, a multipronged effort to help hospitals improve their processes for transitioning discharged patients to other care settings. STAAR will also work with state policymakers and other stakeholders in implementing systemic changes, such as new payment methods, to sustain these improvements. The initiative has been launched in three states – Massachusetts, Michigan, and Washington.

The following Snapshots provide an in-depth look at how regional variations, such as prior experience with health care reform, political context, and level of philanthropic support, can shape foundation strategies in reform efforts.

HEARTLAND STATES SNAPSHOT

KANSAS AND MISSOURI

Although there is a great deal of variability among Midwestern states, in general, they are characterized by a mix of urban and rural areas that have been hard hit by the recession. Politically, many Midwestern states are considered swing states, with a mix of conservatism and blue-collar unionism. Kansas and Missouri are the two southern-most states in the Midwest, and each has a relatively strong presence of health philanthropy and a modest advocacy infrastructure. While by no means exhaustive, this snapshot examines a key foundation's strategies in each of these two states.

CONTEXT FOR HEALTH CARE REFORM IMPLEMENTATION

- **Pending Legislation to Prevent Individual Mandate:**
Kansas – Introduced but did not pass.
Missouri – Successfully passed; 71 percent of voters voted in favor of the ballot measure on August 4.
- **Repeal Lawsuit Signatory:** No
- **Gubernatorial Elections in 2010:**
Kansas – Expected to change from Democrat to Republican
- **High-Risk Pool:** Both states will operate their own high-risk pools.
- **State Government Leadership for Implementation:**
Kansas – Implementation of health care reform will be done primarily through the Kansas Insurance Department and the Kansas Health Policy Authority; central coordination is still pending.
Missouri – Five state agencies are involved: Social Services, the Department of Health and Senior Services, the Department of Mental Health, the Insurance Commissioner, and the Department of Economic Development.

HIGHLIGHTED FOUNDATIONS

KANSAS

- **United Methodist Health Ministry Fund (UMHMF)**
Primary Issues – Access to Care, Children's Mental

Health, Healthy Lifestyles for Children and Families, Oral Health (former funding priority)

Geographic Focus – State

Annual Payout – \$2.5 million

MISSOURI

- **Missouri Foundation for Health (MFH)**
Primary Issues – Chronic Care, Advocacy, Workforce Development, Health Literacy, Healthy and Active Communities, Primary Care, Tobacco Prevention, Women's Health
Geographic Focus – 84 counties and St. Louis City
Annual Payout – \$49 million

LEVEL OF PHILANTHROPIC SUPPORT

Both states have high levels of philanthropic support and engagement. Kansas has six health funders – UMHMF, Health Care Foundation of Greater Kansas City, Kansas Health Foundation, REACH Healthcare Foundation, Sunflower Foundation-Health Care for Kansans, and Wyandotte Health Foundation – which have become increasingly involved in funding health policy work and health reform. In Missouri, MFH is the largest of a broad range of funders that also includes the Health Care Foundation of Greater Kansas City, smaller locally and religiously based funders, and a number of foundations formed through conversions in the St. Louis area.

ADVOCACY CAPACITY

There is a relatively small presence of organizations that are part of national networks in both states. In terms of state-based capacity, recent efforts to bolster a centralized consumer advocacy voice in Missouri have been successful, and there are other collaboratives, such as faith-based groups and disability groups, that are active in health care reform. Advocates in Missouri also identified a lack of communications capacity as a critical need moving forward. In Kansas, the provider community, although fragmented, is well poised to engage on health care reform implementation. The consumer advocate community, while still in development, has been and will continue to be active in health care reform efforts.

STRATEGIES

- **Maintaining Support for Reform in a Negative Political Environment** – In Missouri, a conservative political environment is being compounded by a high-profile battle between the governor and lieutenant governor, the former supporting reform and the latter spearheading repeal efforts, while the state legislature passed a statutory ballot question to opt out of the individual mandate. As a result, MFH has made public education to build support for reform a priority. The foundation's "Cover Missouri Campaign," which was focused on covering the uninsured, will now focus on promoting quality, affordable health coverage through its website, e-bulletins, and social media tools.

In Kansas, funders also face a challenging political environment. In this case, the governor is supportive of reform but the legislature is not. UMHMF is focusing its education efforts on the general public. The foundation, which is connected to United Methodist churches throughout the state, contracted with the Kansas Health Institute to develop a publication that specifically addresses what health care reform means for Kansas, which the foundation is disseminating to 150,000 church members, and state associations and their members. Health philanthropies in Kansas are also considering a proposal to support state-specific research and convening, as well as special support for health care reform journalism and reporting.

- **Working with State Government** – Like many states, Missouri has a shortage of state government staff who are knowledgeable or available to help implement federal reform. While working with the legislature has been challenging, MFH has successfully partnered with the Social Services and Health departments. For example, the foundation funded consultants to work with the state on Medicaid.

In Kansas, funders have also worked with state health agencies. For example, Kansas health philanthropies made a number of grants that were cofunded with the state health agency to expand dental access. The foundations and the state made joint grant decisions and built relationships that have laid the groundwork for future partnerships. Once the federal reform bill was passed, UMHMF made a grant to the state to do actuarial projections of the effects of health care reform on the state budget. Five Kansas philanthropies are also supporting the Health Policy Authority's implementation work, which includes legal analysis capacity, grantmaking capacity, and insurance reform analysis. These funders intend to give additional consideration to liaison and

coordination functions, including stakeholder participation necessary in the state, as well as special projects to further the Kansas Insurance Department's work on the health insurance exchange.

- **Taking a Regional Approach** – Because of political differences with neighboring states, it can sometimes be difficult to foster collaboration. Kansas and Missouri, however, are similar in terms of their political orientation, and they share the Kansas City area, which spans both states. The foundations have found it beneficial to coordinate and collaborate across state lines. MFH coordinates regularly with the Health Care Foundation of Greater Kansas City, which does grantmaking work in six counties, three each in Missouri and Kansas. The two foundations have conference calls every two weeks and have worked together to engage policy consultants and to cofund work related to health information technology, as well as other statewide policy projects. The Health Care Foundation of Greater Kansas City is funding messaging research related to health care reform, and because the states are similar, Missouri is coordinating with the foundation to use that research in its own work. The Health Care Foundation of Greater Kansas City and the REACH Healthcare Foundation, also in Kansas, are interested in health care reform, but each has just one policy staff person, so MFH is exploring helping to coordinate the policy pieces of joint projects. This kind of cross-state collaboration can also provide opportunities for cofunding national groups that can help provide technical assistance to local advocates. The foundations are doing this with Families USA and Community Catalyst.

MOUNTAIN/NORTHWEST STATES SNAPSHOT

COLORADO AND OREGON

Although many maps show the Northwest as blue and the Mountain states as red, signifying potential differences in regional context, Oregon and Colorado are both examples of purple-to-blue states where the groundwork for health care reform has already been laid. They are also states with strong anti-tax sentiments and extremely challenging fiscal environments, which have curtailed some past efforts at reform. Oregon has strong political support for reform, and, while Colorado has supportive leadership from the Governor's Office and state agencies, there are also anti-health care reform efforts in the state. Both states have effective but limited advocacy capacity. This snapshot examines several leading foundations' strategies to implement health care reform in states with a mixed record of support for reform and whose governments are limited by fiscal constraints.

CONTEXT FOR HEALTH CARE REFORM IMPLEMENTATION

- **Pending Legislation to Prevent Individual Mandate:**
Colorado – Proposed ballot initiative to opt out of any individual mandate requirement in national health care reform; three additional pending ballot measures that would impose significant reductions in state and local government revenues and restrictions on public financing.
- **Repeal Lawsuit Signatory:** Colorado
- **Gubernatorial Elections in 2010:**
Colorado – Competitive candidates from both parties
Oregon – Competitive candidates from both parties
- **High-Risk Pool:** Both states elected to operate their own high-risk pools.
- **State Government Leadership for Implementation:**
Colorado – Governor established an interagency task force and appointed a director to implement reform.
- **Previous Experiences with Reform:**
Colorado – Created Blue Ribbon Commission for Health Care Reform in 2006 to identify strategies for health coverage expansion and cost reduction. Commission recommendations will be a roadmap for health care reform implementation.
Oregon – Established the Oregon Health Authority in 2009 to implement state-based

reform and the Oregon Health Policy Board for policymaking and oversight.

HIGHLIGHTED FOUNDATIONS

COLORADO

- **The Colorado Health Foundation (TCHF)**
Primary Issues – Healthy Communities, Healthy Schools, Adequate and Affordable Coverage, Enrollment for Public Health Insurance Programs, Integrated Care, Health Information Technology, Health Care Workforce
Geographic Focus – State
Annual Payout – \$94 million in 2009; \$45 million in 2008

- **Rose Community Foundation (RCF)**
Primary Issues – Aging, Child and Family Development, Education, Health, Jewish Life
Geographic Focus – Local
Annual Payout – \$2.9 million

OREGON

- **Northwest Health Foundation (NWHF)**
Primary Issues – Public Health, Health Care Reform, Health Workforce
Geographic Focus – Oregon and SW Washington
Annual Payout – \$8.2 million

LEVEL OF PHILANTHROPIC SUPPORT

Philanthropic support for health care reform in Oregon is lean, and there is limited support for policy and advocacy work, in particular. NWHF is the primary funder for reform activities, including health advocacy, although it collaborates with national funders where possible and was able to engage some nonhealth funders during the debate phase. In Colorado, there is a very supportive group of health funders who are moving to coordinate their reform implementation activities. Colorado funders collaborated to support the development of the Colorado Consumer Health Initiative, a lead statewide health advocacy coalition organization, and the Colorado Health Institute, which provides policy analysis and research capacity.

ADVOCACY CAPACITY

Both states have state-based groups that are well-

connected to national advocacy organizations. In terms of in-state capacity, Oregon is home to several health advocacy groups with a long history of work on expanding Medicaid and insurance reform. That said, most groups have very small budgets, and there is a lack of coordination among them. In response, NWHF is supporting a planning process, with the help of Community Catalyst, to enable the groups to work more effectively together, which may result in the development of an official coalition of consumer advocacy organizations. In Colorado, there is an array of stakeholders that participate in collaborations working on reform, including the hospital association, children's advocates, consumer advocates, and private sector stakeholders.

STRATEGIES

► **Partnering with Government** – Both states have strong leadership within state government to implement health care reform. TCHF partners with state government to address health issues in several ways. It provides direct support through grant dollars and regular stakeholder convening. During the debate phase of reform, TCHF focused on ways to bring additional dollars to support state work by providing seed funding to establish the Colorado Regional Health Information Organization as the state-designated entity for health information exchange, and by agreeing to match federal grants for safety net clinics. TCHF and RCF also jointly funded the health policy position in the governor's office, and RCF is considering additional support for the administration's health care reform implementation work. To help support state policymakers, TCHF has issued reports analyzing what other states have done on prenatal health, provider fees, and obesity, and it has commissioned a scan of provisions in the new law, including grant programs and deadlines.

In Oregon, NWHF partners with the state in several ways. NWHF staff sit on state Health Policy Board subcommittees, the foundation directly supported the state to conduct modeling of different expansion scenarios, and it partnered with the state on obtaining public input for the proposals of a pre-reform entity, the Oregon Health Fund Board. The foundation also convenes the Oregon Health Reform Collaborative, composed of organizations representing an array of health care stakeholders – including providers, insurers, and consumer advocates – to share information and develop relationships as they work toward reform.

► **Public Education and Reaching Out to New Allies** – In almost every state, engaging broad audiences to build support for health care reform is a critical issue. NWHF supported a survey of Oregonians on how to pay for

expansion of services and has worked with pollsters to study public views on reform and on public health-related issues. NWHF is dedicating over half of its 2010 health care reform budget to advocacy, with an emphasis on promoting innovative partnerships with organizations that have previously not done health reform work. As part of this work, the foundation is dedicating \$500,000 to engage more diverse organizations and people, particularly from communities of color, who will be affected by reform. In Colorado, TCHF and RCF are coordinating with The Colorado Trust to increase understanding about federal health care reform, as well as other state-level efforts to advance access to health. The Colorado Trust has developed a strategy to engage a variety of stakeholders and partners to build the public will of Coloradans to expand health coverage and to improve the state's health care system. TCHF also plans to make general operating grants to advocacy organizations and health policy communications organizations for public outreach and education around reform. The foundation is also currently exploring other options for public outreach and education efforts.

► **Leveraging Resources by Partnering with Other Funders and Drawing Down Federal Dollars** – In Oregon, NWHF is a funding partner of The Commonwealth Fund's Safety Net Primary Care Medical Home initiative, which supports demonstration projects that focus on partnerships between safety net providers and community stakeholders to develop new models of primary care delivery. NWHF is also planning to support a capacity building institute for delivery system reform that incorporates knowledge dissemination, technical assistance, and evaluation of different models. The institute will in turn facilitate the state or other eligible groups applying for federal dollars. NWHF also supported the National Academy for State Health Policy to help the state's health information technology group prepare a proposal to draw down federal grant dollars. In Colorado, RCF is looking at opportunities to help Federally Qualified Health Centers develop a five-year growth plan so that they can best leverage federal dollars. In addition, Colorado funders have collaborated on successful health policy projects that can be used as models for reform. For example, a group of funders partnered on a children's oral health initiative where they shared decisionmaking and pooled funding. This effort led to the state changing its reimbursement policy to fund children's oral health. In addition, TCHF lobbied for the inclusion of state and local organizations to receive federal Community Transformation Grants, which originally were slated to go only to national organizations.

NORTHEAST STATES SNAPSHOT

MAINE, MASSACHUSETTS AND CONNECTICUT

Many New England states enacted their own version of health care reform over the last several years, and implementation is well underway. Although other states and regions may not have the level of political support or strong advocacy capacity that is present in the Northeast, these states' experiences offer a glimpse at what issues lie ahead for the rest of the country. While by no means exhaustive, this snapshot examines the approaches of a leading foundation from each state.

CONTEXT FOR HEALTH CARE REFORM IMPLEMENTATION

- **Pending Legislation to Prevent Individual Mandate:** No
- **Repeal Lawsuit Signatory:** No
- **Gubernatorial Elections in 2010:**
 - Maine** – More likely to stay Democrat or switch to Independent
 - Massachusetts** – Some potential to switch to Republican
 - Connecticut** – Some potential to switch to Democrat
- **High-Risk Pool:** All three states will run their own high-risk pools.
- **Previous Experiences with Reform:**
 - Maine** – Enacted the state's Dirigo Health Agency in 2003
 - Massachusetts** – Enacted universal coverage in 2006
 - Connecticut** – Created SustiNet in 2009
- **Federal Implementation Planning:**
 - Maine** – Legislature-created Joint Select Committee on Health Reform Opportunities and Implementation; gubernatorial executive order established the Health Reform Implementation Steering Committee.
 - Connecticut** – Gubernatorial executive order established an interagency Health Care Reform Cabinet.

HIGHLIGHTED FOUNDATIONS

MAINE

- **Maine Health Access Foundation (MeHAF)**
 - Primary Issues** – Advancing Health Reform, Promoting Patient and Family-Centered Care, Strengthening Maine's Safety Net

Geographic Focus – State

Annual Payout – \$4 to 5 million

MASSACHUSETTS

- **Blue Cross Blue Shield of Massachusetts Foundation (BCBSMA)**

Primary Issues – Maximizing Number of Residents with Health Care Coverage, Building Capacity of Health System to Serve Vulnerable Populations, Supporting Health Reform Implementation

Geographic Focus – State

Annual Payout – \$4 to \$5 million

CONNECTICUT

- **Connecticut Health Foundation (CHF)**

Primary Issues – Children's Mental Health, Children's Oral Health, Racial and Ethnic Disparities

Geographic Focus – State

Annual Payout – \$5 to \$6 million

LEVEL OF PHILANTHROPIC SUPPORT

All three states have strong health philanthropic communities that support reform. In Maine, MeHAF, the largest health funder in the state, collaborates on specific issues such as improving access through expansions of community health centers and promoting oral health, to ensure the greatest collective impact of funder dollars. Similarly, in Massachusetts there are health funders, in addition to BCBSMA, that have been supporting reform for over 20 years and that share information and lessons learned through various institutions and other networks. In Connecticut, a group of foundations, including CHF and the Universal Health Care Foundation of Connecticut, were instrumental in funding efforts for statewide health care reform.

ADVOCACY CAPACITY

All three states have several advocates that are part of national networks. In terms of in-state capacity, Maine has a highly effective group of advocates that has shown past success in addressing Medicaid expansion and capacity for policy analysis. Maine also has very strong consumer advocacy capacity that focuses on - universal access and has built expertise on insurance regulation and reform. In Massachusetts, there has been a strong advocacy capacity for over 20 years on both general reform and specific constituency-based issues

such as those related to seniors, disability, mental health, immigrants, public health, and disease-specific concerns. Connecticut also has a strong advocacy community with many groups being active for more than a decade.

STRATEGIES

- **Maintaining Public Support** – All three states continue to highlight the need for public education. BCBSMA has found that there are real communications challenges within the state both because people do not understand the new federal law and past experience taught them that early wins are extremely important. It plans to continue to use its surveys of how people experience health care reform as a way to show the public that the law is meeting its goals. CHF's public education work is focused on supporting reform, particularly the expansion of Medicaid without cost sharing, immigrant coverage, and on helping advocates communicate about children's coverage issues. It is working on messaging related to how health care reform benefits families, tailored to the Connecticut context. MeHAF has already moved forward with funding for public education and engagement to reach out to state residents so they can understand what national reform means for Maine.
- **Policy Analysis on the Intersection of State and Federal Reform** – Because all three states have state laws and structures already in place, they are focused on how to integrate them with the new federal law. BCBSMA is funding analysis on how the new law will intersect with Massachusetts' law as a way to educate policymakers and the public. CHF is also focused on doing both in-house and commissioned analyses on how federal reform affects the state-based reform to identify what will change. CHF staff cited challenges in identifying experts who know Connecticut's specific policy architecture. MeHAF is working on translating what the policy means in the day-to-day health care that people experience, and it is framing a small business outreach and education strategy.
- **Defending Past Reform Wins** – In Connecticut, they are focused on defining and defending the robust expansion plan that they have in place, while Maine is facing tensions between state and regional reform efforts and national reform. Using state-based rules already enacted, Maine is now the highest-priced market, which raises competitive concerns now that a national marketplace will be in place.
- **Outreach and Enrollment** – BCBSMA has been a funder, with the state, of outreach and enrollment. It has focused on helping people get insurance cards and

helping them navigate the delivery system. These are still important issues and the foundation plans to continue its support for them.

- **Monitoring and Evaluation** – BCBSMA has been active in monitoring access pre- and post-reform and, in collaboration with the Robert Wood Johnson Foundation and The Commonwealth Fund, will continue to do so. CHF is also looking at how it can support the state to monitor for continuous quality improvement.

LOOKING AHEAD

Although ensuring success of their coverage expansion consumed most of the first few years of these states' health care reform efforts, all three state foundations report that the biggest long-term challenge is in delivery system reform that drives quality and accountability. Meaningful cost containment strategies rely on changes in delivery system and payment incentives.

- **Cost Containment and Delivery System Reform** – BCBSMA has been actively engaging stakeholders in conversations about rising costs and issues related to people's ability to meet the mandate and state budget issues in an economic downturn. To address affordability and accountability issues, BCBSMA is looking at demonstration opportunities in the new law for Accountable Care Organizations (ACOs), payment reform, and delivery system reforms. It is also exploring ways to help the state in pursuing these opportunities. MeHAF has already funded grants focused on cost containment and payment reform. The foundation has also promoted a long-term initiative to further patient- and family-centered care through the integration of mental and behavioral health with primary care. MeHAF's strategy is to look at integrated care as a key element for payment reform through ACO models.
- **Other Issues: Health Information Technology (HIT) and Health Disparities** – Maine has been focused on HIT. It is joining with Vermont to share lessons learned and has talked to New Hampshire to see if other states in the region will be interested in their previous work and approach. CHF focused on infusing the reduction of health disparities as a primary goal of reform on every front, from prevention, HIT monitoring, workforce, and delivery system reform.

SOUTHERN STATES SNAPSHOT

GEORGIA AND VIRGINIA

As a region, the South faces some of the biggest challenges to implementing health care reform. Many states are unsupportive of health care reform implementation, have thin advocacy capacity, and few health funders. Southern states also have some of the biggest racial and health disparities in terms of access to care, coverage, and health outcomes. In this environment, foundations are particularly challenged to find ways to support reform. This snapshot looks at the efforts of two foundations in Georgia and Virginia – one statewide and one local – to meet a variety of health care reform-related needs in their states.

CONTEXT FOR HEALTH REFORM IMPLEMENTATION

- **Pending Legislation to Prevent Individual Mandate:**
 - Georgia** – Legislation is pending governor’s signature.
 - Virginia** – Law signed by governor was nation’s first opt-out law.
- **Repeal Lawsuit Signatory:**
 - Virginia** – Filed suit in state court
- **Gubernatorial Elections in 2010:**
 - Georgia** – Slim possibility of a switch from Republican to Democrat
- **High-Risk Pool:** Both states elected not to form their high-risk pools and let the federal government establish and run them for their states.
- **Previous Experiences with Reform:**
 - Virginia** – Current Health Resources and Services Administration’s (HRSA) State Health Access Program (SHAP) Grant builds on Virginia Commission on Small Business Health Insurance Costs (2004) and the Governor’s Health Reform Commission (2007).

HIGHLIGHTED FOUNDATIONS

GEORGIA

- **Healthcare Georgia Foundation**
 - Primary Issues** – Health Disparities, Strengthening Health Nonprofits, Access to Primary Care
 - Geographic Focus** – State
 - Annual Payout** – \$5 million

VIRGINIA

- **Williamsburg Community Health Foundation (WCHF)**

Primary Issues – Access to Care, Prevention, Strengthening Health Nonprofits, Responding to Local Needs

Geographic Focus – Local

Annual Payout – \$6 million

LEVEL OF PHILANTHROPIC SUPPORT

The health philanthropy presence in the South is considered by many to be less extensive than in other parts of the country, and Virginia and Georgia have historically been no exception. Healthcare Georgia Foundation is one of the largest health funders in the state. While there may be potential to engage the state’s smaller health funders – or larger nonhealth funders – in health care reform activities, thus far their involvement has been very limited. In Virginia there is a more robust funder environment. WCHF is part of the Virginia Consortium for Health Philanthropy, a potential vehicle for collaboration among 25 funders. Although the consortium has not been actively involved in health care reform, members are educating themselves and looking at ways to engage in implementation and to potentially collaborate.

ADVOCACY CAPACITY

While both states have organizations with formal participation in major national advocacy networks, assessments have found that low levels of in-state capacity persist. In Georgia, advocacy capacity regarding health care reform is largely limited to organizations – some relatively new – with small staffs and budgets. Going forward, it will be critical to bring other advocacy groups, such as children’s and public health groups, into the health care reform effort. Although Virginia has strong data and analysis capacity, as well as an engaged faith-based community, the state’s advocacy community is considered by many stakeholders to be small and lean.

Foundation funding for advocacy in the region remains limited; although, in recent years, several national funders have invested in efforts to bolster consumer advocacy in the South. For example, the Public Welfare Foundation’s Southern Health Partners (SHP) has supported consumer health advocates in 11 Southern states, including Virginia and Georgia. Advocates in both states work with national advocates and believe they could be very helpful to state efforts going forward. One advocate, Georgians for a Healthy Future, reported that it benefited greatly from one-on-one technical assistance it received from Community Catalyst as part of the SHP. Healthcare Georgia Foundation is working with Families USA to build state-level leadership and capacity for health care

reform and with Community Catalyst and the Herndon Alliance on communications capacity. Advocates also believe that, because of resource challenges, they will look to colleagues in neighboring states for lessons learned and strategy ideas.

STRATEGIES

► **Public Education on Health Care Reform** – As a result of its opinion polling showing that Georgians believe that reform will drive costs up, and quality and access down, Healthcare Georgia Foundation is planning efforts around messaging and communications and looking at health literacy issues. To help ensure that health will be a central campaign issue, the foundation published a Gubernatorial Election Guide that focuses on the views of the 10 candidates on eight selected health issues. It is also funding an awareness campaign to educate people about the importance of public health. On a local level, as part of the foundation's leadership strategy, it is working with the boards of local public health districts, which represent a diverse array of thought leaders. It recently conducted a statewide leadership academy for public health stakeholders as part of this effort. In Virginia, much of the state is rural, and there are specific public education challenges to help the senior population understand changes in Medicare. WCHF is considering a targeted social marketing campaign for Medicare-eligible populations, and those who are "soon-to-be" eligible, on the effects of the new law. WCHF is also focused on building relationships with the business community, a critical target audience for implementation. It wants to frame coverage as a critical piece of a competitive business strategy that will help Virginia compete globally. That is, a workforce saddled by untreated chronic disease is at a competitive disadvantage, which the foundation sees as an opportunity for business leaders to become engaged and help educate their employees about reform. WCHF is reaching out to local organizations, such as the Greater Williamsburg Chamber and Tourism Alliance, to help small businesses in the region get up to speed on the new law.

► **Improving Access** – Healthcare Georgia Foundation is focusing on patient-centered medical homes, which are critical to rural populations where there are significant gaps in health system capacity. Because the medical home model cuts across many other policy provisions, this work will also focus on the safety net and community health centers. In Virginia, WCHF is actively working with its board to connect the foundation's priority work on the safety net to implementation. WCHF is working closely with its local network of safety net provider grantees to explore how they will adapt and increase capacity while still offering high-quality care. The foundation is also looking at issues with Virginia's medical practice laws and health

professions data to see who will actually be able to provide which new services in the state.

► **Partnering with Government** – In general, Southern states lack consistent leadership within and across state government departments to help shepherd implementation activities. In the past, there has been a lack of capacity and coordination among the various agencies, making partnering with government a particularly difficult challenge. Nevertheless, these foundations have found ways to support recent improvements in how their states are approaching implementation. Healthcare Georgia Foundation looks at how it can complement the state in funding strategies regarding key priority areas such as community health centers, public health, and rural issues. Additionally, the foundation supports data collection efforts, an area in which the state has little capacity. The foundation is also meeting with Georgia representatives in the U.S. Senate and House of Representatives regarding key issues and opportunities. In the past there have not been opportunities to collaborate, but with the complexities of health care reform, the congressional delegation is looking to the foundation to help identify state issues.

In Virginia, WCHF has partnered with the state in the past on capacity building for enrollment and data collection. The foundation also funded the state health department directly to evaluate whether there were any health professions shortage areas in the foundation's geographic area. Lastly, WCHF is working with the state to explore potential synergies between Virginia's HRSA SHAP grant, which is aimed at expanding health coverage and wellness programming for low-income uninsured workers, and the foundation's longstanding investment in safety net health care capacity. To expand bridges between the state government and philanthropy, the state Secretary of Health and Human Resources recently addressed the Virginia Consortium for Health Philanthropy about implementation opportunities for funders.

LOOKING AHEAD

Healthcare Georgia Foundation is looking for ways to collaborate with other funders and the state, with an eye toward opportunities to tap into available federal dollars. Because it has a strong relationship with the Centers for Disease Control and Prevention, it has a good understanding of how federal dollars for prevention will flow to states. The foundation will be building capacity with the state and local public health departments to facilitate tapping into prevention funds that will become available. It is also part of a philanthropic collaborative on health that is currently focusing on the health safety net and models for integrated services. Workforce issues are also a shared priority.

FUNDER COORDINATION & COLLABORATION: OPPORTUNITIES & ISSUES

Without exception, funders recognize the importance of coordinating activities both among advocates and among themselves. However, most interviewees commented on the lack of true funder coordination and collaboration during the health care reform debate. Although many funders participated in information sharing forums, such as through GIH, their interactions rarely resulted in formal coordination or collaboration around strategy. As one of the funders put it, “It seems that we go up to the brink, but then we don’t work together – it’s becoming very frustrating.” To move forward, they need to take greater advantage of the forums and opportunities available to them to deepen their collective efforts.

Major barriers to collaboration include funder desires around control of resources, internal procedures and governance, and branding and ownership. Another major barrier is that funders often have different goals, strategies, and processes coming into a discussion about collaboration. Even in the case of implementing the PPACA, where the framework for what needs to be done has already been set by the law, these differences can inhibit collaboration.

At the same time, it was widely recognized that greater funder coordination and collaboration on health care reform implementation could stretch scarce resources and would enable the philanthropic community to meet more effectively the challenges posed by implementation of the PPACA. Areas that could benefit from funder coordination include:

- ▶ ***Information and Intelligence Sharing about the External Political Environment and Policy Developments, Grantee Activities, and Needs and Gaps*** – The implementation landscape is changing rapidly, and actively monitoring it at both the federal level and in all 50 states will be an enormous challenge. Being able to share that information in a timely and expeditious manner would be very helpful, particularly to state-based funders who are outside the “Beltway.” In addition, sharing information about foundation activities, grantees, consultants, and vendors can help inform foundation strategies. Several funders raised concerns about being able to identify and assess the quality of consultants and firms to assist with various activities and projects. To the extent that other funders, especially national funders, have experience or knowledge about them, it would be helpful for that information to be shared.
- ▶ ***Strategy Development among Funders to Minimize Duplication and Overlap by Issue, Activity, and State*** – Strategy could take many forms, depending on the level of coordination and/or collaboration between funders. At the highest level of collaboration, funders would agree to joint decisionmaking and pooled funding, but many other types of coordination could also be beneficial. One particular advantage to pooling resources is timeliness – it would enable the pooled fund to respond to issues or needs quickly without having to go through each foundation’s grantmaking process.

FEDERAL-STATE INNOVATION PROJECT (F-SIP)

Organized, ongoing dialogue between policymakers and advocates will increase the odds of successful implementation of the health reform law and will benefit health funders by providing a vehicle for identifying where their investments will be most effective. Given constraints in the wake of the recession, having a reliable and coordinated process for pinpointing emerging developments, key issues, and critical milestones will help ensure the efficient use of philanthropic resources. Several foundations, including The Atlantic Philanthropies, The Commonwealth Fund, The Nathan Cummings Foundation, and Robert Wood Johnson Foundation, have joined forces to fund the development of the *Federal-State Implementation Project*, which will establish regular channels of communication among federal officials, advocacy organizations, and funders.

One example of funder collaboration was recently announced in the education field. Twelve grantmakers came together to coordinate funding to bolster a new federal school improvement effort. They did not create a pooled fund, but rather formed a loose strategic alignment network where participants committed to working with the federal program while preserving their independence on what and who to fund. The grantmakers also created an on-line registry (<https://www.foundationregistry3.org/>) for potential applicants to help them apply for the federal funds, share information, and solicit matching grants from the foundations (Perry 2010).

- **Promotion of Grantee Coordination** – Because funders support different networks of grantees, there is great risk that competing organizations will be tasked with “leading” the same or similar activities. Although many national advocates are engaging in conversations to share information and coordinate, the perception in the states is that those same advocates are “surprisingly unaware of each others’ activities.”

To address this concern, a group of funders – The Atlantic Philanthropies, the Robert Wood Johnson Foundation, The Nathan Cummings Foundation, The David and Lucile Packard Foundation, and The California Endowment – are supporting an effort of several leading national advocates, including Community Catalyst, Families USA, the Center on Budget and Policy Priorities, Georgetown University’s Center on Children and Families, Health Care for America NOW!, and Trust for America’s Health, to come up with recommendations for coordinating national and state advocacy efforts. The groups are assessing: the scope of health care reform implementation requirements for state; the capacities, relationships, and resources among the state and national organizations; and the strategies and resources that would most effectively support implementation and promote coordination and collaboration between the national and state groups. As described later in this report, whatever the specific mechanisms of grantee coordination are developed, it will be important for funders to adequately recognize and resource those efforts.

REACHING OUT TO NONHEALTH FUNDERS

Nonhealth funders represent an important potential ally and have a stake in the successful implementation of the PPACA. Because of the PPACA’s high profile and broad reach, successful implementation can help restore public trust in government and demonstrate government’s positive role in improving the lives of Americans. Consequently, the success or failure of the PPACA can affect how other public policy issues are viewed by the public and policymakers. Moreover, the law could directly affect a number of issues beyond health and health care. For example, it can play a significant role in alleviating poverty, providing new job opportunities, and addressing equity issues among racial and ethnic populations. Nonhealth-specific foundations with a focus on issues related to women and children, race and equity, workforce, economic development, education, income security and poverty, technology, civic engagement, or rural communities could all find a connection to the PPACA, although education about the law will be needed to assist them in making the linkages to their priorities and goals. Examples include:

- **Workforce.** The PPACA provides significant resources to train health care providers who will be needed for the millions of newly insured individuals. These programs, such as grants to promote the community health workforce and nursing, can provide new opportunities for underserved communities. Foundations focused on such priorities as health, economic development, education, and social equity can work with their states to ensure that state workforce plans promote diversity and reach out to low-income populations.
- **Income Security.** Successful implementation of the PPACA will require dramatic simplification of enrollment and eligibility systems for Medicaid, providing a platform to integrate other benefits. Foundations concerned with poverty and income security could partner with government to support efforts to develop these systems.
- **Equity.** Many provisions of the PPACA are designed to address health disparities through both health care and community prevention activities. By supporting efforts to reduce health disparities, foundations can help advance broader equity goals.

- ***Increased Resources for Health Care Reform*** – Recognizing that resources are scarce to support the range of issues and activities called for under health care reform implementation, greater funder coordination can help bring new funders – health and nonhealth – into the effort. Many state and local funders commented that they increased their funding to a particular program or initiative when other foundations were participating. However, it will take a concerted effort to reach out to new funders. As one national funder commented, “The large foundations need to help identify where they can share the work with smaller funders and where smaller investments fit as ways to empower new funders and provide a less intimidating environment.”

As numerous other publications have documented, coordination and collaboration are not simple or easy. It takes relationship building, trust, common goals, and a willingness to share credit. Although collaboration can create an effort that is greater than the sum of its parts, “it requires a high-level of commitment from participants and that participants cede a substantial degree of control over the resources they commit. While such partnerships can be very effective in leveraging resources, they require large up-front investments to function properly” (Person et al. 2009).

State funders described the need to find common issues and goals as critical to beginning a collaborative effort. Funders identified efforts involving pooling funding to secure matching grants and supporting the safety net as successful in engaging new funders or those who have not worked in the policy arena in the past. Other state funders make it a practice to regularly convene and explore areas of common interest, which has enabled them to “evolve from information sharing to active coordination and collaboration.”

Although funders described different mechanisms for coordination and collaboration, they stressed that more calls or meetings are not necessarily needed, unless funders come with the explicit intent to share strategies and coordinate. It is not the mechanism, per se, but rather a commitment to a shared goal and transparency that matters most. And, to meet the demands of the PPACA, coordination must be streamlined and timely.

With regard to health care reform implementation, funders may want to consider coordination and collaboration activities at multiple levels.

COORDINATION AND COLLABORATION AMONG FUNDERS WITHIN A STATE

Many state-based funders commented on successful coordination and collaboration efforts that have been established with other funders in their states. In part, that is a result of geography and the ability to meet frequently and build relationships. But, it is also a result of concerted efforts to reach out beyond traditional

COLLABORATING WITHIN YOUR STATE

The John Rex Endowment is a regional foundation and is fortunate to work in an environment where there is a strong history of funder collaboration. Health funders in North Carolina have met regularly for several years and have evolved from sharing information to active coordination and collaboration. One successful example was their work on obesity prevention. Realizing they were duplicating efforts, the funders felt that collectively they could coordinate efforts for greater impact. With that work ongoing, the funders are now examining opportunities to work together to support health care reform implementation in the state. For example, planning work is underway, with the North Carolina Institute of Medicine, to fund several workgroups made up of public-private collaborations to address different issues related to the PPACA.

These health funders all belong to the North Carolina Network of Grantmakers, and they are starting to work within that umbrella organization to determine if there is any synergy between health and other foundations, such as the land conservation funders. At the same time, they recognize that it can be challenging for smaller local and regional funders to coordinate and find a way to complement the state funders' work because they have small staffs, and collaborations take a tremendous amount of time.

health foundations to create partnerships with family foundations, community foundations, and health funders that focus on local or regional areas of the state. This kind of effort can produce added resources, stakeholder partnerships, and leadership for health care reform implementation efforts. Examples of where coordination among funders within a state could be particularly helpful include:

- ▶ ***Pooling Resources to Provide a Match for Federal Grants*** – There are several federal grant programs in the PPACA that require some form of matching funds. Health funders can lead efforts to pool resources to generate a match that will leverage federal funding. As an example, the Missouri Foundation for Health applied to be a funding intermediary for the Social Innovation Fund and brought together support from other state and local foundations to generate the match. On July 22 it was announced that the foundation was successful in its application and will receive a \$2 million grant.
- ▶ ***Strategy Development*** – Because of the multitude of issues associated with PPACA implementation, funders are interested in more than information sharing. Many state-based funders have already begun hosting meetings of their peers to collectively discuss strategy about the most pressing needs, with different foundations providing leadership on issues where they have expertise or that are of particular concern to them. Funders also reported that they are jointly meeting with state officials to map out potential strategies and partnerships.

COORDINATION AND COLLABORATION BETWEEN FUNDERS IN NEIGHBORING STATES

State-based foundations emphasized that every state is unique. Some, however, noted that, to the extent their states are willing to entertain ideas from other states, they would look to neighboring, like-minded states rather than a classic “bellwether” state like Massachusetts (even if Massachusetts has important lessons to be learned).

Funders expressed some interest in regional convenings, such as among Southern, Midwestern, Pacific, or New England state foundations, to learn about what their colleagues are doing. Since all states will be implementing the PPACA along the same timeframe, there may be benefits to funders sharing information, approaches, and progress. There are also issues – such as health information technology – in which state-to-state interoperability could be critical or where economies of scale among states are possible. The Endowment for Health in New Hampshire, for example, indicated that the state is exploring the development of a regional exchange with other New England states as a way to establish a sufficiently large risk pool.

Moreover, there may be opportunities to work together to jointly retain consultants, commission analyses, and other activities that could benefit multiple states or a region. This could be a particularly beneficial strategy in response to concerns that there are a limited number of consultants with deep expertise on insurance regulation and related issues. Regional grantmaking associations could be helpful partners in putting regional convenings together.

COORDINATION AND COLLABORATION BETWEEN LOCAL, STATE-BASED, AND NATIONAL FUNDERS

State and national foundations operate from very different perspectives and bring different expertise to the implementation process. National funders, for example, have been more steeped in the national debate and often bring a deeper level of knowledge and a sense of the “big picture” about the new law. Moreover, they tend to know the landscape of national consultants – who is good and where the best expertise on a particular issue can be found – as well as have relationships with national advocates. State-based funders, in contrast, know what the states’ challenges will be in the implementation process; what capacity is needed; and most importantly, what strategies work best in their states. Coordination and collaboration – of both grantmaking and nongrantmaking activities – between state and national funders will be critical to maximizing the effectiveness of all resources, relationships, and strategies. Examples of where national-state funder coordination and collaboration could be particularly helpful include:

- **Strategy** – State and national funders emphasized the importance of coordinating and collaborating on strategy from the outset. Although information is helpful, what most funders want is candid conversations about strategy in order to identify opportunities for coordination and collaboration. State-based funders expressed concern about national funders driving strategies without understanding important factors that are “deeply rooted” in the states. Strategy discussions could also mitigate potential conflicts that sometimes arise when grantees propose competitive or conflicting approaches to issues.

Such strategy discussions could also accelerate the sharing of state experiences – both positive and negative – to inform national policy. National funders, for example, could facilitate state-based funders’ access to national policymakers and advocates in bringing concrete examples to their attention.

- The SCAN Foundation and The Atlantic Philanthropies partnered on a project – Seniors-to-Seniors – regarding how health care reform proposals address issues of concern to seniors. The SCAN Foundation supported the development of a joint Statement of Principles among sponsoring organizations on key issues such as access to care and cost. This statement was used as a platform for a multipronged informational campaign funded by The Atlantic Philanthropies, which has the ability to fund direct advocacy and c(4) activities. As a result, the funders were able to support the development and implementation of a comprehensive policy and advocacy strategy.
- **Policy Analysis** – Because both the federal government and the states have active roles in implementation in which federal regulations and state-based laws and regulations will be adopted nearly simultaneously, it will be critical for state-based funders to keep current about emerging issues and regulations at the federal level and, conversely, for national funders to be aware of developments in the states.

Through such information sharing efforts, opportunities to collaborate on the commissioning of policy analysis may emerge. For example, if coordinated, national funders could support the development of in-depth research and analysis on specific issues, which state funders could then supplement to support the adaptation and translation for state policy implications. Because different funders bring different areas of expertise and interest (for example, medical homes, workforce, behavioral or oral health), policy analysis provides one mechanism to facilitate coordination among local and national funders that may not have worked together previously.

- **Advocacy Capacity Building in States with Low Capacity** – Because of the strong correlation between low-advocacy capacity states, challenging political environments, and few health foundations, partnerships between national and state-based foundations could help address advocacy needs in both the short and long term. As one state-based advocate remarked, “No funders will fund advocacy in our state, so we need national funders to make a case to state funders.” Several state-based funders commented that past efforts of national funders, such as the Robert Wood Johnson Foundation, the Public Welfare

A COLLABORATIVE MINDSET: THE SCAN FOUNDATION

When The SCAN Foundation, which focuses on long-term care and related issues for seniors, was formed in 2008, it identified funder collaboration as a key strategy for achieving its goals. It reviewed other funders’ strategic plans and funding priorities to assess where its mission and vision might intersect with potential funding partners. Through that process, it intentionally built funder collaboration into the planning and implementation of its initiatives. Moreover, to encourage additional funder collaboration, the foundation has offered matching grants to organizations.

As a result of these efforts, the foundation has partnered with a range of foundations, including: The John A. Hartford Foundation on the role of accountable care organizations for seniors; Kaiser Health News on media coverage of senior health issues; and several foundations, such as the Archstone Foundation and The California Endowment, to support the development of a statewide plan for Alzheimer’s disease in California.

Foundation, and The David and Lucile Packard Foundation, to bring additional resources in support of advocacy coalitions in their states were generally helpful in getting coalitions up and running. In many cases, state foundations have gone on to continue funding them. At the same time, however, they caution that collaboration up front between national and state-based funders is critical to ensure that initial funding decisions are informed by knowledge of local and state dynamics to maximize the potential for long-term success and sustainability.

- **Communications** – Many state-based funders indicated that they were overwhelmed with information and analyses, fact sheets, and issues briefs from various policy and advocacy organizations. Many of the materials were similar but were developed from a particular perspective or area of expertise, resulting in considerable confusion in the field. At the same time, state and local funders felt that, because these were all produced at the national level, they did not speak to the specific circumstances, populations, policy, and political dynamics of their states.

 - To remedy this problem, several state-based funders suggested a process whereby national funders collaborate with state-based funders in financing the development of analyses, fact sheets, or timelines – accompanied, for example, by a tool kit – which would enable state funders and advocates to readily translate and adapt the documents to meet their unique circumstances. Such tailoring will help ensure that the materials resonate with different state and local audiences.
 - Similarly, supporting an overall communications strategy, especially message development and framing, is an issue that would greatly benefit from national-state funder coordination. Because national funders work with communications consultants and experts from across the country, they are in a position to help identify, facilitate access to, and coordinate communications expertise for state-based funders.
- **Technical Assistance for Grantees on Specific Issues** – As national advocates are determining their strategies for implementation, both advocates and funders have raised concerns about duplication, competition, and turf issues. Although different organizations are often recognized as leaders on specific issues, this is not always the case. Many funders expressed interest in coordinating and potentially cofunding a process to support issue leadership and technical assistance to state groups. One funder noted that, “One of my roles is to play traffic cop among the various coalitions,” and thought it would be helpful to further coordinate activities with national funders. State-based funders also indicated that they could benefit from other funders’ knowledge of different technical assistance and intermediary groups such as the National Academy for State Health Policy or Community Catalyst.
- **Health Care Delivery System Reforms** – National funders, including The Atlantic Philanthropies, The Commonwealth Fund, and the Robert Wood Johnson Foundation, and others, support pilot projects to test new models and innovations on issues such as chronic care management, medical homes, or long-term care. Those models could originally have been developed with support from a local or regional foundation. Those funders can play a key role in the location and success of pilot sites. With the new law providing a framework and federal funding for system reforms, there are even greater opportunities for collaboration.
- **Learning from Leader States** – Several states – mostly in New England – enacted their own health care reform laws several years ago and have experience with issues that are similar to those that are likely to arise during the implementation process. The Blue Cross Blue Shield of Massachusetts Foundation, for example, played a leadership role in Massachusetts’ efforts to pass health care reform and has continued to support a number of activities related to its implementation. Recognizing that state dynamics and circumstance vary tremendously, the foundation expressed interest in being a resource to other foundations around the country since many of the provisions of the PPACA were modeled on the Massachusetts law. Webinars, conference calls, or briefings could be offered to share the Massachusetts experience. Similarly, foundations from other “leader states,” such as the Maine Health Access Foundation, expressed interest in sharing experiences and lessons learned to assist colleagues from around the country.

ADVOCATES' PRIORITIES & PLANS

Advocacy organizations played a crucial role during the health care reform debate and ultimate enactment of the PPACA. Having a strong consumer voice ensured that the law addressed the concerns of health consumers, especially low-income people, and was essential to balance the influence of vested interests and other stakeholders.

Over the last decade or so, foundations have invested in the development of a strong advocacy infrastructure across the country. Building on that capacity, foundations provided an infusion of significant resources, and advocates were able to organize, mobilize, and build coalitions in support of health care reform. The Atlantic Philanthropies' funding for Health Care for America NOW!, in particular, built new connections between the grassroots and federal policymaking.

Going forward, advocates believe that it will be critical to maintain the current capacity at the national level, particularly to engage in the federal regulatory process, while expanding capacity in the states. Much of the current infrastructure was, by necessity, "campaign-oriented" – that is, it was focused on a single piece of federal legislation. A different kind of infrastructure and set of capacities will be needed for the next several years that can support simultaneous activity on multiple issues in multiple venues – for example, regulatory agencies, legislative arenas, and health care delivery systems – in all 50 states.

KEY CHALLENGES

In general, the six basic advocacy capacities – policy analysis, communications, campaign strategy, grassroots organizing, coalition building, and fundraising – should guide the development of the advocacy infrastructure to support implementation of the PPACA (Community Catalyst 2006). Additionally, advocates highlighted three capacity-related challenges that warrant special attention.

- **Issue-specific coalitions will need to be developed to focus on the range of issues embodied in the PPACA.** Because work on different issues will likely involve different coalition partners – advocacy related to medical homes, for example, will be different than for enrollment – advocates will be challenged to broaden and deepen their work.
- **Advocates in states with a low level of capacity – particularly rural and Southern states – will need additional assistance.** Because it will be difficult to build a robust advocacy infrastructure in these states in a short period of time, creative mechanisms to assist state advocates will be needed.
- **Deeper policy expertise will be required, particularly on insurance regulation and marketplace issues.** Although most advocates are very knowledgeable about Medicaid issues, many PPACA issues represent new and complex areas for many state-based and national advocates. Therefore, new expertise will need to be developed and shared, to the extent possible, among the various advocates.

As mentioned previously, another challenge for advocacy groups is being able to participate in the variety of task forces and advisory boards being established at the state and national levels. To effectively represent the consumer voice in these settings, however, advocates will need to spend considerable time and develop the necessary technical expertise, such as being able to understand actuarial analysis, and link with groups that can provide ongoing backup and technical assistance to consumer members of advisory boards. Such activities are generally unfunded.

ADVOCACY ACTIVITIES

In addition to overall advocacy capacity-related issues, advocates identified five high-priority areas of activity going forward.

- ***Overarching Blueprints at National and State Levels*** – Advocates and policymakers are in the process of reviewing all the details of this complex law and determining what will be required in terms of federal

and state regulations. An overall national blueprint that identifies and describes each set of regulations, timelines, and responsible agencies can inform and guide advocates and policy organizations. It is especially critical – given the often-lengthy rulemaking process and the uncertainties of the political process – to ensure that these regulations are developed and implemented in a timely manner. In addition, there will be even greater numbers of “sub-regulations” issued – essentially guidance documents to states – which will form the basis for the regulations. Monitoring and commenting on them will be critical, and a blueprint – ideally, one that can be updated and refreshed as new information becomes available – will enable state-based advocates to know when and how to engage. Many organizations identified this as a top priority over the next nine months.

A second goal of a blueprint and calendar of activities, with detailed milestones and tasks, is to assist national and state groups with planning, coordination, and monitoring progress. It can form a template for state groups to develop their own action plans that are tailored to their policy environment and timelines. Lastly, a blueprint could inform foundation funding and activities. Several national advocates are engaged in this effort: the Center on Budget and Policy Priorities, along with the National Women’s Law Center and the National Health Law Project, are all involved in identifying and cataloguing various regulatory requirements.

- ***Communications and Public Education*** – Although it was acknowledged that pro-reform forces lost the communications battle during the summer and fall of 2009, most funders and advocates believed that communications and messaging capacities were strengths of the national health care reform infrastructure. Communications research, support, and technical assistance will continue to be needed at different levels.

Advocates described the continued need for a “meta message” related to health care reform implementation. A new effort, cochaired by Victoria Kennedy, the widow of former Senator Kennedy, and Tom Daschle, was launched with the goal of raising “\$25 million a year from unions, foundations, corporations, and Democratic donors to build a Washington-based operation dedicated to educating the public and advocating for the law.” The intent is for this campaign to last until after the law is fully put into place in 2014. Such a campaign, however, needs to be supplemented with targeted communications efforts focused on specific issues and constituencies, reflecting local and state dynamics.

- **Issue-Based Communications.** There will be groups of advocates leading campaigns related to specific elements in the new law (for example, enrollment, community-based prevention, long-term care), which will require messaging and communications. It will be critical that these link with and support the “meta message,” as well as minimize competition.
- **Constituency-Based Communications.** Many advocacy groups that were part of the campaign for federal reform focused on a specific constituency group and will now shift their attention to building support for the provisions in the new law that directly affect those groups.
 - The National Women’s Law Center is using social media, for example, to build grassroots support among women in communities of color regarding provisions of the law that specifically affect them.
- **Communications Targeted for Regions or Local Context.** Differences in regional culture, political environments, and experience are spurring the need for communications to be tailored to the local context. One state advocate commented that advocates would “love communications folks to help develop different messages for Blue, Red, and Purple states.”
 - AARP is educating staff at its state offices on the new law. The state offices are then responsible for translating core national messages into communications that resonate with state and local dynamics. They also are developing local partners who are often seen as more effective and credible messengers.
 - Similarly, the Center for Rural Affairs is working to reframe the new law by highlighting how it intersects with rural issues in order to create and support a new constituency for reform.
- ***Defensive Advocacy, Including Responding to Negative Attacks and Lawsuits*** – It was hoped that advocates could fully focus their attention and operations on implementation activities. However, given

the number of states whose attorneys general, governors, and state legislatures have filed lawsuits and legislation to impede implementation of the new law – coupled with extremely challenged state budgets – many advocates will likely need to balance defensive activity with proactive advocacy. Some of that work is not new. With regard to state budget challenges, many advocates have developed sophisticated expertise with regard to budget advocacy, aided and supported by the State Fiscal Analysis Initiative.² A new demand, however, is a need for legal analysis, which was not a significant activity during the legislative phase. It is possible that state lawsuits will be turned back by the courts or that repeal efforts will diminish following the November 2010 elections, especially if public support for the new law grows. Advocates will need to be prepared to respond on multiple fronts. Advocates, including Families USA, the Center on Budget and Policy Priorities, and Community Catalyst, are involved in these efforts. In addition, the National Health Law Program is working with many states on issues related to the lawsuits, from conducting analysis to trainings with legal groups.

- ***New Allies*** – In order to move beyond the polarizing partisanship of the health care reform debate, many consumer health advocates recognized that mainstream groups, such as disease groups (for example, the American Heart Association and the American Cancer Society) and provider groups (such as physicians or the Catholic Health Association), will need to be engaged in state-based and national coalitions in a more intentional and strategic way. Besides their critical role in implementation, they can serve as independent credible messengers to the general public.

A variety of constituencies will need to be engaged as targets of education efforts because they can benefit directly and because they can act as conduits of information to others. Small businesses, in particular, are a high-priority constituency because of the new tax credit that can assist them in offering health insurance coverage. Other groups identified as key players: mothers; faith-based groups, including evangelicals; and employers.

It is also important to point out that, as a significant number of the uninsured are people of color, racial- and ethnic-based organizations will need to be brought into the network of leadership organizations working on implementation to represent those populations who will be greatly affected by the law's provisions.

- ***A Multifaceted Infrastructure for Enrollment*** – With the potential for 32 million Americans to obtain health insurance coverage, there is a critical need for robust outreach and enrollment mechanisms. Lessons learned from more than 10 years of the Children's Health Insurance Program indicate that it is not as simple as "if you build it, they will come." The enrollment infrastructure will ultimately have several components:
 - education and outreach,
 - simple enrollment forms and enrollment processes, and
 - consumer assistance.

Several national groups have already begun planning for a nationwide enrollment infrastructure, including the development of local consortia dedicated to enrollment activities.

- Families USA, for example, has embarked upon an ambitious effort to create a new national nonprofit dedicated to enrollment called Enroll America. It is soliciting funding from major elements of the health industry, such as insurance and pharmaceutical companies, as well as foundations, to establish a 50-state infrastructure.
- Community Catalyst will focus on assisting consumers with the enrollment process, while the Center on Budget and Policy Priorities is looking at how to use express enrollment processes to automatically enroll people who also receive Food Stamps or participate in other entitlement programs.

Advocates and funders note that it will be critical that state and national groups coordinate efforts to minimize duplication and, more importantly, confusion. Enrollment activities, like other implementation activities, will develop within the context of each state's history, current infrastructure, and political dynamics so a single nationally driven approach should proceed with caution.

² The State Fiscal Analysis Initiative is a network of state-level nonprofit policy organizations in 31 states and the District of Columbia working for equitable, sustainable, and responsible budget and tax policies. <http://www.statefiscal.org>

ADVOCATE COORDINATION & COLLABORATION: OPPORTUNITIES & ISSUES

With implementation of the PPACA occurring in all 50 states, as well as at the federal level, state-based and national advocates recognize the importance of coordinating their activities. This is particularly important since federal agencies will issue regulations and guidance on implementation, which, ideally, should be informed by state experience. At the same time, guidance provided by the federal government is necessary to establish national standards.

COORDINATION AMONG NATIONAL GROUPS

Although most national groups have specific areas of expertise, they also overlap. National advocates – USAction, Center for American Progress (CAP), the Center on Budget and Policy Priorities, Community Catalyst, among others – have already embarked on conversations about how to coordinate their work. CAP, for example, has hosted three meetings that brought together all of the national advocates, as well as many state-based groups. Most feel the CAP-sponsored meetings have been productive because they were “CAP facilitated, not CAP led.” As an outgrowth of those discussions, a group of funders have supported the Federal-State Implementation Project through GIH, which taps into policy experts, including the CAP health team, to facilitate communications between federal officials charged with implementing reform and both national and state consumer education and advocacy organizations.

COORDINATION BETWEEN STATE-BASED GROUPS AND NATIONAL GROUPS

Although there was a significant amount of coordination between grassroots and state-based groups and national advocates during the debate of the PPACA, particularly through Health Care for America NOW!, there were tensions as well, primarily over strategic decisions concerning the public option. Similar to the kinds of challenges and barriers experienced by funders with regard to collaboration, state and national advocates approach collaboration from their particular perspectives, needs, and vantage points. Nevertheless, coordination and collaboration across a variety of activities – from communications and messaging, to policy priorities, to strategy – will be critical.

As implementation will occur at both the federal and state levels, new mechanisms are needed to facilitate a robust two-way dialogue between state and national advocates. For example, a significant amount of expertise on insurance regulation and exchanges resides in states, and state-based advocates could play a leadership role in the development of federally implemented regulations and policy. Yet, several advocates commented that current structures and processes are insufficient to enable state experiences – positive and negative – to be collected and conveyed to federal policymakers in an ongoing and timely way. Although some national organizations with state chapters have made progress in this regard, new mechanisms are also needed. Moreover, such mechanisms can assist state groups with understanding the details of – and accessing – the federal rulemaking process that will ultimately guide state actions.

Another concern driving the need for coordination is that many of the national organizations turn to the same network of state-based groups, requesting information, offering technical assistance, and wanting to collaborate. It will be critical for the national groups to sort out who is doing what on which issue at the national level to make sure that state groups are not overburdened with competing, and sometimes conflicting, requests and activities.

At the same time, many state-based advocates, particularly small groups in low-capacity states, expressed a need for a higher level of technical assistance. Because there are so many issues requiring a consumer voice – from traditional Medicaid issues, to delivery system reform, to marketplace- and insurance-related issues – advocates need support from national groups to build their own expertise, backed up by ongoing technical assistance.

Both Community Catalyst and the Herndon Alliance were repeatedly identified as particularly helpful facilitators of the state-national connection. They provide high-quality technical assistance and actively incorporate the state perspective in developing their policy and communications strategies, respectively.

One model that was suggested by a state-based advocate is for national advocacy groups to designate staff to work and partner with specific state-based organizations. Those staff, for example, could even be located in the states to gain a deeper appreciation for the state perspective and foster better channels of communication.

ADVOCATE COORDINATION CHALLENGES AND OPPORTUNITIES

Activity/Strategy	Challenges	Opportunities
Setting Policy Priorities	States with limited capacity and budgets are challenged to balance federal and state priorities, and national advocates are often distant from state-level issues and perspectives.	Identify major federal and state milestones, which require federal-state coordination.
Communications and Messaging	States require messaging that is crafted for their specific contexts to move state-level public opinion, while coordinated messaging is needed to move national-level public opinion.	Develop national communications materials that can be tailored for specific state contexts, as well as messaging research targeting different populations.
Knowledge Sharing	States hold the most expertise on issues, such as exchanges and insurance regulation, but lack effective mechanisms to connect to national groups to inform federal guidelines and strategy.	Create mechanisms that enable a robust two-way dialogue to enable state experts to play a leadership role in shaping federal regulations.
Technical Assistance, Strategy, and Planning	Many national organizations turn to the same networks of state-based groups.	Coordinate national groups' state-based activities to facilitate better communication, avoid duplication and confusion, and target technical assistance to areas and issues of greatest need.

COORDINATION BETWEEN STATE-BASED GROUPS

Several state-based foundations commented that there was a lack of coordination among advocates within their own states, diminishing the effectiveness of their advocacy efforts. Whether a state is a high-capacity or low-capacity advocacy state, better coordination will be needed just to cover the number of issues that will be debated at any given time. In addition, better coordination and integration with grassroots constituency-based groups, like PICO, will be critically important to ensure that the people most affected by the reforms have a voice in the process. As described previously, particularly given the challenges and demands on advocates, foundation-sponsored convenings could be very helpful to promote relationship building, coordination, and collaboration among advocates.

State advocates also expressed interest in mechanisms to help them learn from peers and colleagues in states around the country, particularly those with similar political environments and circumstances. Advocates, for example, felt that convenings, supported by Community Catalyst, and funded by the Robert Wood Johnson Foundation and the Public Welfare Foundation, were enormously beneficial and wished they could occur more than once a year. They also expressed interest in regional convenings so that they could learn from and discuss strategy with advocates from similar states; regional convenings would also minimize time and travel demands.

SYNTHESIS & RECOMMENDATIONS

For this project, a broad range of national and state advocates and funders were interviewed. In general, they identified similar priorities, issues, and needs. In terms of priorities, there was strong consensus about the importance of:

- public education to improve the understanding of the law, and
- successful implementation of the “early” provisions.

Moreover, there was strong consensus about the need for building greater:

- government capacity, particularly within the states;
- policy expertise regarding health insurance marketplace issues and the development of exchanges;
- advocacy capacity, particularly in Southern and rural states; and
- coordination among advocates and among funders.

There were also important differences in the perspectives of funders and advocates who work at the state level and those who work at the national level. This should not be surprising. Although much of the PPACA implementation action will take place in the states, many aspects of the law’s guidelines and structure will be driven by the federal government – issuing regulations, establishing new programs and grants, and setting up oversight mechanisms. Therefore, both state and national advocates have significant roles to play and bring important perspectives and contributions to the process of determining priorities and needs. State and national advocates – as well as state and national funders – must recognize and understand each other’s roles and needs in order to reduce competition and fragmentation, and make meaningful coordination possible.

We identified several issues in which there were significant differences among the state and national funders and advocates.

- State-based funders stressed the lack of capacity in state government to implement the PPACA as their most pressing concern, whereas national funders are more focused on broader issues such as public support.
- State-based funders did not generally identify enrollment as a priority area, although it was raised prominently by several national advocates and funders.
- State-based funders, while supportive of continued funding of advocacy, were particularly focused on implementation and capacity issues faced by state government and how to support them. State-based advocates, meanwhile, expressed the need to rapidly increase their own capacity to address the various issues.
- Many state-based funders, especially those from “leader” states, as well as some national funders, placed higher priorities on delivery system reform, cost containment, and workforce issues to a greater degree than the advocates did.
- State and national advocates had different perspectives on how best to coordinate activities and especially who should drive coordination activities. As described earlier, state advocates believe that they should be equal partners with national advocates in developing and implementing overall policy strategy, but even when well-intended, national groups tended to drive the strategy from a national perspective.
- Similarly, state and national funders had different perspectives on the goals of improved coordination. National funders tended to see state funders as partners for their initiatives, once they were developed. State funders, in contrast, welcomed national funders’ support for organizations and activities in their states, but believed that early consultation and coordination regarding strategy and approach are essential to ensure that any potential competition or conflict among grantees is minimized.

RECOMMENDATIONS

State and national funders are already planning, engaging, and putting into practice a wide spectrum of activities and strategies to support implementation of the PPACA. This report identifies a select number of activities current at the time of the interviews. It represents a snapshot in time, given how dynamic the implementation process is. Today, there would doubtless be more activities to report (and GIH plans to continue to monitor and highlight them). Although the specific activities and strategies may have evolved, they can, nevertheless, inform a set of recommendations, which are offered here to help funders considering implementation activities.

- ▶ ***Recognize the unique opportunity provided by the PPACA to advance your foundation's priorities and goals.*** Whether a funder has been involved in the debate regarding health care reform to date or not, the enactment of the PPACA provides a significant opportunity for health – and nonhealth – funders to become engaged in its implementation. Never before has there been such a national framework in place for major health systems change. Now with the PPACA setting the vision, goals, and milestones, we encourage funders to assess their strategic plans for areas of potential intersection or alignment.

For example, foundations that have focused on expanding access or health insurance coverage will find a number of areas where their involvement could support PPACA implementation. Moreover, supporting implementation will enable funders to advance goals they may have related to workforce, prevention, the safety net, oral health, or health information technology, as well as prevention, public health, and healthy communities. Although aligning a foundation's programs to the law may require some reorienting of priorities and timing, there are long-term benefits from leveraging a funder's investments to help states and health-related organizations obtain federal funding and from generating significant momentum for health systems change. Aligning with the PPACA will also require a different kind of response from the philanthropic community in order to meet the ambitious timeline set forth by the law. Funders, for example, may want to establish a pool of "rapid-response" dollars, which could be directed to an emergent issue requiring quick action.

- ▶ ***Understand the lay of the land before making any decisions about strategy or grantees.*** Although many of the national groups and state-based networks have a long track record of working together and are engaged in conversations to coordinate their activities, funders should be sensitive to the types of tensions and turf issues that often arise in efforts to collaborate. As in any field, they can result from different ideas and strategies; conflicting agendas; and, in some cases, history and personality. Without a clear understanding of these dynamics, funders can inadvertently contribute to those issues. In order to mitigate them, funders should develop a full appreciation for the lay of the land, including the different strategies and approaches of different organizations at the state and national levels, as well as the relationships between these organizations.
- ▶ ***Identify state leadership on an issue-by-issue basis.*** Although all 50 states will be involved in implementing the law, it is not possible to devote sufficient resources and attention equally to all of them. State and local funders will obviously concentrate on their states. National funders and advocates, however, are wrestling with how to determine which states should receive priority attention. There are a variety of lenses – some of which conflict with each other – with which to assess states (for example, the likelihood of success, level of uninsured, political environment, or state advocacy capacity).

Although there is some discussion about identifying "bellwether" states, that may not be realistic to do across all aspects of the law. Because of the complexity of the law and the range of issues it spans, it may be more appropriate and feasible to approach the question of "bellwethers" on an issue-by-issue basis. For example, states that are early implementers of Medicaid expansions may be different from those with prior experience with exchanges. States that enact insurance market reforms with strong consumer protections may be different from those who are leaders in enrollment.

Moreover, for both policy and political reasons, it may also be preferable to look for different states that become leaders within their region, rather than identifying national models. States tend to look to like-

minded or neighboring states that have similar political and capacity environments, rather than looking to what have been historically considered traditional leading-edge states like New York or California. In fact, what works in a particular state may be considered negatively by states in other regions.

- **Maintain – and increase funding – for advocacy.** Over the last decade or so, more and more foundations have recognized the importance of funding advocacy in order to achieve their goals. In particular, several national funders – The Atlantic Philanthropies, The Nathan Cummings Foundation, and the Public Welfare Foundation, among them – have led efforts to improve the capacity of advocacy organizations throughout the country. Through their efforts, and those of many state-based foundations, new coalitions and advocacy organizations have been established, which, in turn, were able to attract additional funding from state and local funders.

Given the variability of advocacy capacity across the country – particularly in states with the most challenging political environments with respect to the PPACA and the greatest needs – it will be important for national funders to continue to provide leadership, in coordination with state and local funders, to support advocacy. Many state-based funders acknowledged that they are more willing to fund advocacy when they have other philanthropic partners.

- **Engage a broad range of stakeholders and constituents.** As would be expected, stakeholders and vested interests that had the most to gain – or lose – from the new law were major forces in the debate over health care reform. Advocates were critical to ensure that the consumer voice was present in the deliberations, given that insurers, drug companies, providers, and other well-financed industry stakeholders had the resources to ensure their interests were represented in legislative negotiations. As states begin the implementation process that will affect virtually every aspect of the health system over the next four years, a broad array of advocates representing the interests of vulnerable groups need to have a seat at the table. Whether it is to broaden the base of support for health care reform or to ensure that the concerns of less-organized and influential groups are addressed in implementation, consumer advocacy will be critical. Funders should think creatively about who can be effective spokespeople for these groups, engaging, for example, various disease groups and health providers, as well as vulnerable and minority populations themselves. Some funders and advocates specifically mentioned immigrants and others who will be excluded from the exchanges or public programs. Special efforts will be needed to address their needs and the demands on the programs that will serve them.
- **Coordinate, coordinate, coordinate.** Funders can play an important role in facilitating coordination among advocates and other grantees, but a consistent theme across those interviewed was that they need to coordinate amongst themselves first to be most effective. There is no one model of coordination or partnership. Rather it must fit the goals of the relationship and the circumstances of the participants. Funders can facilitate coordination in a number of ways.
 - **Create pooled funds.** Consider creating pooled funds to address specific issues (for example, exchanges and medical homes), conduct specific activities (such as technical assistance or public education), or address challenges for particular geographic areas (such as regions or states that have particularly low capacity to implement).
 - **Think about regional approaches.** One of the major challenges for funders and advocates is to figure out how best to connect local and state activities and strategies to national efforts. At the same time, because implementation is a 50-state endeavor, funders also may want to consider regional approaches. In times of tight state budgets, there could be efficiencies and economies of scale for states working together, particularly for small states. Similarly, advocates could benefit from learning from colleagues who are working in states with similar political dynamics or geographic characteristics.
 - **Look for opportunities to engage small, community, and nonhealth funders in health care reform.** Efforts designed to maximize federal funding for a state or region and collaborations across states could be effective mechanisms for drawing in new funders. Moreover, funders who focus on education, poverty, or workforce could bring important expertise to health care reform implementa-

tion. Small funders do not often know how to “plug in,” so larger funders should look for opportunities to reach out and help identify opportunities for them to coordinate and contribute.

- **Set up mechanisms to enable timely sharing of information and strategies.** Funders expressed a great deal of interest in what their colleagues from around the country are doing in order to help stimulate ideas and potentially coordinate funding strategies. This report is one step toward facilitating information sharing. Given the rapidly changing landscape, however, new mechanisms to enable ongoing information sharing and forums for strategy development are needed. For example, some foundations suggested the creation of a Health Reform Resource Center for foundations – a place where funders can turn to learn about or from other foundation efforts. GIH is in the process of expanding its capacity to respond to funder needs like these.

In order to facilitate coordination among grantees, funders should:

- **Find the balance between the “carrot and the stick.”** Although many advocate interviewees recognized that foundations can help bring people together in ways that are difficult for many to do on their own, they also expressed concerns about “forced marriages” and about plans being created and imposed without their involvement in their development.
- **Encourage national advocates to coordinate technical assistance to state-based groups on different issues.** Foundations have different philosophies and goals, and have worked with different networks of grantees. Their funding decisions for support of advocacy and consumer organizations can inadvertently create conflict and competition in the dynamic conditions surrounding health care reform implementation. Because the task of implementation is so complex and fast moving, and the consequences of poor performance are so high, it is critical that funders (at all levels) devote more effort to communication and coordination with their colleagues as they decide which organizations and projects to fund. Moreover, a coordinated effort from funders can model state-national collaboration for grantees.
- **Provide resources for groups to coordinate.** Funds to facilitate coordination activities, as well as to support individual groups that will need to devote time and resources to participate in collaborative efforts, will be critical to the effectiveness of both state and national organizations.

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Weil, Alan, *State Policymakers' Priorities for Successful Implementation of Health Reform* (Washington, DC: National Academy for State Health Policy, 2010).

APPENDIX 1: LIST OF INTERVIEWEES

NATIONAL FOUNDATIONS

BRUCE A. CHERNOF, M.D.
The SCAN Foundation

RACHEL NUZUM, M.P.H.
The Commonwealth Fund

ANDREW D. HYMAN AND LORI K. GRUBSTEIN
Robert Wood Johnson Foundation

SARA C. KAY
The Nathan Cummings Foundation

TERRI LANGSTON*
Public Welfare Foundation

EUGENE M. LEWIT
The David and Lucile Packard Foundation

STEPHEN MCCONNELL
The Atlantic Philanthropies

DIANE ROWLAND, SC.D.
*The Henry J. Kaiser Family Foundation/Kaiser Commission
on Medicaid and the Uninsured*

STATE-BASED FOUNDATIONS

PATRICIA BAKER
Connecticut Health Foundation

RENE CABRAL-DANIELS*
Williamsburg Community Health Foundation

KEVIN CAIN
John Rex Endowment (North Carolina)

WHITNEY GUSTIN CONNOR
Rose Community Foundation (Colorado)

CHRIS DEMARS, M.P.H.
Northwest Health Foundation (Oregon)

MARCIA EGBERT
The George Gund Foundation (Ohio)

JAMES R. KIMMEY, M.D., M.P.H.
Missouri Foundation for Health

KIM MOORE
United Methodist Health Ministry Fund (Kansas)

MARIAN MULKEY, M.P.H., M.P.P.
California HealthCare Foundation

GARY D. NELSON, PH.D.
Healthcare Georgia Foundation

SHEPARD NEVEL
The Colorado Health Foundation

ROBERT PHILLIPS
The California Endowment

DAVID SANDMAN
New York State Health Foundation

SARAH ISELIN AND SHANNA SHULMAN
Blue Cross Blue Shield of Massachusetts Foundation

JAMES W. SQUIRES, M.D.
Endowment for Health (New Hampshire)

WENDY J. WOLF, M.D., M.P.H.
Maine Health Access Foundation

SUSAN G. ZEPEDA, PH.D.
Foundation for a Healthy Kentucky

* Interviewee has since left the foundation.

NATIONAL ADVOCACY ORGANIZATIONS

JOAN ALKER
*Georgetown University Center for Children
and Families*

ROBERT A. CRITTENDEN, M.D., M.P.H.
Herndon Alliance

KAREN DAVENPORT
Center for American Progress

BRIAN DEPEW, CHUCK HASSEBROOK, JON BAILEY
Center for Rural Affairs

ROBERT GREENSTEIN
Center on Budget and Policy Priorities

RICHARD KIRSCH
Health Care for America NOW!

RON POLLACK
Families USA

MARTI ROSENBERG AND MARVIN SILVERMAN
USAction

JOHN ROTHER
AARP

SUSAN T. SHERRY
Community Catalyst

EMILY SPITZER, MARA YOUDELMAN, AND JANE PERKINS
National Health Law Program

JUDY WAXMAN AND LISA CODISPOTI
National Women's Law Center

ALAN WEIL
National Academy for State Health Policy

GORDON WHITMAN
PICO National Network

STATE ADVOCACY ORGANIZATIONS

ELISABETH ARENALES, ESQ.
Colorado Center on Law and Policy

ANTHONY WRIGHT
Health Access (California)

CINDY ZELDIN
Georgians for a Healthy Future

GROUP INTERVIEW:

ELISABETH R. BENJAMIN
Community Service Society of New York

MICHAEL CASSIDY
The Commonwealth Institute (Virginia)

JOSEPH P. DITRÉ, ESQ. AND ANDREA IRWIN, ESQ.
Consumers for Affordable Health Care (Maine)

JIM DUFFETT
Campaign for Better Health Care (Illinois)

ANNE DUNKELBERG
Center for Public Policy Priorities (Texas)

LAURA GOODHUE
Florida CHAIN

CATHY LEVINE
UHCAN Ohio

DAN MCGRATH
TakeAction Minnesota

AMANDA PTASHKIN
Georgians for a Healthy Future

ANDREA ROUTH
Missouri Health Advocacy Alliance

ANTHONY WRIGHT
Health Access (California)

COMMENTS WERE ALSO RECEIVED BY E-MAIL FROM:

LIZ DOYLE
TakeAction Minnesota

APPENDIX 2:

OVERVIEW OF GRANT OPPORTUNITIES IN THE PATIENT PROTECTION AND AFFORDABLE CARE/HEALTH CARE & RECONCILIATION ACTS

HEALTH INSURANCE EXCHANGE AND MARKET REFORM

Note: Page numbers refer to the location of the grant description in *Public Law 111-148 – Patient Protection and Affordable Care Act*

Page	Grant Name	Description	Eligibility
140	Premium Review Grants During 2010 Through 2014 2010/Year 1 Deadline	Grants to assist states in reviewing and, if appropriate under state law, approving premium increases for health insurance coverage; and in providing information and recommendations to the Secretary of Health and Human Services	States
173	Health Benefit Exchanges Planning and Establishment Grants 2010/Year 1 Deadline	Grants awarded to states for activities (including planning activities) related to establishing an American Health Benefit Exchange	States
180	Health Exchange Navigator Grants	Grants to entities that serve as navigators to raise awareness of the availability of qualified health plans; distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost-sharing reductions; facilitate enrollment in qualified health plans; provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and provide information in a manner that is culturally and linguistically appropriate	May include trade, industry, and professional associations, commercial fishing industry organizations, ranching and farming organizations, community and consumer-focused nonprofit groups, chambers of commerce, unions, small business development centers, other licensed insurance agents and brokers, and other entities

CHIP TRANSITION

Page	Grant Name	Description	Eligibility
124	Children's Health Insurance Program Reauthorization Act Outreach and Enrollment Grants	Extends the period during which the Secretary may award grants for outreach and enrollment through 2015 and the amount appropriated	States, local government entities, Indian tribes, federal health safety net organizations, federally qualified health centers, disproportionate share hospitals, community-based organizations, faith-based organizations, and elementary and secondary schools, among others

CO-OPS

Page	Grant Name	Description	Eligibility
187	The Co-Op Program	Grants to provide assistance to those applying to become qualified nonprofit health insurance issuers in meeting any solvency requirements of states. If no health insurance issuer applies to be a qualified nonprofit health insurance issuer within a state, the Secretary may award grants to encourage the establishment of a qualified nonprofit health insurance issuer within the state or the expansion of a qualified nonprofit health insurance issuer from another state to the state.	Applicants to be a qualified nonprofit health insurance issuer within a state

ENROLLMENT COORDINATION AND SIMPLIFICATION

Page	Grant Name	Description	Eligibility
263	Health Information Technology (HIT) Enrollment Standards	Grants to eligible entities to develop new technology and adapt existing technology systems to implement the HIT enrollment standards and protocols	A state, political subdivision of a state, or a local governmental entity

CONSUMER ASSISTANCE

Page	Grant Name	Description	Eligibility
138	Health Insurance Consumer Information	Grants to states (or an exchange) to establish or offer support for health consumer assistance offices or health insurance ombudsman programs	To be eligible to receive a grant, a state shall designate an independent office of health insurance consumer assistance, or an ombudsman, that, directly or in coordination with state health insurance regulators and consumer assistance organizations, receives and responds to inquiries and complaints concerning health insurance coverage with respect to federal health insurance requirements and under state law.
537	Extension of Patient Navigator Program	Extends grants for demonstration programs to provide patient navigator services (which would have expired on September 30, 2010). Such programs connect patients with "patient navigators" who assist patients in coordinating health care services needed for the diagnosis and treatment of chronic disease.	Determined by Section 340A of the Public Health Service Act (42 U.S.C. 256a)
790	Establishment and Support of Elder Abuse, Neglect, and Exploitation Forensic Centers	Grants to eligible entities to establish and operate stationary and mobile forensic centers, and to develop forensic expertise regarding, and provide services relating to, elder abuse, neglect, and exploitation	Four of the grants will go to institutions of higher education with demonstrated expertise in forensics or commitment to preventing or treating elder abuse, neglect, or exploitation to establish and operate stationary forensic centers. Six of the grants described will be for establishing and operating mobile forensic centers.
794	Adult Protective Services Grant Programs	Grants to states for the purposes of enhancing adult protective services provided by states and local units of government	States
795	Adult Protective Services State Demonstration Programs	Grants to conduct demonstration programs that test training modules developed for the purpose of detecting or preventing elder abuse	States and local units of government
796	Long-Term Care Ombudsman Program Grants and Training – Grants to Support the Long-Term Care Ombudsman Program	Grants for the purpose of improving the capacity of state long-term care ombudsman programs to respond to and resolve complaints about abuse and neglect; conducting pilot programs; and providing support for state long-term care ombudsman programs	Entities with relevant expertise and experience in abuse and neglect in long-term care facilities or long-term care ombudsman programs and responsibilities

PUBLIC HEALTH, COMMUNITY HEALTH, WELLNESS & PREVENTION

Page	Grant Name	Description	Eligibility
348	Personal Responsibility Education Program 2010/Year 1 Deadline	Grants to states for programs that educate adolescents about both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections	States and local entities
350	Grants to Implement Innovative Strategies for Youth Pregnancy Prevention	Grants to entities to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally underrepresented youth populations	Indian tribes or tribal organizations and other entities not yet specified

Page	Grant Name	Description	Eligibility
564	Community Transformation Grants	Grants for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base of effective prevention programming	State and local governmental agencies and community-based organizations. No less than 20 percent of community transformation grants must be awarded to rural and frontier areas.
566	Healthy Aging, Living Well; Evaluation of Community-Based Prevention and Wellness Programs for Medicare Beneficiaries	Grants for the "Healthy Aging, Living Well" grant program to carry out five-year pilot programs to provide public health community interventions, screenings, and clinical referrals for individuals who are between 55 and 64 years of age	State or local health departments and Indian tribes
584	Epidemiology-Laboratory Capacity Grants	Grants to assist public health agencies in improving surveillance for, and response to, infectious diseases	State and local health departments and tribal jurisdictions that meet certain criteria
932	Establishment of Pregnancy Assistance Fund Matching Funds Required	Competitive grants to states to assist pregnant and parenting teens and women	States and/or an eligible institution of higher education
957	Program for Early Detection of Certain Medical Conditions Related to Environmental Health Hazards	Competitive grants for the purpose of screening "at-risk" individuals for early detection of "environmental health conditions"	Eligible entities are a hospital or community health center, a federally qualified health center, a facility of the Indian Health Service, a National Cancer Institute-designated cancer center, an agency of any state or local government, or a nonprofit organization.
977	Workplace Wellness Program	Grants to eligible small business employers to provide their employees with access to comprehensive workplace wellness programs over a five-year period	Eligible employers will have less than 100 employees who work more than 25 hours per week and do not currently provide similar wellness programs.
977	Grants for Small Businesses to Provide Comprehensive Workplace Wellness Programs	Grants to eligible employers to provide their employees with access to comprehensive workplace wellness programs	Eligible employers who employ less than 100 employees who work 25 hours or greater per week, and do not provide a workplace wellness program as of the date of enactment of the PPACA
992	Support for Young Women Diagnosed with Breast Cancer	Grants to establish national multimedia campaigns to provide health information to young women diagnosed with breast cancer and pre-neoplastic breast diseases	Eligible organizations and institutions
997	National Diabetes Prevention Program	Grants for community-based diabetes prevention program model sites	Eligible entities shall be a state or local health department, a tribal organization, a national network of community-based nonprofits focused on health and well-being, an academic institution, or other entity.
335	Maternal, Infant, and Early Childhood Home Visiting Programs	Grants to enable eligible entities to deliver services under early childhood home visitation programs	States, Indian tribes, and nonprofit organizations meeting certain requirements
571	Demonstration Program to Improve Immunization Coverage 2010/Year 1 Deadline	Grants to states to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based and population-based interventions	States

Page	Grant Name	Description	Eligibility
546	School-Based Health Centers – Establishment Grants	Grants to entities to support the operation of school-based health centers	To be eligible for a grant, an entity must: 1) be a school-based health center, defined as a health center located in or adjacent to a school facility and administered by a sponsoring facility; 2) provide comprehensive primary health services during school hours to children and adolescents by licensed health professionals; and 3) pledge not to perform abortion services. Preference for funding will be given to school-based health centers serving a significant Medicaid or CHIP-eligible population.
547	School-Based Health Centers – Operation Grants Matching Funds Required	Grants for the costs of the operation of school-based health centers	School-based health centers
551	Oral Health Care Prevention	Demonstration grants to community-based dental providers dedicated to dental disease management and entering into cooperative agreements with states and tribal organizations to streamline preventive dental care	Eligible entities must be a community-based provider of dental services, including a federally qualified health center; a clinic of a hospital owned or operated by a state (or by an instrumentality or a unit of government within a state); a state or local department of health; a dental program of the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization; a health system provider; a private provider of dental services; medical, dental, public health, nursing, nutrition educational institutions; or national organizations involved in improving children's oral health.
561	Incentives for Prevention of Chronic Diseases in Medicaid	Grants to states to carry out initiatives to provide incentives for Medicaid beneficiaries to participate in behavior modification programs aimed at: tobacco cessation; controlling or reducing weight; lowering cholesterol; lowering blood pressure; avoiding the onset of diabetes or improving the management of that condition; and addressing co-morbidities, including depression	States

HEALTH SYSTEM PERFORMANCE AND DELIVERY

Page	Grant Name	Description	Eligibility
319	Health Homes for Enrollees with Chronic Conditions	Grants to states for purposes of developing a state amendment plan for providing health homes for enrollees with chronic conditions	States, Indian tribes, tribal organizations, or urban Indian organizations
345	Services to Individuals with a Postpartum Condition and Their Families	Grants to eligible entities for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with or at risk for postpartum conditions and their families	A public or nonprofit private entity; and a state or local government, public-private partnership, recipient of a grant under section 330H of the Public Health Service Act (relating to the Healthy Start Initiative), public or nonprofit private hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, public housing primary care center, or homeless health center

Page	Grant Name	Description	Eligibility
426	Medicare Rural Hospital Flexibility Program	Grants to hospitals for data system upgrades in order to assist in participating in delivery system reforms (such as value-based purchasing programs, accountable care organizations, payment bundling, etc.)	States
513	Community Health Teams to Support the Patient-Centered Medical Home	Grants to establish community-based interdisciplinary, interprofessional teams to support primary care practices, including obstetrics and gynecology practices, within the hospital service areas served by the eligible entities	States, state-designated entities, and Indian tribes
516	Medication Management Services in Treatment of Chronic Disease	Grants or contracts to fund the development of better performance measures to evaluate the medication management program to implement medication management services	Not yet specified
518	Design and Implementation of Regionalized Systems for Emergency Care Matching Funds Required	Grants to states and Indian tribes for projects that design, implement, and evaluate innovative models for comprehensive emergency care and trauma systems. Grants will support pilot projects that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care and trauma systems. The Secretary shall give priority for the award of the contracts or grants to any eligible entity that serves a population in a medically underserved area.	States or a partnership of one or more states, and one or more local governments or Indian tribes
522	Grants for Trauma Care Centers: The "Substantial Uncompensated Care" Grants Program Matching Funds Required	Grants to offer aid to trauma centers that are struggling financially because of unpaid patient bills	To qualify for these grants, the trauma center must demonstrate a continued commitment to serving trauma patients regardless of ability to pay.
522	Grants for Trauma Care Centers: The "Core Mission" Grant Program	Grants intended to help trauma centers carry out their health care mission – to provide education and outreach programs or to coordinate with regional trauma systems, etc.	The Secretary shall reserve 25 percent of available core mission awards for Level III and IV trauma centers. The Secretary shall reserve another 25 percent of awards for large urban Level I and II trauma centers that offer a graduate medical education fellowship in trauma care.
522	Grants for Trauma Care Centers: The "Emergency" Grant Program	Grant program to provide emergency relief to trauma facilities to ensure the future availability of trauma services	These grants are available to qualified public, nonprofit Indian Health Services, Indian tribal, and urban Indian trauma centers.
525	Grants to States for Improving State-Wide Trauma Centers	Grants to promote universal access to trauma care services provided by trauma centers and trauma-related physician specialties	States. When awarding grants, the Secretary shall prioritize states with Category A trauma centers.
613	Grants to Nurse-Managed Health Clinics	Grants for the cost of the operation of nurse-managed health clinics	Nurse-managed health clinics
650	Grants to Establish State Hubs and Local Primary Care Extension Agencies	Grants for the establishment of state or multistate Primary Care Extension Program State Hubs. There can be both program grants that are awarded to state or multistate entities that submit fully developed plans for the implementation of a Hub for a period of 6 years; or planning grants that are awarded to state or multistate entities with the goal of developing a plan for a Hub for a period of years.	States and multistate entities

Page	Grant Name	Description	Eligibility
679	Awards for Co-Locating Primary and Specialty Care in Community-Based Mental Health Settings	Grants and cooperative agreements to eligible entities to establish demonstration projects for the provision of coordinated and integrated services to special populations through the co-location of primary and specialty care services in community-based mental and behavioral health settings	Eligible entity means a qualified community mental health program.
679	Reauthorization of the Wakefield Emergency Medical Services for Children Program	The Wakefield Emergency Medical Services for Children Program, which awards grants to expand and improve emergency medical services for children, is extended for an additional year. Funding for the program is now approved through 2014.	States or schools of medicine
720	National Demonstration Projects on Culture Change and Use of Information Technology in Nursing Homes	Grants for two demonstration projects: for the development of best practices in skilled nursing facilities and nursing facilities that are involved in the culture change movement; and for the development of best practices in skilled nursing facilities and nursing facilities for the use of information technology to improve resident care	Nursing facilities and skilled nursing facilities
791	Long-Term Care Grants – Specific Programs to Improve Management Practices	Grants to eligible entities to enable the entities to provide training and technical assistance	A long-term care facility
792	Certified Electronic Health Record (EHR) Technology Grant Program	Grants to long-term care facilities for the purpose of offsetting the costs related to purchasing, leasing, developing, and implementing certified EHR technology designed to improve patient safety and reduce adverse events and health care complications resulting from medication errors	Long-term care facilities
881	Grants for Qualified Investments in Therapeutic Discovery Projects in Lieu of Tax Credits	Grants to each person who makes a qualified investment in a qualifying therapeutic discovery project in the amount of 50 percent of such investment	A person who makes a qualified investment in a qualifying therapeutic discovery project with the exception of: federal, state, or local government (or any political subdivision, agency, or instrumentality thereof); any organization described in section 501(c) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such code; any entity referred to in paragraph (4) of section 54(j) of such code; or certain partnerships or other pass-thru entities
970	Community-Based Collaborative Care Networks	Grants to eligible entities to support community-based collaborative care networks	A community-based collaborative care network is a consortium of health care providers with joint governance structure that provides comprehensive coordinated and integrated health care services for low-income populations. These networks include disproportionate share hospitals and all federally qualified rural health clinics.

HEALTH CARE WORKFORCE AND PROVIDER CAPACITY			
Page	Grant Name	Description	Eligibility
586	Program for Education and Training in Pain Care	Grants, cooperative agreements, or contracts with relevant public and private entities to educate and train health care professionals in pain care	Health professions schools, hospices, and other public and private entities
599	State Health Care Workforce Development Grants Matching Funds Required	Competitive grants for health care workforce development to encourage state partnerships for comprehensive health care workforce development at the local level	A state workforce investment board if it includes or modifies members to include at least one representative from each of the following: health care employer; labor organization; a public two-year institution of higher education; a public four-year institution of higher education; the recognized state federation of labor; the state public secondary education agency; the state P-16 or P-20 Council if such a council exists; and a philanthropic organization that is actively engaged in providing learning, mentoring, and work opportunities to recruit, educate, and train individuals for, and retain individuals in, careers in health care and related industries
601	State Health Care Workforce Development - Implementation Grants Matching Funds Required	Competitive grants to state partnerships to implement activities that will result in a coherent and comprehensive plan for health workforce development that will address current and projected workforce demands within the state	State partnerships with previous planning grant awards or that have included a plan to coordinate with required partners and complete the required activities during the two-year period of the implementation grant
612	Training for Mid-Career Public and Allied Health Professionals	The Secretary may make grants to, or enter into contracts with, any eligible entity to award scholarships to eligible individuals to enroll in degree or professional training programs for mid-career professionals in the public health and allied health workforce.	An eligible entity is an accredited educational institution that offers a course of study, certificate program, or professional training program in a public or allied health or a related discipline, as determined by the Secretary.
615	Primary Care Training and Enhancement – Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship	Grants to plan, develop, operate, or participate in an accredited professional training program in the fields of family medicine, general internal medicine, or general pediatrics. Institutions may also use an award to operate joint degree programs in public health or to develop a physician assistant education program. Assistance in the form of grants may also establish a demonstration program to train providers in new competencies, including the patient-centered medical home model for primary care physicians.	An accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit. Grants shall also be distributed to provide need-based financial assistance to medical students, interns, residents, practicing physicians, or other medical personnel wishing to practice in such areas. Physicians planning to teach in one of these disciplines, either at the program site or in a community-based setting, may also be eligible for a grant.
616	Capacity Building in Primary Care	Grants to, or contracts with, accredited schools of medicine or osteopathic medicine to establish, maintain, or improve academic units or programs that improve clinical teaching and research in specific fields; or programs that integrate academic administrative units in fields to enhance interdisciplinary recruitment, training, and faculty development	Accredited schools of medicine or osteopathic medicine
617	Training Opportunities for Direct Care Workers	Grants to eligible entities to provide new training opportunities for direct care workers who are employed in long-term care settings such as nursing homes, assisted living facilities, and skilled nursing facilities; intermediate care facilities for individuals with mental retardation; home- and community-based settings; and any other setting the Secretary determines to be appropriate	Must be an institution of higher education with an established a public-private educational partnership with a nursing home or skilled nursing facility, agency, or entity providing home and community based services to individuals with disabilities, or other long-term care provider

Page	Grant Name	Description	Eligibility
618	Training in General, Pediatric, and Public Health Dentistry	Grants to plan, develop, operate, or participate in approved professional training programs in the field of general, pediatric, or public health dentistry	Schools of dentistry, hospitals, and certain other entities
621	Alternative Dental Health Care Providers Demonstration Project	Grants (15) to establish demonstration programs to train or employ alternative dental health care providers in order to increase access to services in rural and other underserved communities	An institution of higher education, including a community college; a public-private partnership; a federally qualified health center; an Indian Health Service facility or a tribe or tribal organization; a state or county public health clinic; a health facility operated by an Indian tribe or tribal organization, or urban Indian organization providing dental services; or a public hospital or health system; and be within a program accredited by the Commission on Dental Accreditation or within a dental education program at an accredited institution
622	Geriatric Education and Training; Career Awards; Comprehensive Geriatric Education	Grants or contracts to existing geriatric education centers to offer fellowships in the form of short-term intensive courses that focus on geriatrics, chronic care management, and long-term care in order to provide supplemental training for faculty members in medical schools and other health professions	Existing geriatric education centers and individuals
626	Mental and Behavioral Health Education and Training Grants	Grants to support the recruitment and education of students in programs of social work; master's, doctoral, internship, and post-doctoral residency programs of behavioral and mental health psychology; and accredited institutions of higher education offering multidisciplinary internships in child and adolescent mental health	Institutions of higher education. Licensed mental health organizations are also eligible for funding to pay for training of paraprofessional child and adolescent mental health workers. At least four of the grant recipients must be historically black colleges or universities or other minority-serving institutions.
630	Nurse Retention Grants	Grants to entities to enhance the nursing workforce by initiating and maintaining nurse retention programs	Eligible entities include an accredited school of nursing, a health care facility, or a partnership of such a school and facility.
630	Grants for Career Ladder Program	Grants or contracts for programs to promote career advancement for individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate-prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce	Eligible entities include an accredited school of nursing, a health care facility, or a partnership of such a school and facility.
630	Enhancing Patient Care Delivery Systems	Grants to eligible entities to improve the retention of nurses and enhance patient care by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decisionmaking processes of a health care facility	An accredited school of nursing, a health care facility, or a partnership of such a school and facility
633	Grants to Promote the Community Health Workforce – Grants to Promote Positive Health Behaviors and Outcomes	Grants to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers	Not yet specified

Page	Grant Name	Description	Eligibility
648	Continuing Educational Support for Health Professionals Serving in Underserved Communities	Grants or contracts to improve health care, increase retention, increase representation of minority faculty members, enhance the practice environment, and provide information dissemination and educational support to reduce professional isolation through the timely dissemination of research findings	Allied health professionals
649	Workforce Diversity Grants	Grants to individuals from disadvantaged backgrounds to pursue careers in nursing	Individuals from disadvantaged backgrounds
663	Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs	Grants to conduct demonstration projects to provide individuals receiving assistance under the state Temporary Assistance for Needy Families program with the opportunity to obtain education and training for occupations in the health care field. Grants will also be awarded to up to six states to conduct demonstration projects in order to develop core training competencies and certification programs for personal or home care aides.	States, Indian tribes, higher education institutes, and other entities
665	Demonstration Project to Develop Training and Certification Programs for Personal or Home Care Aides	Grants to conduct demonstration projects for purposes of developing core training competencies and certification programs for personal or home care aides	States
668	Teaching Health Centers Development Grants	Grants to establish newly accredited or expanded primary care residency programs and to provide technical assistance	Teaching health centers, federally qualified health centers, rural health clinics, and health centers operated by the Indian Health Service
792	Grants and Incentives for Long-Term Care Staffing – Career Ladders and Wage or Benefit Increases to Increase Staffing in Long-Term Care	Grants to provide incentives for individuals to train for, seek, and maintain employment providing direct care in long-term care	A long-term care facility and community-based long-term care entities
995	Demonstration Grants for Family Nurse Practitioner Training Programs	The Secretary shall establish a training demonstration program for family nurse practitioners to employ and provide one-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in federally qualified health centers and nurse-managed health clinics.	Eligible entities shall be a federally qualified health center or be a nurse-managed health clinic.
996	Technical Assistance Grants to Federally Qualified Health Centers or Nurse-Managed Health Clinics	Technical assistance grants to one or more federally qualified health center or nurse-managed health clinic that have demonstrated expertise in establishing a nurse practitioner residency training program. Such technical assistance grants shall be for the purpose of providing technical assistance to other recipients of grants.	Eligible entities shall be a federally qualified health center or nurse-managed health clinic.
999	State Grants to Health Care Providers Who Provide Services to a High Percentage of Medically Underserved Populations or Other Special Populations	Grants from states to health care providers who treat a high percentage, as determined by such state, of medically underserved populations or other special populations in such state	Health care providers

Page	Grant Name	Description	Eligibility
1000	Rural Physician Training Grants	Grants to assist eligible entities in recruiting students most likely to practice medicine in underserved rural communities, providing rural-focused training and experience, and increasing the number of recent allopathic and osteopathic medical school graduates who practice in underserved rural communities	Eligible entities shall be a school of allopathic or osteopathic medicine accredited by a nationally recognized accrediting agency or association approved by the Secretary for this purpose, or any combination or consortium of such schools.
1001	Preventive Medicine and Public Health Training Grant Program	Grants will be awarded to eligible entities to provide training to graduate medical residents in preventive medicine specialties. (Reauthorizes the Preventive Health Residency Program under the Public Health Service Act.)	Eligible entities shall be an accredited school of public health or school of medicine or osteopathic medicine; an accredited public or private nonprofit hospital; a state, local, or tribal health department; or a consortium of two or more entities described.

RACIAL AND ETHNIC DISPARITIES IN HEALTH

Note: For additional grants that address racial and ethnic disparities in health see grants listed in the Health Care Workforce and Provider Capacity section referenced on pages: 621, 626, 628, 633, and 648.

Page	Grant Name	Description	Eligibility
971	Office of Minority Health – Grants for Improving Minority Health	Grants to assure improved health status of racial and ethnic minorities	Public and nonprofit private entities, agencies, as well as departmental and cabinet agencies and organizations, and with organizations that are indigenous human resource providers in communities of color
628	Cultural Competency, Prevention, and Public Health, and Individuals with Disabilities Grants	Grants for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs	Health professional societies; licensing and accreditation entities; health professions schools and experts in minority health and cultural competency, prevention, and public health and disability groups; community-based organizations; and other organizations

EVALUATION, MONITORING, AND OVERSIGHT

Page	Grant Name	Description	Eligibility
529	Shared Decisionmaking Resource Centers	Grants to provide technical assistance to providers and to develop and disseminate best practices and other information to support and accelerate adoption, implementation, and effective use of patient decision aids and shared decisionmaking by providers	Health providers
799	Grants to State Survey Agencies	Grants to perform surveys of skilled nursing facilities or nursing facilities.	State agencies
1009	State Demonstration Programs to Evaluate Alternatives to Current Medical Tort Litigation 2010/Year 1 Deadline	Demonstration grants to states for the development, implementation, and evaluation of alternatives to current tort litigation for resolving disputes over injuries allegedly caused by health care providers or health care organizations	States

QUALITY IMPROVEMENT

Page	Grant Name	Description	Eligibility
387	Data Collection, Public Reporting for Quality Measurement Matching Funds Required	Grants to support new, or improve existing, efforts to collect and aggregate quality and resource use measures	A multistakeholder entity; an entity such as a disease registry, regional collaboration, health plan collaboration, or other population-wide source; or a federal Indian Health Service program or a health program operated by an Indian tribe

Page	Grant Name	Description	Eligibility
511	Quality Improvement Technical Assistance Grant Program (Both Technical Assistance and Implementation Grants) Matching Funds Required	Grants to entities that can assist health care providers in adopting and implementing higher quality health care practices	Health care providers, health care provider associations, professional societies, health care worker organizations, Indian health organizations, quality improvement organizations, patient safety organizations, local quality improvement collaboratives, the Joint Commission, academic health centers, universities, physician-based research networks, primary care extension programs, and others
979	Establishment of the Cures Acceleration Network Matching Funds Required	Grants and contracts to accelerate the development of high-need cures, including through the development of medical products and behavioral therapies and biomarkers that demonstrate the safety or effectiveness of medical products; or help the award recipient establish protocols that comply with Food and Drug Administration standards and otherwise permit the recipient to meet regulatory requirements at all stages of development, manufacturing, review, approval, and safety surveillance of a medical product	Eligible entities shall be a public or private entity, which may include a private or public research institution, an institution of higher education, a medical center, a biotechnology company, a pharmaceutical company, a disease advocacy organization, a patient advocacy organization, or an academic research institution.
984	National Centers of Excellence for Depression Matching Funds Required	Competitive grants to establish national centers of excellence for depression, which shall engage in activities related to the treatment of depressive disorders	Eligible entities shall be an institution of higher education or a public or private nonprofit research institution.

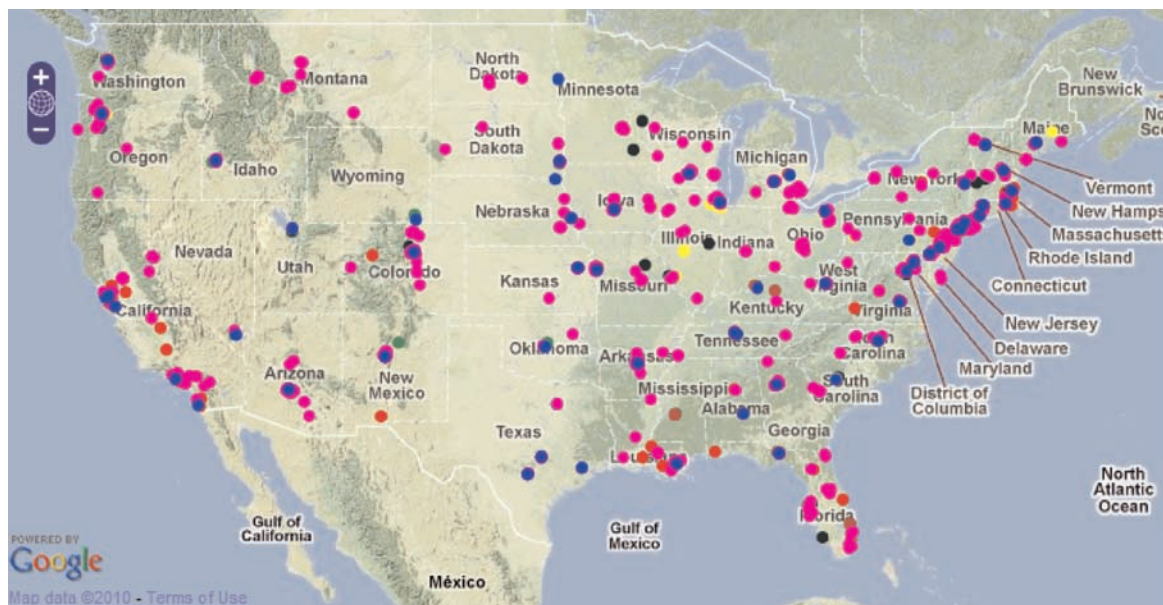
ADDITIONAL DATA COLLECTION AND REPORTING

Page	Grant Name	Description	Eligibility
604	State and Regional Centers for Health Workforce Analysis	Grants or contracts for collecting, analyzing, and reporting data regarding workforce programs to the National Center for Health Workforce Analysis and to the public; and providing technical assistance to local and regional entities on the collection, analysis, and reporting of data	A state, a state workforce investment board, a public health or health professions school, an academic health center, or an appropriate public or private nonprofit entity

APPENDIX 3: NATIONAL NETWORKS THAT WERE ACTIVE IN HEALTH CARE REFORM

The following national advocacy networks were identified as being the most active during the health care reform debate. Together, they make up a significant part of the health care advocacy infrastructure throughout the country. The organizations shown on the map are listed as either member organizations or affiliated organizations of the main networks on their websites or in other published materials.

For more information on the individual organizations and an in-depth look at states, visit the on-line interactive map at <http://c0020408.cdn1.cloudfiles.rackspacecloud.com/map.html?q=C>.



Network	Description
AARP	AARP works with its network of state offices to inform and stimulate public debate on issues faced by aging Americans. They promote the development of sound, creative policies to address the common need for economic security, health care, and quality of life.
Community Catalyst	Community Catalyst is a national nonprofit advocacy organization working to build consumer and community leadership with a staff of policy analysts, attorneys, community organizers, and communications specialists working with organizations in over 40 states.
Consumer Voices for Coverage	Based in Community Catalyst's State Consumer Health Advocacy Program, Consumer Voices for Coverage focuses on ensuring that consumer concerns are represented in both state and national health care reform by working with advocates in 18 states.

Network	Description
Health Care for America NOW! (HCAN)	HCAN is a national grassroots campaign of more than 1,000 organizations in 46 states dedicated to winning quality, affordable health care for all.
Herndon Alliance	The Herndon Alliance is a nationwide nonpartisan coalition of more than 200 minority, faith, labor, advocacy, business, and provider organizations that works to develop strategies and communications mechanisms that build public support for affordable health care for all.
Insuring America's Children: States Leading the Way	Insuring America's Children: States Leading the Way is focused on health insurance for children and includes the 16 states that comprise the Packard Foundation's Children's Health Coverage Narrative Communications Project and the Finish Line Project, which is supported by the Georgetown University Center for Children and Families.
PICO National Network	PICO is a national network of faith-based community organizations in 17 states working to create innovative solutions to problems facing urban, suburban, and rural communities.
Southern Health Partners	Based in Community Catalyst's State Consumer Health Advocacy Program, Southern Health Partners is a group of advocates from 11 states working toward proactive, regional health care reform.
State Fiscal Analysis Initiative (SFAl)	The Center on Budget and Policy Priorities works on fiscal policy and public programs that affect low- and moderate-income families. They collaborate with the 32 state-based nonprofits in the SFAl, among others, to build capacity to conduct budget and policy analysis and participate in policy debates.
USAction	USAction and its affiliates in 28 states seek to unite people locally and nationally by creating coalitions and a nationwide movement to address the implementation of quality, affordable health care for all.
Voices for America's Children	Voices for America's Children is the nation's largest network of multi-issue child advocacy organizations with members in almost every state.