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## Consumer Advocacy Funding Initiative – Brief 4: Results of the Interim Evaluation and June 2016 Convening

Prepared by Spark Policy Institute on behalf of  
The Colorado Health Foundation  
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### CONSUMER ADVOCACY FUNDING INITIATIVE OVERVIEW

The Colorado Health Foundation's (TCHF) Consumer Advocacy Funding Initiative (Funding Initiative) is designed to be an adaptive strategy, supporting and advancing the work of the field of advocates toward health policy targets that support TCHF's goals:

- *Goal:* Public policy adequately addresses consumer's needs regarding health insurance, access, and affordability.
- *Network Target:* Colorado has an effective field of consumer advocates and consumers proactively influencing public policy decisions regarding health coverage and cost of care.

The strategy was designed in response to a scenario mapping process completed in the spring of 2014 and a funding mapping process with other health advocacy funders in Colorado to understand where resources were directed and where gaps exist.

In the scenario development process, advocates identified policy targets, adopted by TCHF as the focus of this funding strategy:

- *Protection of Current Successes:* Protection of policy successes achieved over the past few years.
- *Cost Containment:* Policies that support lowering health care costs without decreasing the quality of care, including policies that support increasing transparency around costs.
- *Payment & Delivery Reform:* Convergence across payer sources and provider networks around models for effective payment and delivery reform to reduce costs and improve outcomes.
- *Health Literacy:* Policies that support building the public's health care literacy, including understanding of how to use insurance to access preventive care and improve their health outcomes.
- *Integration of Care:* Integrating different health care delivery modalities including primary care, specialty care, oral health, and behavioral health.

The strategy was designed to support adaptation in pursuit of the five policy targets and includes general operating grants, program grants, and rapid response grants.

### PURPOSE OF THIS BRIEF

This document provides findings from the interim evaluation of the funding strategy and the June 2016 advocate convening. It focuses on findings most relevant to advocates and the specific actions advocates suggested are critical in the coming months, along with specific asks of the Foundation.

The evaluation findings are based on an evaluation to deliver portfolio level findings that help to understand the progress, barriers and challenges, and overall impact of the overall funding strategy, inclusive of the general

*This brief includes information specific to Colorado about:*

- *The scenario unfolding in the current health policy environment*
- *Changes needed in the policy environment to advance five priority policy targets*
- *Progress by advocates in advancing the changes, including their collective ability, consumer engagement, and policymaker engagement*
- *Actions advocates identified as important to take*
- *Supports that may help advocates be successful in 2016.*

operating, program, and rapid response grants, as well as the convenings and overall management of the strategy. TCHF decided at the beginning of the evaluation design process that the evaluation is not a tool for assessing the specific contributions and strengths of each individual grantee. Rather, it is assessing how and to what extent this type of funding strategy can advance meaningful change in the advocacy field, interim outcomes related to the policy targets, and the policy targets themselves.

*Sources of Data:* The findings explored in this report come from data collected over the last two years and from the following sources: bellwether interviews; convening data (including the June 2016 convening); grantee interviews; coalition partner interviews; policymaker interviews; consumer advocate focus groups; and media tracking.

*The Roadmaps:* The May 2015 convening and follow-up bellwether interviews generated five roadmaps tied to the five policy targets. These roadmaps articulate the specific, needed policy wins associated with each target and the changes needed in the policy environment to get to those wins (the interim outcomes). A summary roadmap was created that brings in the common elements across all of the roadmaps, highlighting the changes in the policy environment that advocates and bellwethers believe are critical across all policy targets (Figure 1).

**Figure 1. Summarized roadmap of what it will take to advance the policy targets**

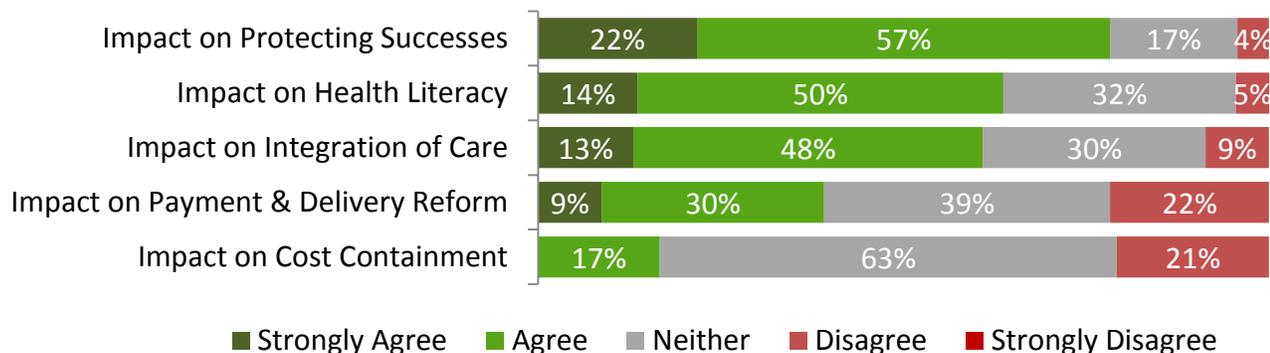
Changes in the Policy Environment	Policy Targets
<p><b>COALITIONS:</b></p> <ul style="list-style-type: none"> <li>Coalitions of advocates work together, using a common agenda and common messages that address public and private reforms needed</li> </ul> <p><b>CONSUMER ADVOCATES:</b></p> <ul style="list-style-type: none"> <li>Consumer/constituent advocates understand the issues, are taking action and are taking on critical roles, demanding better healthcare and sharing their stories</li> </ul> <p><b>DATA/EVALUATION</b></p> <ul style="list-style-type: none"> <li>Useful metrics and evaluations of demonstration programs including costs and consumer impacts (and a clearinghouse of this information)</li> </ul> <p><b>PUBLIC/MEDIA:</b></p> <ul style="list-style-type: none"> <li>The public better understands health reforms and mental health, and connects healthcare to other priorities they already hold (e.g. education and transportation)</li> <li>Advocates are a trusted, valued source of information by the media</li> </ul> <p><b>POLICYMAKERS:</b></p> <ul style="list-style-type: none"> <li>Champions among policymakers on both sides of the aisle and other influential leaders, including leaders from the health sector/businesses</li> <li>Champions/policymakers understand and agree on definitions of key concepts (cost containment, health literacy, whole person health) and use common messages</li> </ul>	<ul style="list-style-type: none"> <li>Protection of Current Successes</li> <li>Cost Containment</li> <li>Payment and Delivery Reform</li> <li>Health Literacy</li> <li>Integration of Care</li> </ul>

## PROGRESS ON THE FIVE POLICY TARGETS

Advocates at the June 2016 convening were surveyed on the field’s potential to impact each of the five policy targets this year (Figure 2). Compared to the last survey completed in January 2016, advocates selected “neither agree nor disagree” at a higher rate for all five policy targets. In other words, advocates were less definitive in consumer advocate’s potential to have a significant impact on the policy targets. The biggest shifts occurred in health literacy and cost containment. The January 2016 survey was completed at the start of the Colorado legislative session and the July 2016 survey was completed at the close of the Colorado legislative session, prior

to presidential elections and Colorado state elections; the timing of this survey in context of the ambiguity ahead concerning the political environment may help explain the change in advocate responses.

**Figure 2. Results of June convening survey assessing advocates' perception of the field's current capacity.** Advocates were asked to indicate the extent to which they agreed with the following statement for each policy target: *"In the next 6-12 months, Consumer advocates are likely to have a significant impact on..."*



## EVALUATION FINDINGS

### Political and Policy Context

At each Advocacy and Strategy Learning Convening, advocates determine the scenario unfolding (based on the scenario mapping mentioned above). As the political environment changes, it can shift the policy context, illuminating important strategies and viable targets for advocates to focus on. In June 2016, the majority of advocates identified *We can fix it, so we hope* as the unfolding scenario. This scenario indicates that challenges to implementation continue to limit the impact of health reform, and tweaks to current health reform law face an uphill battle in part due to the politically divided state government. Cost containment, however, is bipartisan and actively discussed. The table below summarized the implications for each policy target.

**Table 1. Unfolding scenarios over time and implications for each policy target.**

Policy Target	Implication of political and policy context
<b>Protection of current successes</b>	Advocates are in a holding pattern, but are interested in taking advantage of the ballot initiatives to build public understanding and buy-in to past reforms.
<b>Cost containment</b>	The Cost Commission is still not ready to release recommendations. With no clear solution to go after, advocates are not able to focus their efforts.
<b>Payment and delivery reform</b>	As a field, advocates are beginning to organize around Affordable Care Collaborative (ACC) 2.0, coordinating approaches to influence phase II.
<b>Health literacy</b>	There is a high level of interest on this issue and opportunities for message alignment.
<b>Integration of care</b>	Advocates note the importance of engaging consumers on this target, though challenges include an unclear sense of <i>how</i> to tackle this target.

## Overall Findings

Overall, the evaluation found the portfolio of grantees is advancing many different interim outcomes. The roadmaps that document these outcomes continue to align well with how grantees are approaching their work and their outcomes. Grantees are putting the most effort into a subset of outcomes cutting across policy targets, including:

- Coalition building;
- Capacity building;
- Consumer/constituent advocate engagement;
- Policymaker and influencer champion development; and
- Policymaker education on key issues and topics.

*Building public will:* Where both advocates and bellwethers have repeatedly identified a need for the public to have a greater understanding of and support for health reform, the advocates' strategies related to public will building tend to have more narrow, though important, areas of focus, such as decreasing mental health stigma.

*Using data and evaluation:* Beginning at the May 2015 convening, advocates surfaced the need to capture, make accessible, and use metrics, data, and evaluation related to demonstration programs, costs, consumer impact, and other outcomes of the health care system. This interim outcome is relevant across most of the policy targets, but is not a primary grantee focus.

The evaluation findings explore two types of information: the political and policy environment overall and the progress advocates made in advancing the interim outcomes identified by the field as critical to reaching the policy targets. The interim outcomes are grouped into three topic areas:

- Building collective ability across the field of advocates to advance policy wins;
- Influencing consumers and the public; and
- Influencing policymakers.

### *Building Collective Ability*

Advocacy fields increase their influence when advocates representing distinct interests bring their complimentary and overlapping skills together at the right times and in the right ways to advance policy issues. Infrastructure that can support this type of collective power includes:

- Formal places where organizations come together to coordinate or collaborate;
- A base of trust and understanding that supports informal and opportunistic partnerships as needed;
- Shared resources; and
- A wide variety of advocacy skills and knowledge that can be brought together.

In alignment with this type of need, bellwether interviewees and advocates at the May 2015 convening identified increased coalition and partnership activity as critical to achieving policy wins within each policy target (Table 7). The evaluation found a high level of partnership, both formal and informal, in alignment with the roadmaps' interim outcomes. A few well-resourced and long-standing advocacy organizations, or anchor institutions, are part of most of the formal and informal partnerships among advocates. These anchor institutions play a critical role in connecting organizations and supporting active partnerships.

While working in partnerships builds advocates' collective ability, there are also concrete skills identified by grantees as being critical, but where they lack sufficient capacity. At the top of the list are skills related to

engaging the public (will building, voter outreach, and grassroots engagement) and some of the skills related to building political will (to support building champions among policymakers and other influencers). Grantees also continue to have gaps in their communications skills and capacity and report challenges with turnover of staff at multiple levels, including organizational leaders.

### *Influencing Consumers and the Public*

The five policy target strategic roadmaps encompass many changes needed in the policy environment as they relate to engaging consumers as advocates, including using consumers as a source of insight about needed changes and supporting them to act as a group advancing specific issues, as well as having the public be better consumers of health care and supporters of continued reforms overall. Two major themes are present specifically related to engaging consumers as advocates: the need for consumers to better understand complex health care issues, and the need to engage and support consumers to take action, including sharing their individual stories, providing feedback on the current health care system, and serving on influential boards and committees.

Grantees currently engage consumers to:

- Advance specific policy wins and elevate overall issues;
- Increase effective health care system use by increasing health literacy;
- Improve the overall political environment through public will building and media engagement; and
- Provide stories and data in advocacy efforts.

While grantees are engaging consumers in all of these ways, the level of effort put into public will building work is relatively small and often focused on specific subtopics (e.g. mental health stigma) rather than the awareness/support of health reform identified as necessary in the roadmaps. This directly conflicts with the focus that advocates have placed on public will building during each year of the strategy, from the original scenario mapping to the roadmaps to the latest convening discussions. It also conflicts with bellwether interviewees' belief that the public needs to understand and support health reform.

The "consumers" the grantees are engaging range from recipients of healthcare services to small businesses to actors in other systems, such as sheriffs and jails. This variability suggests the definition of consumer may be broader among the grantees than the default definition often used in meetings of advocates or TCHF.

One of the areas with the least coordination across grantees is the engagement of specific consumers in advocating for specific policy opportunities. Data from both grantees and consumers suggests it would benefit the field to be able to engage each other's consumer advocates in specific advocacy actions. This type of coordination also applies to collecting and using stories from and with consumers.

In addition to general consumer engagement, November's ballot initiatives highlight both the need to mobilize voters in the short-term and the emerging opportunity to engage voters in the long-term. Advocates at the June 2016 convening noted that, regardless of ballot initiative outcomes, advocates can build on the momentum of increased voter awareness regarding health care issues and leverage it for longer term engagement.

### *Influencing Policymakers*

The strategic roadmaps for the five policy targets include three types of policymaker and influencer changes:

- The need to engage policymakers from many different backgrounds (e.g., by political party, geographic representation, and decision-making role);
- The need for policymakers to use common messages based on a common understanding of drivers and solutions; and

- The need for policymakers to work together on solutions.

Policy maker engagement is the go-to skillset for many grantees, as well as advocates in the field more broadly. While some grantees are less likely to spend time at the capitol, among those who are there is ample evidence of active strategies influencing policymakers. Policymakers are engaging grantees and advocates more generally in three primary ways:

- Getting help to shape priorities, set direction, and inform the big and longer-term picture of health care;
- Getting immediate input on current policies (both adoption and implementation) or policy needs that include a focus on consumer needs; and
- Seeking a service such as chairing a committee or submitting research on a key topic.

All of these roles are “go to” roles, but different policymakers go to different advocates depending on the issue at hand.

The findings related to policymaker engagement leave fewer unresolved issues and untapped opportunities compared to the other two areas, in part due to the depth of engagement in this area. However, the field may need support to coordinate their strategies to influence policymakers and to meaningfully engage grassroots organizations in policymaker influence strategies.

### *Advocate Suggested Actions and Requests from the June 2016 Convening*

During the June 2016 convening, advocates explored key findings from the evaluation and worked in small groups to identify the actions they, as a field and as individual organizations, could take to improve the field’s collective ability, consumer engagement capacity, and policymaker engagement capacity. In the process, participants also identified specific supports TCHF could provide to help the field of advocates in each area.

Advocates highlighted it would be important to:

- Organize a meeting to identify and characterize policymakers and their policy positions;
- Learn about the rulemaking process and key points of leverage;
- Expand advocacy recruitment and training for employers, small business owners, and parents;
- Expand voter outreach and education;
- Identify the strengths and resources of other advocacy organizations in order to strategically partner;
- For organizations who are policymakers’ “go-tos,” connect advocates to policymakers in order for the policymakers to hear a more diverse set of voices;
- Highlight the field’s specific wins as a means to change how people view issues like Medicaid, the consumer’s role, and fraud; and
- Advance specific issue areas like affordability of coverage and underinsurance, providing ongoing support for primary care in Medicaid, and insuring undocumented children.

Advocates at the convening generated ideas for ways TCHF could support the field in taking these actions. Among the top rated were:

- Continue to prioritize providing flexible funding, not tied to specific tasks, to help organizations be more open to working with non-traditional partners on new tasks;
- Fund an entity tasked with working across the multiple groups to ensure consistency in their messaging on one of the major health reform issues like Medicaid;
- Conduct research on effective consumer engagement, providing information on when consumers should be engaged and on what issues;

- Either initiate an effort to develop legislator profiles (such as developing initial profiles and hosting the meeting) or help support an organization to take a lead through a grant or other means; and
- Coordinate with The Colorado Trust to create more alignment between this funding strategy and the equity work advocates are being asked to advance.

TCHF is considering how it can best respond to the requests from the field, including how the rapid response grants and support from the policy and communications teams can best be utilized.

## CONCLUSIONS & RECOMMENDATIONS

Overall, the evaluation has found that the funding strategy has placed more focus on the five policy targets and generally supporting the field to work toward those targets than advancing the specific interim outcomes that advocates and bellwethers have identified as needed to achieve wins on the policy targets. Some of the interim outcomes that have been identified as necessary since the original scenario mapping process continue to be under-resourced and not a focus of the work, including public will building and using data/evaluation about demonstration programs and needs. The turnover and leadership issues in the field, which have also been discussed since the beginning of the strategy, continue to be an area where the field could use additional support.

## 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, Health Care and Coverage Interim Portfolio Director, at: [esnow@coloradohealth.org](mailto:esnow@coloradohealth.org)
- For more information about the learning in this report, please contact Spark Policy Institute at: [Alison@sparkpolicy.com](mailto:Alison@sparkpolicy.com)