



### INTRODUCTION

In 2014, The Colorado Health Foundation (Foundation) 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 meets 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, the strategies the field of advocates should pursue, and supports advocates will need to be effective in the coming year. Each convening is followed by a brief that shares the learning.

Advocates refreshed the targets associated with this funding strategy during the December 2016 convening. They settled on a movement building target and three policy targets: protecting our gains and core values, consumer-driven health care system structure & design, and fiscal reform.

#### Source of Information for the Report

The assessment of the health policy environment and its implications for the policy targets explored in this brief primarily comes from the December 2016 and May 2017 convenings with health policy 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 advocates' understanding of viable policy

*This brief includes information specific to Colorado about:*

- *Advocate's visions for advancing three policy targets and a movement building target in Colorado*
- *Policy solutions likely to be effective in reaching the policy targets*
- *What movement building might look like from the perspective of the health advocacy field*
- *Advocacy strategies that are or should be implemented*

solutions, critical advocacy strategies, 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.

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 [December convening report](#) for information on the policy environment for 2016.

### POLITICAL CONTEXT

Three years ago, advocates worked together to develop scenarios about the potential future policy health environments in Colorado (for more information about the formation of the scenarios, see [The Future of Health Policy in Colorado](#)). These scenarios are now ongoing tools for monitoring the environment and assessing what advocates need to do to advance their priorities given the environment emerging. During the December 2016 Convening, advocates were asked to select which scenario was unfolding given the recent election and the state policy environment. Possible scenarios are organized along two dimensions: the state political environment and the success of health reform implementation (see figure 1 below). The yellow

highlight indicates that the two scenarios chosen by advocates during the December 2016 convening, which were “We can fix it, so we hope,” and “Lingering demise of health reform.”

**Figure 1. Potential future health policy scenarios**

Blue		We can fix it, yes we can	Health care for all
Purple	Think big or go home	We can fix it, so we hope	Health care for everyone who has it
Red	Reverse course	Lingering demise of health reform	
	Epic Failure of Health Reform	Tried, But Missed the Target	Health Care Transformed

Attendees highlighted the need to leverage the purple political context in the state when developing strategies and framing the conversations. This presented an opportunity for these groups to come together in innovative ways to leverage resources and strengths for the greatest impact.

## DEBRIEFING THE 2017 SESSION

Advocates at the May 2017 Convening described a session filled with opportunities for proactive action and advancing a wide variety of issues, despite uncertainty about the federal policy context.

### Policy Wins

Advocates highlighted an environment where positive shifts in the political and policymaker dynamics created opportunities for important policy wins. One shift was an increase in bipartisan support, specifically related to protecting rural communities and the value of public investments. Another shift was the creation of two new groups to tackle critical issues: an opioid interim committee focused on solutions to the opioid epidemic and an interim task force on Medicaid noticing.

In addition to the positive change in political dynamics, advocates saw tangible health policy progress and outcomes:

- Advocates protected funding for substance abuse research, maternal child health screening, the Healthy Kids Colorado Survey, dental services for low income seniors, law enforcement harm reduction training, and behavioral health care service expansion. Critical health policies, such as the ACA at both the state and federal level and the Colorado Immunization Information System were protected.
- The Accountable Care Collaborative launched an important education campaign that helped position ACC 2.0 for success
- The state adopted other health policy outcomes including prohibiting jails being from being used as holding centers for people with mental health issues, the removal of the tampon tax in prisons, and the ability for consumers to receive a full year’s supply of contraceptives at once compared to one month at a time.

In addition to health specific policy wins, advocates identified a major fiscal policy win:

- The hospital provider fee was moved out of TABOR, turning it into an enterprise fund and leaving more room for other needs in the state budget.

### Policy Losses

After noting the many policy wins and progress, advocates highlighted some policy losses and potential barriers in continuing their work. They reported that the dynamics of the current presidency continue to dominate public interest and thus engagement opportunities. These dynamics had a direct impact on advocates’ work with policymakers, where some policymakers drew hard political lines and hindered their work based on a stalled federal administration. Some specific topic areas, from allocation of money to immigration issues, were stymied by the federal political context. The impact of these challenges was particularly prominent in the unsuccessful bills championed by the Lieutenant Governor and by the successful

number of bills championed by the healthcare industry.

## Building a Movement

In addition to the policy advocacy wins and losses, advocates also described wins and progress related to building a stronger movement in Colorado. As one advocate stated:

“People are taking to the streets. The opportunities are incredible. There has been transformation because of one individual. It’s a great opportunity to remind people that all politics are local.”

Advocates reported more opportunity for intentional cross-issue support and action. For example, in Durango water fluoridation was at stake and organizations that do not typically work together or work on this issue got involved to protect it and won. They also saw an increase in ownership and protection of the ACA by the public. Lastly, advocates noticed increased coordination between grassroots and grassroots organizing.

## Policy Targets 1 and 2: Health Policy

Advocates at the December 2016 convening reviewed the five policy targets originally developed in 2014 and revised them based off of the changing policy and policy environment both state and federally. The following section describes the two health policy targets that evolved from that convening, which informed advocates’ work over the last six months.

### Policy Target 1. Protecting Our Gains and Core Values

*Protecting our statewide health coverage and access gains, while maintaining a commitment to our values of equity, addressing social determinants of health, and securing coverage for uninsured and underinsured populations.*

Policy target 1 reflects advocates’ prioritization of protecting health policy successes, particularly in light of the federal environment. This means ensuring the focus is on sustaining current gains,

even if they are not yet fully achieved successes, and integrating core values to reflect that even if gains are rolled back, advocates will adapt and respond in ways that promote core values like equity and the social determinants of health. Examples of policies that fall within this target include protecting Medicaid expansion, Connect for Health Colorado, and the Accountable Care Collaborative.

### Policy Target 2. Consumer-driven Healthcare System Structure and Design

*Driving cost containment, payment and delivery reform, and integration of care (including primary care, specialty care, oral health, behavioral health, and substance use treatment) policy change that better meets consumer needs and elevates their health outcomes.*

Policy target 2 reflects the close relationships advocates see between the policy priorities of cost containment, payment and delivery reform, and integration of care. Advocates incorporated consumer-driven language into this policy target to reflect their commitment to keep the focus on consumers and their goal of redesigning the system to work for people.

## Defining Success: Critical Policies to Prioritize

Advocates identified a set of policy wins that are (1) critical to achieve in order to make progress toward policy targets 1 and 2; and (2) realistic in the current and future policy environment over the next year:

- Maintain status quo in Medicaid expansion, financing, and eligibility;
- Ensure no reductions in insurance affordability protections or benefits;
- Maintain status quo in the Children’s Health Insurance Program (CHIP) current finance structure and eligibility levels;
- Maintain status quo in Section 1557 of the ACA<sup>1</sup> and develop a state level version of Section 1557

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<sup>1</sup> For more on ACA section 1557, see <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

of the ACA that prohibits entities that received federal funds from discriminating on the basis of race, sex, age, skin color, national origin, or disability;

- Develop a reinsurance program in Colorado;
- Maximize parity through ACC 2.0 contracts;
- Minimize the impact of cost sharing increase in Medicaid;
- Develop an implementation plan from the cost commission report recommendations;
- Address pharmaceutical costs; and
- Improve access to more and better data for the all payer claims database.

In addition to these specific policy wins, advocates discussed the desire to protect the ACA, enable stability in the health insurance market by ensuring there are enough insurance companies participating in the market so that prices remain reasonable and consumers have carrier choice, and uphold the increased funding for behavioral health services Colorado has received to continue towards true behavioral health parity.

### Potential Early Signals of Success

Advocates identified early signals of success that will lay the groundwork to reach the specific policy wins and ultimately drive toward success on the policy targets overall. These include increased capacity for health policy organizations, conversations with policymakers, and a changed narrative.

#### *Increased Capacity for Health Policy Organizations*

An early signal of success advocates identified is an increased capacity for health policy organizations to do more political organizing such as building a bigger and stronger base with more consumer advocates. Advocates see this work as also feeding into building more policy champions.

#### *Conversations with Policymakers*

As health policy organizations acquire more capacity to develop consumer advocates, this lends itself to

having more conversations with policymakers. Advocates noted it would be a signal of success if they were able to have conversations with the Department of Insurance to protect Section 1557 of the ACA at the state level and with law enforcement to discuss how public health is a public safety strategy.

#### *Changed Narrative*

Advocates highlighted the importance of a changed narrative surrounding the significance of investing now in public health and reducing the stigma surrounding Medicaid. If shifts occur in both of these content areas, then this signifies an early signal of success. For example, in the criminal justice field, investing money into childhood education is a larger return on investment than paying for building more jails and prisoner services later. Another example is the stereotypes that are applied to Medicaid recipients; there is a lack of knowledge on how many people are benefiting from the Medicaid expansion in Colorado and that a large portion of Medicaid recipients do indeed work but still do not make enough money for insurance outside of Medicaid.

### Recommended Advocacy Strategies

In order to have success in the selected policy wins and move forward the signals of success, advocates identified major strategies they can implement collaboratively. In addition to immediate needs in the policy environment, advocates identified a variety of long-term strategies designed to strengthen and sustain the advocacy field and change the narrative around health policy issues.

#### *Meeting Today's Needs*

#### *Planning for the Defense*

Advocates discussed the need to plan for defensive strategies, with a priority placed on protecting Medicaid and the Children's Health Insurance Program (CHIP) if federal funding or structures are altered.

“We could plan on if something happens to our CHIP structure. We need to figure out what to

do with the funding we do have. We need to have a structure in place to do forward thinking to do what we can with what we have.”

In addition, advocates discussed the need to minimize the impact on cost sharing increases as copayments in Medicaid doubled and were placed into different categories. Advocates are accepting the reality that federal policy is likely to bring new challenges and are preparing through proactive conversations on how to respond.

### *Strengthening Relationships with Policymakers*

Advocates identified the need to continue to build strong relationships with policymakers from a variety of backgrounds. They emphasized the need to identify more Republican champions, which necessitates framing the issues in ways that resonate with policymaker values. In addition, advocates recognized the need to craft their arguments in the regulatory realm and not always focusing on legislation. All of these efforts need to be focused both state and federally.

There was also some discussion of the need to coordinate relationship development across advocacy organizations, ensuring collective access to all legislators and aligned messaging to legislators.

### *Building the Long-Term Capacity of the Field*

#### *Recruiting New Grassroots Advocates*

Advocates identified a need to continue to expand the field of grassroots advocates along with grassroots leaders engaged in health policy issues. They suggested they could develop policy champions within their own communities by reaching out to clubs, faith communities, and school boards. As one advocate described the process:

“Part of it is empowering [champions], but then part of it is infiltration.”

They cited an opportunity to organize people around outrageous medical bills and realized the need to go to rural areas to identify and build rural champions there versus inviting them to Denver. Advocates also recognized the need to partner when developing

champions to ensure they reach the entire state and avoid duplication of outreach.

### *Sustaining Advocacy Funding and Infrastructure*

Advocates identified the need to strategize for how to maintain the strength of the advocacy field if and when their predictions come true and there is a significant decrease in the national funding for advocacy that is currently coming to Colorado. Advocates plan to have a larger infrastructure and sustainability conversation with foundations and fellow advocacy organizations to prepare for this potential dry-up.

### *Changing the Narrative*

Advocates discussed at length the need to change the narrative and framing surrounding certain health care issues and the need to elevate the priority of the issue.

“We need concentrated efforts and people who can help us long term. We did Medicaid public will building for a while but we let that go because of other priorities, and we got expansion. I think the long term strategy is to make Medicaid untouchable like Medicare and Social Security.”

Advocates discussed shifting the Medicaid framing by getting people to care about low-income people, especially seniors, like they do about their grandparents. They see a huge opportunity in the next 10 years because of the boom in the aging population needing long term care. This population will have a large amount of political power to “make Medicaid the third rail.” Related to this is the overarching need to ensure the strategy is long-term and interrelated with other policy focus areas. For example, advocates discussed the need to include a broader range of advocates that represent other issue areas and to ensure the intersectionality between the issues is clear to policymakers and consumers.

### **Challenges**

Advocates identified potential policy barriers and challenges to this work and indicated that progress

on many of their policy priorities is beyond their control. In Colorado, the Senate was named as a barrier, but most of the other barriers went beyond Colorado in their scope and thus the advocates' ability to mitigate them.

Advocates spoke generally about federal barriers, and also about the political divide that exists in the US right now. Advocates were concerned that they can easily reach the people they are connected to, but are not reaching the consumers and policymakers audiences needed to impact policy. Also contributing to this is the divided media and potential lack of trust in the media. Unlike other barriers, advocates see the media challenges as an opportunity for action because consumers want real news and advocates can address this desire by targeting media outlets that speak across the partisan divide.

### **POLICY TARGET 3: FISCAL REFORM**

Fiscal reform was added as a policy target during the December 2016 convening in recognition of both the ongoing challenges posed by the state's budget process and TABOR and by the heightened risk of losing Federal dollars as a result of the change in the administration.

#### **Defining Success: Laying Groundwork for Policy Change**

During the 2017 session, a key fiscal reform issue – the hospital provider fee – was temporarily addressed by the state legislature, effectively pushing out future battles on the issue until 2020 or 2021. Additionally, advocates expect that the upcoming gubernatorial election will bring contentious debates around fiscal policy, making a legislative victory around fiscal reform in 2018 unlikely.

Given this context, advocates did not define a set of specific policies to advance in the coming year, but rather focused on laying the groundwork for future successes through building support among voters, advocates, and policymakers for public investments, including an increased propensity in these groups to

identify the fiscal policy consequences of their key issues.

#### **Potential Early Signals of Success**

Key signals of success in 2017 and 2018 will include a “public investment majority” among voters (a majority of Colorado voters in favor of public investments and connecting those investments to changes in fiscal policy), an increase in the number of health advocacy organizations who prioritize fiscal reform as part of their mission, and more widespread messaging from policymakers on the need for fiscal reform to meet policy goals. Additionally, putting a TABOR reform proposal on the 2018 ballot, while unlikely to pass, would provide a high-profile opportunity to continue highlighting TABOR's deficiencies.

#### **Recommended Advocacy Strategies**

To achieve these early signals of success, advocates identified a number of specific actions they can implement collaboratively.

##### *Developing a Common Frame*

To start, advocates identified a need to develop communication strategies built on a common frame – “public investment is good, and fiscal reform is essential to public investment.” To build alliances across issue areas, advocates suggested initially developing this message around federal budget cuts, which will affect numerous issues, providing an opportunity for health advocacy organizations to “lift up someone else's issue.” Colorado Fiscal Institute has started to put together a spreadsheet showing all proposed budget cuts, which can be used to start this conversation.

Advocates also suggested developing this frame around the potential budget cuts at the state level due to Gallagher<sup>2</sup>. As local property taxes are set to decrease due to Gallagher and the state government is mandated to cover the estimated \$170 million

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<sup>2</sup> For more information on the Gallagher amendment, click [here](#).

shortfall in tax receipts to local governments, healthcare advocates have an opportunity to forge alliances with local governments and with organizations advocating for fiscal reform to support education.

To see change across the state, advocates suggested steps to tailor this common frame to the issues which each community prioritizes. The first step in this process would be using listening campaigns and other data collections opportunities to understand the priorities of different communities.

### *Building Capacity to Use Shared a Common Frame*

The second step identified by advocates was advocacy training sessions to develop the capacity of organizations to deploy messages within a common frame to different audiences. These training sessions would hopefully prioritize more robust storytelling which connects people to the value that they get from government.

### *Supporting Shared Action*

The third step advocates identified was building a structure to coordinate people who care about similar issues and link those issues back to fiscal policy. Whichever organization took the lead in this structure would have the responsibility of maintaining the pivot toward fiscal policy, and ideally would be tasked with coordinating efforts to support local voices.

### **Challenges**

Unlike the health policy targets, the challenges identified specific to fiscal policy were primarily state-based. Advocates identified a major challenge in getting organizations that are already stretched thin to extend their mission to include fiscal reform. While advocates note that similar “culture change” work has succeeded in infusing a systems change perspective into advocacy organizations in this field, they also recognize this type of process is often slow.

With some audiences, competing frames would present another significant challenge, especially in

the politically fraught context of a gubernatorial election when major opposition groups likely will promote messages focused on their perception of the state’s “spending problem.” It will be critical to continue celebrating and promoting policymakers who take a stand against their own party to advance fiscal reform – e.g. providing cover to the Republicans who advanced the TABOR reforms in 2017.

## **TARGET 4: MOVEMENT BUILDING**

During the December convening, one of the main lessons identified from the 2016 election was that “we as a field failed to unite communities,” especially rural communities. To both advance the other three policy targets by building a base of support and to protect the long-term sustainability of policy wins, advocates identified movement building as an important target. They defined movement building in this context as inclusive of grassroots organizing, educating, building leadership in local communities and among historically marginalized populations, and building public will for health reform.

### **Defining Success: Activated Coloradans**

Likely as a result of the current federal political climate, advocates noted an increased constituent engagement in the political process – even if not always directly related to health care. The momentum renewed advocate interest and belief in movement building as a viable and important target. Advocates identified that early signals of movement building progress would likely involve indications of a shift in power from legislators to constituents such as members of local communities being better able to demand legislative accountability from their local representatives.

### **Potential Early Signals of Success**

The earliest signals of a shift in power would involve people, specifically those in rural areas and disenfranchised communities, taking small actions, like signing a petition or turning out to vote.

On a community level, early signals of success would include the emergence of a set of local leaders advancing a consistent intersectional narrative in which the various systemic drivers of health are recognized and allies from non-health systems are engaged. Moreover, the crop of initially engaged local leaders will have begun to develop other leaders, initiating a cycle of leadership development from the grassroots-level.

On the level of advocacy organizations, advocates will have access to a network of people who are willing and able to respond to calls for action to make demands on legislators, and advocates are sharing and using a consistent message to support local leaders and communities.

### Recommended Movement Building Strategies

To realize this shift of power to communities, advocates identified a mix of changes and capacities needed from advocates along with specific communications and engagement strategies for developing movements in local communities.

#### Working Across Advocacy Organizations

The first step they identified involves getting to a shared understanding of intersectionality rooted in a shared vision of what to fight for, defined here by advocates as health equity. Getting to agreement among advocates can be facilitated by continued efforts to build trust and by developing tools to educate advocates about the field, including a network mapping effort to identify who does what and with whom.

To ensure that the message of intersectionality is not lost and to spur alignment among groups working in different systems, some advocates discussed creating a “federated committee” composed of organizations involved in movement building but in service of different issues – health, education, environment, etc. This table would aim to develop strategies to represent voters in a holistic way and seek to inspire actions which are aligned across various issue areas.

### Engaging Local Communities & Constituencies

Connecting with local communities will involve a mix of authentic listening and education – intentional efforts to *hear and educate* rather than *talk at* local communities – and using polling, literature reviews, and experience to identify what messages will resonate with different audiences. With this approach, advocates should aim to both “tone down how hard we push our causes and tone up being passionate about constituents’ causes,” and to more efficiently and effectively communicate their messages. Underlying this approach is the view that people do not want to be “organized”; rather, they want to be motivated and empowered to take action on the issues they care about.

A priority focus of the movement building work is to engage those who are traditionally disempowered, including youth. Youth present a fresh perspective and their stories are often a powerful means of communicating the dangers of losing progress on health reforms.

For disempowered groups in particular but also for the public in general, there is a need to focus on education around the policy and political process and opportunities to influence the process. Similarly, for those who are already engaged, advocates need to identify and communicate avenues for continued engagement, including supports advocates need to provide.

### Challenges

At least a few barriers need to be overcome to advance this work.

- *Capacity:* A major challenge to getting advocates organized and speaking the same language is the time and limited capacity, which often forces groups to be reactive and respond to current crises rather than planning for the long-term. Movement building is resource intensive, immediate payoffs do not always seem to justify the expense, and the connection to policy targets can be unclear. To help address these challenges, advocates noted the importance of developing a clear statement of the value of movement

building and be ready to support engagement at different stages: the “3k, 5k, 10k, and Marathon” strategies.

- *Knowledge:* While some advocacy organizations are leaders in movement building, providing both capacity and knowledge, other organizations report feeling unprepared to strengthen their connections with local communities and will need support to do this well.
- *Mission alignment:* Advocates identified that their organizations have unique missions that cut across many issue areas, some of which do not fit neatly together. It will be essential to create space and structures for advocates to engage in work to set the groundwork for coordinated community engagement. Existing tables – like this funding initiative – are important but need to be complemented by additional opportunities.
- *Movement focus:* Much of the passion in the current political climate is directed at the federal level. Organizing, however, stresses local efforts. Moreover, the prevailing rhetoric is largely rooted in hate, fear, and scarcity, which are not sustainable frames for movement building. It is more important to cultivate a common cause to fight for rather than simply fighting against the prevailing challenges.

To build continued engagement, securing early wins and presenting people with a positive alternative to the negative rhetoric will be essential. Because inspiring people to “dig deep in their local community” is difficult, advocates noted it is important to be open to “radical new community-based solutions to resolve health equity.”

## CHANGING THE NARRATIVE

Across all targets, advocates noted the importance of communicating effectively about the issues they champion. There are opportunities to act across the continuum of communication, from strategic messaging about the issue and ways to act on it, to

how issues are framed more broadly, to narrative change – telling a new story about the issue, root causes, and potential solutions. Depending on the particular issue, advocates will likely need to first determine the action or set of actions along the continuum necessary to move the needle. Regardless of where the focus may be, however, advocates were clear about the need to align approaches and work together. A comprehensive approach to framing, messaging, and narrative change would allow advocates to leverage and support each other’s work; at a minimum, advocates should ensure not to negate or obstruct field efforts.

## OPPORTUNITIES TO SUPPORT ADVOCATES

Advocates identified a wide variety of ways The Colorado Health Foundation and other foundations in Colorado can support the next steps outlined in this brief. The supports requested fell into four broad categories:

- *Funding support:* Advocates highlighted the need to continue providing general operating support and rapid response grants to support bringing in experts in the field and to coordinate their work.
- *Building civic engagement:* Supporting advocates by identifying best practices for organizing and conducting focus groups with constituents to understand their motivations.
- *Policy analysis:* Conducting an ACA economic analyses and a Medicare return on investment analysis.
- *Communication:* Helping advocates identify and access messaging and narrative technical assistance, along with the support to develop a communication hub.

Other supports identified included mapping of advocacy work, the strategizing of foundations regarding national money distribution and infrastructure building, and the developing of a nonprofit messaging chamber of commerce where folks can come together to strategize about communication.

## CONCLUSION

Overall, advocates saw clear opportunities to advance work on the majority of targets. As noted above, narrative change emerged as a cross-cutting issue the field is collectively seeing as an important component of their approach to the work. The Foundation will consider ways in which it may support this effort as well as address the other supports needed identified by advocates. Advocates have already begun to take organize themselves to take action on immediate next steps identified during the convening.

Though challenges associated with the federal political environment are still present and will continue to affect which advocacy strategies and approaches are most effective, advocates were overall pleased with their ability to advance and

protect policies during Colorado's legislative session and see opportunities to further their work on the state level.

## RESOURCES

- For more information about the Consumer Health Advocacy Funding Opportunity, please visit: <http://www.coloradohealth.org/funding-opportunities/funding-opportunity-consumer-health-advocacy>
- To learn about the convenings associated with this Funding Opportunity, please contact Hillary Fulton, Senior Program Officer, at: [hfulton@coloradohealth.org](mailto:hfulton@coloradohealth.org)
- For more information about the learning in this report, please contact Spark Policy Institute at: [alison@sparkpolicy.com](mailto:alison@sparkpolicy.com)

