

GRANT  
MAKERS  
IN  
HEALTH

# FUNDING HEALTH ADVOCACY

ISSUE BRIEF NO.21

FEBRUARY 2005

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BASED ON A  
GRANTMAKERS  
IN HEALTH  
ISSUE DIALOGUE

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WASHINGTON, DC



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## Foreword

As part of its continuing mission to serve trustees, executives, and staff of health foundations and corporate giving programs, Grantmakers In Health (GIH) convened a group of experts from the fields of philanthropy, advocacy, and policy on November 3, 2004 to explore effective strategies for funding health advocacy. During this day-long Issue Dialogue, participants engaged in an open exchange of ideas and perspectives on this important topic.

This Issue Brief synthesizes key points from the day's discussion with a background paper previously prepared for Issue Dialogue participants. It focuses on the challenges and opportunities involved with funding advocacy and engaging in public policy work. Sections include: the distinction between public policy and advocacy; the legal framework for funding and engaging in advocacy, including lobbying activities; the motivation for philanthropic investments in advocacy and factors to consider in the decisionmaking process; challenges and solutions to making the case for initial and sustained funding of advocacy; tools and strategies for effective advocacy, and grantmaker activities to support them; evaluating grants for advocacy and policy; and finally, the lessons learned from engaging in this work.

While the Issue Dialogue dealt largely with funding health advocacy, this report and the discussion at the Issue Dialogue consider advocacy as one of several strategies for affecting policy decisions. This Issue Brief also complements GIH's ongoing

work to support grantmakers in their efforts to fund policy-relevant projects and builds upon GIH's track record of work on grantmaker strategies for shaping public policy.

Special thanks are due to those who participated in the Issue Dialogue, especially to presenters and discussants: Nan Aron, founder and president of the Alliance for Justice; Stefan Harvey, assistant director at the California Center for Public Health Advocacy; Laura Hogan, program director at The California Endowment; Ruth Holton, director of public policy at The California Wellness Foundation; Terri Langston, director of programs at the Public Welfare Foundation; Sylvia L. Quinton, cocordinator of the Prince George's County Health Action Forum; Margaret O'Bryon, president of the Consumer Health Foundation; and Susan Sherry, deputy director at Community Catalyst.

Rea Pañares, program associate at GIH, planned the program, wrote the background paper, and synthesized key points from the Issue Dialogue into this report. Anne Schwartz, vice president of GIH, moderated the Issue Dialogue and provided editorial assistance. Judith Meredith of The Public Policy Institute also contributed to this report.

This program and publication were made possible by grants from The California Endowment and Missouri Foundation for Health.



# About GIH

The mission of Grantmakers In Health (GIH) is to help grantmakers improve the nation's health. GIH seeks to build the knowledge and skills of health funders, strengthen organizational effectiveness, and connect grantmakers with peers and potential partners. We help funders learn about contemporary health issues, the implications of changes in the health sector and health policy, and how grantmakers can make a difference. We generate and disseminate information through meetings, publications, and an on-line presence; provide training and technical assistance; offer strategic advice on programmatic and operational issues; and conduct studies of the field.

As the professional home for health grantmakers, GIH looks at health issues through a philanthropic lens, sorting out what works for health funders of different missions, sizes, and approaches to grantmaking. We take on the operational issues with which many funders struggle (such as governance, communications, evaluation, and relationships with grantees) in ways that are meaningful to those in the health field.

## Expertise on Health Issues

GIH's Resource Center on Health Philanthropy maintains descriptive data about foundations and corporate giving programs funding in health and their grants and initiatives, and synthesizes lessons learned from their work. The

Resource Center's database is available online on a password-protected basis to GIH Funding Partners (health grantmaking organizations that provide annual financial support to the organization). The database contains information on thousands of grants and initiatives made by more than 300 foundations and corporate giving programs. It can be searched by organizational characteristics (such as tax-exempt status, geographic focus, or assets); health programming areas (such as access, health promotion, mental health, and quality); targeted populations; and type of funding (such as direct service delivery, research, capacity building, or advocacy).

## Advice on Foundation Operations

GIH also focuses on operational issues confronting health grantmakers through the work of its Support Center for Health Foundations. We advise foundations just getting started (including dozens of foundations formed as a result of the conversion of nonprofit hospitals and health systems) as well as more established organizations. The Support Center's activities include:

- The Art & Science of Health Grantmaking, an annual two-day meeting offering introductory and advanced courses on board development, grantmaking, evaluation, communications, and finance and investments;

- sessions focusing on operational issues at the GIH Annual Meeting on Health Philanthropy;
- individualized technical assistance for health funders; and
- a frequently asked questions feature on the GIH Web site.

### Connecting Health Funders

GIH creates opportunities to connect colleagues to one another and with those in other fields whose work has important implications for health. GIH meetings, including the Annual Meeting on Health Philanthropy, the Fall Forum (when we focus on policy issues), and Issue Dialogues (intensive one-day meetings on a single health topic) are designed for health funders to learn more about their colleagues' work; talk openly about shared issues; and tap into the knowledge of experts from research, policy, and practice. Our audioconference series allows smaller groups of grantmakers working on issues of mutual interest, such as access to care, overweight and obesity, racial and ethnic disparities, patient safety, or public policy, to meet with colleagues regularly without having to leave their offices.

### Fostering Partnerships

The many determinants of health status and the complexity of communities and health care delivery systems temper health grantmakers' expectations about going it

alone. Collaboration with others is essential to lasting health improvements. Although successful collaborations cannot be forced, GIH works to facilitate those relationships where we see mutual interest. We bring together national funders with those working at the state and local levels, link with other affinity groups within philanthropy, and help connect grantmakers to organizations that can help further their goals.

GIH places a high priority on bridging the worlds of health philanthropy and health policy. Our policy portfolio includes efforts to help grantmakers understand the importance of public policy to their work and the roles they can play in informing and shaping policy. We also work to help policymakers become more aware of the contributions made by health philanthropy. When there is synergy, we seek to strengthen collaborative relationships between philanthropy and government. GIH has established cooperative relationships, for example, with a number of federal agencies, including the Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention.

### Educating and Informing the Field

An aggressive publications effort helps GIH reach many grantmakers and provide resources that are available when funders need them. Our products include both in-depth reports and quick reads. Issue Briefs

delve into a single health topic, providing the most recent data, sketching out opportunities for funders, and offering examples of how grantmakers are putting ideas into action. The *GIH Bulletin*, a newsletter published 22 times each year, keeps funders up to date on new grants, studies, and people. GIH's Web site, [www.gih.org](http://www.gih.org), is a one-stop information resource for health grantmakers and those interested in the field. The site includes all of GIH's publications, the Resource Center database (available only to GIH Funding Partners), and the Support Center's frequently asked questions. Key health issue pages on access, aging, children/youth, disparities, health promotion, mental health, public health, and quality provide grantmakers with quick access to new studies, GIH publications, information on audioconferences, and the work of their peers.



## Diversity Statement

GIH is committed to promoting diversity and cultural competency in its programming, personnel and employment practices, and governance. It views diversity as a fundamental element of social justice and integral to its mission of helping grantmakers improve the nation's health. Diverse voices and viewpoints deepen our understanding of differences in health outcomes and health care delivery, and

strengthen our ability to fashion just solutions. GIH uses the term, diversity, broadly to encompass differences in the attributes of both individuals (such as race, ethnicity, age, gender, sexual orientation, physical ability, religion, and socioeconomic status) and organizations (foundations and giving programs of differing sizes, missions, geographic locations, and approaches to grantmaking).

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## Introduction

The voices and priorities of the most vulnerable populations are often left out of public debates and policy decisions. Advocacy involves changing public opinion and community, institutional, or government policies to include these voices. Health funders with an eye on broader, systemic change are increasingly considering advocacy strategies as a means to expand health care access, eliminate racial and ethnic disparities, tackle rising obesity rates, and take on other tough issues. But supporting advocacy is not without its challenges. Even experienced grantmakers with a dedicated history of funding health advocacy contemplate the efficacy of their strategies and continuously ponder the elements of a successful grantmaking portfolio in health advocacy. Moreover, due to the unpredictable nature of funding for advocacy organizations and the constant concern for sustainability, grantmakers are always searching for ways to connect with their colleagues, learn from one another, and share ideas.

### Public Policy and Advocacy

In the health care arena, public policy decisions determine who is eligible for public insurance programs; how much funding is available for public health programs; which health care services are provided (such as immunizations, language services, or prenatal care); and other fundamental choices. Sound public policies depend on several factors, including the availability of reliable information and objective analysis, the input of those directly affected by these policies, and informed decisionmakers. Unfortunately,

these factors are not always in place when health policy decisions are made, decisions which have a significant impact on the design of health care delivery, the allocation of resources, and priority setting for health programs.

Health advocacy focuses on ensuring that diverse viewpoints are considered when making decisions that shape the health care system. Advocates representing insurance companies, hospitals, purchasers, and providers devote considerable resources to push for policies that benefit their interests. While underserved populations may not have the same level of resources and, in some cases, the know-how to advocate for their own needs, there are proven models for engaging and mobilizing vulnerable populations, strengthening and including their voices in the political process, and ultimately producing better informed policy decisions. Grantmakers interested in health advocacy are working to ensure that the appropriate factors are in place when decisions are made and that public policies are focused on providing quality, affordable, and equitable health care for all.

There are various ways to influence public policy. Advocacy is one of them. Viewing public policy work as a continuum may help grantmakers recognize opportunities for supporting broad policy change and how activities they are currently funding fit into a broader agenda (Figure 1). The continuum can be used as a tool for foundations interested in funding public policy. Which components a foundation decides to fund depends on several factors, including the foundation's mission, vision, and theory of change; the needs and capacity of the community; and the fit between the foundation's and community's goals. While

**Figure 1. Public Policy Continuum: Idea to Implementation**

	Problem Definition/ Solution Development	Advancing Solution/ Advocacy	Implementation	
<b>GOAL</b>	To clearly articulate problem and solution	To build political will to take action	To foster effective implementation	
<b>COMPONENTS OF POLICY CHANGE</b>	Research and analysis	Community organizing	Monitoring	
	Polling	Polling	Lobbying	
	Issue framing and messaging	Message refinement	Litigation	
	Convenings	Public education and information campaigns	Public education	
	Stakeholder engagement	Advocacy capacity of diverse stakeholders	Evaluation	
	Solutions identification		Coalition building	
			Media advocacy	
		Educational materials for opinion leaders and policymakers		

Source: Adapted from Holton, Ruth, The California Wellness Foundation, remarks at Grantmakers In Health Issue Dialogue, *Funding Health Advocacy*, November 3, 2004.

some foundations, such as The California Wellness Foundation, fund all activities listed in the continuum, others may choose to fund only one or two and still make a significant impact (Holton 2004).

## The Legal Framework

To take advantage of the full range of permissible options to support advocacy, foundations need to first understand the federal tax law governing advocacy, administered by the Internal Revenue Service (IRS). While breaking the rules, even inadvertently, can lead to penalties such as expensive fines or even the loss of nonprof-

it status, there is a great deal more leeway for foundations to engage in advocacy and policy-related activities than many may realize. This flexibility includes funding grantees in support of advocacy and policy change, as well as activities that grantmakers can undertake to advance the mission of their own foundations.

Restrictions on foundation support of advocacy activities apply only to lobbying. Therefore, it is important to distinguish between advocacy and lobbying, which are often incorrectly used interchangeably. Advocacy is much broader than lobbying; while lobbying is part of an advocacy strategy, advocacy does not always include lobbying. And even with these restrictions on lobbying, foundations can fund a broad range of activities without fear of losing

their nonprofit status. The following sections are intended to provide more information on the basic rules for funding lobbying, though they are not meant to be a substitute for sound legal advice in specific situations.<sup>1</sup>

## Electioneering

Partisan electoral activities, or attempts to influence elections, are prohibited for all 501(c)(3) organizations, including private foundations. Also known as electioneering, these activities include any involvement in support for or opposition to a candidate for public office (as opposed to ballot initiatives). Activities, however, that may incidentally influence the outcome of elections are permitted if carried out in a strictly nonpartisan manner. Examples of permissible activities include nonpartisan get-out-the-vote drives or candidate forums designed to inform the public about election issues (Asher 1995).

## Lobbying

In a survey of 1,700 nonprofit organizations and interviews with nonprofit leaders, conducted as part of the *Strengthening Nonprofit Advocacy* project, respondents felt that foundations do not support lobbying undertaken by nonprofit organizations, and that they unnecessarily place restrictions on using grant funds for lobbying purposes (The Aspen Institute 2004). This is partially a result of confusion among foundations about what can be done with their funds and the restrictions they may unnecessarily place on their grantees to use foundation funding for lobbying.

While most private foundations may not lobby (with a few exceptions), the law provides some latitude for foundation support of lobbying, and even includes a number of exceptions permitting activities foundations can undertake to influence policy that are described later in this section.

Lobbying is defined as an attempt to influence specific legislation, which includes both legislation that has already been introduced in a legislative body and a specific legislative proposal that the organization either supports or opposes. There are two types of lobbying:

- Direct lobbying includes attempts to influence legislation by communicating with legislators, their staffs, certain government employees, and the general public regarding referenda and other ballot measures. To constitute lobbying, a communication must refer to and express a view on specific legislation.
- Grassroots lobbying refers to communications that attempt to influence legislation by urging the general public to influence legislators. To constitute lobbying, a communication generally must refer to specific legislation; reflect a view on the legislation; and include a call to action, which is defined as a statement directing readers to contact their legislator (Asher 1995).

There are two clear prohibitions with regard to foundations and lobbying. First, private foundations may not engage in either direct or grassroots lobbying. Foundations may, however, lobby on their own behalf with regard to legislation that affects their powers, duties, tax-exempt sta-

<sup>1</sup> This Issue Brief focuses primarily on private foundations and grantmaking public charities.

tus, and the deductibility of contributions. For example, proposed legislation to change the payout provisions for private foundations would fall under this exception. Second, foundations may not earmark grants for lobbying without making a taxable expenditure.<sup>2</sup> If payments paid or incurred by a private foundation are earmarked for lobbying, taxes are imposed (Levine 2004).<sup>3</sup>

Foundations have much more flexibility in funding lobbying than they may realize. While funds may not be specifically earmarked for lobbying activities, the federal tax code does contain safe harbors that allow foundations to support lobbying by nonprofit organizations, as long as certain conditions are met. The following examples describe ways foundations may provide funding through both general operating support and specific project grants.

### General Support Grants

General support grants offer the greatest flexibility for nonprofit organizations to engage in advocacy and, at the same time, protect a foundation from the limitations on funding lobbying activities. A grant for core operating support is not a taxable expenditure, even if the funding is subsequently used for lobbying. Moreover, grantees are not required to submit projections of their lobbying expenses, freeing the grantee from the burden of segregating its expenses related to lobbying from its overall budget. To protect the grantor foundation, it is key to include language in the grant agreement letter, such as:

This grant is for the grantee's general support. No funds are earmarked for the purposes of influencing legislation, and the grantee cannot expend any part of the grant in any way that violates its tax-exempt status (Asher 1995 and Holton 2002).

### Specific Project Grants

Under the tax law, private foundations are permitted to provide project grants to nonprofit organizations designated as public charities, as long as funding is not earmarked for lobbying and the grant (plus other grants by the foundation for the same project that year) is less than the project's budgeted nonlobbying expenses for that year. As documentation, the foundation may rely on a grantee's budget or signed statement of lobbying intentions unless the foundation has a reason to question its accuracy. For example:

A foundation makes one \$10,000 grant in a year toward a specific project. The grantee's total project budget is \$50,000, and \$20,000 is budgeted for lobbying expenses. If the grant is not earmarked for lobbying, it is permissible because the project's budget for nonlobbying activities is \$30,000, which exceeds the grant's amount of \$10,000 (Asher 1995).

For multiyear project grants, a foundation may either measure the grantee's budgets for each year covered by the grant against the actual grant amount paid in each year

<sup>2</sup> For the purposes of this Issue Brief, a taxable expenditure includes grants that are earmarked for lobbying.

<sup>3</sup> There is a 10 percent tax on each taxable expenditure and a 100 percent tax if the expenditure is not corrected within the taxable period. The taxable period begins with the date on which the taxable expenditure occurs and ends on the earlier of the date of mailing of a notice of deficiency or the date on which the tax is assessed. In addition, a tax equal to 2.5 percent of the taxable expenditure is imposed on the foundation managers who agreed to the making of the expenditure (not to exceed \$5,000), and a tax equal to 50 percent of the amount of the taxable expenditure is imposed if the foundation manager refuses to agree to part of all of the correction (not to exceed \$10,000).

or the grant's total amount evenly divided over the years it covers. For example:

A foundation makes a \$100,000 grant over two years toward a specific project, transmitting \$30,000 in the first year and \$70,000 in the second. To demonstrate that no portion of the grant is earmarked for lobbying, the foundation may measure against the grantee's budgeted nonlobbying expenses for the project for each year either (a) \$30,000 in the first year and \$70,000 in the second year, or (b) \$50,000 (or one-half of the total grant) in each year (Asher 1995).

### **Rules Differ by Tax Status of the Grantmaking Organization**

The law applies differently depending on the grantmaking organization's tax status. The rules governing lobbying described previously, apply primarily to private foundations. Public foundations and public charities are not subject to the same restrictions imposed on private foundations and have greater flexibility to support and engage in advocacy. Social welfare organizations, exempt under Section 501(c)(4) of the tax code, do not have a limit on the amount of lobbying in which they can engage.<sup>4</sup> Public foundations, which include most community foundations, are permitted to earmark grants for lobbying purposes and may even lobby themselves, as long as that does not become a substantial part of their activities.

The IRS rules limit the amount of lobbying activities of 501(c)(3) public charities, but these organizations may choose one of two standards by which their compliance will be measured: the insubstantial part test or the 501(h) expenditure test.<sup>5</sup> Organizations that choose to be covered by the 501(h) expenditure test are referred to as electing charities, while those that remain subject to the insubstantial part test are called nonelecting charities.

Nonelecting charities opt to comply via the insubstantial part test, which requires that "no substantial part of a charity's activities consist of carrying on propaganda or otherwise attempting to influence legislation." If a charity exceeds this standard in a single year, it risks losing its exemption altogether. Some caution should be exercised with this choice, especially since the IRS has not defined the terms, "lobbying" and "substantial." When the IRS reviews the lobbying activities of nonelecting charities, it does not limit itself to the amounts spent on lobbying. Rather, it examines a host of other factors, such as the organization's goals and success in achieving them, as well as the amount of time and energy devoted to legislative matters (Alliance for Justice 2004a).

Under section 501(h) of the Internal Revenue Code, public charities can elect to measure their lobbying by an expenditure test, which allows greater freedom for engaging in lobbying activities. The 501(h) expenditure test sets specific dollar limits, calculated as a percentage of annual

<sup>4</sup> Generally, these organizations are advocacy groups such as National Association for the Advancement of Colored People or the American Association of Retired Persons. But there are also a number of foundations that are classified as social welfare organizations that were developed out of the conversion of nonprofit health care organizations. Some retain their 501(c)(4) status for tax reasons, but may also adopt the 501(c)(3) provisions that limit lobbying activities as part of their bylaws.

<sup>5</sup> Private foundations cannot make the 501(h) election, but can financially support public charities that do.



exempt purpose expenditures. The amount allowed for lobbying is determined up front, and the IRS clearly defines lobbying communications and exceptions to lobbying. Electing organizations typically have less chance of losing their tax exemption than nonelecting organizations, because the IRS considers the electing organization's lobbying and grassroots expenditures as a moving average over a four-year period and can revoke the organization's exemption only if it exceeds either limit by 50 percent. Depending on the size of their budget, electing public charities can make expenditures for lobbying up to 20 percent of their budgets (Alliance for Justice 2004a).

### Permissible Activities Under the Tax Law

The IRS restrictions on lobbying by nonprofit organizations affect only a small portion of the advocacy-related activities that foundations can undertake. First, there are several important exceptions to the law regarding lobbying that open up opportunities for foundations to share information on policy issues with policymakers and the public. The following exceptions provide a framework for the activities that foundations can engage in either directly or indirectly by providing grants to other organizations.

Foundations can:

- conduct examinations and discussions of broad social and economic problems — even if these involve communicating with legislators or their staff. The key is not to discuss specific legislation or include communication that contains a call to action. For example, foundations

may convene interested parties (including legislators, executive officials, and their staffs) around issues of concern, as long as the discussions focus on topics other than the merits of specific legislation.

- conduct and release nonpartisan analyses, studies, or research. In communicating such research, the foundation or its grantee may even take a position on specific legislation, as long as all the facts related to the issue are presented fairly, and it is possible for the reader to form an independent opinion or conclusion. The research must be widely disseminated. For example, a report on access to health care for low-income children might conclude with a recommendation for increased public funding for child health insurance programs.
- respond to written requests for technical advice or testify at legislative hearings. When testifying before legislative bodies, unlike presenting nonpartisan analysis, foundation representatives are permitted to support or oppose specific legislation (Edie 1991). The written request must come from a legislative body and not an individual legislator (Asher 1995).

Second, a staff or board member of a foundation may also meet with legislators, exercising the right as an individual constituent, to participate in the policy process. It is important, however, to separate this activity from work conducted on behalf of the foundation. For instance, foundation representatives may set up a meeting with their legislators on their own time, with no mention of their foundation affiliation (Alliance for Justice 2004b).

Finally, foundations may engage in other advocacy activities that fall outside of the IRS definition of lobbying. For example:

- Most communications to the public about a general issue of concern are permitted, as long as there is no reference to specific legislation, no position taken on the legislation, or no call to action, and the communication does not take place within two weeks prior to a legislative vote. For example, conducting public education campaigns through radio or television advertisements or using direct mail and other forms of public communication about specific health policy issues are not considered lobbying when the objective is to educate the public rather than influence legislation, and a legislative vote on the topic is not imminent.
- Actions designed to address the implementation of existing laws, such as the promulgation of regulations, by administrative bodies are also permissible. These encompass activities that range from foundation-initiated projects to formal collaboration with government to achieve shared goals (Edie 1991).

## Motivating Factors for Supporting Advocacy

Once foundations understand the legal framework for funding advocacy, the next step is for grantmakers to think about how advocacy fits into the foundation's work

and can be used as a strategy for advancing its mission and goals. As with most strategies, one size does not fit all. Every foundation's approach to advocacy is different and is rooted in different ideologies and motivations. There are, however, some common themes that have emerged from foundations engaged in this work, including why foundations decide to fund advocacy and how they go about fitting it into their grantmaking portfolios.

### Increased Interest in Health Policy

Many foundations have increased funding for health policy activities in the past decade, according to a study by the Foundation Center. Total grant dollars targeting health policy activities more than tripled from 1995 to 2002, from just under \$100 million to nearly \$360 million. Funding for health policy activities also made up a larger share of overall funding, accounting for 12.5 percent of the health grant dollars in 2002 versus 9 percent in 1995 (Lawrence 2004).

A number of factors have come together to push foundations in this direction. These include shrinking public budgets and resulting cuts to public health services, declining foundation assets, and the belief that investing in health policy could contribute to more sustainable public funding streams. Grantmakers with a longtime interest in improving the health of individuals and communities are utilizing advocacy and policy activities to complement grants for direct services, realizing the enormous potential for influencing systemic change and benefiting a greater number of people.

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*“There is hope when you fund advocacy, because that’s how you manage to get the change that you want. If you don’t fund advocacy, you’re not going to get the change that you want. It’s that simple.”*

RUTH HOLTON,  
THE CALIFORNIA  
WELLNESS FOUNDATION

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*“It is incumbent upon grantmakers to have a firm grasp of and trust their theory of change. Our foundation funded the regional networks that support community clinics in our state, which we believe will lead to more stable funding of community clinics, which we believe will lead to improved access and better health. Because of this circle of thinking, we hang in there . . . for the long haul.”*

LAURA HOGAN,  
THE CALIFORNIA  
ENDOWMENT

In recent years, nonprofit organizations in communities nationwide have been feeling the pinch of budget cuts at the federal, state, and local levels. The existence of large budget deficits at all levels of government set the context for health policy decisions on public health programs, many of which have a direct impact on the health of individuals and communities. Various health programs are in jeopardy of experiencing debilitating cuts. Although planning for long-term sustainability has long been on the minds of health funders, these challenging economic times have led grantmakers, more than ever, to consider strategies that will both protect public programs in the short term and foster more sustainable, equitable policies over the long term.

Challenging economic conditions affect foundation budgets as well. The stock market downturn forced foundation boards and staffs to carefully examine their organizations’ resources and fully assess the impact of their investments. As a result, grantmakers are looking for strategic opportunities to make grants that may create and sustain increased funding streams for the health issues they care about.

One cannot ignore the vital role government plays in funding necessary health services and programs. Philanthropic funding for health, though valuable and indispensable to many communities, is marginal in absolute dollars compared with the public share. And while foundations do not have the resources to change social conditions one grant at a time, grantmakers do have the potential to unlock larger pots of money that can lead to sustainable resources to meet important health needs.

## A Compatible Theory of Change

As with any new initiative or funding priority, grantmakers often come to several key junctures before moving forward. Each foundation’s experience and decisionmaking process is different, but some of the key questions grantmakers consider before committing to funding advocacy are:

- How does advocacy support our mission and fit in with our other funding priorities?
- How will this affect our other work, namely grants for direct services and project-specific grants?
- What is the foundation’s role in building a community of advocates?
- How will our foundation be viewed by our grantees, the general public, policymakers, key opinion leaders, and other stakeholders, such as donors (particularly for those foundations whose endowments rely on a pool of donors)?

In 2003, The California Endowment (TCE), the state’s largest health philanthropy, strengthened its commitment to supporting advocacy and policy change. Although the foundation has supported grantee efforts in this area since its inception in 1996, declining revenues for the public and private sectors brought a full appreciation for the importance of supporting long-term change. The foundation’s board and staff recognized that no matter how many investments were made in community clinics, new health programs, or community-based partnerships, sustainable solutions would only come about through systemic change.

The foundation's strategy for funding public policy and advocacy focuses on supporting communities, as key agents of change, to work towards making the health care system more responsive to the needs of all Californians; assisting policy-makers in gathering relevant data and information, analyzing research findings, and identifying policy options; and supporting advocacy efforts that can lead to improved access to quality health care for all Californians (The California Endowment 2003).

The Connecticut Health Foundation, a statewide foundation dedicated to improving the health of the people of Connecticut through systemic change and program innovation, funds in three priority areas: oral health, children's mental health, and racial and ethnic health disparities. Since its inception in 1999, the foundation has focused its resources on policy research, technical assistance, and grantmaking. Goals and objectives for each of these priority areas take into consideration government efforts, opportunities for impact, foundation resources, and measurement strategies available. Each objective is approached through a variety of strategies, including community grants, advocacy, research, communications, professional training, and capacity building.

At the Missouri Foundation for Health (MFH), a statewide foundation formed in 2000 after the sale of Blue Cross Blue Shield of Missouri, the board of directors established the policy group to complement the foundation's grantmaking efforts and address health issues from a systemic perspective. The foundation's policy group

supports the work of its board and staff, as well as community members and state legislators, by providing timely research on health-related issues of significance to Missouri. The foundation's policy agenda includes universal coverage, trauma services, community-based prevention, children's health, and health disparities.

In 2004, MFH announced the availability of general support grants to strengthen the state's nonprofit advocacy agencies. Under this request for proposals, eligible organizations included nonprofit agencies actively involved in advocacy work on behalf of Missouri residents. The impetus for this funding came from the knowledge that, given the inherently unpredictable nature of factors that influence the political process, advocacy organizations need the capacity and financial flexibility to respond to newly emerging policy issues in a timely manner.

## Making the Case: Challenges and Solutions

Initiating funding in health advocacy and making the case for continued funding in this area of work is not without its challenges. Grantmakers have identified several obstacles, including debunking the myth that funding advocacy is not legal, convincing board members to support advocacy, and explaining to skeptics that the journey can be just as valuable as the final outcome.

.....

*“A myth has taken hold that because foundations cannot lobby, they cannot fund organizations that lobby.*

*It’s not true!”*

NAN ARON,  
ALLIANCE FOR JUSTICE

.....

.....

*“Perhaps as foundations we ought to do what we tell our grantees to do. That is, if we want our foundation to go in a particular direction, we not only hire the leadership to take us there, but we begin to shape our board to go there as well.”*

DIANE LEWIS,  
CONSUMER HEALTH  
FOUNDATION

.....

## The Law Is On Your Side

One reason foundations cite for their reluctance to initiate funding in this area is a lack of understanding regarding the laws governing foundation support for advocacy. Despite the many resources available, this sentiment is persistent among staffs, boards, and attorneys advising funders. But this barrier can be overcome. At the New Hampshire Charitable Foundation, for example, staff prepared a memo for the board clarifying the federal law, so that members would be clear what was (and was not) within legal limits. Once board members fully understood, the foundation was able to move forward in funding advocacy (Aron 2004). Taking advantage of the wealth of information available on the laws governing advocacy and lobbying, as well as changing attitudes on the importance of advocacy, are the first steps to initiating funding in this area and garnering support.

## Working with the Board

For foundations moving into advocacy funding, an important step is working with board members to help them understand and embrace goals for policy and advocacy. Foundation staff and board leaders should look for opportunities to educate current board members, as well as recruit new board members that will endorse the foundation’s work in this area.

Foundation boards typically comprise business leaders, affluent community members, and others who may not be familiar or comfortable with this work. This composition can be a barrier to funding policy and advocacy. While it may be easy to make the case for funding the provision of health care insurance for children or a community health center, some board members may

be reluctant to fund initiatives that could result in increased taxes or that put the foundation at the forefront of controversial policy discussions.

Foundations that rotate board members and bring in individuals on a defined basis for open seats have an opportunity to infuse fresh perspectives into the organization, as well as influence the outlook of existing board members. Individuals who have intimate experiences with community needs and experience as advocates are more likely to support policy and advocacy activities. Including even one or two board members with this background and perspective may change the shape of the entire board and increase the likelihood for engaging in policy and advocacy (Lewis 2004). Additionally, the orientation process for new board members is another opportunity to express the culture and direction of the organization to ensure that incoming board members understand the foundation’s approach to grantmaking (Canty 2004).

A number of strategies for working with board members can lead them in a direction to support work on policy and advocacy. For example:

- The Health Foundation of Central Massachusetts, Inc. made a major investment in, and ultimately lost, a fluoridation campaign. Rather than get discouraged, staff used this experience as an opportunity to reexamine how its board prepared for future advocacy efforts. The foundation hired an experienced policy advocate to train and coach board members on ins-and-outs of funding advocacy, and address their questions and concerns (Johnson 2004).



- The Connecticut Health Foundation has established a policy committee on its board to take control of policy internally and be responsible for addressing political issues. In doing so, the foundation's board and staff fully understand that this includes a fair share of wins, as well as losses. While it did have success immediately, the board recognizes that it may have to someday be at the forefront of controversial issues or be willing to accept policy failures. The foundation is also reaching out to other community opinion leaders, particularly those in the business and labor communities, to build

a stronger collaborative effort around health policy issues (Canty 2004).

Some foundations invite board members to affinity group meetings and use this as an opportunity to introduce them to issues they may not be exposed to in their everyday lives. The Consumer Health Foundation devotes time at the following board meeting to think about what was learned or to have a policy discussion. Board members discuss the key take-away lessons and then reflect on how those relate to the foundation's work (O'Bryon 2004).

## VALUING THE JOURNEY

A concern that emerges when foundations begin to fund policy and advocacy is the hesitancy to support and pursue policies that may sound worthwhile, but that have not yet been proven to be effective. Take, for example, the issue of banning soda in schools. Advocates fighting the obesity epidemic have been instrumental in putting a stop to soda contracts in school districts. Skeptics, on the other hand, question whether this strategy will have a significant impact on the individual weight of schoolchildren, and whether this is a fight worth fighting.

The steps needed to achieve an ultimate policy goal can be just as valuable as the final outcome, whether it is improved health outcomes or a policy change. In most cases, there is not a single best solution. But pursuing a specific strategy or focusing on one aspect of a broader issue can create public understanding of the entire issue. Calling attention to soda in schools has contributed to public recognition of the larger issue of childhood obesity and the role of school environments in promoting healthy behaviors. Additionally, an underestimated benefit of engaging in policy change is relationship building among different stakeholders. This issue brought together public health officials, school administrators, and parents—groups with a common connection, but that are hardly in contact with one another. It is often these relationships that make larger and lasting reform possible (Sherry 2004).

Finally, advocates recognize that removing soda from schools may not have a definable impact on individual weight of children in those schools. Advocates argue, however, that this policy change has no adverse health impact and more importantly, that it furthers a larger debate within the public health community, the education community, and the broader community. Banning soda from schools contributes to a broader public health agenda and is one step toward reforming the school environment to support healthy behaviors. It is often a collection of small victories that makes real change possible, so perhaps the fight is one worth fighting (Harvey 2004).

## Tools and Strategies for Effective Advocacy

As mentioned previously, advocacy is much broader than lobbying and includes several different components, most of which are not subject to IRS regulations. These include those activities already described in this Issue Brief as well as numerous others that contribute to broad policy change. The following sections describe how foundations are supporting unbiased research and policy analysis, increasing public understanding of health policy issues, engaging communities to foster consumer empowerment, building the capacity of organizations to engage in advocacy, funding specific advocacy campaigns, fostering collaboration and coalition building among advocacy communities and others, and supporting sabbaticals for nonprofit leaders. Grantmakers are employing these various tools and strategies in their efforts to support advocacy and learning which ones work best for their communities.

### Research and Policy Analysis

Research and policy analysis are important tools for health advocates and lay the foundation for engaging in any health issue. Grantmaker support in this area provides an opportunity to place unbiased, nonpartisan information into the hands of advocates and policymakers. Health grant-

makers are supporting and contributing to efforts to collect and disseminate health data, analyze policy issues, provide a forum for the discussion of public policy issues, and educate policymakers.

### Arming Advocates and Policymakers with Data

Foundations play an important role in supporting the collection of accurate and reliable data on issues of concern to advocates and policymakers. The Annie E. Casey Foundation has funded *KIDS COUNT*, a national and state-by-state effort to track the status of children in the United States by 10 specific measures.<sup>6</sup> By providing policymakers and the public with benchmarks of child well-being, *KIDS COUNT* seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. The national *KIDS COUNT* data book, which provides information on the educational, social, economic, and physical well-being of children, is produced annually. At the state level, the foundation funds a nationwide network of state-based *KIDS COUNT* projects that present a more detailed picture of the condition of children in specific communities. Both the national and state-level reports have received extensive media coverage and served as springboards for several editorial opinions on improving the lives of children. In many states, *KIDS COUNT* publications have been the catalyst for public and private initiatives to improve children's lives.

<sup>6</sup> Currently, *KIDS COUNT* measures include percentage of low birth-weight babies; infant mortality rate; child death rate; rate of teen deaths by accident, homicide, and suicide; teen birth rate; juvenile violent crime arrest rate; percentage of teens who are high school dropouts; percentage of teens not attending school and not working; percentage of children in poverty; and percentage of families with children headed by a single parent.

For general health-related data, The Henry J. Kaiser Family Foundation sponsors *Statehealthfacts.org*, an on-line resource designed to provide free, up-to-date, and easy-to-use health data on all 50 states. The Web site provides data on more than 400 key health and health policy issues collected from a variety of public and private sources, including the foundation's own reports, data from public Web sites, and information purchased from private organizations.

Some grantmakers fund efforts to provide specific information to help advocates and policymakers make better informed health policy decisions. For example, The California Endowment, The California Wellness Foundation, Kaiser Permanente, and The Robert Wood Johnson Foundation have funded the California Center for Public Health Advocacy to develop policy briefs that present data on the health status of individuals by state legislative district (rather than by city or county), along with detailed information and recommendations for addressing these issues through specific state and local policy reforms. The first series of briefs focused on childhood fitness, obesity, and diabetes, some of California's most urgent public health challenges. These data and information on childhood obesity rates contributed to the passage of a landmark bill that established nutrition standards for food and beverages sold in California elementary schools (TWCF 2004a).

Grantmakers are also using data collected at the local level as a tool for promoting policy change. The Rapides Foundation

commissioned a community health assessment to build on and update an earlier assessment that collected health-specific data and identified community needs. The foundation, whose service area includes nine parishes in central Louisiana, is one of the largest grantmaking organizations per capita in the southeastern United States. The assessment drew upon data from three distinct sources: a community health survey, including randomized telephone interviews conducted to assess the health and behaviors of community members; existing public health data, including statewide and nationwide risk assessments that were used to complement the survey process and provide a benchmark for the survey data; and community health panels, including focus groups that consisted of community leaders and representatives from the different communities. The foundation recognizes that improving the overall health of individuals requires investments in both new and existing organizational structures within a community. Therefore, it makes these data available to individuals, nonprofit organizations, government officials, and business leaders so that these stakeholders are better able to work together and target improvements in the standard of living for all community members.

### **Funding Analysis of Policy Issues**

In addition to data collection, health grantmakers are funding health policy analysis activities that shed light on important health issues. At the national level, both The Henry J. Kaiser Family Foundation and The Commonwealth Fund serve as credible sources of informa-



tion on the Medicare and Medicaid programs by analyzing program fundamentals, monitoring implementation issues, and weighing in on proposed reforms.

Both foundations provided analysis of key health policy issues during the 2004 election season. In the weeks preceding the election, The Henry J. Kaiser Family Foundation issued several background issue briefs on health care costs; Medicare coverage and financing; the uninsured; women's health policy; race, ethnicity, and health care; HIV/AIDS; medical liability reform; public opinion polls; prescription drug costs; and side-by-side comparisons of the presidential candidates' views on Medicare, health insurance coverage for the uninsured, women's health policy, HIV/AIDS, and medical liability reform.

Similarly, The Commonwealth Fund authored an analysis of both presidential candidates' proposals to extend health insurance coverage, which each built on the existing system of private and public health insurance in the United States, rather than fundamentally reforming the health care system. To help put the proposals in perspective, the report, *Health Care Reform Returns to the National Agenda: 2004 Presidential Candidates' Proposals*, included the latest versions of the Bush and Kerry programs, the numbers of uninsured each plan would cover, and the estimated costs of each.

While the national funders are often cited as primary sources of policy analysis, funders working at the state and local levels are also stepping into this role. For example:

- The Connecticut Health Foundation and Universal Health Care Foundation of Connecticut (formerly the Anthem Foundation of Connecticut) jointly funded a research team at Georgetown University to analyze the impact of the Bush Administration's Medicaid reform proposals on the state of Connecticut.
- The Healthcare Georgia Foundation has provided significant funding to the Women's Policy Education Fund in Atlanta to create a centralized source of Web-based and printed material tracking health policy in Georgia and encourage its use by consumer-focused organizations and other key stakeholders. The foundation has also provided funding to help establish the Institute for Health Policy at Morehouse School of Medicine's National Center for Primary Care, directed by former Surgeon General David Satcher. The grant is funding research on primary care, prevention, and mental health services for minority and underserved communities in Georgia. The institute will focus on the following questions: state and federal policies that would encourage health professionals to practice primary care in underserved communities and promote long-term retention, ways that Georgia could develop a cohesive and comprehensive primary care safety net that assures access to high-quality care for all Georgians, and the impact of existing health laws and policies and proposed legislation on clinical outcomes.
- The Endowment for Health funded a multiyear project of the New Hampshire Center for Public Policy Studies to iden-

tify and support public policy proposals to reduce the percentage of New Hampshire's population without health insurance. Specific components include a study of how other states have addressed this issue, a review of all pertinent federal initiatives before the Congress, and an analysis of financing options.

### **Providing a Forum for Discussion of Public Policy Issues**

Many health funders are in the advantageous position of having the ear of diverse members of the community, such as business leaders, policymakers, and grassroots activists. Exercising their role as convener, grantmakers are providing opportunities for the discussion of public policy issues to help inform the public debate on important health topics. The Blue Cross Blue Shield of Massachusetts Foundation, for example, hosts a yearly summit to examine expanding access to health care in Massachusetts. At its 2004 meeting, the foundation released a report it commissioned, authored by the Urban Institute, that analyzed (for the first time) all of the medical care provided to uninsured patients by hospitals, community health centers, and physicians in the state. The study concluded that if the uninsured in Massachusetts had health coverage, the annual cost of the additional medical care they would receive would be between \$374 million and \$539 million; this would increase the share of the state's economy devoted to health care by less than one-third of one percentage point. Additionally, the authors noted that expanding coverage to the uninsured could result in as much as \$1.2 billion to

\$1.7 billion in economic and social benefits from improved health, which could exceed the incremental medical costs of expanded coverage by a ratio of 3:1.

To bring attention to the critical issue of racial and ethnic health disparities, The California Endowment partnered with the Congressional Tri-Caucus (including members of the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus) to host *Bridging the Health Divide: A Congressional Forum on Racial and Ethnic Health Disparities*. This one-day meeting brought together more than 200 local community leaders, health providers, and representatives from community-based organizations for a first-ever forum to discuss why racial and ethnic minorities have poorer health status and higher death rates than the general population. The goals of the forum were to:

- provide a call to action around the recommendations offered in several reports, such as *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, published in 2002 by the Institute of Medicine, and the *National Healthcare Disparities Report*, developed by the U.S. Department of Health and Human Services;
- hear from community leaders about local efforts to address disparities, particularly best practices and promising programs; and
- discuss ways to collectively accelerate progress toward eliminating health disparities.

This event enabled top policymakers, health care experts, and community leaders to develop recommendations on how to help reduce and eliminate racial and ethnic disparities in California and the nation. These recommendations emphasized the importance of data collection, training culturally sensitive health care providers and peer educators to serve diverse communities, proactively funding and providing access to prevention care services, and encouraging healthy lifestyles.

Foundations are also supporting organizations whose primary focus is to convene experts, policymakers, and others on a regular basis. In Massachusetts, a coalition of funders provides support for the Massachusetts Health Policy Forum, an organization focused on bringing public and private health care leaders together to discuss critical health policy challenges facing the state. Forums are convened at least four times a year.

Other funders target different audiences. For example, Arizona Health Futures, the health policy and education arm of St. Luke's Health Initiatives, has a strategy for engaging the public at large in discussion of key health issues through both publications and public meetings. Activities in 2003 included a town hall meeting to discuss the challenges presented by the projected growth in Arizona's elderly population, development of a Web site to review the impact of the state's budget crisis on public health programs and services, and publication of policy primers on the public health infrastructure and integration of behavioral health and primary care.

### **Educating Policymakers**

A number of health grantmakers are working to educate policymakers about important health topics. According to Emmett Carson, president and CEO of the Minneapolis Foundation, "It is not enough for grantmakers to support the service delivery arm of a hardworking non-profit organization. We've got to recognize that educating public policymakers is part of our responsibility as grantmakers and crucial to our success" (Alliance for Justice 2002). In an effort to provide Colorado's state legislators with opportunities to learn about emerging health policy issues, Rose Community Foundation developed *Hot Issues in Health Care*. Beginning with a two-day briefing for new and returning Colorado legislators in 2000, *Hot Issues* has now been expanded into a year-round effort that includes panel discussions, briefings, and "Red Hot" papers that provide analysis of health issues and their impact in Colorado. This initiative provides legislators, other appointed and elected policymakers, and their respective staffs with objective health policy information that is responsive to these leaders' concerns and questions. Legislators from both sides of the aisle have repeatedly stated the need for objective health policy information in Colorado; the *Hot Issues* program has been designed to fill this need.

Trading on Missouri's nickname, the Missouri Foundation for Health's *Show Me Series* provides new information on health topics of significance to its service area and beyond, targeting both state legislators and the general public. Examples of issues covered in this series of papers include:

- a study of the impact of a single payer tax-based system on current health expenditures in Missouri, which suggested that all Missourians could receive health insurance coverage for less than the nearly \$30 billion spent on health care that year;
- an analysis of the economic and health benefits of the state's Medicaid program; and
- an analysis of cost growth and health insurance coverage in the state.

At the national level, several foundations have supported the National Health Policy Forum (NHPF), housed at George Washington University, to foster more informed government decisionmaking. NHPF serves primarily senior staff in Congress, the executive branch, and congressional support agencies through publications, meetings, and site visits. NHPF site visits give federal policymakers a firsthand look at the problems and successes of important health care programs and markets around the country. These one- to three-day sessions allow attendees the opportunity to gain valuable insight on how communities or health care providers are dealing with issues in their local areas. The Robert Wood Johnson Foundation funded NHPF to conduct a site visit focused on private market dynamics and health quality improvement initiatives in Cincinnati, Ohio. Among the issues explored were physician supply, incentive structures, specialty hospitals, and information technology. Funders at the state and local levels have also supported these activities. The California HealthCare

Foundation and the Alliance Healthcare Foundation in San Diego jointly funded a site visit to southern California, where 25 federal legislative and executive health policy staff members were educated on managed care issues. The site visit included meetings with provider groups and managed care organizations to explore industry trends and issues related to federally funded programs and system gaps.

### Public Opinion Polls

Gauging public opinion on specific health topics is often the first step in developing effective solutions to complex health policy issues. As part of a continued emphasis on the need to improve access and insurance coverage, the Blue Cross Blue Shield of Massachusetts Foundation funded Robert Blendon and his team of pollsters at the Harvard School of Public Health to survey Massachusetts residents. The report, *The Uninsured in Massachusetts: An Opportunity for Leadership*, presented information on current public perceptions of the uninsured problem in the state, values underlying Massachusetts residents' views of the uninsured and solutions to the problem, the most widely supported solutions, the willingness of the public to pay more taxes to assist the state's uninsured, state residents' views of the state of health care, and what these residents know and believe about the state's uninsured problem and current state programs that aid those in need. The survey found that most people in Massachusetts strongly believe that everyone in the state should be able to get the health care they need and support several proposals to expand health coverage (Blendon et al. 2003). The survey was

part of the foundation's long-term goal of informing the public debate about how to provide health coverage for the uninsured in Massachusetts, and its findings have helped shape the foundation's subsequent work on this issue.

### Public Information Campaigns

To create broad public understanding and support for health policy decisions, advocates must be able to influence public perception of their health issues. Educating the public and policymakers about the health implications of proposed policies is one of the tools foundations can use to garner support for promoting health. The California Wellness Foundation (TCWF) in 1994, for instance, made a \$4 million grant for a public education project designed to increase the awareness and knowledge of Californians on the merits, background, and potential consequences of a state ballot measure, Proposition 188. The measure proposed preempting local smoking ordinances and replacing them with a single, limited statewide ban that allowed regulated smoking in most public places. Proposition 188 would have had the effect of weakening tobacco control laws throughout the state, resulting in hundreds of millions of dollars in increased health care costs and adverse health outcomes, according to a nonpartisan study (Holton 2002).

TWCF's policy goal was to make sure that voters understood both sides of the debate before casting a vote on Proposition 188. Early polling indicated that likely voters misunderstood the initiative, with 70 percent favoring the initiative and thinking

that the measure would provide "tough statewide smoking restrictions" (The Democracy Center 2004). The campaign did not advocate for either position, but simply laid out the facts as they appeared in the state's official ballot pamphlet and urged voters to read this information before voting. These facts included who funded the measure (Philip Morris and several other tobacco companies) as well as who opposed it (such as the American Lung Association of California, the American Heart Association's California affiliate, and other leading health organizations) (Holton 2002).

The foundation took extreme measures to demonstrate that the effort was a strictly nonpartisan, independent, educational campaign. Foundation staff steered clear of the actual campaign once funding was approved and kept at arms length from the development and content of the ads. The grantee consulted with the state's Fair Political Practices Commission for ad copy and other campaign materials (The Democracy Center 2004). The tobacco industry tried to challenge the ads, but because the foundation had covered its bases and was within legal bounds, the challenge was unsuccessful. The week before the public education campaign, polls showed the measure winning. Within a week of the campaign's launch, the numbers reversed. Proposition 188 ended up losing 70 percent to 30 percent, a huge defeat for the tobacco industry, which put \$35 million into trying to pass the measure (Holton 2002).

In 2004, the debate surrounding marriage for same-sex couples was a leading issue in the presidential campaign. To help inform

the debate on this controversial issue and encourage civic participation, the Gill Foundation created *TurnOut*, a public education campaign to let Americans know about the inequalities faced by lesbian, gay, bisexual, and transgender people in their everyday lives. Elements of the campaign included groundbreaking television and print advertising in Denver, Colorado, Tampa Bay, Florida, and Flint and Lansing, Michigan; national grassroots marketing; and an interactive Web site featuring key facts, two documentary spots, and personal stories. Another campaign component included a *TurnOut* voter mobilization toolkit that was provided to more than 250 organizations around the country to help them educate their communities about these issues and get out the vote among their constituencies. The campaign focused on the following statistics:

- Only 14 states prohibit employment discrimination on the basis of sexual orientation.
- Same-sex families are denied more than 1,000 federal benefits that come with marriage and, in 47 out of 50 states, they are denied most of the state rights and responsibilities that come with marriage.
- Partners in a committed same-sex relationship are denied Social Security survivor benefits when one dies.
- Children of same-sex parents are denied survivor benefits if the deceased parent was not the biological parent or was unable to obtain a second-parent adoption.

The Web site continues to provide valuable information past the 2004 election, and the foundation strongly believes that encouraging greater civic involvement around lesbian, gay, bisexual, and transgender issues is critical for any positive, lasting change to occur. In addition to initiating *TurnOut*, the foundation has added civic participation as a new program area in its grantmaking guidelines and is emphasizing civic participation in its nonprofit training programs.

### Media Advocacy

Media advocacy is a specific approach to influencing public policy or creating social change that involves strategically using the news media to shape public opinion, mobilize activists, and influence decision-makers (The Health Communication Unit 2000). It requires developing messages that include both problems and solutions, and recruiting media spokespeople who can work with journalists on stories related to the issue of concern. Because it focuses on earning access to the news media, rather than on paying for advertising time, it can be a cost-effective strategy if sufficient human resources are available. Media advocates gain access to news media by presenting issues in ways that are newsworthy, and therefore, likely to be covered by media outlets.

The media plays an important role in shaping public policy debates and laying out the decisions policymakers and the public must make. In today's changing and complex health care system, journalists are tasked with covering a range of hot-button health issues, from prescription drugs to the Medicare program, and making these



issues clear and accessible to the general public. In 1993, The Henry J. Kaiser Family Foundation launched the *Kaiser Media Fellowship in Health Program* to help journalists and commentators keep the public informed about critical health issues and the evolving health care system. The program provides health journalists with a highly flexible range of opportunities to pursue in-depth projects related to health policy, health care financing, and public health issues. Giving fellows time and travel opportunities to research specific topics, the purpose is to help journalists improve the quality of the work they do and enhance their ability to explain the complex ethical, economic, medical, and political aspects involved in their reporting on health issues.

Some 70 Kaiser fellows have been selected since the program started. Fellows are awarded a basic stipend of \$55,000 for a 12-month period, plus travel expenses. They are selected by a national advisory committee, which reviews fellowship applications and interviews finalists (The Henry J. Kaiser Family Foundation 2004).

### Consumer Empowerment and Community Engagement

Consumer empowerment and community engagement are among the many tools at the advocate's disposal. These elements include educating consumers and communities about the health care system, local health care issues, and the impact of health system changes on their health, as well as building a stronger decisionmaking role for consumers in the system (Community Catalyst 2001). Engaging consumers puts a human face on the issues, a powerful tool

for advancing social change. Several foundations are funding activities to empower consumers to advocate on their own behalf for both broader health system changes and specific issues.

The Rose Community Foundation has supported several organizations in its service area in support of community engagement and consumer empowerment. The foundation was instrumental in the creation of the Colorado Consumer Health Initiative (CCHI), a unified, statewide organization of consumers and advocates whose goal is adequate and affordable health care for all. CCHI encourages and develops leadership among consumers, brings together diverse organizations concerned with health care, and provides information to the media and policymakers about real consumers' health concerns.

The foundation also funded the Metro Denver Black Church Initiative (MDBCI), an organization that works from the premise that the black church is the preeminent institution in the African-American community for strengthening families and enabling self-sufficiency. In addition to programs for youth, MDBCI seeks to alleviate the health disparities that exist between the African-American community and other populations. More than 35 member churches and a host of community partners provide health education and health screenings to engage community members and promote active and healthy lifestyles.

Foundations are also funding activities to empower consumers to advocate for themselves on specific health issues. The

California Endowment, for example, funded the Fresno Metro Ministry to train low-income consumers to be advocates for culturally competent care. Project activities include training and supporting more than 1,000 low-income consumers to actively take part in health care policy discussions and activities; participate in neighborhood roundtables to discuss health needs and identify strategies for change; and meet with key leaders from health provider organizations and have direct discussions about local health care concerns, such as lack of culturally competent staff, inconvenient clinic hours, and lack of services for the uninsured. Other objectives of the grant include developing and implementing a policy agenda on at least four different health issues; providing testimony at public meetings with the county board of supervisors, as well as press conferences; and encouraging at least 10 consumers to fight for seats on local advisory or governing boards, such as the county mental health board, hospital advisory boards, and other health care policy bodies.

### Youth Advocacy

Foundations are also reaching out to youth, who are often effective advocates. This is especially true when youth are allowed to identify the issues of concern and play a role in developing the proposed solutions. Organizations with expertise working with this population group are generally more effective in this regard than those whose primary expertise is policy. Grantees without experience working with youth often have difficulty giving up the control necessary to take full advantage of the resources youth bring, thus making it a frustrating experience for both parties (Holton 2002).

The Liberty Hill Foundation funded the Community Coalition of Los Angeles, an alliance of volunteer individuals and organizations committed to organizing South Los Angeles neighborhoods, youth, and social service agencies. The goal of the project was to document the poor, and often unsafe, conditions of inner-city schools and advocate for increased funding for South Los Angeles schools. The project equipped 60 students active in the *South Central Youth Empowered Through Action* program with disposable Kodak cameras, and sent them into their schools. Backed by photographic evidence, the students staged a protest and quickly won a meeting with the school funding oversight committee. The student photographers presented their evidence and as a result, the 127 schools in South Los Angeles received an additional \$153 million worth of repairs. Just as importantly, the students learned firsthand the power of grassroots organizing.

Similarly, the Alliance Healthcare Foundation in San Diego, California has funded several projects to engage youth as advocates for social change. The foundation funded a pilot project to train inner-city high school students on health issues affecting their community. Sponsored by the San Diego State University School of Social Work, the program used a consensus-based model to educate and train students on becoming community leaders and on advocating for social change and improved human services.

The Public Welfare Foundation, a national foundation located in Washington, DC, funded the Earth Conservation Corps, a



group that has lost 12 of its youth members to gang violence or beatings in the past decade. The organization discovered that the bald eagle, this country's national symbol, no longer nested in the nearby Anacostia River because the water was so polluted. It organized youth in the community to sample the river regularly and advocate to the appropriate authorities for the river's cleanup. Their efforts paid off, with the bald eagle now nesting in the Anacostia area. To document this achievement, the foundation also funded a film, *Endangered Species*, about the bald eagle's plight in Anacostia as well as the youth's plight for survival in the same community. The footage includes the funerals of young people killed by gang violence, but it also shows the bald eagles soaring and the youth from Anacostia who have made it in their communities (Langston 2004).

### Building Advocacy Capacity

Advocacy requires infrastructure, and grantmakers have learned that one of the most effective strategies for funding health advocacy is to invest in capacity-building activities. Foundations are working to build advocacy capacity in their communities by arming organizations with the necessary tools and resources and by developing the advocacy skills of direct service providers, both individual providers and larger health care systems.

### Providing Information and Tools

Funders are investing in advocacy capacity by providing organizations with the information and tools necessary for engaging in effective advocacy. According to the

*Strengthening Nonprofit Advocacy* project, most nonprofit organizations do not fully understand the basic limits on lobbying, the definition of what constitutes lobbying under IRS rules, and the legal opportunity to lobby with private funds (The Aspen Institute 2004). Foundations can play an important role in ensuring that nonprofit organizations have all the information necessary to exercise their legal rights to engage in lobbying and other advocacy work. Some foundations occasionally send their grantees information about the regulations governing advocacy activities.<sup>7</sup>

Other grantmakers have gone a step further by providing potential advocates with the tools necessary for launching effective advocacy activities. The Connecticut Health Foundation, for instance, funded the Connecticut Health Policy Project to develop the *Health Advocacy Toolbox*, a resource for individuals and nonprofit organizations in the state of Connecticut. The toolkit contains resources and information on Connecticut's budget process; a section on changing public opinion, with tips on public speaking, talking to reporters, and media advocacy; and a primer on navigating the legislative process, including an explanation of how a bill becomes a law, sample letters to policymakers, suggestions on calling or visiting legislators and their staff, advice for testifying at a public hearing, and even directions to the state capitol building and legislative offices. This Web-based tool is accessible to anyone interested in developing effective advocacy skills, but is especially targeted toward consumers and organizations in the state that want to

<sup>7</sup> A good source of information is *Worry-Free Lobbying for Nonprofits*, a publication from the Alliance for Justice.

## TOOLS IN ACTION: A CASE STUDY IN EFFECTIVE ADVOCACY

A combination of any or all of the previously described strategies is often the key to successful advocacy change. This was certainly the case for Tenants' and Workers' Support Committee (TWSC), a local advocacy group first organized in response to the mass evictions of 5,000 low-income Latinos and African Americans from local neighborhoods. Based in Alexandria, Virginia—where many low-income jobs lack health insurance, and there is no public hospital or federally qualified community health center—the group used a combination of research and grassroots organizing to advocate for changes in private hospital policy.

TWSC had been hearing stories from community members about their experience with a local for-profit hospital, Alexandria Inova Hospital. Problems included a lack of access to translation services for Latino patients (a growing population in Alexandria) and issues related to medical debt among low-income patients. The organization decided to support those anecdotes with research, and together with The Access Project in Boston, Massachusetts, TWSC surveyed 225 uninsured area residents. The survey was designed to provide a portrait of the experiences of the uninsured who had sought care at the hospital. TWSC also examined hospital practices, using telephone inquiries and site visits to determine the hospital's level of outreach, public information, and staff familiarity with its free care policies and practices.

Survey findings revealed that of 225 respondents, 80 had incurred hospital medical debt. Those in debt reported that debt was a barrier to follow-up or further care. The survey also identified lack of access to translation services and bilingual materials as another serious barrier to care for Latino residents. The investigation of hospital practices uncovered that Alexandria Inova Hospital failed to inform individuals inquiring about hospital free care 67 percent of the time. Moreover, TWSC found that the hospital lacked brochures containing information about public insurance programs or its free care policies.

Armed with research, TWSC leaders brought 12 uninsured community members to tell their stories to top administrators, including the chief executive officer of Inova Health Systems, the parent company of Alexandria Inova Hospital. The research findings, coupled with the personal stories of hardship, provided the tools for some improvements to hospital policy, including the immediate freezing of 10 debtor accounts with the hospital and a series of meetings among its staff to address the issues of debt relief and cultural competence.

### CONTINUING THE FIGHT

More, however, remains to be done, and TWSC is continuing to work with the community to advocate for improvements to hospital policy. While Inova Health Systems has implemented several changes to improve the cultural competence of its services, including increasing the availability of interpreters, progress has been much slower on improving the hospital's charity care policy and resolving debt. After repeated requests and suggestions, hospital administrators provided TWSC with its current charity care policy, which uses federal poverty-level guidelines to determine eligibility for free- or reduced-price care and is irrelevant to the actual cost of living in Alexandria.

In addition to negotiating with the hospital, TWSC is working to decrease the probability of medical debt by working with city officials and community health coalitions to improve policies at the state and local levels for providing care to the uninsured. TWSC is a member of Alexandria's ad hoc Access to Care Coalition, whose developing mission is to expand the services and collaborative health planning effort in the city, including efforts to be designated as a medically underserved population by the Health Resources and Services Administration, a necessary step to receiving federal funding for a community health center (The Access Project 2004).

make a difference in their communities, but do not know where to start.

### **Developing the Advocacy Skills of Direct Service Providers**

Funders are also supporting projects to build the advocacy and policy capacity of providers serving low-income communities, which are often in a strong position to voice what policies need to be improved because of their interaction with consumers and their practical knowledge of what works in today's health care environment.

Several foundations have provided grants to health care delivery organizations to develop advocacy know-how in order to complement the service delivery arm of their work. For example, the Blue Cross Blue Shield of Massachusetts Foundation provided funding, through its *Community Advocacy for Change* initiative, to strengthen the ability of community health centers to respond to health policy changes affecting health centers and patient access to community-based services. Similarly, the Fannie E. Rippel Foundation provided a \$500,000 grant to the Brigham and Women's Hospital to establish a hospital-based program in women's health policy and advocacy.

Physicians are in an especially valuable position to advocate on behalf of their patient populations and communities, given their respect from most policymakers. The Open Society Institute, the hub of the Soros Foundation's network, sponsors the *Soros Advocacy Fellowship for Physicians*, a program that enables practicing physicians to develop or enhance their advocacy

skills. The goals of the fellowship are to make social justice a core professional value for physicians and develop a cadre of advocates with expertise in achieving system or policy-level social change at the local, state, and national levels. During a 12- to 24-month period, fellows work in partnership with a U.S.-based advocacy organization to address health and service delivery deficiencies caused by social issues such as racism, violence, environmental hazards, income inequality, or inadequate education.

Similarly, The Dyson Foundation in New York sponsors the *Dyson Fellowship in Pediatric Advocacy*, a program providing training for pediatricians in social and public policy, as well as legislative processes and institutional development and change. The program responds to the many serious health problems confronting children and their families, particularly those defined as at risk, and recognizes the growing need for pediatricians to expand beyond their traditional clinical roles and become advocates for the children they serve. This fellowship program provides a two-year training opportunity for two pediatricians per year.

### **Supporting Specific Advocacy Campaigns**

Some funders provide support for specific advocacy campaigns, either in addition to or in lieu of providing general operating support to advocacy groups. The Connecticut Health Foundation, for example, funded the *Connecticut Oral Health Initiative* to advocate for improved oral health policy by identifying leaders, developing policy briefs, conducting legislative

## STARTING FROM SCRATCH: A CASE STUDY IN BUILDING AN ADVOCATE COMMUNITY

Even within state lines, advocacy capacity may not be evenly distributed. While overall the state of California boasts an active and engaged advocate community, it has been challenging to build the same infrastructure in the state's Central Valley. Home to the state's agricultural industry, providing produce to stores throughout the country, this region is also the setting for some considerable environmental hazards, including pesticides, dust from plowed fields, smoke from agricultural burning, urban air pollution, and hazardous waste dumps. Geographic isolation, coupled with a lack of political clout and legal resources, creates unique challenges for cultivating environmental health advocates in this region.

To address this need, The California Wellness Foundation awarded the Center on Race, Poverty & the Environment (CRPE) a three-year, \$120,000 grant for core operating support to develop and advance environmental health policies in this region. CRPE is the only environmental advocacy organization with an office in the Central Valley. It serves low-income, rural communities by providing technical and legal support, and working with agricultural communities to translate concern about environmental health conditions into effective information for policymakers.

The organization's clients are predominantly Latinos living in rural areas and below the poverty line. With the foundation's support, CRPE has worked with residents to develop their confidence for civic engagement; nurture their grassroots organizing skills; and strengthen their voice in local public policies that affect the environmental health of the places where they work, live, and play. Some successes include motivating county officials to examine the environmental impacts from a proposed ethanol plant, ushering in a new level of transparency and openness from the board of directors for a local water company, and organizing a public interest group that has worked with the local state legislator to obtain clean water during the construction of new well (TCWF 2004b).

To build the capacity for policy analysis in this region, The California Endowment awarded a five-year, \$4 million grant to California State University, Fresno for the creation of the Central Valley Health Policy Institute. The goals of the institute are to provide the Central Valley region with better informed community members, community-based organizations, and decisionmakers; a cadre of trained health policy leaders; strong and broad-based advocacy networks; and data and research specific to the region so that advocates and policymakers have the tools to influence policy and effectively advocate for systems change. The institute will collect, analyze, and disseminate research findings on pertinent health issues; develop and train community leaders on the health policy decisionmaking process; and create permanent, graduate-level coursework on health policy at the university.

trainings, expanding public awareness, and documenting the need for oral health services in the state.

The American Legacy Foundation funded *Kids Involuntarily Inhaling Secondhand Smoke (KIISS)* to develop a smoke-free implementation kit and CD to help ensure smoke-free workplace laws are put into practice in cities and states having such laws. *KIISS* will use these materials to educate and train owners of restaurants and bars, and health advocacy groups. The foundation also funded the *On the Ground Smoking Cessation and Prevention Project*, an effort to reduce smoking among college students, strengthen campus anti-smoking policies, and raise public awareness in surrounding communities. The foundation is initially working with three historically black colleges and universities (HBCUs) in North Carolina; if successful, the foundation hopes to expand its work to HBCUs nationwide. Specific initiative components include a peer health advocate program to train students as counselors for smokers trying to quit; a public education campaign that will communicate the health risks of tobacco use through popular radio stations; data collection on the frequency of tobacco advertising and retail sales in minority communities, coupled with community forums to share the findings; and a Web-based component, with resources and tobacco cessation curriculum materials.

Another example of support for a specific advocacy campaign is the work of the Washington Dental Service Foundation in funding development and implementation of a sophisticated effort to improve the oral health of children in the state of

Washington. Specific activities included creation of the Citizen's Watch for Kids' Oral Health—including significant health, business, union, education, and children's organizations—bringing new voices to speak up for children's oral health; broad distribution of campaign materials through multiple outlets; and development of broad consensus and support for public policies to fluoridate water, ensure financial access to dental care (including adequate provider payment for services), and protect state funding sources.

### Promoting Collaboration and Coalition Building Among Advocates

Foundations can also play an important role by promoting collaboration among advocacy communities and facilitating coalition building among advocates and other stakeholders. As advocates face continuing battles to adequately fund and support health care programs in an era of budget deficits and competing priorities, promoting collaboration among advocates is essential. Not only can organizations often do more together, collaboration provides an opportunity to share resources, learn from one another, and become energized about the work ahead. Supporting coalitions among diverse organizations also allows groups to share strengths and address weaknesses. For example, state policy groups may not have the grassroots capacity needed to propose solutions that are grounded in reality, while grassroots organizations rarely have the resources to get engaged in state policy issues. Grantmakers can provide the resources and connection necessary for both groups to work effectively together (Holton 2002).

Over time, grantmakers have learned a few things about effective advocacy collaborations. First, collaborations need a dedicated staff person with responsibility for keeping the collaboration going, because staff members within each collaborating organization have their own jobs, often with no time to devote to this process. Second, grantmakers can be integral in identifying opportunities for collaboration that each organization by itself may not have imagined. While forced collaboration is never a good idea, foundations can help organizations with the same goals keep working together. The California Wellness Foundation, for example, funded a collaborative effort around implementation of a new state department of managed care. Several organizations had approached the foundation separately to fund individual implementation efforts. The foundation gathered them all together in one room and asked them to develop a campaign that could be implemented in collaboration. In the end, the foundation funded each organization for a small amount and then created a larger pot of money to support collaboration, with the organizations cooperatively deciding how to best use this funding (Holton 2004).

Focusing on a common purpose can unify and strengthen different constituencies that share the same goal. This was the case in New England, where several funders (including The Boston Foundation and The Jessie B. Cox Charitable Trust) provided funding to hold together a multistate campaign to raise tobacco excise taxes. The campaign was the work of the Alliance for a Healthy New England, a coalition of advocates for health care access and tobacco control and health care providers.

Five of six state coalitions won sizable tax hikes in 2002 legislative sessions. In every state, this advocacy effort resulted in protecting existing programs or earmarking funds for efforts to improve health care access and fund tobacco prevention and cessation activities (Community Catalyst 2002).

Foundations are adding to their traditional function as grantmakers the role of conveners and catalysts in their communities. The Consumer Health Foundation (CHF), for instance, has worked to foster alliances and build critical partnerships in its community. CHF funds and staffs several coalitions throughout the Washington, DC metropolitan area whose activities are aligned with the foundation's mission. For example, the foundation is heavily involved with the Regional Primary Care Conversation, a group of local primary care associations, public health agencies, health care advocates, and funders working throughout the region to collaborate around operational issues such as information technology, organizational capacity building, health advocacy, and systems reform. Participants meet every two months.

Foundations are also working to build bridges and strengthen relationships among existing advocacy leaders, as well as emerging leaders. In 1999, The California Wellness Foundation began hosting an annual two-day retreat for advocates working on increasing access to health care for the uninsured. The goal was to help build a stronger sense of community among advocates, provide them an opportunity for strategic thinking, and identify opportunities for collaboration. This retreat has become an important forum for discussing



*“When we talk about some of the pressing needs that are jumping out in the next few years, we’d be saving a lot of resources, time, and energy if we could bring our brainpower together, come up with a collective plan, and go back and implement it. It takes coordination, collaboration and partnership.”*

LEO CANTY,  
CONNECTICUT HEALTH  
FOUNDATION

common agendas and helping build relationships among the many organizations working on the issue. A few years into the program, the foundation invited participating organizations to bring an emerging leader to these retreats, in recognition of the need to build and foster the next generation of advocates.

### Supporting Sabbaticals for Nonprofit Leaders

Leaders in the nonprofit sector often work under conditions of unrelenting stress, with little time for rest and rejuvenation. Unlike those in the for-profit sector, burnout and turnover of these individuals

## PRACTICE WHAT YOU PREACH

Just as foundations are encouraging their grantees to collaborate and work together, grantmakers have learned that, particularly in funding policy and advocacy, collaboration among colleagues is key to effective grantmaking in this area. While foundations often look for opportunities to fund something unique, and where the foundation can place its mark, this attitude is counterproductive to policy and advocacy efforts (Hogan 2004).

Because advocacy organizations often rely on soft money, a diversified funding base is critical to their protection and sustainability. Working together, grantmakers are better able to support these organizations for the long time it will likely take for measurable positive policy change. By partnering, each funder can comfortably support one important facet of the organization’s advocacy work, yet still get yearly reports of its unique contribution. Moreover, foundations are able to leverage their individual investments and power through different contributions from sister foundations with the same specific policy goals (Hogan 2004).

National foundations investing in policy change efforts can also benefit from collaborations with local and state grantmakers who understand the local and state policy dynamics from first-hand experience. Local and state funders should not underestimate their contributions to these partnerships; having a local perspective increases the likelihood for realistic policy change goals and ultimately, success. National funders have also learned that working with a local partner facilitates relationships with local policymakers, community and advocacy groups, and other key stakeholders.

Finally, local and state health funders are turning to their regional associations of grantmakers to find multipronged solutions for addressing issues that cross the health boundary, such as the environment, children and families, housing, and education. These local collaborations may include corporate funders that are better able to make the case for funding advocacy when they are part of a partnership with other foundations (O’Byron 2004).

can have a detrimental impact on the communities they serve. In an effort to recognize and sustain dedicated leaders, several foundations are funding sabbaticals to give these people the opportunity to replenish their energy and renew their commitment to the community. Inspired by The Durfee Foundation's Los Angeles County sabbatical program, The California Wellness Foundation launched its own statewide sabbatical program in June 2003, designed to support and rejuvenate leaders of California health service organizations. The program provides \$30,000 each to six leaders annually, as well as up to \$5,000 for their organizations to support the professional development of staff members who take on extra responsibilities in the absence of sabbatical recipients.

## Evaluating Policy and Advocacy Grants

Perhaps the greatest area of concern to grantmakers is the ability to evaluate grants made to support advocacy, both individually and collectively. As with any long-term strategy, measuring the final outcome of advocacy work can be daunting. But just as grantmakers do not shy away from broader societal issues such as eliminating poverty or disparities in health, grantmakers need not shy away from advocacy.

First, supporting advocacy can protect or increase public funding for the issues grantmakers care about. While it is difficult to make a rigorous cost-benefit

case on the merits of advocacy for improving funding for specific health issues, grantmakers point to the potential for leveraging philanthropic dollars in supporting advocacy initiatives. Saving even 1 percent of the state budget on health care through advocacy efforts can translate into millions of dollars toward essential, direct services. This period of shrinking budgets and cuts in service delivery at the state and local levels is an ideal time for grantmakers to consider increasing their support for advocacy and public policy to complement grants for direct services (Carson 2003). Philanthropic funding may also enable organizations to leverage funds from other sources. The Prince George's County Health Action Forum in Maryland was able to leverage a number of small foundation grants to build the capacity needed to successfully acquire funding in the amount of \$2.2 million over five years (Quinton 2004).

An anecdotal example illustrates the benefit of complementing direct services with support for advocacy work. In 1984, the local Alzheimer's Association chapter that serves the Washington, DC metropolitan area had a dilemma that most organizations would crave; the mostly volunteer-run group, which had a yearly budget of less than \$25,000, received \$140,000 in gifts from local federal government employees. The money came with few restrictions, and the only question was how to spend it. Initially, most board members wanted to give the money either to other groups or to individual Alzheimer's patients. But as the organization's leaders reflected on the long-term needs of Alzheimer's patients and their families, they recognized the



need to complement this strategy. Giving families money to help pay for badly needed, short-term respite care was a concrete way to help people; however, devoting the entire \$140,000 to this approach would only buy about one hour of care per family per year. Thus began the organization's entry into the policy arena.

After lengthy discussions about the organization's ability to lobby, a part-time person to lobby at the state level was hired. Over the years, that lobbying has paid off. The most concrete result was passage of a law that subsidizes respite care for families of Alzheimer's patients, as well as individuals with a similar, functional disability. Previously, only individuals with physical disabilities were eligible for subsidies. This law has provided about \$1 million a year in respite subsidies for families who could not otherwise afford this care. So the organization learned, over time, that investing some of that \$140,000 in lobbying has leveraged more resources for Alzheimer's families than devoting all of that money to direct subsidies (Charity Lobbying in the Public Interest 2001).

Second, influencing public policy is a long-term process and should be evaluated as such. Advocacy and public policy are no different from other types of grantmaking where it is difficult to make a definitive connection between a single grant and improved health outcomes. Health outcomes of specific projects are relatively easy to measure in a fairly short time, such as whether a prenatal outreach program has been able to reduce the number of women delivering babies with inadequate prenatal care. Long-term and systemic change, however, traditionally has been more difficult to track and attribute to specific

health outcomes; the life cycle of an individual grant or funding initiative can complicate this and make precise evaluation virtually impossible (David 2002).

Evaluating policy work thus requires both short-term and long-term measures. In the short term, funders and their grantees can define and measure key stepping stones needed to achieve ultimate policy goals, because significant policy changes rarely occur without them. The public policy continuum is helpful in this regard (see Figure 1 on pg. 2). In the short term, it may not be possible to fully evaluate the final outcome. But it is possible to assess the components of the continuum, all of which are needed to move the policy agenda (Holton 2004). This involves having a clear and realistic model of what each grant will achieve and working with the grantee to devise steps toward that goal. For example, The Pew Charitable Trusts uses benchmarks to assess its policy-related grants, such as how many legislators speak out on a specific health issue, how many people were exposed to a certain message, or how many newspapers covered the topic (Abernathy 2004).

Grantmakers have to learn which approach is right for their foundation and what questions to ask of their grantees and themselves. According to Ruth Tebbets Brousseau, director of evaluation and organizational learning for The California Wellness Foundation, some of the questions the foundation asks in regard to its overall grantmaking in public policy include what policies were changed, what is the role of different types of grants in influencing policies, and are some strategies more effective than others or is a

## EVALUATING PUBLIC POLICY GRANTS

As more foundations become engaged in public policy and make more grants in this area, grantmakers are developing and sharing their knowledge about the factors that can influence the success of policy grants and their approach to evaluating this work. For example:

- Policy changes do not happen overnight. It is important for the funder and the grantee to be realistic about the time it takes to change policy. It is frequently a long-term process subject to multiple variables, many of which are beyond the control of the grantee. For example, it took six years for The California Wellness Foundation's *Violence Prevention Initiative* grantees to achieve their goal of a state ban on the production and sale of Saturday night specials. The best grantees know how to use the media and grassroots to keep an issue before the public and educate policymakers until action is taken.
- It can be difficult to attribute a policy achievement to the actions of specific grantees. Grantees are always eager to claim credit for a policy change. But frequently, such change is the result of the combined effort of several organizations and political factors outside the control of the grantees. Sometimes the full impact of the work of a grantee may not be realized until years after the end of the grant (Holton 2002).
- In evaluating ultimate policy and advocacy outcomes, it is unrealistic to attribute wins to any one foundation. It is more important to assess what the grantee is accomplishing, rather than knowing that the foundation's dollars were used to accomplish the outcome (Hogan 2004).

combination most effective? Finally, for all grants, timing is a critical issue that influences success and failure. This is especially true of policy grants, so the foundation constantly evaluates whether it can be more strategic in timing its grants effectively (Brousseau 2004).

## Lessons Learned

Over the years, funders have learned not only which tools and components are necessary for any effective advocacy effort, but more importantly, how to apply these tools in their own grantmaking. By sharing the

following reflections on foundation support for advocacy, hopefully more foundations will explore the potential of funding in public policy to enhance their grantmaking goals.

- Core operating support, versus program-specific funding, provides important flexibility for advocacy grantees. Given the inherently unpredictable nature of factors that influence the political process, it is important that advocacy organizations have the capacity to respond quickly to windows of opportunity to advance their policy agendas. Core support grants enable grantees to take advantage of such opportunities and give them the flexibility to change.

- Demystifying the policy process is key to engaging community members in advocacy. For most people, the policy-making process is a mystery that makes participation intimidating. Foundations can do their part by underscoring the importance of policy to achieving long-term goals and helping grantees develop effective approaches.
- Engaging community members in advocacy has long-term benefits. Changing public policy can be an empowering experience. Once community members have experienced a public policy success, they are more likely to stay engaged in efforts to improve their communities and hold policymakers accountable.
- An important ingredient of a successful advocacy effort is engaging the grassroots. In this era of term limits, policymakers are less likely to have knowledge of the issues. Thus, it is particularly important that they hear from their constituents. Real people put a face on the issues and, coupled with pertinent data, research, and analysis, can be the driving force for changing policy.
- Be careful the messenger does not detract from the message. It is important when giving grants to advocacy organizations to know what their reputations are with policymakers. If policymakers have had a bad experience with a grantee, they are unlikely to be receptive to the message (Holton 2002).
- Connecting grantees and encouraging shared learning facilitates the creation of a network of networks, which can help foster a movement around issues of mutual interest. Seek out opportunities for individuals to come together, learn from one another, and share their strategies for successful advocacy. Funders can be instrumental in forging networks, whether they be across the country or in their own backyards (Vega-Marquis 2003). Partnering with all possible interest groups and sectors of the community will strengthen the collaborative while stretching the foundation's comfort zone (Riedel 2004).
- Decide up front what the foundation eventually wants to accomplish, but then be open to the tools and strategies that are used to accomplish this goal. Remember, there is not one right way; in fact, such a mentality may be a sign of a top-down (versus grassroots) approach (The Philanthropy Initiative, Inc. 2004).
- Keep in mind that mounting and sustaining advocacy and policy change initiatives requires long-term commitments and can involve large investments of foundation resources and time. Be prepared to invest in these efforts over the long haul, which may mean anywhere from 5 to 15 years (Riedel 2004).

## Conclusion

Advocacy is one of many philanthropic strategies that grantmakers have at their disposal to improve the health of individuals and communities. By itself or in tandem with funding for direct services, advocacy is a powerful strategy to add to any grantmaking portfolio. Advocacy can

leverage limited resources, promote systemic change, and respond to the public need.

Health grantmakers play an important role in supporting advocacy by ensuring that all voices are heard in public policy decisions; information is available to policymakers, opinion leaders, and the public; and those working on behalf of the underserved have the opportunity to interact and learn from one another. Grantmakers who choose not to engage in this work forfeit an opportunity to promote long-term change in their communities and make a broader impact on the lives of individuals, communities, and the nation.

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