INTRODUCTION

In 2014, The Colorado Health Foundation (TCHF) kicked off the Consumer Advocacy Funding Initiative, a new funding strategy designed to ensure public policy adequately addresses consumers' needs for a health insurance system that is stable, affordable, and adequate.

As part of this strategy, the Foundation is meeting with advocates twice a year for an Advocacy and Strategy Learning Convening with the goal of understanding the health policy environment, the viability of specific policy targets, and supports advocates will need to be effective for the remainder of 2015. Each convening is followed by a brief that shares the learning.

Background on the Initiative

The initiative was designed using scenario mapping, where potential future health policy environments were mapped in partnership with advocates throughout Colorado. This planning process led to the identification of the two most significant drivers of the future health policy environment:

- The political environment, specifically the political make-up of the Colorado House, Senate and Governor's Office; and

- The progress of health reform implementation, including if and how reforms have been implemented and whether they are moving the needle on the triple aim (increased patient satisfaction, improved population health, and decreased costs).

The planning process also led to the identification of *five health policy targets* the initiative will seek to advance with advocates over the next four years:

This brief includes information specific to Colorado about:

- *The status of progress on five identified policy targets*
- *Policy solutions likely to be effective in reaching the policy targets*
- *Advocacy strategies that are or should be implemented to reach goals; and*
- *Supports that may help advocate be successful for the remainder of 2015.*

1. Convergence across payer sources and provider networks around models for effective payment and delivery reform to reduce costs and improve outcomes.

2. Policies that support decreasing healthcare costs without decreasing the quality of care, including policies that support increasing transparency around costs.

3. Policies that support building the public's healthcare literacy, including the public's understanding of how to use their insurance to access preventive care and improve their health outcomes.

4. Protection of policy successes from the past few years including, but not limited to, the Medicaid expansion, the Essential Health Benefits requirement, and Connect for Health Colorado.

5. Policies that drive the integration of different health care delivery modalities including primary care, specialty care, oral health, and behavioral health.

In the context of this initiative, TCHF defines *consumer advocates as those who represent the interests of consumers, including engaging consumers in the policymaking process* (from problem

identification to developing solutions to advocating for their adoption).

Source of Information for the Report

The assessment of the health policy environment and its implications in this report comes primarily from one source – the results of the May 2015 convening with advocates. The information from the convening includes presentations from key advocates on the current context and progress made on each policy target, and subsequent small and large group discussion on direction for policy solutions and advocacy strategies (including current capacity and supports needed to advance each target).

The report will address each policy target in turn, giving a general contextual overview and then outlining the policy solutions advocates explored, critical advocacy strategies they identified, and the current capacity of the advocacy field to act on the issue. A discussion of information and supports needed across all five targets will follow. For each policy target, advocates used the Advocacy and Policy Framework to indicate viable solutions and current capacities. Representations of the advocates' work on this framework will be presented as a visual guide to discussion of each target.

Note that an update of the general policy environment in Colorado, beyond information specific to the policy targets, is not included in this report. Please refer to the November convening report for information on policy environment for 2015, and to the Future of Health Policy in Colorado report for additional information about the policy environment and potential future scenarios.

FIVE POLICY TARGETS

Protection of Recent Health Reform Wins

The current political environment makes the protection of recent health reform wins especially difficult. While the split legislature was not successful in pulling back on gains, the 2015 legislative session was a difficult time to get any traction to move efforts forward.

Other factors that affect protection of wins are the vitality of Connect for Health Colorado (the health benefit exchange), the status of CHP+, and the Supreme Court decision about state-run exchanges.

Advocates identified the following policy successes as critical to protect, while also recognizing that coverage continues to be insufficient despite the successes:

- Connect for Health Colorado;
- CHP+ (or at least keeping all kids within the 250% federal poverty line covered);
- Hospital provider fee;
- Medicaid expansion and waivers;
- Cost sharing;
- Managed care (ACC and RCCOs);
- Adult dental coverage in Medicaid; and
- Safety net services and provider payments.

Policy Solutions

Advocates spent the majority of the discussion focused on protecting the hospital provider fee (which is linked to Medicaid expansion) and the effect of the Taxpayer Bill of Rights (TABOR) on protecting policy wins overall. Specifically for the hospital provider fee, one solution would be to turn it into an enterprise. Addressing TABOR more generally would require public and policymaker education and finding champions willing to reach across the aisle to come up with solutions. Advocates suggested that policymakers should apply the lessons learned from the successful 2005 Referendum C, a five-year statute that allowed the state to spend money it collected beyond the TABOR limit on public health, education, transportation, and police and fire pensions.

Other more general policy suggestions were to focus on reducing churn between Medicaid and the marketplace and creating regulations to reduce discriminatory insurance practices.

Advocacy Strategies & Current Capacities

Figure 1 displays the strategies and capacities discussed by advocates.

Figure 1. Advocacy and policy framework – protection of recent successes.
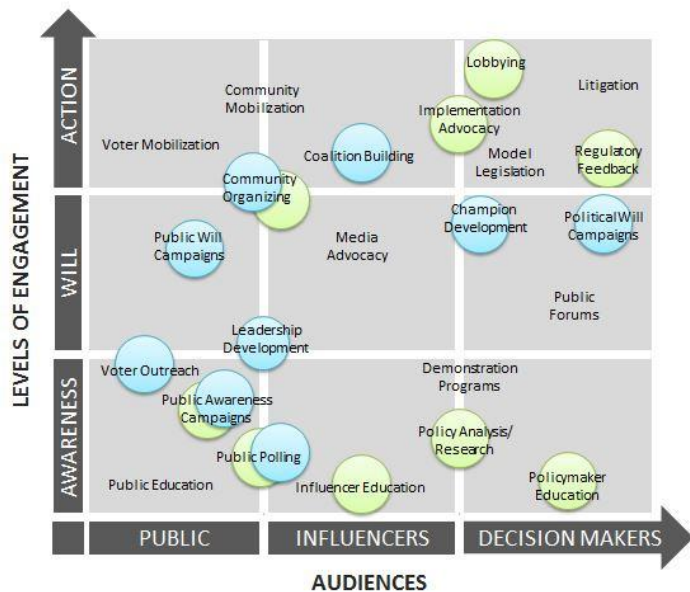
The blue bubbles indicate advocacy strategies advocates identified as critical to protect policy wins, while the green bubbles indicate the field's current capacity to work on the policy issues. (Note that these charts will be presented for each policy target moving forward.) Blue bubbles that are not accompanied by a green bubble highlight important strategy areas where there is a gap in capacity or need for additional support.

Many of the advocacy strategies related to protecting policy successes are aimed at educating and influencing the public Advocates noted that the public is experiencing health care or "Obamacare" fatigue and that public will building is necessary to re-energize consumers. One form of public will building is to link health care messages to other important issues such as K-12 education and transportation. For example, for the hospital provider fee/TABOR issue, advocates could use messages that explain that there is risk of being forced to make cuts to education. Advocates also acknowledged that these issues can be difficult to explain to the public, so reaching out to experts to serve as leaders and champions is an important strategy.

Advocates also named community organizing as important to developing a new generation of leaders

and to encouraging consumers to engage. They identified specific ways that consumers can engage in the policy process, such as running for a position on the commission that will review Medicaid provider rates. Community organizing may also provide an avenue for feedback from consumers to better understand what they want. Furthermore, engaging the public is seen as a useful strategy to influence decision makers who will act based on their constituency's demands. It was pointed out that someone who is specifically elected for their stance on health issues will have different priorities from other legislators.

Advocates emphasized the need for coalition building to reduce silos across the advocacy field. For this particular policy target, it would be useful to build coalitions not just within the health care or consumer advocate field, but to engage other topic areas such as education and transportation to align messaging. Advocates also suggested that reaching out to other funders to educate them on the importance of financing consumer health policy issues is a strategy to increase alignment and build outreach capacity.

At the decision maker level, education and political organizing are key. Specifically, advocates see a viable route to increasing political will through building policymaker champions' capacity to talk about health care, and creating messages for those who are "afraid to talk Obamacare." As previously mentioned, it will be important to develop political champions on both sides of the aisle to move legislative or regulatory solutions forward.

As shown on the Advocacy and Policy Framework, while advocates see substantial capacity for classic "under the dome" advocacy focused on policy research and the passage of specific laws and regulations, these are not the advocacy strategies they see as most critical. Instead, strategies to build will and awareness across the public and among policymakers are crucial. While some capacity exists in the field on these topics, there are multiple gaps.

Cost Containment Strategies

The issue of cost containment is seen as being underspecified in its current state. For example, does addressing "cost" require focusing on the cost of care overall or also the cost to the individual (i.e., affordability)? Advocates were clear that successful cost containment is not cost shifting (i.e., shifting costs to consumers), nor the cutting of programs. Advocates noted that policymakers have had difficulty understanding this definition of cost containment (i.e., that containment does not mean shifting or cutting), which is a barrier to identifying or progressing on policy solutions. The upcoming recommendations of the Cost Containment Commission will be crucial in providing direction for advocacy on this policy target.

Policy Solutions

Advocates discussed the need to identify the primary drivers of costs in the health system in order to better identify policy solutions. They pointed to prescription drug costs, social determinants that prevent access to care, and access issues in rural areas coupled with hospital closings as key drivers of cost.

Advocates looked to the remaining three policy targets (delivery and payment reform, integration of care, and health literacy) as being important policy solutions for addressing health care costs. Within delivery and payment reform, it will be important to also address access issues such as lack of providers who take Medicaid or providers not holding office hours outside of regular work hours. Advocates pointed out that providers need education on how delivery and payment reform and integrating services can contribute to decreasing costs. As such, relevant data on such issues need to be accessible and digestible to providers. The upcoming rebid of the Accountable Care Collaborative is seen as an opportunity to embed cost containment strategies into integrated care models.

Advocates discussed possible legislative actions primarily aimed at increasing transparency around costs and payment mechanisms. Two failed bills were cited as examples: one that aimed to provide consumers with itemized lists of costs associated with procedures and a second one focused on improving transparency around out of network billing.

Another solution would be to build in more incentives within the system to motivate payers, providers, and consumers. For example, some payers (e.g.., insurance carriers) use employer-based incentives such as reducing an employee's monthly premium if the employee accesses preventive care services or uses a primary care provider rather than going to the emergency room. Incentives like this could be built into Medicaid and expanded to include incentives for providers who accept Medicaid payments.

Advocacy Strategies & Current Capacities

As shown in Figure 2, advocates identified a number of strategies (blue) and corresponding capacities (green) aimed at the public, influencers and decision makers.

Figure 2. Advocacy and policy framework – cost containment
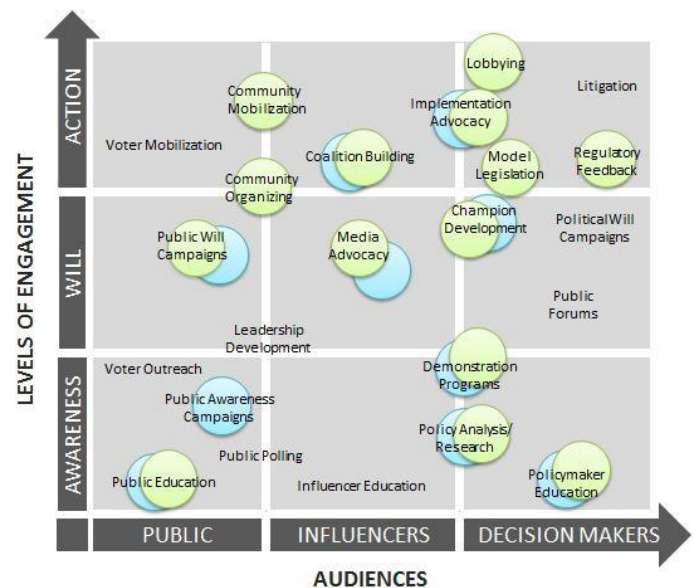
Public will campaigns were identified as important to helping cost containment work be more mainstream and tangible the public. Advocates noted that the public is likely to respond to messaging around costs and affordability of plans and underinsurance.

Advocates also highlighted the need for leadership development within communities around cost containment so that leaders can build a platform around community concerns. Advocates felt that those community leaders should be encouraged to ask policy makers for bold legislation, legislation bold enough that it might not pass. The idea is that more extreme asks from communities would results in long-term gains, even if that means losing in the short-term.

At the influencer level, advocates identified coalition building as a critical strategy, including developing a common goal with shared principles and a coordinated policy agenda. Specifying this alignment may help reduce silos and the duplication of efforts. This type of coalition could leverage different advocates' experiences to craft diverse strategies that go beyond legislation to target systems change. Furthermore, a common agenda could be crafted based on evidence-based practices, shared metrics, and a communication strategy to share lessons learned along the way. One element of a shared agenda may include media advocacy to better align messaging around cost containment.

Advocates also identified a number of strategies aimed at decision makers. They stressed the importance of sharing appropriate data with and engaging the Cost Containment Commission. It will also be important to advocate for proper implementation of the Commission's recommendations.

Advocates also identified policymaker education as critical, starting with a basic definition of the problem and information on potential policy solutions. Champion building will also be necessary to drive adoption of legislative solutions aimed at increasing transparency and incentivizing preventive care.

Consumer-focused policy analysis and research would be useful to refine the framing of the cost containment issue; for example, framing it as an economic issue tied to job loss or creation.

Demonstration programs are needed to better understand value-based plans and assess their potential to reduce costs in the case of chronic diseases. It may be helpful to look at examples outside of Colorado for learning.

Finally, implementation advocacy was seen as particularly important for cost containment issues. The management of the Regional Care Collaborative Organizations is an important area for learning whether this model does in fact reduce costs. Other approaches that give consumers more direction in utilizing services, such as the Consumer Directed Attendant Support Services, could be integrated into implementation plans. Advocates reported that champion development specifically around implementation issues is important, as it creates opportunities to advocate directly to the Department of Health Care Policy and Financing and other decision makers.

In terms of capacity, at least some advocacy organizations have capacity for most of the strategies identified. Advocates recognized that capacity around cost containment is fairly scattered and that there are currently no coordinated efforts to address this issue.

The primary gaps in capacity to deploy these strategies were in voter outreach, public and political will campaigns, community organizing and grassroots work, and leadership and champion development. Advocates specified that support for leadership development at the advocate level is needed. Also, they noted that while the field as a whole has demonstrated an ability to form ad hoc coalitions, there is room for improvement in creating a more formal coalition and ensuring all the important players are at the table.

Convergence on Payment and Delivery Reform

Policy solutions related to payment and delivery reform are nascent, just beginning to emerge. Many innovations are being tested, such as the Accountable Care Collaborative (ACC), Comprehensive Primary Care Initiative (CPCI), and the Sustaining Healthcare Across Integrated Primary Care Efforts (SHAPE), but are not aligned with each

other. Many of the programs being implemented are in the private sector, which makes traditional advocacy levers less effective, and suggests a need for different strategies.

Policy Solutions

Compared to the other policy targets, payment and delivery reform has more pilot programs and planning efforts underway and emerging where advocates can have influence. These programs and initiatives are at various stages of focus. For example, Better Care, Better Cost, Better Colorado (BC3) is a collective impact strategy working on policy changes, but the work of this group is currently more focused on building awareness and will, specifically focused on influencers and the implementation of demonstration programs.

In contrast, the State Innovation Model (SIM) is moving from will into action, with specific opportunities to influence how it is implemented by targeting influencers and policymakers. SIM also invites the potential to address regulatory decision-making. The current rebid of the ACC also represents an opportunity to influence how policymakers continue to implement the program and determine what lessons can be learned about using it as a model for payment and delivery reform.

Advocacy Strategies & Current Capacities

Advocates identified strategies to advance payment and delivery reform (blue) related to the public, influencers and decision-makers and identified the capacities available to engage in those strategies (green).

The priority strategies aimed at the public focused on engaging consumers to inform directions of SIM and the ACC rebid. While advocates included public education and awareness campaigns in the array of strategies needed, the more will- and action-oriented types of advocacy were seen as even more important. Advocates identified the need for consumers to inform decision makers based on their values and have a clearly defined role in work on this policy target.

Figure 3. Advocacy and policy framework – payment and delivery reform
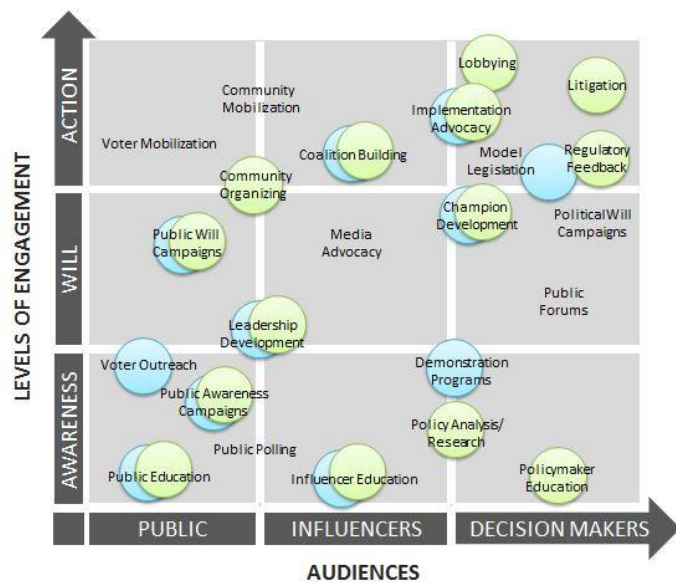
Similarly, advocates identified a need to align around common values to guide their work. Alignment includes common goals – identifying what it is the field is working towards and then coming together on common messaging. Coalition building and developing a clearinghouse to track the various innovations that are occurring around payment and delivery reform emerged as needs. BC3 may be the right venue for the clearinghouse. Common goals and a functioning coalition will allow advocates to prioritize policy solutions, as they are unlikely to advance "on all fronts."

Media advocacy is important as a platform to help educate the public and build will. Advocates identified a gap in capacity for media advocacy, explaining that trust has not yet been built between media and advocates on this issue. As such, organizations must also be aligned on messaging to the media and present information in a way that the public can understand and be able to engage.

At the decision maker level, strategies primarily centered around demonstration programs, understanding the data and impact generated from those programs, and implementation advocacy around beginning and continuing programs.

Other gaps in information and capacity included a lack of data transparency and understanding of how

to utilize that data. Advocates also identified a need to conduct a power analysis to identify the primary influencers or decision makers to target.

Integrating of Health Care Modalities

The convening presenter described integration of care as the "most intuitive… and the most frustrating" of the targets, explaining that while this policy target does have clear goals and policy solutions, it lacks focus due to a need for clear evidence that "reconnects us to our purpose" and explains the utility and impact of integrated care.

Advocates added that there are specific barriers in implementing integrated care solutions, such as lack of physical space for co-location of services or the lack of specialty, behavioral, or oral health providers in rural areas.

Policy Solutions

A primary policy solution for this target is tied to payment and delivery reform: "All roads lead to payment and reimbursement policies." Payment reform would make it easier to integrate behavioral health, oral health, and specialist care into team approaches that may be best implemented as co-located services.

It will also be important to use data from currently implemented/to be implemented programs to surface best practices and recommendations for future direction. The ACC and implementation of RCCOs is an important testing ground and it is important to gather usable data from this work. The State Innovation Model (SIM) and its impact will also be crucial in advancing this policy target.

Advocacy Strategies & Current Capacities

Advocates identified critical advocacy strategies (blue) primarily centered on education and awareness at all levels. They also articulated the current capacity in the advocacy field related to the priority strategies (green). For both the public and the media, advocates identified a need for public health-focused awareness campaigns that emphasize "whole person health," explain *access* to care, and address social determinants of health. The

Colorado Health Foundation's Healthy Living portfolio was cited as an example of how to integrate health and health care within communities.

Figure 4. Advocacy and policy framework – integration of care
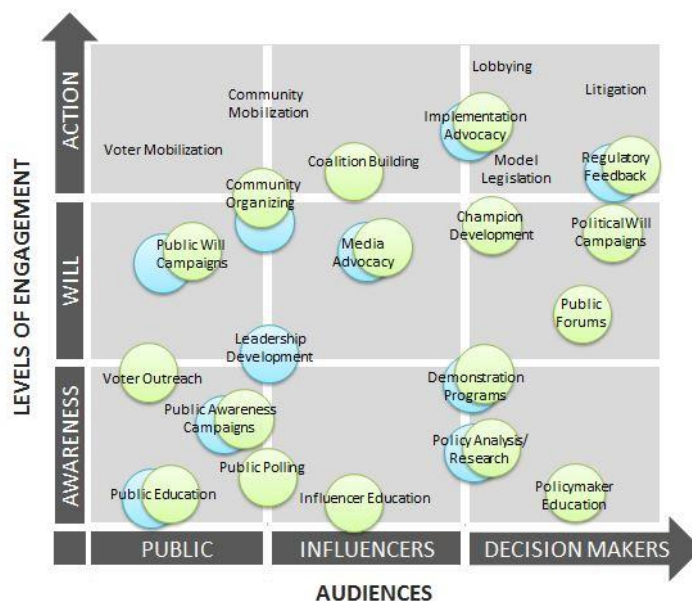
Advocates reported that awareness campaigns should include two distinct elements of "stigma busting": the first that integration of care is not the same as universal health care and the second more general cultural stigma around the use of mental health services.

Understanding and buy-in from both payers (carriers) and providers are integral in informing the direction of integration of care. For both groups, discussion and education around what types of services will be paid for and to what extent will help to facilitate that buy-in. It may also generate discussion around how new systems might operate. For example, the trend of "boutique style" care may be a barrier to advancing integration of care if payers are not on board, leading to decreased access for lower-income populations.

Similar to the public, decision makers need to be educated on "whole person health" and the role of the community in advancing integration of care solutions. It may be helpful to frame messaging to policymakers in terms of the Health Information

Exchange to help them better understand how integration of care can work.

Advocates also see the outcomes of demonstration programs such ACC, SIM, and SHAPE as crucial in determining future directions for integrated care. Implementation advocacy should be aimed at embedding useful metrics and evaluation within these programs to understand what works and what doesn't work. There is also opportunity for implementation advocacy around the Mental Health Parity and Addiction Equity Act of 2008, particularly as it influences coordination of services and billing procedures.

Advocates reported that the biggest gaps in current capacity are driven by lack of alignment and convergence among advocacy organizations. They identified that a common goal and additional funding to mount a large-scale public health awareness campaign are needed. Advocates also lack access to understandable, synthesized data on current best practices and impact of integrated care approaches.

Expanding Health Literacy

In general, advocacy for expanding health literacy is in its infancy stage. Advocates identified the need to agree on what "health literacy" means. For some, it is narrowed down to literacy around insurance, its terms, and how to gain coverage. For others, insurance literacy includes educating consumers on how to access their coverage. Finally, some advocates discussed broader health literacy around understanding general health and personal health care. This kind of literacy, for example, would include education around why certain medicines are being prescribed and how to properly take that medicine. Furthermore, cultural and other demographic factors need to be taken into account when considering health literacy as different populations have different needs. For example, some audiences may not have access to a computer or may lack the skills to use one, which hinders their ability to gain coverage or manage their health care.

Despite these broader considerations, advocates focused primarily on policy solutions that address insurance-related literacy, with some attention to increasing the role of community health navigators within the health care system.

Many advocates initially expressed that it might be too early to have real policy solutions for this target, but offered that a focus on grassroots engagement to build public awareness and will, and to get input from consumers to direct literacy efforts, is an appropriate starting point.

Policy Solutions

Primary policy solutions centered around legislation to improve and simplify language in insurance documents. Mandates should be in place that require language aimed at the appropriate grade-level and in multiple languages. In short, legislation should emphasize that documents focus on consumer understanding, or a "balance of something that is clearly consumer-oriented versus just health insurance lawyers covering themselves."

Another regulatory direction would be to mandate that health plan carriers be required to provide education about benefits and how to access benefits. Some advocates took it one step further, suggesting that legislation be passed to require carriers to *fund* health education. However, advocates also recognized the inherent conflict of interest in having health plans provide health literacy education, as they have an incentive to drive specific types of consumer actions.

There are also opportunities within the Medicaid and Medicare systems to improve consumer health literacy. Certified Application Assistance Sites, for example, could be restructured to move beyond simply helping client fill out forms to educating them on their benefits and how to access them. The Department of Health Care Policy and Financing will be rebidding the Accountable Care Collaborative contracts, which creates space to improve Regional Care Collaborative Organizations by integrating health and insurance literacy as a part of their process.

Similarly, on the marketplace side, advocates identified an opportunity to leverage the assistance network and expand the role of health coverage guides to community health navigators.

Advocacy Strategies & Current Capacities

Advocates largely agreed that the most appropriate strategies (blue) for the current stage of progress on this policy target center around public education, increasing public awareness and will, and engaging the public with grassroots.

Figure 5. Advocacy and policy framework – health literacy
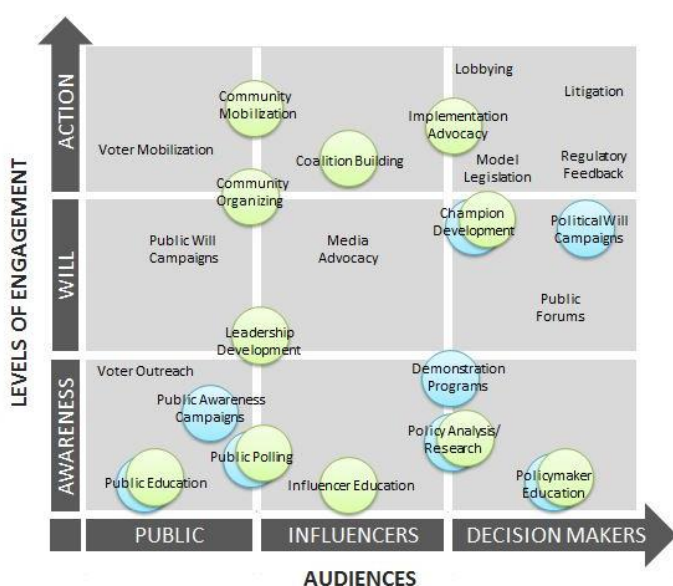
They also identified a variety of capacities (green) to advocate for health literacy policies, many of which went beyond what they saw as the most important strategies.

Advocates identified that the current work on public education has not been broad enough, and has not targeted specific enough communities. Potential forums include senior centers and high school health education classes. Advocates also identified a need for a specific, vetted curriculum to guide public education. They reported that social media, YouTube, and educational websites and applications, such as the Colorado Consumer Health Initiative's (CCHI) CoveredU site, would be useful tools to disseminate information.

Grassroots organizing is crucial at this stage to get feedback from the public. Organizations have

attempted focus groups to understand the public's need for health literacy education, but found it difficult to steer the conversation beyond enrollment issues.

Beyond engaging the public, advocates stressed the need to build coalitions to support work on this policy target, as organizations and funding streams are currently operating in silos. A convening grant and a lead organization, such as the Denver Regional Council of Governments, Colorado Consumer Health Initiative, or Colorado Cross-Disability Coalition, need to be identified.

Other strategies include influencer education, particularly of carriers and the Division of Insurance. Potentially more important would be demonstration programs. Advocates discussed the possibility of training high schools students as promotoras via their health classes who could then spread information to their families and neighbors. Advocates also stressed the need to find funding for community health navigators, expanding the role of health coverage guides beyond enrollment to accessing care and navigating health decisions.

At the decision maker level, the most promising strategy is implementation advocacy and regulatory feedback aimed at requiring carriers to educate their customers as part of proper market conduct. Advocates briefly mentioned other strategies such as continued policy analysis, champion development, and political will campaigns.

Advocates identified a fairly broad spectrum of capacities, but pointed out that much of this work is siloed. There are gaps in capacity for public awareness, political will campaigns, and demonstration programs. Much of the capacity reported to be available is not tied to the types of advocacy strategies advocates reported as most relevant in the current context of this policy target.

SUPPORTS AND INFORMATION NEEDED

In addition to exploring the policy solutions that are timely and relevant to each policy target, advocacy strategies, and field capacity, advocates identified the types of supports needed to move the policy

target forward. They generated a list of supports needed based on their small group conversations. They prioritized this list, including indicating with which supports their organization is able to engage. Advocates also had an opportunity to reflect and report individually on priority supports.

Table 1 on the next page list the supports in order of priority requested by advocates and it specifies which policy target would benefit from each, based on the discussions in the meeting.

According to both the priority voting and the individual reflections, support around breaking down silos between advocacy organizations and creating a more coordinated, aligned consumer advocacy field is a top priority. A variety of examples of what this would look like were given, such as developing shared agenda, planning shared campaigns for specific policy targets, or identifying a common set of priority health outcomes that advocates are pursuing. This dialogue indicated that a shared agenda would be centered on pro-health, pro-family, pro-child health values including addressing social determinants of health.

In the service of coordination, advocates specifically identified the need for convening support to connect advocates with each other, and to connect with providers, payers, legislators, and engaged consumers (could be online). Including consumers in convenings aligns with the funding opportunity already included in the Consumer Advocacy Strategy.

The second and third priority supports relate to engaging communities. The second focuses on getting policymakers to engage communities in a real way, including learning from them and building better understanding of health needs.

The third priority is aimed at better alignment between under the dome and grassroots organizations to integrate community outreach strategies in the service of influencing policy goals. Advocates identified the need for an intentional process, potentially leveraging an outside expert/facilitator, to bring together grassroots and under the dome advocates, noting that the

conversation around this disconnect has been repeated time and time again and it is time to take action to address it. Some advocates suggested that funding aimed directly at engaging grassroots organizations could be a way to address this integration.

Communications needs continued to surface, similar to the dialogue in the November 2014 convening. Specific needs included a desire to have shared messaging around the Affordable Care Act and help accessing, curating, and using healthcare data to craft compelling messages. A messaging toolkit to ensure alignment on messaging around shared values would also be useful. Messaging should also be tailored to match the values of the consumers or policymakers at whom they are aimed.

To engage policy makers, it would be useful to identify "health power brokers" who could exert influence on policy makers. A specific idea supported by multiple advocates and brought up repeatedly was to reinstate the Foundation's fellows program aimed at advocates and other influencers or policy makers to develop consumer health-focused champions.

Advocates also highlighted the utility of educating policymakers more generally on poverty and social determinants of health as a way to more deeply engage them on the importance of health care reform and reform implementation.

Particularly for payment and delivery reform, which was thought to be tightly connected to issues of cost containment and integration of care, it would be useful to map the flow of power and influence on decision making to better understand on which policy levers to focus resources.

Table 1. Areas of support identified and prioritized by advocates during the convening

Supports Needed	Priority Ranking	Policy Targets				
		Protect. Success	Cost Contain.	Payment- Del. Reform	Integr. of Care	Health Literacy
Bridging silos across different advocacy groups and coalitions, such as coming together to develop a shared agenda, shared advocacy campaigns, or even desired health system outcomes	1	✓	✓	✓	✓	✓
Policymaker/decision-maker education- dialogue with real people in real communities	2		✓		✓	
Assistance to help build a grassroots strategy that connects to under the dome advocacy	3	✓			✓	✓
Communications resources to help with grassroots engagement (e.g. help developing common talking points, help messaging ACA to the public, help understanding and using health data to message to different audiences)	4	✓	✓	✓	✓	✓
Leadership development for advocates and policymakers – bringing back TCHF's fellows program	5	✓	✓			
Build bridges across issue areas- working outside health to help in responding to ideological barriers	6	✓			✓	
Policymaker education about poverty/social determinants of health	7					
Power influence/mapping to understand levers to influence payment and delivery reform	8			✓		
Advocacy funding that is not directed to specific policy targets in order to build a strong advocacy field	9				✓	
Help knowing which advocates are working on which issues in order to improve collaboration	10				✓	

Another priority support was a list or mapping of which organizations are working on which policy targets to reduce duplication of efforts and ensure that advocacy strategies are complimentary of each other.

Though it was not voted a top priority, support around understanding and using data across a variety of sources to clarify big picture impact was discussed. Specifically, advocates expressed a need for synthesis of data (in a more usable form) on the number of people affected by and number of people being engaged by different changes in the health system. They also requested data that explains the true costs of not implementing health care change at the policy level, i.e., what are the potential social and economic effects in Colorado if these reforms or policies fail to be successful.

CONCLUSION

During the May 2015 convening, advocates identified that the policy targets are currently at various stages: while some targets (i.e., cost containment, expanding health literacy) are still lacking definition, others (i.e., convergence and delivery reform, integration of care) are implementing important demonstration programs, the outcomes of which will drive future direction.

A number of policy solutions and advocacy strategies were identified; however, advocates gravitated towards the need for building public awareness and will across targets. More specifically,

genuine community engagement through grassroots tactics that elicits feedback from the consumers was considered a priority.

A pathway identified to achieve increased public awareness and will is via greater collaboration among advocates. Advocates expressed the need for a shared agenda with clear definitions, inputs, outputs and goals within each policy target. Common definitions will not only help decrease silos across the advocacy field and delineate relative roles for different organizations, but also help lead the public to understand what can be politically and technically dense issues.

Advocates identified that the public and decision makers alike also would benefit from simplified messages tied to values, for example, framing cost containment around economic issues, but grounded in data or evidence-based demonstrations. The public is thought to be experiencing fatigue over health care reform, which is why re-energizing consumers based on their values is so important.

RESOURCES

- For more information about the scenarios referenced in this report, please visit The Future of Health Policy in Colorado, prepared by Spark Policy Institute, at:
  http://www.coloradohealth.org/uploadedFiles/What_We_Do/What_We_Support/Adequate_and_Affordable_Coverage/Spark_TCHF_Scenarios_Report.pdf

- For more information about the Health Coverage Funding Opportunity for Consumer Advocacy, please visit:
  http://www.coloradohealth.org/yellow.aspx?id=6674

- To learn about the convenings associated with this Funding Opportunity, please contact Erica Snow, Senior Program Officer, at: esnow@coloradohealth.org

- For more information about the learning in this report, please contact Spark Policy Institute at:
  info@sparkpolicy.com