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GIH

THE PATH TO POLICY CHANGE:

Practical Steps and Lessons from Health Funders

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EXECUTIVE SUMMARY

THE PATH TO POLICY CHANGE:

Practical Steps and Lessons from Health Funders

As part of its continuing mission to serve trustees and staff of health foundations and corporate giving programs, on November 3, 2005, Grantmakers In Health (GIH) convened nearly 80 grantmakers and a diverse group of individuals with expertise in different types of public policy work to discuss the challenges and opportunities for health funders interested in fostering systemic change. This report offers lessons learned about how to approach public policy work generally as well as those related to advocacy, communications, community organizing, data development and analysis, and evaluation.

Being a Public Policy Funder

Public policy work is both legal and a legitimate activity for health foundations. Public policy activities are a means to secure broader change than can be achieved through direct service alone. Foundations are uniquely positioned to do this work; they can work to capitalize upon windows of opportunity and to create the conditions which allow those windows to open. They also have a role to play in empowering others in the nonprofit sector to become players in the policy process. Although there are legal boundaries, particularly for private foundations, the law provides more leeway than most funders realize.

Develop a public policy strategy that fits your organization. Each grantmaking organization should develop a public policy strategy that fits its mission, history, tax status, resources, and the circumstances of the communities it serves. It should consider the foundation's internal capacity for doing public policy work. Finally, an organization's public policy work should be based on a clearly articulated theory of change.

Make sure you have realistic expectations. Policy work requires tolerance for conflict, prolonged engagement, uncertain outcomes, and possible failures. Grantmakers need to scale their expectations to the size of their investments. They should also be prepared to play in an environment that they cannot control.

Be strategic in developing relationships with policymakers. Foundations can be valuable sources of information and intelligence on critical health issues. Funders should have a strategy for developing these relationships, identifying decisionmakers who are champions and opponents of their priority issues, as well as those who can be moved through education or other means.

Get your board on board. Board education about the value of public policy activities requires patience and persistence. It is useful to recruit board members based on knowledge of or interest in policy. It is important for the board to discuss how visible the foundation should be.

Advocacy Infrastructure and Coalition Building

Effective health advocacy requires an infrastructure. Three critical elements of an effective advocacy infrastructure are strong leaders, paid staff, and sufficient and flexible financial support.

Direct service providers have the potential to be powerful voices for change. Building advocacy capacity in direct service organizations and professional trade associations has value. At the very minimum, it builds the number and diversity of individuals and organizations calling upon policymakers to make important changes in health policy. These organizations need a better understanding of how to advocate more effectively, particularly by building on their organizational strengths and working in coalitions with other organizations.

Building effective coalitions is hard but necessary work. Foundations can play an important role in promoting collaboration among advocacy organizations focused on different constituencies. Diversity in advocacy coalitions is especially critical at a time of shrinking budgets.

It's not always easy to negotiate the boundaries between funder and advocate. Strategies that work include being a good listener, being respectful in relationships, providing feedback, and being frank about the inherent imbalance in power associated with being grantmaker and grantee.

Communications

Communications is much more than getting the word out. Strategic communications involves identifying the audiences that might be interested in the foundation's work, developing messages that resonate with these specific audiences, and carrying the message to the audience. Funders can play a role in all these tasks but should carefully consider when messages need to be tailored and when the foundation should be the messenger.

Communications efforts should match a foundation's resources. Communications work on public policy issues can cost a lot and demands a long-term commitment. Effective techniques for smaller funders include making leadership grants and mining grant reports to inform policymakers.

Design a communications strategy that reflects the foundation's style. Health foundations differ in their desire to be in the limelight. Some want to fly below the radar and believe they can be more effective that way. Any foundation engaged in public policy work should have clearly articulated policies about who speaks for the foundation and provide training for board and staff about how to respond to inquiries from the media.

Community Organizing

Supporting community organizing can be uncomfortable for funders new to the work. Despite shared interests in developing a more just health care system, foundation staff and community organizers come from different cultures. Still, there is no question that health funders can support community organizing efforts and still be accountable to achieving their philanthropic missions.

The most important thing funders can do for community organizers is give them a chance to succeed. Community organizing groups are typically small and undercapitalized. They need resources to build their membership, expand their reach, and connect to other organizations with similar interests. Leadership development is another critical need.

Health foundations can link grassroots organizers to policy advocacy networks and activities. These relationships are necessary to getting more progressive policies moved through state legislatures and other decision-making bodies, but creating and sustaining them is a delicate business.

Data Development and Analysis

Foundations can use data to make significant health issues come alive for policymakers. Health funders are making investments in developing credible and reliable data, and making such data accessible. Data sources include information from community needs assessment activities, surveys on health care use, and public opinion polling.

Foundations can build the capacity of others to use data in the policy process. Health funders are helping advocates and community-based organizations to develop skills in data collection and analysis as well as how to use the results to advance policy and program goals.

Know your audience. Foundations have the opportunity to become a resource that policymakers will consult when they need credible, relevant, timely information in a form that they value. The data need to be ready for use on the policymaking timetable.

Evaluation

Focus on how your grantmaking is contributing to the change process. Foundations need to change the question about the work they fund from "did policy change?" to "how did our grantees' work improve the policy environment for this issue?"

Think in terms of both short-term and long-term goals. Advocates and funders alike recognize the value of activities that can be counted. But such process and progress measures should be coupled with outcome measures so both funder and grantee know first, what was done, and second, what change occurred.

Evaluation should be a tool for learning and improvement, not just a report to be written after all the work is done. Funders and grantees should articulate at the outset of a project how and why certain activities will lead to specified outcomes, and then jointly define a set of measurable benchmarks that will be used to measure progress. Feedback should be given that can be used for midcourse corrections. The final step is to share lessons learned at the conclusion of the project.

FOREWORD

As part of its continuing mission to serve trustees and staff of health foundations and corporate giving programs, on November 3, 2005, Grantmakers In Health (GIH) convened nearly 80 grantmakers and a diverse group of individuals with expertise in different types of public policy work to discuss the challenges and opportunities for health funders who seek to bring about change in federal, state, and local public policies. The program was designed to address funders' desire to go beyond the basics of funding public policy work and to learn from peers and others about how to improve the effectiveness of their public policy efforts. It was structured as a series of small-group discussions on key topics including advocacy infrastructure, communications, community organizing, data development and analysis, evaluation, working with foundation boards, and working with policymakers.

Special thanks are due to those who participated in the Issue Dialogue, especially discussion leaders Tom David, Tides Foundation; Elizabeth Heagy, Center for Lobbying in the Public Interest; Susan Hoechstetter, Alliance for Justice; Lorez Meinhold, Colorado Consumer Health Initiative; Andy Mott, Community Learning Project; Delia Reid, Grantmakers In Health, and Steven Wallace, UCLA Center for Health Policy Research. Tracy Garland of the Washington Dental Service Foundation helped frame the discussion and inspire others with the story of her foundation's work in Skagit County, Washington. Barbara Masters and Amanda Rounsaville of The California Endowment shared a new game, *Move Your Issue!*, developed by the foundation to train its program staff about strategies that can be used to move an issue through the policy change process.

This Issue Brief synthesizes key points from the day's discussion and highlights some of the stories shared. It builds upon previous GIH publications, including *Strategies for Shaping Public Policy* (2000) and *Funding Health Advocacy* (2005), and reflects GIH's commitment to communicate with health grantmakers about the relevance of public policy to their work, create opportunities for grantmakers to learn more about specific policy issues, provide training and technical assistance to grantmakers, and connect grantmakers with strong interests in health policy to each other. Other aspects of GIH's public policy work include raising the awareness among policymakers about the work of health philanthropy and building relationships with government agencies.

Anne Schwartz, vice president of GIH, planned the program and wrote this report. Todd Kutyla, GIH communications manager, provided editorial assistance. Funding was provided by The California Endowment and the Missouri Foundation for Health.

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INTRODUCTION

Many of the long-term sustainable strategies for improving the delivery of health services and promoting better health outcomes involve changing public policy. Public policy decisions determine, for example, who is eligible for insurance coverage, which medications and devices are available in the marketplace, which providers will be paid for their services, where individuals may smoke, and the acceptable level of particulates in the air.

Interest is growing within health philanthropy in affecting these critical decisions. The most recent data from the Foundation Center indicate that, between 1995 and 2002, the number of foundations making health policy grants increased by more than half and grant dollars more than tripled (Lawrence 2004). As these commitments have grown, so too has introspection within the field about where to invest and how to assess the effectiveness of various foundation strategies to bring about systemic change. While there are few metrics to guide health funders, there are stories to be shared. Based on the conversations among some 80 health grantmakers and experts in various types of policy and advocacy work at a November 2005 Issue Dialogue convened by Grantmakers In Health, this report offers lessons learned about both the philosophy and the mechanics of philanthropic strategies to change public policy. This section begins by discussing the rationale for foundation engagement in public policy work, the scope of their activities, and considerations in developing a public policy portfolio.

Public policy activities are a means to secure broader change than can be achieved through direct service alone.

Public policy work is both legal and a legitimate activity for health foundations.

Health grantmakers, like their counterparts in other sectors of philanthropy, engage in a wide range of public policy activities, ranging from grassroots organizing and engagement to policy analysis and research. They are supporting efforts to build and sustain coalitions; develop messages about problems and solutions; educate policymakers, the general public, and specific constituencies; and advocate for specific changes in law and regulation. Their work spans all stages of the policy change process, starting with agenda setting and problem identification, through policy development and adoption to monitoring and facilitating policy implementation.

Why fund such work? In short, public policy activities are a means to secure broader change than can be achieved through direct service alone. These can be discrete changes such as an increased funding stream for service providers. Baumgarten (2004), for example, cites the work of the George Gund Foundation to support service grantees in identifying and training public policy staff. Its grant to fund a staff position at the Ohio Association

of Second Harvest Foodbanks resulted in a $6 million budget line item for food banks in Ohio. Public policy activities can also lead to long-term sustainable solutions. Between 1998 and 2003, nine Kansas communities serving 82,000 residents and 21,000 school children adopted water fluoridation with grant funding from the United Methodist Health Ministry Fund.

For board members, arguments related to effectiveness, leadership, sustainability, and influence may be particularly compelling. That is, the foundation can be more effective in promoting its mission if there is public and legislative support that increase the likelihood that programs will become sustainable. Promoting public policy and advocacy work also exhibits leadership, a quality to which most board members aspire. The foundation's involvement in public policy also gives it influence with policymakers.

Foundations are also uniquely positioned to engage in public policy activities. In its most generic form, the public policy process involves the recognition that a problem exists that demands attention, the availability of a short list of policy alternatives to address the problem, and a window of opportunity — a favorable climate for reaching agreement upon a solution. Foundations can work to capitalize upon windows of opportunity as they occur, such as making data on the impact of proposed changes in a state's Medicaid program available to legislators at the moment they are discussing such changes. And grantmakers can also work to create the conditions which allow those windows to open in the first place. For example, a poll commissioned by the Blue Cross Blue Shield of Massachusetts Foundation found strong interest in providing health care coverage to the state's uninsured, but weak support for any of the solutions on the table. In response, the foundation set out on a multiyear effort to generate a practical roadmap for extending coverage to most, if not all, state residents. Releasing its analytic work at summits involving the governor and legislative leadership was part of the strategy to drive decisionmakers to take action.

Foundations also have a role to play in empowering others in the nonprofit sector to become players in the policy process. Nonprofit organizations cite three particular barriers to participation in the policy process: limited financial resources, confusion regarding the tax law, and limited staff or volunteer skills, all areas amenable to foundation interventions such as technical assistance, leadership development, and grants (Baumgarten 2004).

Discussions about foundation efforts to affect public policy inevitably turn to what the law permits. Even though the November 2005 program was specifically designed with the goal of going beyond the basics, the conversation returned to the law again and again. To recap, there is a great deal more leeway than many funders realize. First, there is no general prohibition on providing grants to organizations that lobby. Private

Foundations can work to capitalize upon windows of opportunity as they occur and to create the conditions which allow those windows to open in the first place.

foundations can fund nonprofit organizations that lobby as long as certain conditions are met. Grants made for specific projects that have a lobbying component must be for an amount up to the budget for the nonlobbying activities. Moreover, grants for general operating support may not be earmarked for lobbying (Asher 1995). Second, although private foundations are for the most part prohibited from lobbying, they may engage in a wide range of public policy and advocacy activities such as convening legislators, executive officials, and their staffs to discuss broad health issues; conducting and disseminating nonpartisan analyses, studies, or research; and even responding to written requests for technical advice or testifying at legislative hearings. In December 2004, the Internal Revenue Service directly addressed this issue in a letter to Charity Lobbying in the Public Interest, a national nonprofit organization now known as the Center for Lobbying in the Public Interest, noting:

> Private foundations may engage directly in a wide range of educational activities that influence the formation of public policy but are not lobbying so long as the foundation does not (1) reflect a view on specific legislation in communications with legislators, legislative staff or executive branch personnel participating in the formulation of legislation, or (2) reflect a view on specific legislation and make a call to action in communications with the general public.... (Urban 2004).

A more complete discussion of these legal issues, including special issues for foundations established as public charities, can be found in two other Grantmakers In Health publications, *Strategies for Shaping Public Policy* (2000) and *Funding Health Advocacy* (2005).

Develop a public policy strategy that fits your organization.

Participants at the Issue Dialogue noted the importance of every grantmaking organization developing a public policy strategy that fits its mission, history, tax status, and resources. It's also important to know what other funders in the region or state are doing, and where a new organization can find a niche and make a valuable contribution.

Another consideration is the foundation's internal capacity for doing public policy work. Does the expertise exist within the current board and staff? If not, can these be acquired by training or through recruitment? A small number of health foundations have dedicated policy staff. Others hire program and communications staff who have had policy experience. Still others invest in training to help staff with substantive expertise in their program areas become familiar with public policy issues and tactics. Some foundations conduct their own analyses of policy issues; others fund outside organizations to do such work. When no suitable organization exists, a foundation may choose, either alone or with other partners, to support the creation of such an

entity. Health funders in Colorado and Ohio banded together to fund policy institutes in these states; similar conversations are now taking place among five funders in Florida.

Finally, an organization's public policy work should be based on a clearly articulated theory of change, which lays out what specific changes the foundation wants to see in the world and how and why its actions might be expected to lead to those changes (Guthrie et al. 2005).

Make sure you have realistic expectations.

Policy work requires tolerance for conflict, prolonged engagement, uncertain outcomes, and possible failures. Issue Dialogue participants echoed this theme, noting the need for long-term commitment and sustained attention. "In the foundation world, three years is a long time," commented one participant. "But in the policy world it is not." A representative from The California Wellness Foundation commented that the foundation spent six years and millions of dollars on its violence prevention initiative. In the seventh year, the violence prevention bills were vetoed. If the initiative had been judged then, it would have been seen as a failure. In the eighth year, however, the bills were signed into law.

Grantmakers also need to scale their expectations to the size of their investments. "Is it fair for funders to give a small amount of money and expect a big result?" asked one participant. This isn't to say that small foundations can't take on public policy work, but it may be particularly helpful for them to have funding partners, so that one can extend the work of the other.

Others noted that grantmakers have to be prepared to play in an environment that they cannot control. "When you ask a bear to dance," commented one funder, "you do not sit down when you are tired."

Get your board on board.

Health foundation staff often raise questions about how to get their boards interested in and committed to a public policy agenda. Boards may view public policy work as too risky or too expensive compared to direct service grants. Or they may lose interest if success is slow in coming.

Tom David, a seasoned foundation executive, advised Issue Dialogue participants to be patient and persistent in educating their boards, breaking the big goal into pieces to help show the board success and opportunity. Bring in experts to talk about foundation strategies for shaping public policy, including both programmatic examples and legal aspects. Include foundation attorneys in this process as their buy-in will be important down the road. Be candid about potential risks; such conversations will help put the board at ease and also help gauge their readiness. And pay attention to timing. Raise the issue when the board is working effectively as a team and has had some success in resolving other fundamental issues.

Policy work requires tolerance for conflict, prolonged engagement, uncertain outcomes, and possible failures.

FLUORIDE FOR A HEALTHY SKAGIT: ADVENTURES IN PUBLIC POLICY GRANTMAKING

Visualize a field of tulips. If it weren't for the beautiful mountains to the east, you might think you were in the Netherlands. The Pacific Ocean lies to the west. You are in Skagit County, Washington, located in a rural area north of Seattle. Farming and fishing used to be the mainstay of the economy here but now it is rapidly becoming a bedroom community for those working in manufacturing to the south, and a retirement destination for others.

Anacortes is the largest city in Skagit County, best known as the point of ferry departures to the San Juan Islands. The water in Anacortes has been fluoridated for 40 years, perhaps because the mayor in the early 1960s was a dentist. But in the rest of the county, where 55,000 people live, the water supplied by the Skagit County Public Utility District (PUD) is not fluoridated.

For the Washington Dental Service Foundation, the philanthropic arm of a major dental insurance company, beginning a campaign to fluoridate the water in Skagit County was a natural expression of its mission to improve oral health and built solidly on a track record of making investments in systemic change.

The campaign in Skagit County began quietly in 2003, when the foundation's board examined the risks and committed to a political and legal analysis. In this stage, consultants, working under contract, helped the foundation understand the political environment: both thematically, in terms of fear and mistrust of government and concern about individual rights as a deterrent to community action, and practically, in terms of who was in office and where these individuals might stand with respect to fluoridation. A legal analysis confirmed that, while the PUD insisted it had no authority to make such decisions, the county commission could take such action.

A second step was to use the foundation's relationships to recruit local leaders. A family physician was identified to be the local face of the campaign; he was recently retired, with longstanding service to the community and political skills honed as past president of the state medical society. The foundation also assembled a local strategy group of concerned citizens from medical, dental, and public health backgrounds as well as those with other types of community service backgrounds. A campaign management staff was hired. Media training was conducted, and the community organizing phase began, as the strategy group went out and met with civic organizations throughout the county and asked them to take action. In time, 26 organizations, including the county medical and dental societies, endorsed the effort.

The message of the campaign built on fundamental values: fluoridation is so safe and effective that we have a duty to share it with others, giving the entire community the benefit. During media training, the team learned to stay on message, rather than spending time responding to the views of the antifluoridation activists, and to voice their message with passion.

The community organizing phase led to earned media including letters to the editor and op-ed pieces in the *Skagit Valley Herald*. Some members of the strategy group met with the *Herald*'s editorial board, the result being an unequivocal endorsement of the fluoridation campaign. The public fight had been engaged.

In the summer of 2005, the public fight came to a head with a public study session of the county commission. Thirty-seven groups testified in favor of fluoridation including the medical and dental community, business leaders, the Head Start Parents Council, and others. By the time of the public hearing in August, the anti-fluoridation camp had mobilized. A fractious situation left county elected officials in an uncertain position. Who would pay? Would action lead to litigation?

The story in Skagit County doesn't have a happy ending...yet. The phase of final resolution and ribbon cutting lie in the future. But it illustrates, as Washington Dental Service Foundation CEO Tracy Garland commented, "that foundation resources can — in the form of staff, contracts, and grants — be used to unleash a powerful political force and to empower effective leadership."

Look for individuals who are knowledgeable or at least interested in policy when recruiting new board members.

Look for individuals who are knowledgeable or at least interested in policy when recruiting new board members, and lay out the expectation with these new members that policy and advocacy are integral to how the foundation does business.

When the board is ready, start slowly by funding research and analysis or supporting issue framing efforts and public consensus building meetings. The board of the Missouri Foundation for Health initially agreed to put 5 percent of its annual grantmaking toward policy work; this percentage quickly grew, reflecting the board's growing confidence in policy strategies.

Finally, in helping the board understand risks, give them appropriate cover. Discuss the level of visibility the board is comfortable with and who will act as a spokesperson to represent the foundation. Some boards want to get credit for sponsoring particular initiatives; others may want to stay behind the scenes so as not to draw attention to the foundation's role in furthering a particular agenda.

ADVOCACY INFRASTRUCTURE AND COALITION BUILDING

In its simplest form, advocacy refers to the ability of an individual or group to express its viewpoint. When used by health funders, advocacy is used to describe organized efforts to effect systemic or incremental change, primarily on behalf of consumers or other population subgroups who do not have a voice in public policy decisions. Advocacy activities supported by health foundations include town hall meetings and grassroots efforts to engage the general public, development of policy briefs to educate decisionmakers about the impact of current law or proposed changes, public opinion polling, public information campaigns, and working with the media. At the Issue Dialogue, participants shared challenges in developing an effective advocacy infrastructure, building the capacity of direct service providers as advocates, developing diverse coalitions, and negotiating the boundaries between funder and advocate. Led by Lorez Meinhold, executive director of the Colorado Consumer Health Initiative (CCHI), the conversation keyed off some of CCHI's key strengths and challenges.

Counterbalancing the influence of insurance companies, business, and providers, and making sure that the consumer voice is heard is not something that can be done on an ad hoc basis.

Effective health advocacy requires an infrastructure.

Advocates representing insurance companies, hospitals, purchasers, and health professionals devote considerable resources to promoting policies that benefit their interests. Counterbalancing their influence and making sure that the consumer voice is heard is not something that can be done on an ad hoc basis with the occasional $10,000 grant.

The Colorado Consumer Health Initiative provides an example of how foundation support can create a vibrant and effective voice for consumers. With start-up funding and later general operating support from the Rose Community Foundation, CCHI now works statewide to increase access to barrier-free, quality health care for all. Incorporated as a 501(c)(3)(h), it has an annual operating budget of $360,000 and a staff of seven including a policy director, communications officer, and three community organizers.

The core of CCHI is its 200 members, individuals and organizations that claim no financial stake in the health care system. These include organizations with high name recognition like the American Cancer Society and Alzheimers' Association; organizations representing population subgroups such as Black Leadership Forum Colorado Springs, the Gray Panthers, and the Gay, Lesbian, Bisexual & Transgender Community Center of Colorado; and civic organizations with broad policy interests such as the League of Women Voters and the Service Employees International Union. In addition, CCHI also has about 15 partners — health care

providers, insurers, and others with a professional or financial interest in health care — who support its work but do not vote or have a say in development of CCHI's policy positions because of their financial stake in the outcome of health care debates.

Advocates often form informal alliances to strengthen their numbers and influence. Meinhold argues, however, that an established coalition can be more effective on health issues as complex as Medicaid, immigration, and mental health policy. CCHI describes the power of an established coalition using the mnemonic of the letters of the word, "bridge." Coalition members are critical to the Colorado Consumer Health Initiative because they:

- **B**uild credibility with decision-makers and funders,
- **R**each others and validate the coalition's work,
- **I**ncrease political influence by acting together,
- **D**onate financial support and issue expertise,
- **G**ive volunteer time, and
- **E**nhance skills and expertise of coalition advocates (CCHI 2006).

CCHI's membership meets bimonthly, typically focusing on one issue per meeting. A member-based policy committee discusses issues in the legislature twice a month. A biweekly e-mail alert keeps members informed about the initiative's activities, and a more formal communications strategy is under development.

CCHI operates on a consensus model. Staff thoroughly review issues and pass these through a policy committee before sending them to the full membership for adoption. As a result, there are some sensitive health issues it does not address. For example, it does not work on prescription drug issues because its members cannot reach a consensus on strategy. While creation of preferred drug list under Medicaid might result in savings for average consumers, mental health, disability, and HIV/AIDS advocates have had strong reservations about the creation of such lists.

The CCHI experience also brings into relief three critical elements of an effective advocacy infrastructure: strong leaders (described by one participant as an "iron fist with a velvet glove"), paid staff, and sufficient and flexible financial support. Savvy leadership and staff resources, plus the ability to commit resources to issues as they arise, allow organizations to be light on their feet in an often unpredictable policy environment. "Keep funding grantees so that they have the money to move quickly when they need to," noted one Issue Dialogue participant. Offering a cautionary tale from California, he added "when the economy boomed and there were surpluses, the advocates began talking about doing work on universal coverage. By the time they got their ideas and funding together, the surplus was gone and the window of opportunity was shut."

Three critical elements of an effective advocacy infrastructure are strong leaders, paid staff, and sufficient and flexible financial support.

Core operating support has been called the Holy Grail of advocates because it can be used when and how an organization needs it.

Core operating support has been called the Holy Grail of advocates because it can be used when and how an organization needs it.[1] It's not that advocacy organizations can't come up with ideas for project grants and sell these to program officers. It's just that it's not always possible to write a proposal, wait for the foundation to make a decision, and get a commitment in time to weigh in on a critical issue before legislators act. Relatively few foundations make general support grants, however, either because they like to be seen as supporting innovation or because they find it hard to measure the outcome or impact of such grants. In CCHI's case, general operating support from the Rose Community Foundation allowed CCHI to build its capabilities and establish an infrastructure that proved critical to its future. During the initiative's startup phase, the foundation monitored CCHI's plan without trying to influence the founding partners. Other strategies for foundations who want to both provide core support and stay involved are to provide advice about operations or pair the new organization with larger, more established organizations. Both options can be successful and help achieve sustainability.

Direct service providers have the potential to be powerful voices for change.

Although the CCHI model puts health care providers in a secondary role to more traditional advocacy groups, building advocacy capacity in direct service organizations and professional trade associations has value, at the very minimum, of building the number and diversity of individuals and organizations calling upon policymakers to make important changes in health policy. A survey of the members of the Alliance for Nonprofit Management indicates that the demand for capacity building services in advocacy and public policy is growing (Baumgarten 2004). Some of these organizations are already doing this work but may not recognize it as such. What they need is a better understanding of how to advocate more effectively, particularly by building on their organizational strengths and working in coalition with other organizations.

The California Endowment is working to build the public policy and advocacy capacity and skills of its direct service grantees, helping them view public policy advocacy as an integral part of their missions and tapping into

[1] Core operating support grants also protect private foundations 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. For details, see *Funding Health Advocacy* (GIH 2005).

their expertise to help identify health needs and potential solutions; effectively communicate these issues to policymakers and opinion leaders; and mobilize their members and leaders to action. It now offers a training program, Advocating for Change, that provides grantees with the basics in advocacy as well as training in specific skills and activities. The first module provides basic information on advocacy, such as identifying your policy issue, utilizing data and research, developing an advocacy strategy, and effectively and appropriately targeting advocacy efforts. The second

ASSESSING ADVOCACY CAPACITY

Funders just beginning to fund advocacy may struggle with figuring out just who to fund in their communities. With many groups potentially vying for support, it is not always easy for the funder new to advocacy to figure out which would make the best and most productive use of foundation resources. The Alliance for Justice has developed the *Advocacy Capacity Assessment Tool* to help funders separate the wheat from the chaff. The tool is organized around nine broad indicators of capacity to determine whether organizations have:

- decisionmaking structures in place to support and manage advocacy work,
- a clearly defined advocacy agenda to guide work,
- made advocacy a strategic priority and are committed to ensuring capacity and resources to sustain the work,
- relationships with one or more networks they can motivate and mobilize,
- partners beyond their own constituents,
- working relationships and credibility with the targets of their work,
- skills to communicate effectively and systematically with the media,
- an understanding of the policy environment and the ability to identify appropriate strategies, and
- staff and consultants who have the skills, knowledge, and experience to implement their strategies.

Other uses of the tool include: asking prospective grantees to complete it as part of application and reporting processes as a way to inform technical assistance needs, suggesting that prospective grantees use it to conduct a self-assessment prior to submitting a proposal to the foundation, and using it with current grantees during site visits. The tool is available now in hard copy; an interactive on-line version will be posted on the Alliance for Justice Web site (www.afj.org) sometime during 2006.

Diversity in advocacy coalitions is especially critical at a time of shrinking budgets.

module focuses on how to prepare for a meeting with a decisionmaker, preparing grantees to learn about the decisionmaker, develop its so-called ask, acquaint them with techniques of persuasion, and learn about how to develop a relationship with decisionmakers. The third module is an advanced advocacy strategy.

Recently, six community-based organizations who are part of the Hmong Refugee Resettlement Initiative in Fresno and Sacramento participated in the first two modules of the program. These grantees provide navigation services to promote use of health care services by newly arrived Hmong refugees and their sponsoring families. It proved to be timely and helpful in their advocacy work. To date they have identified some local policy issues regarding access to culturally competent health care. They have also gone to Washington, DC to meet with their elected officials as well as administration officials from the Office of Refugee Resettlement and the U.S. Department of Health and Human Services to advocate for funding for navigation services as well as the development of a career track for Hmong health care translators. The training was also helpful in facilitating collaboration among organizations that otherwise might be competing for funding and turf.

Since 1999, the Open Society Institute has funded an effort to develop the advocacy skills of physicians. The fellowship program was designed to advance advocacy as a core professional value within medicine and to enable individual fellows to develop or enhance skills that could be used in advocating for their patients and communities. The most recent class of fellows includes an individual who is working with Physicians for Human Rights to mobilize the medical community to speak out against the practice of torture, coercion, and abuse in correctional facilities and within the U.S. military. Another fellow is working to create a system through which all the mothers of infants in King County, Washington will receive home visits by public health nurses. The fellowship program is now operated by the Institute on Medicine as a Profession at Columbia University.

Building effective coalitions is hard but necessary work.

Foundations play an important role in promoting collaboration among advocacy organizations focused on different constituencies such as youth, the elderly, the disabled, various racial and ethnic groups, specific neighborhoods or industries, and faith communities. Organizations can often do more together; collaboration provides an opportunity to share resources, learn from one another, and become energized about the work ahead.

Diversity in advocacy coalitions is especially critical at a time of shrinking budgets. Whether the setting is City Hall, the State House, or the U.S. Capitol, budget debates tend to focus on who gets cut, creating a zero sum game among those

served by public programs. Working together, the various organizations representing these individuals can shift the discussion so it looks at fiscal policy more broadly (including a discussion of revenues), rather than working to divvy up the leftovers.

Recognizing that bringing together several health advocacy groups would be challenging, CCHI decided that its initial hire would be a community organizer. It also committed to having a broad approach, rather than engaging in so-called turf advocacy. Since then, the organization has successfully bridged the divide between often disparate communities, including the disability community and advocates for senior citizens. It was also successful in late 2005 in its effort to freeze Colorado's Taxpayer Bill of Rights (TABOR)for five years, a state constitutional amendment that limited the growth of state and local revenues or expenditures by a highly restrictive formula. These experiences have reinforced for CCHI that the diversity of the coalition has added to its strength. Its commitment to build other nonprofit organizations has also, in turn, created unity and developed trust within the community. A challenge for the future will be to successfully engage the business community as an ally. In addition, CCHI is working to increase its work on health disparities in communities of color.

Representatives from the Missouri Foundation for Health echoed the importance of helping community organizations see each other as allies rather than competitors. An annual advocacy retreat, sponsored by the foundation, has created an opportunity for the various health grantees to train one another on their best techniques.

It's not always easy to negotiate the boundaries between funder and advocate.

Health funders are clearly struggling with where the line lies between being a supportive resource for advocates and being perceived as meddling in their work. Foundation staff value the wisdom and experience of the advocates they fund, and often share a deep personal commitment to making the health system work better for underserved populations. But staff must also feed their board's hunger for results and evidence that the foundation's resources are being used to their maximum potential.

The strategies that seem to work best under these circumstances are those that define the good grantmaker generally, not just those working on policy change initiatives. Be a good listener. Be respectful in relationships, modeling the type of behavior that you expect from grantees. Work collaboratively to define project goals and benchmarks for progress. Provide feedback that can be used for midcourse corrections, rather than saving it until the work is completed. Return phone calls and e-mails promptly. Above all, acknowledge the imbalance in power associated with being grantmaker and grantee and move on.

Be a good listener. Be respectful in relationships, modeling the type of behavior that you expect from grantees. Acknowledge the imbalance in power associated with being a grantmaker and grantee.

COMMUNICATIONS

Communications is an essential ingredient in advancing public policy change. It does not help to have great data, elegant analysis, or a beautifully designed report if it gets put on the shelf. Having an engaged constituency is of no value if policymakers never see or hear from them. Health funders are focusing on developing effective messages for various policy audiences, melding communications and programmatic work, getting the best bang for their communications buck, and defining their organization's communications style and policies.

One general message works for building awareness but does not always inspire action.

Communications is much more than getting the word out.

Communications is often equated with publicity when, in fact, securing publicity for a publication, a meeting, or other activity is just one tactic in a foundation's communications arsenal. Strategic communications involves identifying the audiences that might be interested in the foundation's work (or that of its grantees), developing messages that resonate with these specific audiences, and carrying the message to the audience.

Much of the conversation at the Issue Dialogue focused on message development and the role of different messengers. Who do policymakers listen to? How much do messages have to be tailored? When can I borrow someone else's message? When should the foundation be the messenger? What are the benefits and the risks?

Representatives from The California Endowment and the Endowment for Health shared experiences working with the Frameworks Institute, a national firm that designs, commissions, manages, and publishes communications research to prepare nonprofit organizations to expand their constituency base, build public will, and further public understanding of specific social issues. Their work for these two foundations has focused on helping reframe the conversation about health insurance coverage from a debate on technical details to one that focuses on a health system that is broken and in need of practical problem solving. A key finding of this research is the power of a general message that "there is an answer; we can do this." In Colorado, the Consumer Health Initiative is also rallying around a core message attached to a commonly accepted value of health care access, "no healthy economy without a healthy population."

But while having one general message works for building awareness, it does not always inspire action. The work is now progressing to research on more targeted messages. A key challenge is how to settle on a common message while allowing for dissent. How does one manage a coalition's messaging without forcing people with somewhat different agendas to adhere to one script? Should coalition members

be encouraged to stay on message or should the coalition be allowed to dissolve?

In its work to shore up the public health infrastructure, the Kansas Health Foundation conducted a survey and focus groups with state and local officials to find out who influences policymakers in Kansas. It found that the answer was business. The foundation is now working to develop messages that can be easily understood by the general public, business leaders, and public health officials, and used to influence legislators. Business leaders, in particular, seem most responsive to messages that promote the value of public health for its role in protecting the public and preventing disease and disability, messages that have clear cost-benefit implications. Ironically, health promotion/health education proponents are not happy with this message because it does not emphasize health promotion as a core public health strategy. The foundation is now working with this community to help them understand that these are just the first of many messages, that, in a staged rollout, will ultimately serve their goals.

Another challenge is the turf issue between program staff and communications staff. Communications staff are often seen as closer to the leadership and as the external face of the foundation, while the program staff feels that their work is taken and spun by the communications staff. Working through those resentments is not as simple as it sounds. What some foundations have done, including the Kansas Health Foundation, is to assign a communications staff member to every policy project at its inception.

Communications efforts should match a foundation's resources.

Communications work on public policy issues can cost a lot and demands a long-term commitment. Paid media, publications, and Web sites are expensive. The California Wellness Foundation, for example, spent $4 million for a media campaign on just one statewide ballot initiative over a four-week period.

One less-expensive communications technique is to sponsor leadership grants. Publicizing the recognition of community leaders allows the foundation to publicize the policy issues that the leaders work on. The California Wellness Foundation gives a peace prize of $25,000 to three people a year. Forty people have won the violence prevention prize over the past 10 years. The cost of the grants and cost of publicity is less than $200,000 but has had more attention from policymakers than almost anything else the foundation has done.

Another simple technique is to mine the foundation's own grant reports to contribute to policy debates. When a long-term care diversion project was recently proposed in Florida, the Quantum Foundation shared with legislators the results of a similar project it had funded. The foundation has also funded a study of water fluoridation, and shared

Less-expensive communications techniques for small foundations include making leadership grants and mining grant reports.

A foundation engaged in public policy work should have clearly articulated policies about who speaks for the foundation and provide training for board and staff about how to respond to inquiries from the media.

those results when the issue came up in public debate.

Design a communications strategy that reflects the foundation's style.

Health foundations differ in their desire to be in the limelight. Some want to fly below the radar and believe they can be more effective that way. The Public Welfare Foundation, for example, does not focus on communications, which is a choice of the leadership. The foundation provides lots of general support to grantees and encourages them to use a series of communications strategies.

The California Wellness Foundation, on the other hand, has an aggressive communications strategy with an in-house communications team, quarterly newsletter, *Reflections* series, and Web site. The foundation supports public education campaigns if they have a public policy connection and has supported campaigns on violence prevention, tobacco, gun control, and teen pregnancy. Because the foundation has such a public presence, grantees are required to vet all materials funded by the foundation 15 days in advance of their release. The foundation decides whether or not its name and logo should be on materials based on their content. This requirement protects the foundation but is difficult for grantees because timing is so key to policy work and the two week turnaround time can seem slow.

Whether small or large, a foundation engaged in public policy work should have clearly articulated policies about who speaks for the foundation and provide training for board and staff about how to respond to inquiries from the media.

COMMUNITY ORGANIZING

Community organizing focuses on inspiring interest and action by those affected by public policy who haven't had a voice in its development, passage, or implementation. It aims to fundamentally change power structures and institutions to address the social justice concerns of low- and moderate-income people. Relatively few health funders have made major commitments to community organizing; it is a much more prevalent strategy among foundations working on housing, community development, and income security issues. But the tide appears to be changing as funders seek to expand the base and amplify the voice of those demanding change in the health care delivery system.

Supporting community organizing can be uncomfortable for funders new to the work.

Despite shared interests in developing a more just health care system, foundation staff and community organizers come from different cultures. For the program officer, it may be more comfortable to work with established, professionalized advocacy organizations. There may be uncertainty about where the community organizing effort is headed and how it will get there or whether its goals and tactics are consistent with the foundation's mission and style. From the foundation's perspective, funding community organizing may seem an uncertain path. From the organizer's perspective, a pattern of funding only the established groups, the perceived safer bets, however, only reinforces longstanding patterns of privilege and marginalization.

There is no question that foundations can fund community organizing efforts and still be accountable to achieving their philanthropic missions. Health funders across the country are supporting community organizing activities across a wide array of health issues. The San Francisco Foundation has been a long-time supporter of Planning for Elders, a Bay Area organization that is working to strengthen the ability of elders and persons with disabilities to identify and solve problems, and to advocate about emerging issues at the neighborhood level throughout the city. The foundation is also a key funder of the Healthy Children Organizing Project which works to protect children from environmental hazards in public schools and public housing. Its *Healthy Children Community Collaboration* focuses on educating parents about how to protect their children from preventable

diseases, and how to place pressure on city agencies and elected officials. In Boston, the Jessie B. Cox Charitable Trust is funding work by the Boston Public Health Commission, in concert with Neighborhoods Organizing Against Drugs (NOdrugs), to address the city's substance abuse problem through neighborhood coalitions and grassroots advocacy.

The most important thing funders can do for community organizers is give them a chance to succeed.

Leadership development is a critical need, both to expand the number of leaders overall and to increase the skills of existing leadership.

Community organizing groups are typically small and undercapitalized. They need resources to build their membership, expand their reach into other communities and constituencies, and connect to other organizations with similar interests. Leadership development is another critical need, both to expand the number of leaders overall and to increase the skills of existing leadership. Recently, with funding from The Annie E. Casey Foundation, Community Catalyst developed a grassroots leadership development curriculum to engage community members who have little experience with health issues, bring them together with community leaders, and engage frontline workers who are in close contact with community members who are experiencing frustrations with identifying and accessing quality, affordable health care services. A facilitator's manual and training curriculum have been published; Community Catalyst now hopes to implement the curriculum in several communities.

Health foundations can link grassroots organizing to policy advocacy networks and activities.

Issue Dialogue participants spent a lot of time talking about how to help connect community organizing activities with more established advocacy groups. These relationships are seen as necessary to getting more progressive policies moved through state legislatures and other decision-making bodies. "It is important to introduce state-level advocacy groups to community leaders," commented one participant. "State-level groups often need a base; they talk about representing people, but they don't. There are good unifying themes, though, like Medicaid." Yet creating and sustaining these relationships is a delicate business. Speaking of the challenge, one funder said, "the grassroots groups are purists who are horrified by the incrementalism and compromise preached and practiced inside the Beltway." Working with national organizing networks like PICO and ACORN is one way to defuse these tensions. These national groups appreciate both the power of community organizing and recognize what it takes to get policy change through state legislatures and the U.S. Congress, and can speak the language of both sides. Both The California Endowment and The California Wellness Foundation are currently working with PICO on health access campaigns in California.

SEEDING THE GRASSROOTS

The Universal Health Care Foundation of Connecticut considers community organizing a key strategy in its mission to ensure that there is excellent, affordable health care easily accessible to all who live in the state. In 2004, the foundation's board set a goal that by early 2007, there will be a concrete proposal for universal health care in Connecticut. They further established the priority of preparing for the passage of such a proposal by "facilitating a resounding call for change from a large and diverse constituency" (Universal Health Care Foundation of Connecticut 2005). A request for proposals was issued in November 2005 with the intent of making 8 to 12 community organizing grants of $80,000 to $100,000 each in 2006. Depending upon the outcome of this round of grantmaking, the foundation expects to make additional grants in subsequent years.

For a community organizing initiative, the Universal Health Care Foundation's approach is fairly prescriptive. Successful applicants will have three elements to their proposed work plan:

- outreach to those who are (or might be) concerned about health care and placing the personal experiences of community members into a systemic context;
- education and skills-building, defined as understanding what drives health care costs, challenges in implementing universal access, and where society is falling behind; and
- mobilization activities such as holding statewide forums, participating in key events, working with other organizations, mounting letter writing and phone tree campaigns, and sponsoring rallies and marches.

Applicants are required to use a constituency organizing planning tool that the foundation will use in evaluating their proposal. Grantees will also be required to sign an agreement on principles related to fundamental beliefs about health and social justice, the foundation's vision for how the policy debate will unfold in 2006 and 2007, and the terms of a working relationship with the foundation.

WORKING WITH POLICYMAKERS

A key message shared at the Issue Dialogue was the importance of building ongoing working relationships with policymakers with the goal of being considered a "go to" resource for information and intelligence on critical health issues. (Meeting with legislators in itself does not constitute lobbying.) Funders should have a strategy for developing these relationships, identifying those who are champions and opponents of their priority issues, as well as those who can be moved through education or other means. Board members may already have relationships with key policymakers who can be introduced to the foundation's work.

Regardless of whether they are sitting in a town hall or in the U.S. Senate, all policymakers want to know about concerns of their constituents, and they are looking for both innovative and practical solutions to challenging health issues. Health grantmakers can become a resource for such information by:

- educating policymakers about how local institutions and constituents are tackling health care problems,
- taking legislators on site visits to see grantees' work in action and in context,
- putting legislators on mailing lists to receive foundation publications,
- using the foundation's role as a neutral convener by sponsoring briefings and breakfasts for legislators and staff, and
- making periodic courtesy visits to congressional district offices and even to Capitol Hill.

The Connect project, an effort by The Robert Wood Johnson Foundation to help its grantees build relationships with policymakers, provides some compelling examples of the benefits of making such connections. In one case, a project in Connecticut was working to increase uptake of preventive services by the elderly but was having difficulty reaching Medicare recipients. After participating in a steering committee meeting with the project team and their regional partners, U.S. Rep. Nancy Johnson, a member of a key congressional health committee, offered to set up a meeting between the project's directors and the local administrator. Another grantee in Rapid City, South Dakota invited then Sen. Majority Leader Tom Daschle to visit its project and learn about the obstacles it faces in providing counseling and addiction services on the Standing Rock, Rosebud and Pine Ridge reservations. Low reimbursement rates meant that few providers were willing to serve these clients. The project director used the senator's interest to gain the support and participation of state agencies (RWJF 2006).

DATA DEVELOPMENT AND ANALYSIS

So great is our confidence in data that, if something is not measured, it's often not perceived as being a problem. In addition to identifying problems and placing them on the policy agenda, data can be used to identify solutions, move policymakers to choose among a menu of options, and monitor policy implementation. Foundations recognize that while having data does not guarantee preferred policy outcomes, having no data guarantees that other factors will drive policy. Discussion on data issues at the Issue Dialogue centered on how funders can use data to make issues come alive for policymakers, support development of data skills by others, and tailor data to make them useful for specific audiences.

Foundations can use data to make significant health issues come alive for policymakers.

The Henry J. Kaiser Family Foundation is well known within health philanthropy for its strength in analyzing and presenting data in ways that boldly illustrate health needs, the implications of current policy, and options for policy change. Data tools such as statehealthfacts.org and the more recent addition, global-healthfacts.org, as well as the analytic work of the Kaiser Commission on Medicaid and the Uninsured and the Medicare Policy Project, are held in high esteem by advocates, the media, the policy community, and other funders.

Funders working at the state and local level are making similar investments in developing credible and reliable data, and making such data accessible. Some, like the Rapides Foundation in central Louisiana and the Carlisle Area Health & Wellness Foundation in central Pennsylvania, are making data from their community needs assessment activities available on-line. The Health Foundation of Greater Cincinnati has taken this a step further, sharing local data generated by its grantees through a Health Data Archive and the Online Analysis and Statistical Information System (OASIS). The Health Data Archive contains raw datasets that users with statistical software can download and analyze. OASIS is an intuitive Web-based program that allows users to analyze data on-line. The foundation also sponsors an annual conference for data users in its tri-state service area.

Issue Dialogue participants also offered examples of when their foundations had conducted one-time surveys that proved useful in either confirming a suspicion or filling a void. The John Rex Endowment funded a survey to get information on the health status of Mexican immigrants, a burgeoning population in North Carolina about which little was known. Data collected by the Riverside Community Health Foundation in California indicated that dental problems were the biggest

While having data does not guarantee preferred policy outcomes, having no data guarantees that other factors will drive policy.

reason for school absences in that community. This result led directly to the *Miles of Smiles* program now serving students in 19 elementary schools with an array of services including visual dental screening, dental exams, application of sealants, referrals to specialists, and help seeking dental insurance coverage.

Health foundations are also conducting public opinion polls which have the advantage of being quick, generalizable (with a big enough sample), and able to generate headlines. In the fall of 2004, for example, Healthcare Georgia Foundation commissioned a public opinion poll to determine what

CREATING DATA RESOURCES TO INFORM POLICY

While a wealth of health information exists at the national level, these datasets rarely can answer the question that most state and local policymakers want to know: "how are my constituents faring?" With funding from The California Endowment, The Robert Wood Johnson Foundation, Kaiser Permanente, and half a dozen public funders, the California Health Interview Survey (CHIS) is answering this question in one state. CHIS is a telephone survey of adults, adolescents, and children throughout California that is a collaborative effort of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. The survey, first fielded in 2001 with followup surveys in 2003 and 2005, provides statewide information on the use of health care services by the overall population including many racial and ethnic groups; it also provides local (county-level) data that are useful for health planning and comparison purposes. Using AskCHIS on the organization's Web site, users can create tables and graphs on hundreds of health topics and customized for various populations and geographic areas. For example, the data have been used to produce county-level estimates of childhood obesity and estimates of the number of uninsured by state legislative districts. The Community Clinic Association of Los Angeles County uses CHIS data in its advocacy and planning activities and in its proposals to government agencies and foundations in support of its 41 member community clinics and health centers. The Asian Pacific American Legal Center used CHIS estimates to compile health data on California and several counties to produce demographic profiles of the Asian and Pacific Islander populations. And the Community Action to Fight Asthma relies on CHIS data and estimates to support the work of a dozen grantees of The California Endowment in addressing the multiple environmental triggers of asthma symptoms among school-aged children.

Georgians were willing to do in response to the large and growing number of the state's children who are overweight (or at risk for becoming overweight) and thus facing elevated risk of developing diabetes, hypertension, and other health problems. Two-thirds of those responding recognized that childhood overweight and low fitness levels are very serious problems. Moreover, more than half would support increases in alcohol and tobacco taxes, special purpose sales taxes, and school property taxes to expand physical activity in schools, enhance school nutrition programs, and provide safe paths to walk and bike to school (Healthcare Georgia Foundation 2005). The foundation released these data at a statewide summit convened to identify strategies and policies to promote physical activity and healthy weight among youth in schools, families, communities, and health care settings in Georgia.

Foundations can build the capacity of others to use data in the policy process.

Another role for health funders is to build the skills of advocates and community-based organizations on how to collect and analyze data and then use the results to advance policy and program goals. With funding from The California Endowment, The California Wellness Foundation, Community Technology Foundation of California, and Kaiser Permanente of Southern California, the Health DATA program, housed at the UCLA Center for Health Policy Research is working to build the capacity of advocates, organizations, and coalitions to use health research data to address public health policy issues important to the communities they serve. The center offers training workshops and workbooks in English and Spanish, a train-the-trainer curriculum to strengthen the depth of data skills within community-based organizations, and one-on-one technical assistance.

Know your audience.

Foundations have the opportunity to become a resource that policymakers will consult when they need credible, relevant, timely information in the form that policymakers value. Some like data, others want compelling stories, others will welcome both. Moreover, the data need to be ready for use on the policymaking timetable.

Foundations also need to remember that passage of a new policy is just a first step in securing change. Funders can be involved in monitoring implementation and there are virtually no legal restrictions on administrative advocacy. But administrators want and need more detailed data than policymakers.

Passage of a new policy is just a first step in securing change.

EVALUATION

Even health foundations with major commitments to health policy activities are struggling with how to evaluate that work. Participants at the Issue Dialogue raised numerous questions including: What are realistic expectations for grantees? How can the foundation identify its own influence in policy change? Did anything change as a result of the foundation's work? As one participant noted, " We funded a number of groups to defend against Medicaid cuts and Medicaid wasn't cut that badly. So how does the foundation evaluate the impact of foundation funding? Would the advocates have been successful without it?"

Although there is no widely agreed-upon methodology for measuring the effectiveness of advocacy grantmaking in widespread use, funders are finding it useful to look at how their work is contributing to the change process, consider both short-term and long-term goals, and think about evaluation as a tool for learning, rather than a yardstick for measuring whether a project failed or succeeded.

Foundation board and staff also need to get comfortable hearing "we were a part of it" instead of "we did it."

Focus on how your grant-making is contributing to the change process.

Public policy work is a messy business. "The path to policy change is complex and iterative," note Guthrie and coauthors in *The Challenge of Assessing Advocacy* (2005). "In determining what actions will create change or how to assess progress, linear cause and effect models are not particularly helpful in trying to understand the nonlinear dynamics of the system." External developments, like a change in legislative leadership, often shift the political environment in ways that require organizations to change their strategies and desired outcomes. Grantmakers should recognize that an organization capable of shifting strategies is a strong one; they should get credit for that, even if they cannot achieve the goal outlined in a proposal months earlier.

Foundations, therefore, need to change the question about the work they fund from "did policy change?" to "how did our grantees' work improve the policy environment for this issue?" (Guthrie et al. 2005). So the bill didn't pass, but perhaps it got out of committee for the first time or the local newspaper endorsed the approach in an editorial. Maybe the work caught the attention of a new legislator who appears to be a rising star. Maybe an advocacy organization was invited for the first time to testify before an influential committee.

Foundation board and staff also need to get comfortable hearing "we were a part of it" instead of "we did it." This takes off the pressure to constantly get

wins and focuses more productively on being a collaborator in a series of short-term wins and losses on the way to long-term change.

This is not to say that there aren't real outcomes in public policy work. Lorez Meinhold of the Colorado Consumer Health Initiative shared the organization's strategy of acting on one piece of proactive legislation each year and its legislative successes in increasing the state tobacco tax by 60 percent, eliminating the asset test for Medicaid, changing Medicaid's eligibility requirement from incomes at 37 percent of the federal poverty level to 60 percent, and expanding a Medicaid waiver for children with special health care needs.

Think in terms of both short-term and long-term goals.

Focusing on contribution, rather than attribution, forces one to think critically about ultimate goals and the steps that must be taken to get there. For funders interested in addressing childhood obesity, a long-term goal might be to lower the average body mass index of high school students. The short-term goal could be to eliminate sugary soft drinks in the schools. The steps to get there might involve documenting the types of foods

SEVEN PRINCIPLES FOR POLICY CHANGE EVALUATION

In *The Challenge of Assessing Advocacy* (2005), a report prepared for The California Endowment, a team from Blueprint Research & Design offer the following seven principles for policy change evaluation:

- expand the perception of policy work beyond public policy change by elected officials;
- build an evaluation framework around a theory about how a group's activities are expected to lead to its long-term outcomes;
- focus monitoring and impact assessment for most grantees and initiatives on the steps that lay the groundwork for policy change;
- include outcomes that involve building grantees' capacity to become more effective advocates;
- focus on the foundation's and the grantee's contribution, not attribution;
- emphasize organizational learning as the overarching goal of evaluation for both the grantee and the foundation; and
- build grantee capacity to conduct self-evaluation.

Process and progress measures should be coupled with outcome measures so both funder and grantee know first, what was done, and second, what change occurred.

available through school nutrition programs, raising awareness about the school food environment among parents, local media, and school officials, sharing model policies and practices, and analyzing the impact of alternative policies.

Advocates and funders alike recognize the value of activities that can be counted. In the case of a public education campaign, these activities might include the number of press mentions, hits on a campaign Web site, the duration of visits to the campaign Web site, or the number of calls to a hotline requesting additional information. But such process and progress measures should be coupled with outcome measures so both funder and grantee know first, what was done, and second, what change occurred. Outcome measures for a public education campaign, for example, include increased awareness of an issue as measured by public opinion polling or securing the endorsement of a newspaper.

Evaluation should be a tool for learning and improvement, not just a report to be written after all the work is done.

In 2005, The California Endowment hired Blueprint Research & Design to do a scan of the field and find a framework that the foundation could use to evaluate its own policy work and that might be shared with other health funders. Their major recommendation was to do prospective evaluation, with the intent of incorporating the learning and feedback into the work instead of just judging whether a project succeeded (Guthrie et al. 2005). Under this approach, funder and grantee articulate at the outset of a project how and why certain activities will lead to specified outcomes. They then jointly define a set of measurable benchmarks that will be used to measure progress. Over the course of the work, the benchmarks can then be used to monitor progress and provide feedback for midcourse corrections. The final step is to review and summarize the impact of the grantee's work and to share lessons learned at the conclusion of the funding cycle. This report was released in late 2005. The framework has not yet been tested, but will ultimately be used in work with grantees. The Alliance for Justice's Advocacy Evaluation Tool takes a somewhat similar approach and is designed to help funders and advocates articulate advocacy goals, strategies to achieve those goals, and benchmarks to measure progress and outcomes.

Other participants at the Issue Dialogue noted the importance of funders and grantees being in agreement at the outset about evaluation benchmarks. "Lay out your goals and priorities with grantees," said one funder. "It's your job to establish an understanding of what the foundation thinks will lead to long-term change."

CONCLUSIONS

The path to policy change can be long with unexpected twists and detours. Along the stages from issue identification to policy implementation, however, there are multiple ways that health funders can use their financial resources and expertise to make a real difference at the federal, state, and local level. Health foundations are weighing in to determine needs, set agendas, build constituencies, define the implications of different solutions, educate policymakers, and inform decisions by legislators and program administrators.

Public policy work is certainly messier for funders than making grants for direct services. It demands a long attention span, and it can be a challenge to measure a particular organization's specific contribution to change. But the stories shared at the Issue Dialogue illustrate that the road to long-term reform starts with discrete steps and practical strategies. The work of health funders engaged in efforts to expand health care access, improve health outcomes, and make the health system more responsive to the needs of the people it serves, shows what is possible.

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ABOUT GIH

With a mission to help grantmakers improve the nation's health, Grantmakers In 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 on-line; 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 and takes on operational issues 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 that fund in health and information on their grants and initiatives. Drawing on their expertise in health and philanthropy, GIH staff advise grantmakers on key health issues and synthesizes lessons learned from their work. The Resource Center database, which contains information on thousands of grants and initiatives, is available on-line on a password-protected basis to GIH Funding Partners (health grantmaking organizations that provide annual financial support to the organization).

Advice on Foundation Operations

GIH focuses on operational issues confronting both new and established foundations through the work of its Support Center for Health Foundations. The Support Center offers an annual two-day meeting, The Art & Science of Health Grantmaking, with introductory and advanced courses on board development, grantmaking, evaluation, communications, and finance and investments. It also provides sessions focusing on operational issues at the GIH annual meeting, individualized technical assistance, and a frequently asked questions (FAQ) feature on the GIH Web site.

Connecting Health Funders

GIH creates opportunities to connect colleagues, experts, and practitioners to one another through its Annual Meeting on Health Philanthropy, the Fall Forum (which focuses on policy issues), and day-long Issue Dialogues, as well as several audioconference series for grantmakers working on issues such as access to care, obesity, public policy, racial and ethnic health disparities, and health care quality.

Fostering Partnerships

Grantmakers recognize both the value of collaboration and the challenges of working effectively with colleagues. 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 connect grantmakers to organizations that can help further their goals.

To bridge the worlds of health philanthropy and health policy, we 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 work to strengthen collaborative relationships between philanthropy and government.

Educating and Informing the Field

GIH publications inform funders through both in-depth reports and quick reads. Issue Briefs delve into a single health topic, providing the most recent data and sketching out roles funders can and do play. The GIH Bulletin, published 22 times each year, keeps funders up to date on new grants, studies, and people. GIH's Web site, 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 FAQs. Key health issue pages 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).

GRANT MAKERS IN HEALTH

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