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## Consumer Advocacy Funding Initiative – Brief 5: Results of the December 2016 Convening

Prepared by Spark Policy Institute on behalf of  
The Colorado Health Foundation  
January 2017

### 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.

This report will identify the new policy targets identified during the December 2016 convening, giving a general contextual overview and then outlining the policy solutions bellwethers and advocates explored, critical advocacy strategies they identified, and the current capacity of the advocacy field to act on the issue. It also begins with an exploration of the most pressing issues in the emerging policy environment.

### 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

*This brief includes information about:*

- *The status of progress on five originally identified policy targets and identifies the four new policy targets moving forward;*
- *Policy solutions likely to be effective in reaching the policy targets;*
- *Advocacy strategies that are being or should be implemented to reach policy targets; and*
- *Supports that may help advocates be successful in 2017.*

- 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 during the four years of the initiative. This report reflects on these targets and describes the new ones emerging from the December 2016 convening.

### Source of Information for the Report

The assessment of the health policy environment and its implications in this report comes primarily from three sources:

- *Bellwethers:* Interviews completed in November 2016 with 14 individuals who are deeply embedded in and knowledgeable about health policy and politics. Bellwethers represented various sectors and interests on both sides of the aisle including government, business, payers, providers, and grassroots organizers. They were asked what top policy priorities for the coming year would be, how viable the five policy targets would be in the current political environment,

and what it would take to get to policy wins within each target.

- *Grantee Reports:* In September and October 2016, 15 Foundation program and general operating grantees were interviewed regarding their work with the five original policy targets, specifically what advocacy strategies they used to address those targets.
- *December 2016 Consumer Advocacy Convening:* Forty-seven consumer advocates met to process the information gleaned from the bellwether interviews, discuss the federal and state political and policy environment, update and select new policy targets, plan next steps on specific upcoming policy opportunities as it relates to the policy targets, and identify the supports needed to take those next steps.

## POLITICAL AND POLICY ENVIRONMENT

### The Federal Context

Billy Wynne, a federal health policy consultant from Thorn Run Partners, presented federal-level updates and predictions in light of the November 2016 general election results to convening attendees. Key themes included the:

- Need to act now due to the legislative session beginning promptly in early 2017;
- Expectation that healthcare will be a priority immediately, but will lessen as other priorities compete;
- Level of priority GOP has placed on repealing Affordable Care Act (ACA) immediately without a plan to replace it; and
- Likelihood Medicaid will also be a priority, specifically funding it, the health insurance exchanges, and mental health reform, including opioid and substance abuse prevention.

Mr. Wynne shared some advice with convening attendees regarding how to approach the upcoming political and policy environment, including:

- Finding the areas of bipartisan agreement that still exist, such as recent mental health reform provisions passed by the Republican-controlled Congress, and the need for payment and delivery reform;
- Being open to proposals coming down the line, including revisiting the ACA and considering what has and has not been working;
- Attempting to influence federal policies when the opportunities arise (e.g. Senate Finance Committee Republicans requested input from Republican Governors regarding the future of the Medicaid program); and
- Advocating for a “no repeal without replace” strategy for the ACA.

### The Colorado Context

Bellwethers almost unanimously placed health care at the top of the state policy agenda, followed very closely by budget concerns, which included the Taxpayer Bill of Rights (TABOR) reform and the hospital provider fee. Transportation and education rounded out the state policy agenda discussion.

Within the health care discussion, the most discussed topic was Medicaid expansion and speculation if it will continue. Discussion also included the exchange, free standing emergency rooms, rural health care costs, and finding ways to not lose ground on coverage in the midst of federal-level Republican desire to repeal the ACA. A few interviewees discussed the health insurance rate differences between rural and urban Colorado as a

“I would anticipate that the high insurance rates in the mountain community will continue to be an issue. I wouldn’t be surprised if legislators in the mountain communities come together again.”

“Free standing ER will rear its head again like it did two years ago because it’s becoming a major cost to the system.”

~ *Bellwether interviewees*

contention point. Funding of care in rural areas for hospitals and access points is also a predicted policy discussion. The Lieutenant Governor is creating a rural health task force, inevitably escalating this as a focus point for the coming session.

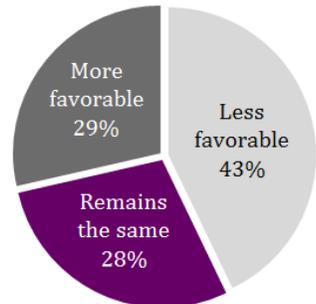
Federal influence dominated the discussion of the future of health care in Colorado. Some bellwethers indicated they are waiting to develop their organization’s health care priorities and strategies until the new administration makes some decisions while others are forging ahead with what they planned, hoping for the best. Some bellwethers also thought that those who were originally against the ACA will be empowered to be more vocal and align with the federal government to advocate for change. Others indicated that federal action will determine where health policy sits on the Colorado state policy agenda.

Almost half of the bellwethers felt the current political environment in Colorado is less favorable toward continued efforts to reform the healthcare system compared to last year. The predominant explanation given is the strong negative federal health care discussions and influence it will have in Colorado. Some also cited the recent loss in the proposed tobacco tax and universal health care ballot initiatives as an indication of a less favorable policy environment. As one interviewee put it, “It’s drastically less favorable. Compared to what we have seen in the last eight years, it is much more hostile. Among Republicans, the turnout was higher here and elsewhere, which indicates a stronger base. The elected officials on the Colorado side are reading this as they must deliver because their supporters came out for Trump.”

Four bellwethers felt the political environment is a continuation of last year’s political environment in Colorado and that the environment has not changed because it’s still very divided and contentious. Another interviewee felt there were robust conversations last year about health care reform in Colorado, and they predict continued conversation thank to federal influence and because the makeup in the Colorado legislature has not changed drastically.

The remaining four bellwethers felt the political environment is more favorable because of federal influences shining a light on health care and because Colorado as a state has been ahead of other states with regard to health reform, as indicated by Medicaid expansion and a state run exchange. One interviewee shared, “I see the environment as more favorable in that we will have more discussion and more activity. The presidential campaign stirred up all of this discussion again about healthcare reform. If you are a politician, you can’t avoid that discussion.”

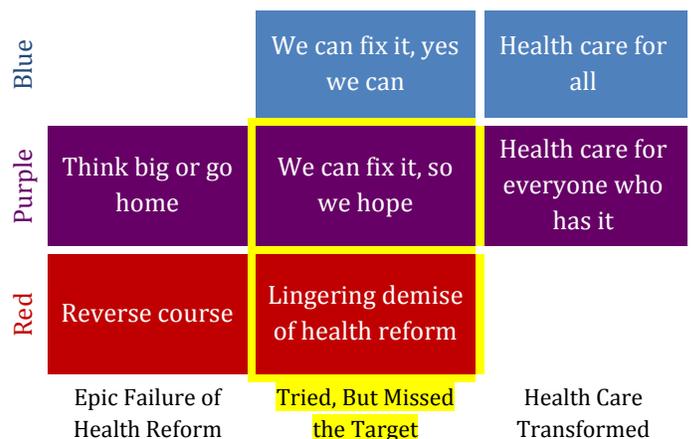
Political environments favorability toward continued efforts to reform the healthcare system, compared to last year



### Identifying the Current Scenario

To help convening attendees plan accordingly for where the Colorado health policy environment will be in the next three to six months, facilitators asked attendees to vote on which of seven future health policy scenarios are most likely given the federal and state political environment. The seven scenarios were organized along two dimensions - the political environment and the success of health reform implementation (see figure 1 below). The yellow highlight indicates the scenario chosen by advocates during the December 2016 convening.

Figure 1. Potential future health policy scenarios



Because of Colorado’s purple political environment and a mix of successes and challenges in health reform implementation, attendees in past convenings have overwhelmingly agreed Colorado was in a “We can fix it, so we hope” scenario. However, with the change in the federal government

following the 2016 elections, December 2016 convening attendees were evenly split between the “We can fix it, so we hope” and “Lingering demise of health reform” scenarios. During their discussion of what will determine which scenario will prevail, the attendees generated a list of factors to consider:

“We can fix it, so we hope”	“Lingering demise of health reform”
<p><b>Republican Allies:</b> Some moderate Republicans are speaking out against “repeal without replace” and there is strong potential to organize around this message. In addition, there are opportunities to work with Republicans seeking to protect their constituencies, particularly in rural Colorado.</p>	<p><b>Republican Action:</b> Far-right Republicans have shown a willingness to take extreme measures (e.g., debt ceiling showdown), so “repeal without replace” is a credible possibility.</p>
<p><b>State-level Protection:</b> Many health reforms are cemented in state law, and work on projects like SIM will not stop immediately.</p>	<p><b>Federal-level Control:</b> Republican control of the three branches of the federal government ensures federal action, some of which could supersede action that otherwise might be taken at the state and local level.</p>
<p><b>Lack of Bureaucratic Experience:</b> Many appointees selected to lead federal health bureaucracies have little experience, which might slow the political process.</p>	<p><b>State-level Expectations:</b> The budget director at the Governor’s office and the Republican-led Joint Budget Committee are already acting on the assumption that federal money will not be available.</p>

A number of attendees noted they selected the “lingering demise” scenario but felt there would be a transition period where there would be some time to launch advocacy strategies immediately, to keep from fully entering a “lingering demise of health reform” scenario.

Moving forward, attendees highlighted the need to leverage the purple political status in the state when developing strategies and framing the conversations. There are also many groups working on different causes with varying strategies; there is an opportunity for these groups to come together in innovative ways and leverage resources and strengths for the greatest impact. Attendees noted they saw the shift in Colorado’s political and policy environment as less drastic than the shift at the federal level, creating more opportunities for action at the state level than the federal level.

## POLICY TARGETS

### Original Health Policy Targets

In 2014, The Colorado Health Foundation and advocates identified five health policy targets for grantees and advocates to initially focus on during the initiative:

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

4. 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.
5. 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.

### Updated Health Policy Targets

Grounded in the reality of the two potential policy environment scenarios described above and the November 2016 general election outcomes, convening attendees updated the vision of care and coverage for all guiding the work and revised the policy targets for advocates to advance together over the next 2-3 years.

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

Convening attendees and bellwethers felt protecting health policy successes was still critically important, particularly because of the federal environment, including the Medicaid expansion, Connect for Health Colorado, and the Accountable Care Collaborative. Attendees prioritized the following when developing this target:

- Ensuring the focus is on sustaining current gains, even when they have not yet fully achieved desired successes. For example, protecting and seeking to expand upon gains in coverage or protecting traditional Medicaid while advocating for protection of Colorado's Medicaid expansion.
- Integrating the concept of "core values" to reflect the idea that even if a new federal administration rolls back many of the gains of recent years, a system of insurance coverage will remain in place and advocates must adapt and respond in ways which promote core values like equity and the social determinants of health as well as coverage for groups currently left out (e.g. immigrants).

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

Attendees saw a close relationship between the policy priorities of cost containment, payment and delivery reform, and integration of care. Both advocates and bellwethers felt attention to these three priorities remains critical moving forward. Attendees prioritized the following when developing this target:

- Adding "consumer-driven" to reflect advocates' commitment to keep the focus on consumers and consumer-led decision-making, thereby empowering consumers.
- Focusing on redesigning the system to work for people. Health literacy was removed as a standalone policy target because a strong argument was made among convening attendees, bellwethers, and grantees who felt a system should be redesigned to work for consumers versus having to teach people how to navigate a confusing and complex system.

#### *Policy Target 3. Fiscal Reform*

Fiscal reform was added as a policy target in response to both the new federal administration and the ongoing challenges posed by the state's budget process and TABOR. Changes to Colorado's budget process and TABOR are essential for the state to continue to innovate and improve healthcare. Some advocates are already working in this area and others are interested in joining. Within this target, advocates prioritized focusing on the hospital provider fee and TABOR reform.

#### *Policy Target 4. Movement Building*

While movement building is technically a tactic to realize policy change, attendees felt strongly that one of the main lessons learned from the recent election is that "we as a field failed to unite communities," especially rural communities. As an advocate noted, "It's about building power, not just education." The policy target will further propel the work in the other three policy targets by building a base of support. Advocates prioritized focusing on

grassroots organizing, educating, building leadership in local communities and among historically marginalized populations, and building

public will for health reform. The table below outlines the new policy target and revised vision for the Consumer Advocacy Funding Initiative.

Selected Policy Targets to Reach the Vision	Vision 2018
<p><b>Policy Target 1: Protecting Our Gains and Core Values</b></p> <ul style="list-style-type: none"> <li>• Protect policy successes and sustain policy gains while centering on core values, such as equity and the social determinants of health.</li> </ul> <p><b>Policy Target 2: Consumer-driven Healthcare System Structure and Design</b></p> <ul style="list-style-type: none"> <li>• Policies that focus on redesigning the system to better work for people through reducing cost, better integrating care, and delivering care that improves outcomes.</li> </ul> <p><b>Policy Target 3: Fiscal Reform</b></p> <ul style="list-style-type: none"> <li>• Policies that improve the state budget process and TABOR.</li> </ul> <p><b>Policy Target 4: Movement Building</b></p> <ul style="list-style-type: none"> <li>• Build informed and active communities as an advocate base of support to move the other three policy targets forward.</li> </ul>	<p>To ensure that all Coloradans achieve quality, equitable, stable, affordable, and adequate health care and coverage, with support from a network of health care and community services.</p>

## ADVOCACY STRATEGIES NEEDED

In light of the development of the four new policy targets, advocates identified the following advocacy strategies as top priorities for the next year that include a mix of public engagement and policymaker influencing strategies. Supplementing this information are grantee interviews outlining organizational activities and implemented advocacy strategies over the past year, and bellwether interviews that highlighted successful advocacy strategies.

### Public Engagement Strategies

Advocates identified barriers to reaching the new policy targets such as public misunderstandings, apathy to act, general healthcare fatigue, a perceived anti-immigrant and racist culture, and general lack of understanding of policy impacts.

Regardless of the causes, advocates agree that success in the new political environment will require

“I think the national mood is not very favorable to progressive ideas right now. Just people are not trusting government, their political leaders, and there is a sense of frustration and lack of trust.”  
*~Advocate at December 2016 convening*

public engagement strategies which both change public opinion and activate people to engage in advocacy, including a messaging strategy, efforts to expand advocacy trainings to the wider public, efforts to engage new segments of the population, and efforts to reach consensus among advocates about the messages to send.

### Key Ideas Guiding Future Strategy

Advocates identified a number of strategies and priorities to guide the design of their public engagement efforts going forward, many of which had a messaging focus:

- **Make the wins of the ACA digestible.** It is hard for consumers to understand the benefits of healthcare reform, especially wins around payment and delivery reform. Advocates at the convening suggested they need to “personalize the policy” – wrap data around stories to show how the ACA has improved people’s lives – with the goal of having “the right facts packaged in the right way and accessible to people.”
- **Focus on the consequences of proposed policy and create a sense of urgency.** The real possibility of repealing the ACA needs to be countered with clear descriptions of how the potential alternatives will affect people.
- **Tailor messages to different audiences.** A more generalized message needs to be paired with tailored messages for different constituencies in order to consistently communicate the same values but customize to ensure the messages are relatable and sway audiences.
- **Fight the stigma around public insurance.** People with private insurance often dehumanize people with public insurance, and the appeal to conservative policymakers of scapegoating Medicaid is currently strong. Efforts to show the success of Medicaid, reframe key aspects of Medicaid, and present a more humanizing face to the public are needed.

Advocates also identified a number of strategies related to community engagement:

- **Activate the movable middle and key constituencies.** Advocates recognize that their work should focus on the “movable middle” instead of those unlikely to ever support their priorities. Advocates identified a few potential priority groups including people with direct experience with the issue (e.g. Medicaid recipients or marketplace participants); something to lose; and who have been historically disenfranchised. Advocates also pointed to those who live in rural areas as a key constituency due to historical neglect compared to urban dwellers as well as the bipartisan

support for efforts which target rural areas, including better integration of care.

- **Support local movement-building efforts.** To generate authentic leadership from local communities, advocates should focus on more general community engagement and capacity building work. Dictating a community’s priorities to them is much less effective in the long-term than working with local leaders to self-select their priorities and strategies. Advocates acknowledge this strategy highlights the need for a “long game” as local leaders may note select health priorities at first.
- **Set the foundation for a civic engagement strategy.** Beyond influencing the public’s views on healthcare, some advocates see civic engagement as an important goal for this year in order to prepare for the next federal election cycle in two years, including work around voter registration, engaging important constituencies like faith communities, and engaging with interest allies (immigration, environment, etc.).
- **Support rapid-response work.** Some organizations need to be ready to react and respond to the environment as it shifts, including having people on the ground to help the public understand and get access as the healthcare environment shifts.

### *Public Engagement in 2016*

Based on the public engagement work grantees undertook in 2016, there is room for both optimism and concern when evaluating the likelihood of realizing positive outcomes from this work in 2017. Many groups are well-positioned to engage constituents, including having experience:

- Prioritizing the consumer voice when they set their advocacy agendas;
- Providing trainings and engaging consumers in advocacy (e.g. “Day at the Capitol” events).
- Placing consumers on agency committees or identifying testimony opportunities; and

- Maintaining websites with extensive information about how to get involved and become a better consumer advocate.

An important result of this work, as reported by grantees, is the sense that policymakers value advocates for their ability to bring consumers to the table. Policymakers in both agencies and the legislature are particularly amenable to the stories of those directly affected. As one advocate explained, “Our guest stories bring back the humanity. This work affects people. We’re not just discussing policy.” Moreover, while most grantees continue to see a general low level of engagement by consumers, a few grantees report that many of the consumers they have engaged often ask for additional opportunities to advocate, raising advocates’ hopes that future efforts will be met with an eager public.

However, efforts to influence the wider public or engage in movement building work like community engagement and capacity building were much less central to grantees’ work in 2016. Media engagement, while strong for a select group of organizations, has been difficult for most advocates. Some groups, specifically those working on mental health, have a consensus issue which requires more media engagement (e.g., breaking the stigma around mental health), giving them more incentive to focus on media work.

For others, even those who are seen as bigger players with the media, there is some sense that the media does not engage advocates as much as they could, keeping them “at arm’s length.” However, grantees are reporting capacity in the field to do more of this work, with some organizations having strong expertise in building relationships with the media, developing messages, and timing their media efforts to generate interest and impact.

The field’s capacity to undertake “movement-building” work is also mixed. Over the past year, work in this vein included listening campaigns, providing sporadic advocacy trainings, and developing some local leaders as champions. Only a few grantees reported deploying a civic engagement strategy meant to activate voters.

## Policymaker Engagement Strategies

Advocates and bellwethers highlighted political and policy environment barriers to keep in mind when developing their advocacy strategies.

- At the federal level, funding, Congressional makeup, the Trump administration, the national mood, the electoral process, disenfranchisement of certain populations, and pace of change were discussed as barriers.
- At the state level, a budget shortfall and TABOR, limited capacity of state agencies, an anti-regulation environment/culture, lack of legislative support, and a split legislature were identified as barriers.
- Barriers that cut across both state and federal levels included voting along party lines, the use of propaganda, and demonization of special interests. Also critical to the discussion were barriers related to the organization and implementation of the US health care system. These include healthcare workforce shortages and imbalances, both in primary care and behavioral health, based on geographical location, and those providers who serve Medicaid patients; all of this is often caused by disparities in provider reimbursement rates.

### Key Ideas Guiding Future Strategy

In discussing their specific policymaker engagement challenges, advocates identified a number of key ideas to guide the design of their policymaker engagement efforts in 2017, including the following:

- **Build consensus among advocates around messaging and combine stories with data.** The more policymakers hear similar messages from multiple sources, the more likely they are to take actions to support a key position. Advocates suggested building a shared infrastructure to deliver stories coupled with data to policymakers, including a shared database and trainings.

- **Get commitments from policymakers.** While it may be hard to get policymakers to commit to specific reforms, advocates should focus on getting policymakers to voice their support for key outcomes like access to care, maintaining insurance coverage, or requiring an ACA replacement with repeal.
- **Focus on ways to provide political cover.** Elected officials need to be able to make the case that health reforms are critical to their constituents, whether for health, economic, or other reasons. Making the problems clear to policymakers along with developing narratives and talking points to help officials defend their positions will be essential. Advocates need to commit to having a “civil conversation” and work across party lines in the highly-polarized environment.
- **Directly communicate with policymakers.** Advocates can engage policymakers by enabling consumer contact through testimony, emailing, phone calls, and participating in advocacy days. As one bellwether stated, “For me, having chaired the health committee... and sitting on it... personal stories are really impactful. When people come to a committee to testify, it puts a face on the legislation.”
- **Provide strong support for state-level champions.** A door was opened for states to influence federal attempts to change the ACA when the House leadership asked for input from each governor. Advocates need to continue to communicate and provide strong support for policymaker allies at the state-level as they engage with the federal-level counterparts.
- **Identify and cultivate new opinion leaders.** Advocates need to be more strategic about which opinion leaders they target. While policymakers are important, groups should also target community physicians, faith-based community leaders, the business community, and other opinion-leaders outside the political context along with local-level policymakers and

representatives. The goal should be to “develop the kitchen cabinet of messengers.”

### *Policymaker Engagement in 2016*

Based on the policymaker engagement work grantees undertook in 2016, there is good reason to expect advocates to be effective in 2017. In 2016:

- Advocates adopted a mantra of “making it easy” for legislators to understand the consumer’s perspective, to work across the aisle, and understand the tradeoffs of different policy alternatives. Much of this work was done in coalition or in partnership. Grantees identified this coalition and partnership work as important to their success, not only because it leads to better work when groups provide feedback, but also because sign-on letters and other shows of unity lend weight to their proposals.
- Grantees also reported strong engagement with executive agencies, including leadership/participation on agency committees, providing feedback on new requests for proposals and the Accountable Care Collaborative redevelopment, and executing litigation.

While advocates are well-positioned to influence policymakers in 2017, grantees lack capacity in a few important areas, especially with respect to their work influencing the General Assembly. Though

“We need someone standing up and saying we have to fix out of network provider costs. Someone needs to take a leadership role to call out the issue at the higher level.”

~ Consumer advocate

there are champions working on specific issues, there is still a sense that many policymakers are unfamiliar with the issues or committed to partisan/ideological stances. Also, there are only a few champions on the other side of the aisle. Given

the high likelihood of ACA repeal, efforts to protect the Exchange at the state level and the upcoming budget fights make it even harder to develop conservative champions.

## CAUSES FOR OPTIMISIM IN THE ADVOCACY FIELD

There is evidence that grantees and the broader field of advocates have made great gains in their efforts to propel the advocacy field forward, including:

**Ability to respond to developments.** Some coalitions emerged in quick response to a legislative development, suggesting a high level of collaborative adaptiveness. For example, advocates built a coalition to provide recommendations to the General Assembly Taskforce specifically to resolve the Governor's issues with SB 169.

**Agreement on advocacy priorities.** On certain policy issues, including the Accountable Care Collaborative 2.0 rebid, grantees see a high level of agreement among themselves on which policy recommendations are best. As one grantee noted, "While the details were different, it was important that a single strong message emerged." Another piece of evidence to suggest strong agreement is the relative ease reported by many advocates of getting other advocates to sign onto position statements, lists of core principles, and other similar policy documents.

**Efforts to build each other's capacity to advocate.** The relationships built around shared advocacy goals are often strengthened by efforts to build each other's advocacy skills. Some groups focused on specific advocacy trainings for their partners, with topics ranging from the Medicare system to fiscal issues. Groups also continued to present on the tools and skills that their organizations have mastered.

**Efforts to build a collective infrastructure.** Some advocates are building shared infrastructure, such as the "Calendar Project" which tracks all relevant policy meetings and allows other groups to view and add to the list. Other advocates are producing manuals and policy briefs about important

healthcare related topics, including the Medicaid system and children's mental health.

**Engagement with non-traditional healthcare advocacy organizations.** Some of the smaller or tangentially-related-to-healthcare advocacy groups note that another piece of evidence that the field is working together effectively is the willingness of the larger, more established groups to engage them and seek out their perspective on the issues. To some degree, this is also evidence of a commitment to equity among the field of advocates. Often the smaller groups represent marginalized populations, including LGBTQ and immigrant communities.

"I think it will take, like with everything else, pretty broad based coalitions and collaborations, with diverse stakeholders, to deliver the strongest, clearest message on these priorities as they can."

~Bellwether interviewee

## Additional Advocacy Field Considerations

Moving forward and building on these successes, grantees, advocates, and bellwethers identified advocacy field barriers that must be kept in mind when building future advocacy strategies:

- Insufficient funding for the field, which generates competition in the funding opportunities;
- Frequent shifts in funding priorities which can be difficult for organizations to adapt to and enable long term changes in the environment;
- Limited organizational capacity, including staff being stretched too thin and workforce shortages;
- Few grassroots and movement building organizations;
- Advocacy organizations often work in silos and do not always share data or bridge with other grassroots or advocacy work;

- Other important players are also missing from the table such as insurance companies and organizations outside metro Denver;
- Advocates don't share a common definition and understanding of key issues such as equity and community engagement;
- There is typically not enough time to bring people together to authentically make long-lasting change and build trust in the communities; and
- Individual advocates and organizations are fatigued after working for decades to make health system change only to see major setbacks on the horizon.

## NEXT STEPS

Based on the new policy targets and the need for action in the current political environment, attendees defined the following as actions that two or more organizations can advance in the coming legislative session or outside of the session to make progress on one or more policy targets given the two likely scenarios unfolding. Each action also includes attendees' ideas for how the Foundation can best support the work.

### Action #1: Big Tent Coalition Effort

The Colorado Consumer Health Initiative has proposed a "big tent" coalition effort with near-term (6-8 weeks) and long-term (6-24 months) components. In the near term, the coalition will focus on a "No Repeal without Replace" message to Congress and the Administration by developing a set of shared principles and messaging to support and align advocacy efforts across a broad coalition. As part of this effort, CCHI will coordinate a response to the Governor and Division of Insurance for their response to the health reform inquiry from House Majority Leader McCarthy and other Congressional leaders.

#### Ways the Foundation could support this work:

- Direct support for a consultant to help coordinate the coalition and a communications consultant to do messaging

work and provide communications support to the coalition.

- Rapid response grant to launch long-term effort.

### Action #2: Expand the Health Systems Transformation Coalition

Colorado Coalition for the Medically Underserved has invited other attendees to join the Health Systems Transformation Coalition, which works to understand the landscape around health systems transformation by looking at payment models, reform efforts, and building collective capacity. It also identifies specific advocacy targets that push forward a consumer focus. Starting in January 2017, they are connecting with 250 patients around the state over seven months. Through that work, they will identify and train leaders to bring consumers to the table for consumer reform efforts. The Coalition will work to co-design the training curriculum with the State Innovation Model office.

#### Ways the Foundation could support this work:

- Policy research on quality metrics for the patient experience, which could be used to hold payers accountable under alternative payment models.

### Action #3: First Steps Towards Movement-Building

Oral Health Colorado has offered to begin initial efforts toward coordinated movement-building, beginning with building a shared understanding of the work to be done and the existing strengths and relationships with communities. Specific next steps might include continued meetings, a field mapping, and developing a shared identity for the field.

#### Ways the Foundation could support this work:

- Coordination and funds to "actualize the commitment" of new members to the network.

## ADDITIONAL SUPPORTS NEEDED FROM THE FOUNDATION

In addition to the specific supports needed from the Foundation for the three action items described above, grantees and attendees identified other additional supports they might need from the Foundation:

### Support 1: Funds

**General Operating Funding.** Attendees noted that their ability to respond to the changing environment is in large part dictated by their funding. Additional funds would allow groups to add staff who could participate in the new proposed coalitions and advocacy strategies.

**Funding specifically for Capacity Building/Movement Building.** Advocates suggested some of this funding could be devoted to regional partners mobilizing outside of the Denver metro area, while other funding could be targeted to grassroots organizing.

**Rapid Response Funding.** Both Bellwethers and advocates reported the Foundation's existing strategy of using rapid response grants can help advocates be nimble to policy changes and implications. Advocates suggested such funding could also be used to help small, community-based organizations who are struggling with funding. In the past year, a couple of critical advocacy organizations were closed due to lack of general operating, which could've been avoided if rapid response grants were used to tide them over.

### Support 2: Coordinate Efforts to Build Civic Engagement Infrastructure

**Database of Other Projects and Advocates.** Develop and keep up-to-date a database of advocacy work, organized by project goals, targeted populations, and time frame. Paired with a listing and description of all advocates, this information would help avoid over-spending, over-exploiting consumers, and would improve communication and shared efforts.

**Consultants for Strategic Planning, Messaging, and Organizing.** Provide expert-level advice and facilitation around strategic planning, communications and messaging, and community organizing. This could extend to producing sample op-eds and data talking points.

**Convening.** Provide facilitation and space for additional advocacy meetings.

**Leveraging Existing Relationships.** Connect grantees and advocacy groups with groups and people with which the Foundation has an existing relationship. This includes bridging across the state and connecting with other projects. One advocate noted, "When things are good and there is lots of money, there is not always an incentive to work together. When there are challenges like this, it creates opportunities for people to come together."

### Support 3: Policy Analysis and Research

**Economic Analysis of ACA Repeal and the Failure of the Private Market.** Either commission or undertake an analysis of the economic impacts, broadly construed, of the repeal of the ACA. This analysis could extend to the economic impacts of a failure of the private insurance market. Supplementing this could be a report quantifying the positive impact the ACA has had in Colorado in a digestible, easy to understand manner for the public.

**Analysis of What "Replace" Means for Coloradans.** Either commission or undertake a study of the ways "replacing" the ACA will affect Coloradans. Combine this study with a messaging campaign to build public will.

**Data on Expanded Medicaid Populations.** Collect data on populations that can now access Medicaid because of the expansion in Colorado to help connect the dots between people and policy, particularly for rural populations and policymakers.

## CONCLUSION

Overall, advocates and bellwethers identified an environment where shifts at the federal level will complicate continued progress at the state level, but

momentum on some issues is likely to sustain. They prioritized an increased focus on public engagement and a shift into more movement building, going well beyond educating the public to building power with communities. They also prioritized advancing policy change on fiscal issues, recognizing the necessity of tackling Colorado's fiscal needs in order to create the opportunity to advance health priorities.

The Colorado Health Foundation will be taking action on the learning from the advocate convening and bellwether interviews, including using the information to guide the work of their policy team and to inform grantmaking priorities in the Consumer Advocacy Funding Initiative.

## 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](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 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)