

Assessment of Health Reform Advocacy Grantmaking in Kansas and Missouri

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Finding the right funding niche in this context can be difficult for regional foundations who are concerned about the health and well being of local populations, but have limited influence on a national policy debate.

As momentum grew for federal health care reform in the late 2000s, regional health foundations such as the Health Care Foundation of Greater Kansas City (HCF) were faced with difficult decisions about how to engage in advocacy related to federal policy. Finding the right funding niche in this context can be difficult for regional foundations who are concerned about the health and well being of local populations, but have limited influence on a national policy debate.

As a result, many regional health foundations focused their advocacy funding related to federal health reform on one of more of the following goals:

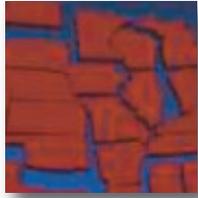
- Increasing public and political will for health reform at the regional level, so that regional advocates could have influence in the shape and progress of federal policy change
- Increasing local engagement in understanding the impact of federal policy on the state budget, on the local economy, and on the lives of individuals and families
- Improving the capacity of state and local agencies and organizations to shape and implement federal policy in a way that best fits the needs and values of the local context.

A regional funder is often working towards these ends. This complex intersection of regional advocacy with federal policy work, along with the crowded field of funders and advocates, complicates a foundation's ability to evaluate the unique impact of its funding. Instead of trying to determine the effect of individual advocacy grants to local organizations on federal policy progress, foundations may learn the most about their strategic funding choices by understanding how key policy insiders view the role and influence of its grantees within the larger field of players.

HCF provided over \$1.3 million to 10 organizations engaged in advocacy related to federal health reform from 2005 to the present. Its grants were intended to make progress on all three goals listed above, though each grantee worked on one or more of these goals in very different ways and targeting different audiences.

In many cases, the grantees had different ideas about the most desirable content and shape of the health reform. **HCF itself publicly supported the need for reform, but remained neutral on the specific shape and details of the legislation.**

In 2012, HCF commissioned a retrospective assessment of the role and influence of these advocacy grantees on the awareness, will, and action of key audiences with regards to the passage and implementation of the Affordable Care Act (ACA). In addition, the foundation sought to better understand how its non-grantmaking support (convening, research, communications, and the engagement of its policy staff) affected the larger policy environment. The guiding questions for this assessment were:



Overall the findings from this assessment suggest that there is little consensus among policy insiders about the influence of the many actors involved in the health reform advocacy efforts in Kansas and Missouri.

- What role have HCF’s grantees—and HCF itself—played in shaping the regional debate around ACA passage and implementation?
- What groundwork have grantees and HCF laid that will support the successful implementation and maintenance of ACA?
- What is the appropriate role for HCF in federal policy change, given its regional focus and the size of its grantmaking portfolio?

Although a full evaluation is not possible due to limited availability of data, this assessment gives insight on how various advocacy tactics have worked and provides a deeper understanding of HCF’s reach, the impact of its grantmaking, and its role in the health advocacy community.

Overall the findings from this assessment suggest that there is little consensus among policy insiders about the influence of the many actors involved in the health reform advocacy efforts in Kansas and Missouri.

There is still quite a bit of debate over what the most effective tactics are for tackling these issues. Public education came up as the most important advocacy tactic, given the complex and political nature of the ACA. **HCF was**

recognized as being actively involved in public education efforts on their own and through their grantees, particularly with their website (ReformReality.org). HCF appears to have also played a significant role in targeted messaging, facilitating collaboration between advocates, and in their ability to provide funding for lobbying.

Assessment Approach

Because of the complexity of the policy environment, traditional evaluation approaches that prove the impact of a particular strategy are not applicable. Because policy progress is susceptible to external and sometimes unrelated forces—such as an economic crash or crisis—a positive advocacy outcome may be simply maintaining the status quo or preventing the passage of negative policies. In the absence of outright victory, funders and advocates must find ways to detect whether they have laid a meaningful foundation that will help generate an outright “win” when the window of opportunity opens. Ideally, such an assessment can capture the extent to which advocates have moved their target audiences along a spectrum of support and engagement from awareness>will>action.

In July 2010 and again in April 2011, HCF sponsored landline telephone surveys of registered voters in the Kansas City metropolitan area to assess public awareness about the ACA and determine whether information provided about the new law during the phone call affected respondents’ opinions. The surveys were valuable for understanding how different sub-populations felt about the ACA and how to design messages that would improve public support of the law. Results revealed that public sentiment about the law changed very little from the first to the second survey, despite significant changes in the public’s opinion

¹ For purposes of this assessment, the term “regional” refers to both state and local.

² A list of grants is available at the end of this document.

about the “direction the country is headed in.”

Beyond this survey data, little is available on the level of awareness, will, and action among grantees’ target audiences over the course of the last several years. As a result, the assessment team sought to reconstruct the role and influence of grantees and HCF through a document review (internal foundation documents, grantee applications and progress reports) and in-depth interviews with nine policy insiders in Kansas and Missouri using the bellwether methodology.

This qualitative technique features structured interviews with influential people who have their finger on the pulse of opinion in the political arena, and whose positions require them to track a wide variety of policy issues and players. HCF staff identified potential interview candidates who met these criteria, and then these interviewees suggested additional bellwethers. Bellwethers’ opinions about policy issues and advocacy efforts carry substantial weight in assessing the role of HCF in advocacy efforts because they have a birds-eye view of not only the power dynamics within the health reform debate, but also between health reform and other pressing policy issues.

Importantly, the majority of bellwethers were not HCF grantees or directly connected to HCF’s ACA advocacy strategy. To ensure that responses were unprompted and unbiased, interviewers did not provide the bellwethers with detail about the nature of the inquiry in advance of the interviews. Nor were the names of any grantee organizations mentioned by the interviewers. Instead, bellwethers were told they would be interviewed about the history of health reform advocacy in Kansas and/or Missouri and then were asked open-ended questions about which organizations and tactics were most influential among particular target audiences during the last five years. The

interviewees then listened for whether bellwethers, unprompted, mentioned HCF and its grantees as key players and why.

Seven of HCF’s 10 grantees who have received funds explicitly for their advocacy related to health reform were mentioned unprompted by bellwethers as active and influential in the health reform efforts in Kansas and Missouri.

The team interviewed two bellwethers working only in Kansas, three working only in Missouri and four working in both states. Since HCF’s work crosses state lines, as does the work of many we spoke with, we have compiled the results from all of these interviews into one set of findings. The findings are presented in three sections:

- Focusing on the role and influence of advocates prior to the passage of ACA
- Following the passage of ACA
- Role and influence of HCF

Because the number of interviewees was relatively small, it is important that this assessment not be read as conclusive evidence of impact. Instead, it gives HCF a deeper understanding of how key insiders perceived the influence of HCF’s efforts and those of its grantees.



Providing opportunity and pressure for advocates to proactively shape policy solutions and negotiate a shared agenda is one way funders can build the influence and power of the field.

Key Findings - Prior to the Passage of ACA



Only three of nine thought that the nonprofit health advocacy community was very active, spoke with one voice and did a good job with limited resources in a contentious political climate.

1. Bellwethers had very different perceptions of the power and influence of the nonprofit health advocacy community in the health reform debates, and often linked their judgment of advocates' power to the degree of coordination among them.

Bellwethers disagreed on the influence of the nonprofit health advocacy community in the debate on health reform in Kansas and Missouri during the two years prior to the passage of the ACA. Only three of nine thought that the nonprofit health advocacy community was very active, spoke with one voice and did a good job with limited resources in a contentious political climate.

Conversely, four bellwethers believed the nonprofit advocacy community had little influence on important audiences leading up to the passage of the ACA for two primary reasons:

1. There is a weak infrastructure knitting together advocates into a more coordinated force that could deploy the full range of advocacy skills, especially lobbying.
2. The generally low level of capacity of nonprofit health advocacy organizations, particularly relative to the capacity of the opposition.

One bellwether said *"We don't have the sophistication, the depth; we don't have the boots on the ground that you'll find in some states around consumer health advocacy."*

One bellwether stated, however, that coordination between health advocates had improved, particularly in Missouri. *"They have greatly improved in trying to use common messaging and know what each other is doing. Missouri has moved a long way in getting our health advocates to work together and to not duplicate."*

Importantly, earlier stages of the policy process often require difficult negotiations among advocates about the best understanding and framing of the problem, as well as the best shape and content of the policy solution. Often advocates do not feel pressed to proactively negotiate a shared position on a policy solution until they are forced to do so because an important window of opportunity—such as the ACA—has unexpectedly opened. As a result, they can find themselves in a perpetually reactive position, and as in this case, less coordinated and influential.

Providing opportunity and pressure for advocates to proactively shape policy solutions and negotiate a shared agenda is one way funders can build the influence and power of the field. Area foundations' work to build momentum for tobacco policy changes was cited by one bellwether as a good model for health reform: *"In contrast, there was a very specific effort funded by some of the foundations around tobacco. That was strategic, well resourced and I think effective. I haven't seen anything like that related to health reform."*

Effective Tactics	# of mentions
Public Education	9
Political will building	9
Grassroots mobilization	3
Constituent stories	3
Legislator education	3
Nonpartisan information	3
Public meetings	3
Technical Assistance	2
Media	2

2. While advocates were generally viewed as effective in raising public awareness, fragmented messaging may have resulted in awareness-building efforts that weren't generating momentum towards a greater level of support for a shared vision of reform.

All nine bellwethers believed the advocacy community was most effective at public education and political will building. Some of the education tactics mentioned by bellwethers as most effective at moving the opinions of key audiences were:

- Public forums
- Media
- Research
- Publications

However, due to the size and complexity of health reform, most advocates were focused on increasing awareness around more narrow elements of the solution, such as the health insurance exchange, Medicaid, consumer protections, or transparency issues. Most advocates sought to increase awareness about these narrow elements among specific target audiences such as the elderly, low-income families, or business owners.

While all of these topics and audiences were important, the profusion of messages and tactics contributed to noise and confusion

about health reform that made it difficult for people to rally around a solution. This is particularly true in comparison to the relatively un-fragmented messaging of opposition groups, who filtered messages even around these sub-issues through the frame of government run healthcare.

Political will-building occurs when policymakers move from basic awareness about an issue to seeing the issue as a high priority relative to competing issues. Tactics that generate political will can be “inside game” tactics (direct contact with legislators, developing legislative champions, etc., or they can be “outside game” tactics (creating a sense of public or grassroots pressure that moves policymakers to dedicate attention to an issue). Bellwethers largely believed that nonprofit advocates were better at “outside game” tactics, such as grassroots organizing, public forums, and paid and earned media.

Several of HCF's grantees were seen as leaders in grassroots organizing. Three bellwethers thought that telling the stories of people affected by health issues and challenges with insurance were the easiest messages for the public to understand and were the most effective in persuading policy makers. The most effective “inside game” tactic during the lead-up to passage of the ACA, cited by all nine bellwethers, was simply one-on-one or small group meetings directly with decision makers, particularly to share research. HCF provided grants to several organizations who focused their ACA advocacy work specifically on research and policy analysis.

In addition to their own challenges with coordination, advocates faced a number of contextual and external challenges to their effectiveness, including the extremely disproportionate strength and financing of the opposition, a lack of resources for public media campaigns, the divisive political environment, and the sheer complexity of the law.



The profusion of messages and tactics contributed to noise and confusion about health reform that made it difficult for people to rally around a solution.



Several noted that the power and influence of foundations in both states could have been greater if had they been clearer about the role each funder played and then developed complimentary, if not coordinated strategies.

“Health reform is so complicated, and the nature of the media is short compact sound bites, and that was leading to confusion and misunderstanding. I think we’ve gotten better about how to talk about health reform with the media, but in the early days that was less effective.”

“In my view when you’re trying to influence policy changes with members of a state legislature or congress, you need to either have money and a good lobbyist talking to them every day or you need to have a large number of constituents or influential constituents visiting them. I think there is room to develop the grassroots constituency, but it will take a lot of time and money. There is so much more that could be done.”

3. Policy insiders had no agreement on which organizations were key influencers or on which organizations were perceived as credible sources of information on health reform.

When asked which organizations or leaders were particularly influential in health reform advocacy efforts during this period the nine bellwethers mentioned over 50 organizations. Those most frequently mentioned were

- AARP (4 mentions)
- Families USA (3 mentions)
- **Health Care Foundation of Greater Kansas City** (3 mentions prior to asking specifically about the role of foundations)
- Hospital Associations (3 mentions)
- Medical Society (3 mentions)
- Truman Medical Center (3 mentions)

Bellwethers did not have common ideas about where target audiences were turning for credible information. In many cases, it may be a positive finding that no one organization stands out as a key influencer, as long as similar messages and momentum are coming from a wide variety of players. But because bellwethers noted that the nonprofit advocacy

community was generally less influential because of its lack of coordination and shared messaging, this insight may reinforce the idea that nonprofit advocates were competing for air space against one another.

Key Findings - Since the Passage of ACA

1. Bellwethers see limited evidence of the nonprofit advocacy community influencing ongoing public, legislative, or regulatory debates about the maintenance and implementation of ACA.

When asked about the role of the nonprofit health advocacy community since the passage of ACA, two bellwethers said they hadn’t seen much happening, two said that national organizations are having far greater influence, and two mentioned that it appeared the health advocacy community is primarily using its energy to examine the impacts of ACA.

This may reflect a common problem among nonprofit advocacy efforts: following legislative wins many advocates turn their attention to the next legislative battle and few are left to advocate for effective implementation. Policy implementation, maintenance, and monitoring still require public and political will and action, particularly when the policy is as contentious as the ACA.

One bellwether nonprofit advocate noted: *“At the state level, none of us have been all that effective. There has been some good work, but politics have gotten in the way. Advocates in Missouri have done a great job in working around the state to go to the national level and work on implementation issues. There has been a much stronger voice working with federal rule and regulations. I know the advocates have been doing lots of work on public education, and that is still going on.”*

It is possible that the perceived lack of action on the part of nonprofits over the past two years results from advocates working much more behind the scenes and directly with executive staff rather than in the public arena. Alternately, advocates may be in a holding pattern until the Supreme Court ruling on the constitutionality of certain provisions of the ACA and the November elections.

Provided the law stands, Foundations like HCF may be able to play a significant role in triggering a more focused and coordinated approach to advocacy for successful implementation. Given advocates' pre-reform experience with testing messaging for a complex and fast-changing policy solution, they may be better able now to develop more targeted shared messages that generate public and political will for implementation.

One bellwether said, *"We've gotten better at using messaging and being concise about it. We've taken a little slice out of the ACA and gotten the media to focus on that little slice – you can write about it in 500 words and people can understand it. We refined the way we talked about health reform over time, but after it passed we got much better at getting information out there."*

Key Findings – The Role of Foundations and HCF

1. Foundations added the most value to the health reform process when they provided unrestricted funding, focused on nonpartisan research and education provided nonprofits with technical support on messaging and communications.

All of the bellwethers noted that financial support of advocacy was the most important role of foundations in health reform policy. Specifically, bellwethers believed that funders, including HCF, were most effective when they gave flexible funding that allowed for

lobbying, funding for advocates to use seed money to attract other funders, and funding for safety net health care providers to engage in advocacy. A third of the bellwethers noted that foundations were particularly well-positioned to build awareness among a variety of audiences because they could be seen as reliable sources of unbiased information.

This included foundations themselves disseminating information about the impacts of ACA. (For example, without prompting two bellwethers identified HCF's website as a source for credible information on health reform.) However, several noted that it was a challenge for funders to play this role without simply adding to the noise.

Many noted that building awareness is not enough to move policy. When foundations are not willing or able to take a public stance on a particular policy, it is imperative that they proactively help advocates think through how neutral information can be used to build will for policy change so that foundation investments in public education lead to something bigger.

When asked which foundations were most influential in regional advocacy on health reform, eight of the nine bellwethers mentioned HCF. Four of the five members of Kansas Grantmakers for Health, as well as the group as a whole, were also cited by almost all bellwethers as important players in Kansas. Several noted that the power and influence of foundations in both states could have been greater if had they been clearer about the role each funder played and then developed complimentary, if not coordinated strategies.

2. HCF was viewed as influential in building awareness, though it was unclear whether or how it played a role in moving key audiences beyond awareness to will or action.

When asked specifically to reflect on what strategies or tactics, if any, HCF deployed that



Four other bellwethers expressed that they thought regional foundations should be involved at both the local and national level.



Bellwethers noted that when a trusted foundation leads or stands publicly behind an issue, it can lend credibility and gravitas to the work of advocates who may otherwise be perceived as biased or inconsequential.

influenced the policy debate, four of the nine bellwethers mentioned HCF's website (one person mentioned the micro-site, referring to Reform Reality) as an important resource for information on health reform. Two mentioned the positive reputation of HCF as a credible broker or negotiator, and two mentioned the importance of their unrestricted funding that allows for lobbying.

Others mentioned HCF's involvement in forums, bringing in speakers, the staff's role in helping organizations collaborate, targeted messaging, public education, polling, research, talking to legislators, connecting organizations, and putting up billboards.

Regarding HCF's role in health reform advocacy efforts, bellwethers said:

"I think Health Care Foundation took a leadership role with their micro site. Though they were doing more of the social justice type things rather than the health care reform lobbying. They were more preparing the community."

"I think the Health Care Foundation has taken the lead. [T]here are a handful of small health foundations and I haven't seen them get into this topic. Even some of the foundations that are associated with hospitals, I've not seen them get that involved."

"The only way that we can do some of our lobbying activities is because we get money from the Health Care Foundation. It's critical because so much is defined as lobbying."

"A great funding partner in many cases. They don't have a policy presence in Topeka, and we don't either. We have two foundations

out of those 5 [in Kansas Grantmakers in Health] that have lobbyists or a lobby type presence in Topeka. The other thing, just having them as a colleague with lots of experience and advice is pretty helpful on Medicaid issues. They haven't been as activist as some, but there's a lot of technical expertise there.

Bellwethers were also asked: "After health reform passed, HCF has focused on being a **neutral source of information** about the ACA through public education campaigns, small group presentations, and providing grantees with technical assistance for their own ACA-related advocacy efforts. Were you aware of this effort?"

In response, seven of the nine bellwethers reported that they were aware of these efforts. Of those seven, three thought the efforts were effective particularly in helping HCF's grantees get information and in promoting public education on health reform. Below are some thoughts the bellwethers shared on the effectiveness of these efforts.

"I thought it was very well done and was superb in helping the agencies and grantees prepare for the coming landscape."

"The grassroots part to get their constituents up to speed. The micro-site and the convenings. I thought those were effective. It seems like most people I bump into in Kansas City have been sensitized to it."

"From our experience I think they have been effective, the public education and outreach and the research is very effective. Nonpartisan and neutral research is very effective, which we do, too. I think it's more effective than what I see coming from the health advocates that only talk about the positives, which can just look like

cheerleading. We talk about the good and the bad. The response from people is, ok these people are being honest with me. Knowing that is also a stance that HFC takes is a more effective way to do this work.”

“It’s not as effective as it would be if there were more public multi-media messages out there. That can even be done in a neutral way. I think we’re missing the mark about having the public hear some other message, a positive message, about aspects of the ACA. We need billboard and radio and more messages out there because we’re still losing the message war. It’s going to get worse as the Supreme Court arguments take place and the opponents are interviewed over and over on TV. Unless we’re out there shoring up the intensity of our supporters, we could lose this thing. We need communications and strategy and resources for that.”

Staff interviews with HCF revealed that in many of its advocacy efforts, HCF intentionally chooses to stay behind the scenes so that grantees rather than the foundation are recognized as leaders in the effort. However, some bellwethers noted that when a trusted foundation leads or stands publicly behind an issue, it can lend credibility and gravitas to the work of advocates who may otherwise be perceived as biased or inconsequential.

More importantly, foundations are often in a position to break down partisan divides over an issue because they have trusting relationships with a wide variety of audiences and are not perceived as self-interested in a particular policy. One bellwether encouraged HCF to carefully weigh the trade-offs between the strategic choice of playing the role of neutral educator versus policy champion, particularly when it is one of the few foundations in the area that is permitted to lobby.

3. Though regional foundations like HCF may struggle to find the right niche in national policy issues, bellwethers believe it is crucial that they stay actively involved in national debates and/or shaping the way national policy affects local context.

When asked if and how regional foundations should engage in larger national issues, only two bellwethers expressed that they thought these types of foundations should only be involved at the local and regional level by providing technical assistance and financial support for local organizations. Three bellwethers thought that regional foundations play an important role in translating and contextualizing what is going on at the national level for the local level. **Four other bellwethers expressed that they thought regional foundations should be involved at both the local and national level.**

One of these bellwethers stated, *“It’s important for regional foundations to be involved in the national issues. They know their community better and have more involvement there. It’s an opportunity to elevate those communities to a national level. So hopefully those rules coming down will reflect the local community. It’s vital to make sure that the communities’ values are reflected upwards so that whatever comes down will fit.”*

Another said, *“It’s been very hard for Missouri groups to attract national money. If local foundations weren’t supporting the work, we wouldn’t be able to do it at all.”* One bellwether mentioned HCF’s involvement with national issues particularly saying, *“I think they should do both, they just have to pick the priorities based on what’s going on in the national landscape. HCF has done that very effectively. Obviously they aren’t going to affect the national landscape on the national level, but if they weren’t engaged in that there wouldn’t be a neutral voice in bringing information to the local level, especially for the media.”*



When a funder’s niche is unclear, its impact can be diluted.

Ideas for HCF's Future Involvement in Health Reform Advocacy



Four bellwethers mentioned the effectiveness of the tobacco advocacy efforts in Kansas and Missouri as a model of HCF at its best

Bellwethers had numerous recommendations on how HCF could best support the advocacy efforts to improve health coverage and care. All nine recommended that HCF continue to provide information for public education. These bellwethers thought that HCF should inform people about the impacts ACA will have on individuals and communities as well as raise awareness about insurance exchanges. Three mentioned the importance of continued funding for collaborations and communications staff for grantees working on successful implementation. Two bellwethers recommended that HCF help to build the capacity of health advocacy groups particularly by helping them come up with communications plans.

However, two suggested that HCF should transition its resources away from advocacy and toward the infrastructure, such as electronic health records, that will be needed to fully implement ACA. One bellwether suggested supporting urgent care clinics and providing access to medical specialists to the uninsured as a higher priority than post-reform advocacy, and another recommended helping safety net clinics prepare for more patients.

Others mentioned the importance of HCF in helping the state with Medicaid issues, monitoring the health insurance exchange, consumer advocacy efforts, and working with the state to implement ACA. Two bellwethers thought HCF could play an important role in representing the Kansas City metropolitan area at the state level and elevating the regional voice up to the state and national level. One bellwether emphasized the importance of cross-state information sharing to enhance advocacy efforts, which HCF is uniquely positioned to do.

Several bellwethers advocated for improving the focus of advocacy funding. One said,

“I think that a lot of the strategies that we all take are too much of a shotgun approach and they aren’t as laser focused on things that you can actually have an impact on. Resisting the urge to wander around and do whatever is sexy at the time. For a longer period of time with multiple modalities, different strategies and tactics, all around specific outcomes. It’s very hard work for all the foundations. It’s very hard to give away money and do a good job at it. HCF is one of the higher performing foundations.”

Interestingly, throughout the course of the interviews about ACA **four bellwethers mentioned the effectiveness of the tobacco advocacy efforts in Kansas and Missouri as a model of HCF at its best.** These bellwethers thought that the tobacco advocacy efforts were more strategic and effective than the health reform efforts. When probed about the difference between the tobacco and health reform advocacy efforts, one of these bellwethers stated,

“Tobacco was an effort whose time had come. There was a lot of work for years on developing a state law that would limit indoor tobacco smoke. Many states had gone ahead of KS. Another major factor was that the Sunflower Foundation took charge of the effort in hiring and lobbyist and hiring an organizer. Sort of bringing the camp of advocates together and under more unified organizational control than previously. It was an issue where you can develop passion in a unified way on our side. So many of these other issues involving health reform, it’s very hard to develop passion. You develop people that are favorable, but not passionate.”

Conversely, focusing only on policy issues that are already in the final stages of the policy process—where momentum is built and advocates have coalesced around problem definition and policy solutions—ignores the fact that years of laying groundwork are often required before a policy reaches that stage.

Recommendations

Findings from the bellwether interviews offer several considerations for HCF when charting a course for its future health reform advocacy efforts.

- One of the most effective tactics in the health reform efforts has been **public education**. The ACA is a complex political issue and HCF has already built a reputation as a reliable source of information. HCF could continue to be a source of reliable resources and enhance their public education efforts through media campaigns. The impact of public education may be accelerated if paired with technical assistance to grantees on how to use quality information to build public and political will.
- **Dollars for lobbying** are hard for nonprofit advocacy organizations to come by. HCF is one of the few foundations willing and able to provide these funds. In addition, it has lower-burden application and reporting processes, which allow grantees to access money quickly. HCF can quickly fill strategic gaps and seize unexpected opportunities that other foundations may have difficulty moving nimbly enough to support. As a result, focusing funding on areas where lobbying is an important missing tactic may be the best way to maximize HCF's policy impact. This requires improved collaboration with other funders who support only non-lobbying advocacy tactics.
- Health reform is a controversial issue, and one that HCF has tried to remain neutral on. Several bellwethers noted the value of organizations being nonpartisan, but others noted how foundation leadership on a policy issue could make it less controversial and lend political cover to decision-makers who might otherwise be unable to support a policy. When a funder's niche is unclear, its impact can be diluted. To create clarity and alignment about the foundation's niche among its own staff and grantees, HCF should **discuss the pros and cons of taking a neutral position on reform versus acting as a leader and a champion, and be transparent about its decision**. This will determine which grantees are the best fit going forward, as well as which auxiliary activities and partnerships are most worthwhile. As this issue continues to play out at the national, state and local level it will be important for the foundation to be clear on their views and what they are willing to invest in and take a stand on.
- There are a large number of actors involved the health reform debates in Kansas and Missouri, and many of these actors are trying different tactics and targeting different audiences. This can make it challenging for HCF to know which organizations to support. Some bellwethers were concerned that organizations receiving funding from HCF may be working at odds and never moving closer to alignment or shared action. It is important for HCF to **look at its portfolio of grants as a whole to make sure that its grants are complementing and enhancing one another**.
- HCF has established a reputation as an effective broker in health reform efforts. It can leverage this position by playing an **active role in connecting actors and coordinating efforts**. This could include continuing to invest in building coalitions that can coordinate strategies and have a larger impact. HCF is in a position to take a leadership role in creating a more unified and effective health reform advocacy community in Kansas and Missouri, which will be essential as these issues continue to play out.

As HCF makes decisions about whether and how to proceed with its funding for advocacy on health reform, it will be crucial to consider and articulate a clear role. These interviews surfaced a variety of ideas about roles that HCF is well-equipped to serve:



Dollars for lobbying are hard for nonprofit advocacy organizations to come by. HCF is one of the few foundations willing and able to provide these funds.

- Flexible and speedy supporter of policy efforts that are nearing the finish line and need lobbyingsupport
- Neutral broker and educator; provider of space
- Structure for advocates to negotiate policy solutions
- Coordinate action
- Bridge between federal policy local implementation

The foundation's organizational culture, the interests of its board, its existing skills and assets, and the role and function of other foundations in the area should all be weighed as the foundation considers which of these is the best fit. Arriving at a clarity of role can increase HCF's impact as it gives guidance on how staff selects grantees, the relationships they build with the advocacy community and decision makers, and which outcomes to measure as a sign of progress.

HCF Advocacy Grants Related to Health Reform

Grantee	State(s)	Year(s)	Funding Awarded	Primary Tactics
United Methodist Health Ministry Fund	KS	2007-2008	\$50,000	Policy research
Kansas Health Policy Authority	KS	2007-2008, 2010-2012	\$75,000	Regulatory, policy research
MO Citizen Education Fund	MO	2006-2010	\$79,000	Champion development, influencer education, public will building, grassroots mobilization, political will building, coalition building
MO Health Advocacy Alliance	MO	2009-2011	\$95,000	Advocacy capacity building, coalition building, public education
Kansas Health Consumer Coalition	KS	2009-2010	\$79,000	Grassroots mobilization
MO Budget Project	MO	2009-2010	\$150,000	Policy research, legislator education, coalition building, advocacy capacity building
Families USA	MO	2010-2011	\$100,000	Media, communications campaign
Partnership for Children	KS & MO	2005-2006, 2009-2011	\$210,000	Legislator education, coalition building, voter mobilization, public will building, political will building
Communities Creating Opportunity	KS & MO	2008-2012	\$387,000	Grassroots mobilization, influencer education, champion development, legislator education, public education
Missouri Jobs with Justice	MO	2009-2011	\$95,000	Grassroots mobilization, champion development, public will building, political will building, coalition building