

TOWARD A HEALTHIER KENTUCKY: USING RESEARCH AND RELATIONSHIPS TO PROMOTE RESPONSIVE HEALTH POLICY

Lessons for the Field

March 2017



In 2012, the Foundation for a Healthy Kentucky (Foundation) launched its Promoting Responsive Health Policy (PRHP) initiative. The goal of the six-year initiative was to make public policy more responsive to the health and health care needs of Kentuckians. The Foundation focused on four policy priorities:

- Increasing access to integrated health care services
- Increasing the proportion of Kentuckians living in smoke-free jurisdictions
- Strengthening local public health
- Improving the health of Kentucky's children

In 2013, the Foundation asked the Center for Community Health and Evaluation (CCHE) to evaluate PRHP. The Foundation's approach combined with the dynamic policy environment during the first four years of PRHP provided a unique opportunity to examine lessons to inform the field of health philanthropy.¹

During PRHP, the ability of the Foundation and its grantees to influence health policy was tested by significant shifts in the state policy environment. The initiative's flexible, multi-faceted design enabled the Foundation and its grantees to collaboratively respond to these changes, but the breadth of the initiative also sometimes strained limited resources and capacity. In this highly collaborative work, PRHP partners learned the importance of clearly defining roles, articulating policy priorities, and establishing structures to promote coordination and alignment. PRHP also highlighted the importance of long-term investments and a shared understanding of impact.

1. An adaptive and multi-pronged design allows foundations and their grantees to respond to the dynamic policy environment.

Based on the Foundation's previous experience, the PRHP initiative was designed with the understanding that policy initiatives need to include a variety of approaches and be flexible and adaptive in order to stay relevant in a dynamic policy environment.

Throughout PRHP, the Foundation used a multi-pronged design to advance policy using a variety of tools and strategies.

The PRHP initiative included four components that allowed the Foundation and its grantees to engage in and inform policy advocacy in a different ways. Through the grantmaking component, the Foundation invested in both direct grants and wrap around support for grantees. The Foundation also positioned itself as an active player in health policy and leveraged its internal operations with strategic investments in three areas: data & targeted research, relationship & capacity building, and convening.

¹ Due to budget cuts, the evaluation was not continued for the final year of the initiative.

PRHP Investment Components



Data & targeted research

- Kentucky Health Issues Poll (KHIP)
- Kentucky Health Facts
- Targeted research and polling
- BRFSS oversampling
- Policy briefs and white papers



Relationship & Capacity Building

- Government relations & direct advocacy
- Staff communications & media relations
- Making connections/networking
- Training & technical assistance



Grantmaking

- 5 policy & 4 communications grantees
- Non-financial support to grantees
- Health law fellow
- Responsive, matching & challenge grants
- Endowed chairs at two universities



Convening

- Howard L. Bost Health Policy Forum
- Topical convenings
- Biennial Data Forum
- Conference support grants

Significant shifts in the state policy environment in the middle of the initiative tested the ability of the Foundation and its grantees to respond.

In 2015, the gubernatorial election in Kentucky resulted in a significant ideological change within the state's political leadership. The new administration's policy priorities were not as aligned with the goals of PRHP and the work of the grantees as the previous administration had been—particularly related to advocacy for implementation of the Affordable Care Act (ACA) and a statewide smoke-free law. There was widespread acknowledgement that the change in the state's political landscape had a significant impact on the work of the Foundation and its grantees to advance health policy.

Throughout the transition to the new state administration, the Foundation and its grantees remained engaged and strongly committed to their missions. They recognized that many of their existing strategies were not as effective with the new administration. As a result, they revisited and reprioritized policy goals, refined and explored new strategies, and sought opportunities for alignment. Based on their political analysis and strategic priorities, different organizations made different choices about what policies to actively advocate for and which strategies they believed would be effective. In particular, advocates made different decisions about how oppositional they were willing to appear to the new administration's policy agenda and how to balance public-facing and media advocacy with an internal advocacy approach that focused on direct communication with the administration. In the case of smoke-free policy, there was a renewed focus on local action.

"Any support for the ACA or defense of the health gains that have been made in Kentucky are viewed as a form of political partisanship, rather than as a nonpartisan position based on the evidence that coverage has had a positive impact on Kentucky's health and economy."

During this period of transition the Foundation provided flexibility for grantees to experiment and make mid-course changes to reflect opportunities and learnings as they modified their advocacy to respond to the new political environment, this is discussed further below.

2. Effective policy grantmaking promotes flexibility, supports diverse strategies, facilitates collaboration, and builds capacity.

The Foundation's partnership approach to grantmaking included both direct grants to a diverse cohort of grantees and wrap around support to further support grantees' work.

The flexible and long-term grants helped grantees build capacity and infrastructure to meet the demands of a changing health policy environment.

Through PRHP, the Foundation took a long-term approach to grantmaking by providing one-year grants that were renewable for up to five years. While grantees submitted an annual work plan, the Foundation was supportive of mid-year adjustments to overcome challenges and respond to opportunities.

All grantees expressed appreciation for the Foundation as a funder that was responsive and supportive of their work. As the initiative entered its final year, many policy and communication grantees reflected on how multi-year, flexible funding was critical to their ability to focus on key issues and move their work forward. They specifically called out how funding from the Foundation helped to legitimize and/or raise the profile of their work related to health policy. Policy grantees, many of whom had received funding and partnered with the Foundation prior to PRHP, noted that this long-term relationship helped to build trust, facilitated collaboration, and helped to accelerate progress on key policy priorities.

Policy grantees commented on how the flexible structure of PRHP has allowed them to be responsive to the dynamic policy environment—to launch or expand new areas of work, refocus their efforts, and try new things. They also expressed appreciation for the grant, noting that sustained funding for health policy advocacy is limited. Communications grantees discussed how the grant has allowed them to build new infrastructure and capacity for health reporting that will continue beyond the grant period.

The Foundation funded a diverse group of media organizations, advocates, and researchers to influence policy in different ways, giving them a robust set of tools to respond to opportunities and challenges.

The Foundation intentionally funded a diverse set of grantees to inform health policy. These synergistic grant investments allowed the Foundation to build and support expertise, relationships, and resources across its four policy priorities and to contribute to advancing health policy in different ways.

- Policy grantees included legal, youth, and consumer advocates as well as applied researchers. This diversity in approaches and perspectives meant that, as a cohort, the grantees used a wide range of approaches that were both publicly visible and behind the scenes, to influence health policy. Examples included: research and issue framing, social media outreach campaigns, developing effective feedback loops with administrative agencies, and legal action on behalf of consumers.

- Communications grantees included public radio, public television, and news services. Grantees and Foundation staff commented that communications grantees were uniquely positioned to elevate key aspects of policy issues for a wider audience. They could both share complicated data and bring the human voice to the story.
- The Foundation also funded organizations to conduct research and polling to support and strengthen its other investments. The relationship with the State Health Access Data Assistance Center (SHADAC), which was funded to conduct an ACA implementation study, was highlighted as one of the Foundation's key contributions to informing health policy. The Foundation leveraged the SHADAC relationship to provide timely information to advocates, state officials, and other key stakeholders around the governor's 1115 Medicaid Waiver proposal.

The Foundation took a “partnership” approach and provided non-financial support to its grantees, which increased grantee satisfaction and helped them advance their health policy work.

The Foundation's staff approached its grantees as partners. Foundation staff recognized they should not direct all of the grantees' work. This allowed for more bi-directional conversations between the Foundation and its grantees rather than having a more top-down, hierarchical relationship—particularly important for the communications grantees that needed to maintain journalistic independence.

The Foundation also structured PRHP to provide non-financial support for its grantees: training and technical assistance, convening grantees to promote collaboration, providing grantees with research and polling, and sharing internal expertise and connections. This wrap around approach allowed the Foundation to coordinate support, ensure alignment within the initiative, and maximize economies of scale—building capacity across the cohort rather than in individual organizations. All grantees—policy, research, communications—reported high levels of satisfaction working with the Foundation. They especially appreciated the partnership approach of their program officer and the accessibility and expertise of other Foundation staff.

[In PRHP] there has been the right blend of advocacy, data, and collaboration. The Foundation has been in a role of supporting us, not just with money, but supporting us with everything else they do. ... The Foundation has resources to support the work when we need it most.”

The Foundation built a policy grantee cohort and provided peer learning opportunities, which facilitated collaboration and alignment.

Through PRHP, the Foundation created a cohort of policy grantees. At least once per year, the Foundation brought together representatives of these organizations to share updates and challenges and discuss opportunities for alignment and collaboration. All policy grantees appreciated the opportunities to connect with other grantees and collaborate on similar objectives.

Given that the grantees were working across the Foundation's four policy priorities, collaboration occurred more naturally for those working on the same health policy topics. However, all of the policy grantees were able to cite at least one example of how their individual advocacy work had been strengthened by connection or collaboration with a grantee working on a different topic. Over the course of PRHP, most policy grantees reported that increased connections with other policy and communication grantees, and the Foundation's research partners will have lasting impact on their work.

3. Foundations are in a unique position to support effective advocacy by convening key stakeholders to discuss policy issues, providing reliable data, and supporting messaging and communications.

Aiming to be a key player in health policy, the Foundation made strategic investments in two key areas: data and targeted research, and convening. When most successful, the Foundation's work in these areas was aligned with grantee efforts and was supported by effective communications. Throughout the PRHP evaluation, key stakeholders described the valuable and unique role the Foundation plays in informing health policy in Kentucky as a non-partisan, independent organization.

The Foundation provided essential support by convening key stakeholders and providing data.

Convening key stakeholders—beyond its grantees—and catalyzing important conversations on difficult topics was seen as one of the most significant ways the Foundation influenced policy during PRHP.

Respondents described how convenings were valuable for their ability to bring a variety of people

together to educate and talk about tough issues that may not be addressed elsewhere. The Foundation brought in local and national experts to inform conversations that were identified as a key mechanism to influence policy development. Stakeholders highlighted the Foundation's investments in topical convenings on relevant policy issues, including community health workers, comprehensive smoke-free laws, and the Medicaid waiver. Stakeholders also called out the Foundation's facilitation of a workgroup that focused on sustaining the progress made through the ACA. This workgroup included all policy grantees and other health policy and advocacy groups working at the state level.

Targeted research and data were also identified as an effective way for the Foundation to inform policy makers and the media about health policy priorities—particularly the Kentucky Health Issues Poll and SHADAC dashboards on the impact of the ACA implementation in Kentucky. Most respondents stated that the type of data that the Foundation provides, either directly or through funded studies/polls, is unique and essential for moving policy forward. Many cited their use of Foundation-funded data or research in highly visible settings such as health reporting, working with legislators, and media campaigns. For example, advocacy grantees said the data helped them ground and support their advocacy in objective data.

The media analysis conducted by the Berkeley Media Studies Group as part of the evaluation, found that the release of polling data or a report were the most common reasons that the Foundation received earned media. The media organizations receiving grants reinforced this finding saying that the data from the Foundation gave them a "hook" for a story.

Throughout PRHP, the investments in convenings and data were identified as examples of how the Foundation could leverage its resources to be responsive to emerging policy issues and to bolster the capacity of advocates, particularly grantees.

"Unbiased and collaborative conversation helps advance our work. Gatherings such as [the Foundation-sponsored convenings] are highly effective and instrumental in bringing people together to have constructive conversations about policy."

"We have more [evidence of success] than we typically do in a four-year period. Not only do we have coverage gains, the SHADAC evaluation shows [positive] changes in preventive screening rates and utilization."

Communications was identified as a critical aspect of successful advocacy—both to assist with messaging and to promote the work.

During PRHP, the Foundation invested in building internal communications capacity through the establishment of a Communications Director position. Both the policy grantees and the Foundation staff noted that communications capacity is essential for any successful advocacy effort—both because people need to know about the work and advocates need assistance in crafting effective messaging to reach key audiences. The Foundation provided media training to advocates and brought in national experts on messaging to support the efforts to protect the gains made under the ACA. Internal communications focused on both increasing the Foundation’s own visibility and elevating the work of its grantees.

4. When taking a more direct advocacy role, foundations need to have clarity on policy positions, prioritize how to invest internal capacity, and ensure alignment with grantees.

The scope of the final PRHP component, relationship and capacity building, continued to emerge throughout the initiative. When PRHP was developed, the Foundation identified four broad policy priorities and defined the strategies they would use to advance health policies. However, throughout the course of the initiative there were challenges with the lack of clarity and agreement among staff and members of governance bodies on specific policy positions in each of the policy priorities.

Foundation staff developed a prioritization matrix to inform decisions about which specific policies the Foundation would support and how (e.g., holding a convening, writing an Op-ed, etc.). Despite these processes, the lack of clearly agreed upon policy positions became a challenge when the policy environment shifted and issues became politicized, which particularly affected work around the ACA. The resulting tension emphasized the need for the Foundation to be prepared to address the politics of policy issues and to be able to articulate the positions it chose to adopt.

The effectiveness of the Foundation’s direct advocacy required it to be in sync with its grantees—understanding grantees’ work, clearly communicating with grantees, and ensuring structures for collaboration and alignment.

In PRHP, the Foundation made a strategic decision to become more active in direct advocacy, by investing staff time in building relationships with policy makers and providing information and data to inform health policy decisions. There were differing opinions among staff, members of governance bodies, and grantees about whether the Foundation should do more or less direct advocacy work, but agreement that it needed to be in sync with other advocates—particularly grantees—to better coordinate efforts.

In the beginning there was confusion about the Foundation’s role and how best to coordinate with the grantees. The Foundation responded to these initial challenges by promoting formal and informal mechanisms to maintain connections (e.g., establishing a workgroup to focus on sustaining gains related to the ACA; convening smoke-free advocates to talk about different policy solutions). The Foundation proactively sought grantee input and involved grantees as advisors in their other investments (e.g., polling questions, research advisory committees, etc.). It also provided grantees with advance notice of press releases relevant to their policy priorities. At the end of the evaluation, most respondents indicated

that the work of the Foundation and grantees was complementary and well-coordinated. Policy grantees appreciated the Foundation's efforts to utilize them as advisors and to leverage their subject matter expertise.

The breadth of the initiative—in terms of policy priorities and strategies—made it difficult for the Foundation to focus on all priorities equally and strained limited resources and capacity.

While the four policy priorities provided some focus for PRHP, Foundation staff continually reflected on how this breadth of topic areas resulted in several unanticipated challenges, including:

- Prioritizing emerging demands for Foundation resources and staff time across the four policy priorities. Given the opportunities presented through the implementation of the ACA, much of the Foundation's staff time and resources were invested in helping to ensure effective rollout in Kentucky. Foundation staff reflected that this meant that the other three policy priorities—smoke-free jurisdictions, public health infrastructure, and children's health—did not receive the same level of staff and wrap around support.
- Ensuring alignment and collaboration across the full cohort of grantees. For example, given the breadth of health policy topics the grantees were working on, attempts to promote collaboration sometimes felt forced and some grantees were working much more closely with each other because of closer alignment of their health policy priorities.
- Telling the story of PRHP's contribution to health policy—as one Foundation staff member said “it's not a story, it's an encyclopedia.”

Generally, the Foundation staff agreed that if they had been more focused, they may have been able to have had a greater impact on health policy. This learning was underscored by the significant policy progress that occurred related to access to integrated health care services, which had the most substantial grantee and Foundation investment during the initiative.

5. Understanding impact of policy investments requires a broad definition of “policy” and a responsive approach to evaluation

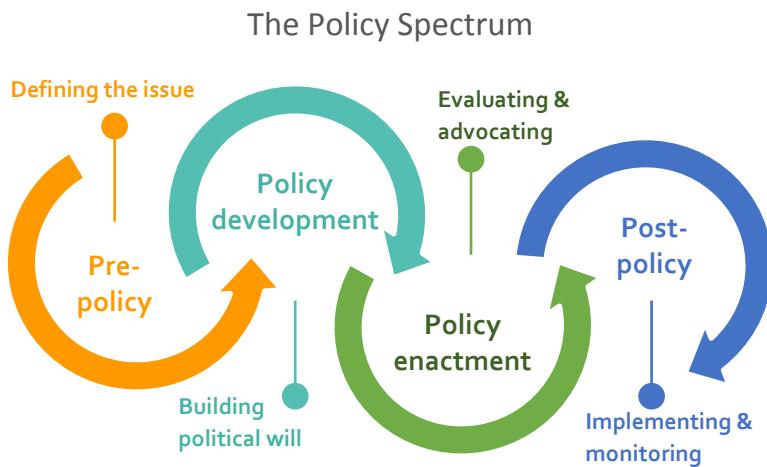
The Foundation used a “policy spectrum” to understand and measure the impact of a diverse set of advocacy strategies to capture impact on changes to the policy environment, rather than just policy enactment.

As part of the evaluation, CCHE worked with the Foundation and its grantees to map their advocacy strategies across a policy spectrum and to identify outcomes related to each stage in the spectrum.

The policy spectrum allowed the evaluation to not only assess policy accomplishments, but also to evaluate the impact of the behind the scenes work that creates the conditions and changes in the policy environment necessary for successful policy development and implementation (e.g., increasing levels of public support for a statewide smoke-free law).

The policy spectrum includes four developmental stages that broaden the definition of impact to the full cycle of policy development, enactment and implementation.

Examples of PRHP outcomes from the Foundation's investment at each level included: development of an informed core of advocates able to effectively mobilize to inform policy; increased availability of high quality information/data needed to inform health policy; increased awareness and understanding of health policy issues among civic leaders.



Perception of the effectiveness of the initiative was heavily influenced by how respondents defined impact and success. While the policy spectrum framework was adopted and used by Foundation staff and grantees, there remained a strong focus from the Foundation's board on judging impact primarily through policy enactment (i.e., whether a piece of legislation was passed or not).

An example of this tension was a differing opinion about the impact of PRHP on policies related to access to integrated health care services. Many described significant progress in this area citing the fact that Kentucky had the largest decrease in the rate of uninsured in the nation due to the effective implementation of the ACA. Grantees and the Foundation contributed to this outcome through efforts to raise public awareness, support the development of an effective state health benefit exchange, and targeted outreach to key uninsured populations. Toward the end of the evaluation, however, some raised a question about whether it could be considered a policy success given the uncertain future of the ACA in Kentucky and nationally. While the future of this policy is unclear, the effectiveness of the ACA implementation in Kentucky has resulted in embedded policies that have proved difficult to easily reverse.

Although PRHP was focused heavily on state-level policy, the emergence of a less supportive policy environment at the state-level meant grantees turned the initiative's focus to local-level and institutional policies. This shift has implications for how impact is defined and measured.

When PRHP was developed, expectations were that the initiative would impact state-level policy. At the time, the state administration's policies were well aligned with the initiative's goals. As a result, many of the grantees focused on state-level policy makers and opinion leaders. They recognized that local advocacy is more time and resource intensive since an organization needs an on-the-ground presence to move policies in communities across the state.

When the state-level policy environment became less supportive of the Foundation's and grantees' policy priorities, advocacy shifted to focus more intensively on local policies, with implications for deployment of resources and measurement of impact. This mid-initiative shift to a more local approach has implications for how the Foundation defines impact and what support the grantees may need to effectively engage in city, county, and institutional policy advocacy.

The Foundation used a developmental approach to evaluation, which adapted as the strategies and focus of the initiative evolved.

Evaluating broad, complex policy initiatives is challenging. Compared to more straightforward evaluations of programs and their outcomes, evaluations of policy and advocacy initiatives must contend with far more dynamic and fluid situations that are difficult to show causation or attribute outcomes to any one actor or initiative. In response to these challenges, the Foundation engaged CCHE to design a developmental evaluation that would be able to adapt and be flexible in order to stay relevant as strategies shifted. The principles of this more dynamic approach to evaluation included:

- Expanding the definition of policy work and progress using the policy spectrum to map strategies, identify realistic outcomes and measures of success, and articulate the link between strategies and intended outcomes. This framework was used to: (1) inform strategy by documenting how strategies evolved over time and identifying gaps or overlap in the collective work of the Foundation and its grantees; and (2) refine the evaluation by making sure it was assessing progress in the areas where the work was focused at any given time.
- Focusing on the contribution of the Foundation and grantees' work, rather than trying to attribute change to a single strategy or entity. Establishing contribution requires a clear understanding of how activities link to outcomes and the effectiveness of those activities. The evaluation used a series of logic models to map individual contributions to the initiative's collective outcomes. This allowed the evaluation to move beyond aggregating the work of individual advocates and focus on understanding the interconnection of advocates' work, including the synergies and gaps.
- Leveraging real time feedback to inform course corrections and emphasize organizational learning. In a rapidly changing policy environment, changing course is inevitable. The evaluation needed to provide real time synthesis and feedback related to progress, challenges, and opportunities rather than limiting feedback to formal reports at predetermined intervals. In PRHP, the Foundation and grantees were partners in "sense making"—or helping interpret the data and understand the implications for next steps.

"The best part of the evaluation is the conversation—among ourselves and also with the evaluation team. We operate with a sense that there's a narrative to change. The conversation helps us tell—and thereby understand—the emerging story. We're thankful that the written template includes room for stories and lessons learned. Telling the story often helps you understand the lesson."

Considerations for funders investing in policy and advocacy initiatives

Based on these lessons learned from the Foundation for a Healthy Kentucky's Promoting Responsive Health Policy initiative, we offer the following considerations for funders interested in investing in policy:

- **Clearly identify policy priorities and understand potential trade-offs between a broad set of policy priorities and more focused policy goals.** While a broad set of priorities may allow for the initiative to strategically respond to new policy opportunities, it also may limit impact by making it difficult to cover all policy priorities with equal resources and develop a fully cohesive grantee cohort.
- **Articulate the funder's role in the initiative, including the level of engagement in direct policy work and how policy positions will be developed.** Ensure that the board, staff, grantees, and partners understand the role each will play in advancing health policy. Recognize that policy work by definition is political and be prepared to respond accordingly. Be aware that mid-initiative changes in policy may require shifts in expectations, priorities, and strategies.
- **Align the focus and structure of grants with expertise and strategies needed to respond to the dynamic policy environment.** Consider funding a diverse cohort of grantees and investing in complementary data and tools to be able to influence and inform policy at various levels. Build flexibility into the grant structure to allow grantees to respond to changes in the environment and promote continuous learning.
- **Build awareness of the broad spectrum of strategies needed to develop, enact and implement policy.** Use a cohesive framework like the policy spectrum to identify and map strategies used by all key players. Ensure that all stakeholders agree upon the conceptual framework used to define policy progress and success. Understand areas of overlap and gaps among key partners to ensure coordination and alignment across the initiative.
- **Consider long-term investments to build infrastructure in key partner organizations.** Policy change often requires long-term and sustained efforts. Longer term grants allow organizations to build capacity and infrastructure for policy advocacy, which makes it more likely they will be able to successfully influence policy and, ultimately, move the needle on health outcomes.