

## A National Foundation Undertakes a Regional Strategy in the South

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The Health Reform Program of the Public Welfare Foundation supports advocacy so that the voices of the people served by the health care system can be informed and effective. Poverty, health disparities, and underfunded advocacy capacity describe the South. Community Catalyst's 2006 *Consumer Health Advocacy: A View from 16 States* profiled, among others, states that have a challenging environment where advocates have to focus on defending public programs. All the states in the South fit that description. In 2007, two other national foundations began supporting state-based advocacy organizations, including two in the southern states. Meanwhile, the Health Reform Program focused much of its support on developing consumer advocacy in 11 southern states: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. The foundation made \$5.3 million in two-year grants to 28 advocacy organizations and \$2.2 million to seven national organizations assisting them. The following reflections are based on the work performed in the first year of the two-year grants made in February 2008.

The Public Welfare Foundation supports strategically aligned organizations at the state level, called "systems of advocacy," to work together for health reform. In the South, each system has a flagship organization as the coordinator. The other organizations include legal advocates, fiscal policy groups, and organizers. The foundation convened grantees twice in the first year, and they dubbed themselves the Southern Health Partners.

The goal is to create a sustained, organized voice of consumers throughout the South so that no challenge to equity in the health system goes unanswered on the state level and so that southern consumers have a voice in the federal health reform debate.

### RAMPING UP THE CAPACITIES OF SOUTHERN ADVOCATES

Funding from the Public Welfare Foundation has enabled the Southern Health Partners to increase their capacity by hiring

staff who focus on fiscal analysis, communications, organizing, and health policy. For example, Virginia's Commonwealth Institute analyzed possible sources of state revenue for the expansion of public health programs, including a tobacco tax increase, a refundable Earned Income Tax Credit, and changes to corporate taxes.

Increased capacity in communications allowed the Virginia Interfaith Center on Public Policy to issue *The State of Working Virginia*, featured on the front page of *The Washington Post*. This report revealed that workers in Virginia pay the highest share of employer-based health insurance premiums in the nation. The North Carolina Justice Center used billboards, blogs, and Web videos to comment on health policies.

Both interfaith and small business organizing are crucial capacities. The South Carolina Appleseed Legal Justice Center and Fair Share joined the Small Business Chamber of Commerce to support expanded children's coverage and insurance reform. The Virginia Interfaith Center is organizing members of the faith community not only as moral voices, but also as administrative entities that see high costs affecting them and their employees.

At the start of the Southern Health Partners, two states had no health advocacy groups – Georgia and Louisiana. In Georgia, advocates and stakeholders wanted to form a statewide health advocacy organization. With the assistance of planning and general support grants, Georgians for a Healthy Future is underway. In Louisiana, stakeholders and advocates have started the Louisiana Consumer Healthcare Coalition. Both new organizations will focus on "measurable improvements in access and quality."

### ADVANCING HEALTH POLICY

Medicaid defense has been a key task for advocates. Florida CHAIN tracked changes to Florida's 2005 Medicaid reform program and helped prevent its expansion. The reform based Medicaid services on the concepts of consumer choice and competition among health plans. However, consumers, stakeholders, and researchers at the Georgetown Health Policy

Institute (supported by the Jesse Ball duPont Fund) reported patients' problems with accessing services, very little consumer choice, and major providers exiting the program.

Texas' Center for Public Policy Priorities (CPPP) convened stakeholders to have input into the state's development of a Medicaid waiver, preventing an erosion of Medicaid benefits. CPPP (2009) stated, "Even with limited staff resources, we can make an impact simply by taking the leadership to convene and sustain collaborations and coalitions using meetings, e-mail, conference calls, and the Web." CPPP also formed another coalition to address insurance reform. Similarly, a coalition led by the South Carolina Appleseed Legal Justice Center successfully blocked an attempt by the Department of Insurance to offer uninsured people insurance that did not include mandates required by state law.

The North Carolina Justice Center published *Guaranteed Affordable Choice: A plan to provide quality health coverage to all North Carolinians*, which provides a foundation for organizing for health reform. Similarly, both Tennessee and Virginia conducted statewide listening tours to gather recommendations of the public for health reform.

Kentucky Voices for Health's coalition played a role in the governor's decision in November 2008 to eliminate the required face-to-face encounter for eligibility in the Children's Health Insurance Program (CHIP) and to expand outreach for it. In February 2009 the Mississippi Health Advocacy Program and the Mississippi Justice Center proposed to eliminate face-to-face eligibility testing for Medicaid, which was supported by the House and added by the Senate to the state's Medicaid bill.

## A GAIN AT THE FEDERAL LEVEL

CHIP reauthorization occasioned work for all the southern advocates in the run-up to the recent passage of the bill signed by President Obama. When former President Bush vetoed the bill twice, advocates used these acts to broaden the public's knowledge and support of the program. For example, North Carolina advocates extensively educated voters statewide, and Tennessee advocates conducted a thorough grassroots campaign on the importance of children's coverage. In fact, one U.S. Representative from North Carolina voted to override President Bush's second veto, and both of Tennessee's U.S. Senators voted for the 2009 CHIP reauthorization bill.

## NATIONAL TECHNICAL ASSISTANCE

The foundation's lead national grantee is Boston-based Community Catalyst whose staff assists state advocates to develop five core capacities: organizing, coalition building, advocacy and policy work, legal analysis and advocacy, and fiscal analysis. In addition to individual technical assistance, Community Catalyst holds conference calls and Webinars, produces issue briefs and publications, develops policy and organizing tools and resources, and directs advocate meetings held centrally in Atlanta. Community Catalyst is also the national program office of the Robert Wood Johnson Foundation's Consumer Voices for Coverage program. The

continuity provided by national technical assistance among all state advocacy grantees has led to more collaboration among foundations and has enabled learning communities among advocates nationwide.

The Center on Budget and Policy Priorities also assists advocates through its work on Medicaid and its State Fiscal Analysis Initiative whose affiliates are active in 9 of the 11 southern states. Other national organizations include the Small Business Majority, National Women's Law Center, National Health Law Program, the faith-based PICO National Network, and Herndon Alliance on communications and messaging.

## PARTNER FOUNDATIONS

More state foundations are beginning to support advocacy. The Healthcare Georgia Foundation took the lead in starting Georgians for a Healthy Future. The Foundation for a Healthy Kentucky assumed the role of convener of the state health reform coalition and makes its own grants in support of advocacy groups. The John Rex Endowment has supported the North Carolina Justice Center's Health Access Coalition. The Community Foundation of Birmingham supports Alabama ARISE. In addition, The Nathan Cummings Foundation helped start a consumer advocacy organization in Louisiana. A second round of Consumer Voices for Coverage funding from the Robert Wood Johnson Foundation has lent support to Texas, Tennessee, North Carolina, and South Carolina to increase their efforts on federal reform. Finally, in 2008 the W.K. Kellogg Foundation focused one of three projects on health reform and civic engagement in Mississippi.

## PIVOTING BETWEEN STATE AND FEDERAL REFORMS

As the new Administration builds momentum with the voice of fiscal and moral necessity to catalyze major health reform, the South continues to manifest both the need for major reform and the obstacles to it. Changing demographics and a diverse political landscape are contributing to the acceptance and growth of advocacy in the South.

A recent daylong, statewide health reform conference in Birmingham held by Alabama ARISE and a stakeholder meeting in Montgomery both demonstrated an increasingly higher level of knowledge among advocates and consumers about health reform at both the federal and state levels. Increased understanding of the health system and awareness of the political hurdles bode well for the success of federal reform and successful implementation at the state level.

## SOURCES

Center for Public Policy Priorities, "Interim Progress Report," report to the Public Welfare Foundation, February 10, 2009.

*VIEWS FROM THE FIELD* is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Faith Mitchell at 202.452.8331 or [fmitchell@gih.org](mailto:fmitchell@gih.org).