



SPARK POLICY INSTITUTE
igniting public policy and community change

Consumer Advocacy Funding Initiative – Brief 1: Results of the November 2014 Convening

Prepared by Spark Policy Institute on behalf of
The Colorado Health Foundation
December 2014

INTRODUCTION

In 2014, The Colorado Health Foundation (TCHF) 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, TCHF is meeting with advocates twice a year for an *Advocacy and Strategy Convening* with the goal of understanding the health policy environment, the viability of specific policy targets, and what supports advocates will need to be effective in the coming year. Each convening is followed by a brief that shares the learning. This brief is the result of the November 2014 convening.

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
- 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 over the next four years:

1. Convergence across payer sources and provider networks around models for effective payment

This brief includes information specific to Colorado about:

- *The status of health reform implementation;*
- *The current health policy environment;*
- *The viability of specific policy targets in this environment;*
- *Advocacy strategies and tactics likely to be effective in this environment; and*
- *Supports that may help advocates to be successful in 2015.*

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 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.
4. 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.
5. Policies that drive the integration of different health care delivery modalities including primary care, specialty care, oral health, and behavioral health.

In the context of this initiative, TCHF *defines consumer advocates as those who represent the interests of consumers, including engaging consumers in the policymaking process* (from problem identification to developing solutions to advocating for their adoption).

Sources of Information for this Report

The assessment of the health policy environment in this report comes primarily from two sources – the results of the November 2014 convening with advocates and the results of interviews with nine “bellwethers,” individuals who have their finger on the pulse of the health policy environment in Colorado, but are not directly advocating for specific policy changes.

CURRENT POLICY ENVIRONMENT

The scenario mapping in early 2014 that informed the development of the overall funding initiative engaged over 40 leading health advocates in Colorado in identifying the most significant drivers of the health policy environment: the political environment and the success of health reform implementation. From there, advocates identified seven viable scenarios, with agreement that we are unlikely to have a blue environment if health reform fails or a red environment if it is highly successful (Figure 1). For more detailed information about the scenarios and their development, please see the resources section at the end of this document.

Figure 1. Potential future health policy scenarios

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

Colorado’s Political Environment in Nov 2014

In November 2014, Colorado’s political environment shifted from a solid Democratic majority in the House and Senate to a split Legislature with a Republican majority in the Senate. The governorship

remained Democratic. While the swing was not unexpected, the changes are not limited to the party in control and include shifts the individuals who have power, influencers over those individuals, and the stories and issues that will resonate with both.

This post-election environment was described by advocates as uncertain, unsettled, and in a state of flux. They identified the polarization of issues and the strong partisan dynamic, combined with the “purple” election results, as contributors to this uncertainty.

Overall, most bellwether interviewees indicated that, even with the shift in the political environment, healthcare will remain one of the top policy issues in the state alongside economic issues and k-12 education, followed by higher education and fiscal issues. This ranking is in contrast to how the public currently views healthcare, with the latest Kaiser Foundation public polling identifying health care as the 5th highest priority among Democrats and 7th highest priority among Republicans. Bellwethers also indicated that, regardless of Colorado’s political environment, both the highly politicized nature of health reform and the extent to which changes are being led at the federal level limit Colorado’s opportunities to advance reform. For more detailed information about the Kaiser Foundation poll, please see the resources section at the end of this document.

Advocates worried that the shift in political power will result in healthcare policy competing with a broader array of priorities as Republicans bring new issues to the forefront. At the same time, both advocates and bellwethers stated that it would be a mistake to see a *blue* state and leaders as automatically good for health policy and a *red* state and leaders as automatically bad. Rather, it is important to keep in mind that Republicans want to improve healthcare as well, but may go about it in different ways and advocates will have to use different strategies.

“The state politically has been the purple we are now... As a purple state we passed tobacco tax in 2004 and we passed the exchange in a bipartisan way.” *Bellwether interviewee*

Status of Health Reform Implementation

Bellwethers and advocates largely agreed that health reform has had many successes so far; some even described its effect on the health system as transformative. They repeatedly talked about the success of the Exchange and Medicaid expansion in covering more Coloradans. They also thought Colorado was doing pretty well on both fronts compared to many other states, including the cost of health plans and its success in enrolling young, healthy Coloradans. However, advocates also highlighted that “the devil is in the details” with some larger wins involving many smaller challenges and vice versa.

“I think it’s been pretty amazing we have so many more people who are insured who weren’t. We’re down to less than half of those who were uninsured (as still uninsured), we’ve seen decreased bankruptcies in Colorado. So many things have been so positive ... The prices on exchange—we had such a low increase compared to what we’ve seen in the past.” - *Bellwether interviewee*

Other successes identified by bellwethers included the bipartisan work that went into creating the Exchange, movements to integrate primary care with behavioral health, shortened developmental disabilities waitlists, and a decrease in health care-related bankruptcies in the state. Some interviewees also identified the work of the Accountable Care Collaborative, the Colorado Department of Health Care Policy and Finance’s continued reform efforts, and the work in the state on health information technology (HIT) as successes. Advocates agreed – with some highlighting that HIT reforms are already having a positive impact on patient outcomes and that changes to provider reimbursement rates have helped increase access.

The health reform picture is not all good, however. On a technical front, some advocates saw the roll-out of the Exchange as a significant failure insofar as it created negative experiences for consumers. Another major failure was the lack of readiness among insurance providers to handle the new base

of consumers enrolled through the Exchange and Medicaid: health plans and providers were unprepared for the volume of patients and intensity of needs.

An area of concern across bellwethers and advocates is the number of people who remain uninsured, underinsured, or unable to access quality care. While the increase in coverage was seen as a success, advocates and bellwethers identified that coverage for undocumented Coloradans remains unaddressed and some groups are experiencing negative impacts from health reform. For example, rural areas have high premiums on the exchange compared to urban areas, as do small businesses compared to the individual market. Some disability communities are similarly facing high costs and difficulty accessing care. Rural areas are also continuing to deal with workforce and facility shortages, with fewer providers and hospitals available. Some advocates worried that Medicaid reimbursement rates are discouraging providers from accepting patients, leading to a narrow network of providers and thus an inability for the system to meet the needs of all its newly-covered consumers.

The Medicaid determination process, both the long waiting period to be accepted (or rejected) and the way Medicaid status is determined, creates barriers to accessing consistent coverage. There is also a racial divide in the delivery system, where people of color continue to be more likely to be seen at community health clinics rather than having access to a broader array of health care options.

“Some of the aspects that are generally good are Medicaid expansion. 1.1 million in the state of Colorado are covered...While the exchange had a few technical problems it was largely successful...The hiccups, people had to apply for Medicaid first before Connect for Health, but people did not find out for a long time if they can receive Medicaid...Another issue is that Medicaid eligibility is determined on monthly income and the exchange was on annual. This was an issue for people that were paid on seasonal income.” -*Bellwether interviewee*

Advocates described the health care system as still far too complex to be transformative at the consumer level. The changes are helping expand access and coverage, but navigating the system and getting to quality care is still challenging for individual consumers.

The Public's Attitude toward Health Reform

Some advocates pointed out that the country's general attitude toward health reform has improved. There is greater public awareness, an improved environment for having discussions, and even greater traction for basic health reform ideas such as the idea that "people should have coverage and access to the care they need."

Although some advocates and bellwethers thought the general attitude towards health reform has improved, public opinion on the ACA itself is still widely divided, with a recent Kaiser Foundation poll finding that 46% of the public has an unfavorable view of it compared to 37% who view the ACA favorably. Furthermore, the majority of both Democrats and Republicans expect the debate about the ACA will increase or remain at the same level now that the midterm elections are over, with only 5% expecting a decrease in the amount of debate.

The bellwethers least likely to see the current political environment as favorable for continued health reforms are concerned about a public that does not engage thoughtfully in health issues and that tends to receive incorrect or oversimplified information from traditional and social media sources. This concern is borne out by the latest Kaiser Foundation poll from mid-November 2014 which found that 89% of uninsured people polled were unsure of, or wrong about, when open-enrollment begins in 2014.

There was some agreement among bellwethers and advocates that those who qualified for Medicaid or enrolled through the Exchange and received subsidies were excited for the coverage and more likely to see reform as successful. Individuals who had not previously qualified for, or had access to,

insurance may be even more likely to see reform as successful. The primary components of health reform the bellwethers suspected the public supports included not being turned down for pre-existing conditions, dependents staying on their parents' insurance up to age 26, and elimination of co-pays for preventive care. However, the general public's view of the impact of the ACA falls firmly along party lines, with the vast majority of Republicans who say they were impacted by the law seeing that impact as negative, and the majority of Democrats who say they were impacted seeing that impact as positive.

The bellwethers also warned that specific negative impacts of health reform, such as the problems with the rollout at the federal level, people losing their plans or perceiving others to have lost their plans, the inefficiency and complexity of the Exchange, and the amount of time it takes to get enrolled and access coverage, are creating dissatisfaction. Some bellwethers worried the public is dissatisfied with the quality of plans and the high deductibles. They noted dissatisfaction may be higher in rural areas, where there are higher premiums and a lack of providers.

Bellwethers noted a difference in the public will for health reform between those benefiting directly from coverage expansions and those without direct benefits. The public, they argued, may be largely unaware of the nuances within the health care system, such as the fact that premiums did increase this year, but it was at a significantly lower rate of increase than previous years. Health care is also intensely personal and challenges in accessing specialists, hospitals, or even primary care providers may make consumers more likely to see reform through a negative lens.

"The broader public doesn't think about innovations and how care is delivered. They are more focused on, "Do I have access to my physician?"...In general, it's based on their experience in the receipt of healthcare and it is not always favorable in terms of delivery."
Bellwether interviewee

Whether or not the public understands the nuances of the health care system, 84% of the uninsured polled by the Kaiser Foundation say that having health insurance is important to them, and 49% think they will obtain coverage in the next few months. This finding confirms the bellwethers' and advocates' view that the public sees the impact of health reform through a personal lens, and highlights the opportunity to improve public opinion about health reform as implementation progresses.

Colorado's Current Scenario

Between the purple political environment and the mix of successes and challenges in health reform implementation, it is not surprising that 93% of the 30 advocacy organizations who voted during the convening identified the middle scenario, *We can fix it, so we hope*, as the best descriptor of what is happening right now in Colorado. In this scenario, health reform needs many tweaks and changes, and the political environment is favorable to some but not to others, leaving different elements of health reform in a position to continue to fail. Advocates also pointed out that health reform is resulting in better outcomes for some places and populations than for others, further emphasizing that the current context is still one of implementation without widespread positive outcomes.

In this current environment, advocates and some bellwethers identified that a combined focus on addressing quality and cost issues within the health care system would be an appropriate and likely next step, which may include delivery reforms, integration of care, cost containment strategies (described by some as the "next frontier" of health reform), and movement away from a fee-for-service system to a value-driven system.

IMPLICATIONS FOR POLICY PRIORITIES

Advocates and bellwethers alike identified uncertainty about what would be a priority in the coming legislative session. They were concerned competing priorities such as the economy, immigration, and other issues would take

precedence, making it difficult to continue reforms. Advocates said they expect to see efforts to repeal current health reform policies by defunding things such as Medicaid expansion and the hospital provider fee. TABOR-related issues are also expected to present a challenge, particularly for any bills with fiscal implications. Finally, there was a sense of uncertainty around how the Republican leadership will affect the Exchange's oversight board.

Despite all these concerns, bellwethers and advocates largely agreed that current reforms are relatively safe. They believed it would be politically difficult to roll back many of the reforms, not just because more and more members of the public are beginning to see the benefits personally, but also because insurance companies would likely not support the rollback of reforms their business models have already been adapted to accommodate. Advocates saw buy-in from insurance providers as an opportunity to continue reforms in the current direction. At the same time, many advocates and bellwethers reported it will be politically difficult to continue to expand reforms.

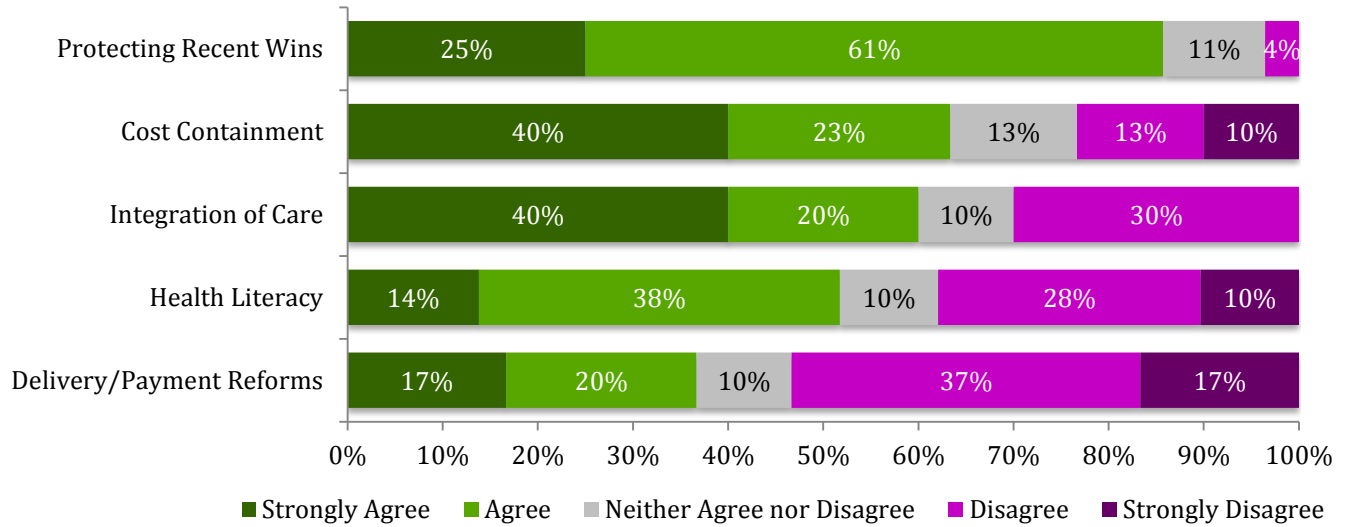
Beyond the budget issues associated with Medicaid expansion, other Medicaid issues identified by bellwethers as unresolved problems included:

- Ensuring adequate access to doctors and care;
- Reconsidering the monthly vs. yearly Medicaid eligibility; and
- Addressing challenges that arise as individuals' eligibility switches back and forth and people move between coverage options and delivery systems.

One area for potential wins for advocates is focusing on the ongoing implementation of federal healthcare regulations and how the state budget supports implementation, rather than focusing on new legislative wins. Another is to continue to advocate for improvements to the Exchange.

In addition to more generally exploring policy priorities, advocates and bellwethers were asked to assess the viability of TCHF's five policy targets in the current environment (Chart 1 below).

Chart 1. Consumer advocates are likely to have policy wins in 2015 if they focus on...



Protecting Recent Health Reform Wins

Advocates were most likely to see success for consumer advocates in their efforts to protect current health reform wins, with 85% of advocates agreeing or strongly agreeing this would happen. The continued Democratic governorship, the general hesitancy to take away a policy from which the public has directly benefitted, and the consistency of consumer advocates’ messaging that reforms are benefiting the public are all helping to protect reforms. The few advocates who disagreed worried the political environment may be too polarized and uncertain to feel confident that current wins would be maintained, a view supported by the majority-held public view that debate on the ACA is not over.

Current successes include Medicaid expansion, the exchange, care coordination efforts including the Accountable Care Collaborative, and movement toward the integration of care, along with many of the regulations that have supported these different efforts. Bellwethers recognized that, while there are some policy successes to protect, these same successes have problem areas: the protection of successes should come in part from continuing to refine and improve them, such as making the Medicaid system more efficient, addressing the costs of expansion, and improving the exchange’s overall process for consumers, specifically for small businesses.

Cost Containment Strategies

Nearly two thirds of advocates agreed that consumer advocates are likely to have successes if they focus on cost containment. Some reported cost containment policies are a likely win for the simple reason that the issue must be addressed to advance health reform – policy change has to happen and advocates can be part of that process. Other advocates reported that it was too soon to expect wins, with an expectation that cost reduction policies would not be passed in this session. While that may be true, given the newness of the Colorado Commission on Affordable Health Care, advocates pointed out that there are wins possible in the cost containment discussion long before any bill is put in front of the legislature. Advocates need to be active in informing the work of the commission so its decisions reflect consumer needs.

Bellwethers agreed that legislative action may not occur until after the Commission has time to do its work. However they did believe issues around cost containment would be part of many other policy priorities in the coming year, particularly as it relates to paying for the Medicaid expansion. Some also pointed out that the hospital provider fee and its relation to TABOR will be an important issue.

“There is a Cost Containment Commission which was created last session. Their work is going to take three years; I’m not sure there’s

going to be conversation about the costs...but there will be an immediate conversation on the [Hospital] Provider Fee, which has supported hospitals in getting additional reimbursement from the federal government, and has created greater opportunities around uncompensated care.” -*Bellwether interviewee*

Advocates and bellwethers identified cost containment as the underlying driver of whether all other aspects of health reform will be successful. They identified a wide range of issues under the umbrella of cost containment, including addressing the costs of the Medicaid expansion, the regional differences in health care costs and consumer costs, controlling health care costs overall, and even using the integration of care to manage costs. A few advocates held a contrary position, reporting that cost containment is unlikely to see any bipartisan compromises in 2015.

Integrating Health Care Delivery Modalities

Over half of advocates agreed that consumer advocates are likely to have successes in 2015 if they focus on integrating primary care, specialty care, oral health and behavioral health. They explained that the Colorado State Innovation Models Initiative, which is pending federal approval, would likely create momentum. They also identified modality integration as an issue that can cross party lines and bridge many different advocates’ interests, leading to broad coalitions with common goals. At the same time, some advocates saw this as too complex of an issue to get momentum and difficult to message in a polarized political environment. Health care delivery modality integration is also unproven as a means for improving the triple aim (improved patient satisfaction, decreased cost, and improved population health), which may lessen its momentum.

Bellwethers, in contrast, saw the integration of care modalities, particularly behavioral health with primary care, as one of the most viable of the five policy priorities, especially if the State Innovation Model Initiative is funded. They saw the integration with specialty care as more difficult at a technical level and harder to solve through public policy.

The integration of dental and physical health care was seen as challenging given differences in structure and funding. Bellwethers saw a link between integration of care and payment and delivery reforms, specifically through the impact of moving away from fee-for-service to value-driven models as global costs and value-based payment models are likely to facilitate the integration of delivery modalities to improve outcomes.

Finally, bellwethers pointed out that the integration of care may have some legislative solutions, but much of the change will have to happen in the private sector. Elected officials may be able to spur change in the publically funded parts of the health care system, but without the same level of influence over the private sector integration across the two sectors may happen in silos or not happen at all.

“[Integration of delivery modalities] has to come from the marketplace...It is inextricably linked to payment reform. If we change the payment system it will cause greater integration with primary care, specialty care, oral and mental health. If we don’t pay for it, it won’t happen. If we start to pay for it the market will react.” -*Bellwether interviewee*

Expanding Health Literacy

Issues around greater health care literacy were referred to as the “holy grail” of health reform by one of the bellwethers, and multiple bellwethers emphasized that the impact of greater health literacy would be felt throughout the system including costs and health outcomes. Similarly, some of the advocates identified health literacy as necessary for influencing changes in the health system.

Most bellwethers, however, did not see a role for legislative or even regulatory change to expand health literacy. Rather, they felt the issue tends to be left to advocates and consumer groups and could perhaps be best addressed by the private sector. Bellwethers identified providing more information to Medicaid enrollees, clarifying legal documents, or requiring health assessments to target patients for the most appropriate services as viable government solutions.

Only half of advocates agreed that consumer advocates could have policy wins in 2015 if they focused on health literacy. Some advocates explained that the term “health literacy” is too broad and it is not clear what engaging in policy on this issue would mean. Others pointed out that health literacy is not understood by policymakers and may not be something conservative policymakers are interested in supporting with public dollars.

As indicated by both advocates and bellwethers, health literacy continues to occupy the same space as during the scenario mapping process in early 2014. Advocates in that process repeatedly identified health literacy as a potential driver of *epic failure* if not improved, or a means for achieving *health care transformed* if literacy is improved:

- If the public accessing care is not using preventive measures and meeting their chronic care needs, the health care system will continue to have challenges with cost and population health outcomes.
- If the public understands coverage, how to access care, and preventive care, the systems costs could decrease, patient satisfaction may increase, and population health outcomes are likely to improve.

Yet, similar to bellwethers, advocates during the scenario planning process struggled to identify policy solutions to advance health literacy. Some advocates talked about switching the responsibility to increase health literacy from non-profits and foundations to the health system itself. Ways for the health system to increase health literacy include expanding funding for the exchange’s Health Coverage Guides (who provide assistance for more than just coverage), expanding funding or reimbursement options for community health workers, and supporting systems navigators. Advocates during the convening also talked about the need to simplify the health system itself, which would decrease the need for health literacy specific to system navigation, though it would not change the need for health literacy around how to care for ones’ health.

Convergence on Payment & Delivery Reform

The final policy target is focused on *convergence* around the many different models of payment and delivery reform. This target is based on advocate feedback that the system is beginning to suffer with innovation overload, leading to providers and consumers being overwhelmed, confused, and unable to keep up with the changes. Only a little over one-third of advocates agreed that consumer advocates are likely to have policy wins in 2015 if they focus on convergence around delivery/payment reforms. For those who did agree, they reported that efficiency (an outcome of some payment and delivery reform models) is a bipartisan value, and incentives for whole-person care will help people stay healthier, which is politically popular. But many advocates saw these types of reform as too complicated with too many entrenched interests. They reported that many of the changes need to occur within private rather than public sector settings, and that it is too early in the process of identifying, implementing, and assessing reforms to converge on specific reforms.

Bellwethers concurred, noting that although payment and delivery reforms are a significant part of containing costs, they could be challenging to address through public policy (though it may be possible by addressing the budget). One bellwether suggested financial incentives for delivery reform could be implemented through policy:

“I’m not sure about legislative solutions because it’s hard to legislate a delivery system mechanism that will lower costs because healthcare is so local. What works in Grand Junction is different from what will work in Denver or even Pueblo. Creating a one-size-fits-all fix is challenging but there will be efforts and legislation that might be crafted to facilitate efforts to look at how we align financial incentives with high value healthcare cost, rather than a fee-for-service billing basis. Physicians have the incentive to go with the volume of the fee-for-service because that’s how they get paid, especially in the government lines of business. We have to find

more efficient ways to get a high value system by changing the ways physicians are compensated.” - *Bellwether interviewee*

Bellwethers suggested that the work of the Colorado Commission on Affordable Health Care, data gathered by the Center for Improving Value in Health Care, and information from the Colorado Regional Health Information Organization should be used to develop and test reforms.

IMPLICATIONS FOR ADVOCATES

Effective advocacy depends on being adaptive – assessing the external environment, selecting the strategies and tactics best suited for a particular situation, and adapting to the shifting moves of the opposition, allies, and potential allies. In addition to mapping the political and policy environments and exploring the status of health reform implementation, advocates at the convening were asked to explore how they might need to adapt to be effective at advancing the five policy targets.

Identifying Potential Political Champions

Advocates and bellwethers recognized that, even with election changes, there are still existing political champions, influencers and organizations with which advocates can work to advance these issues. Bellwethers were most likely to mention the state’s major health foundations along with associations representing provider/hospital interests as influential organizations, followed by key consumer advocacy groups. They also named specific political leaders, both elected members of the legislature and appointed officials in the executive branch, and a few key advocates.

Advocates also explored whether Colorado has an effective, influential field of consumer advocates (Chart 2). Nearly two-thirds of participants agreed it does, noting that, while there is a vibrant consumer advocacy field, Colorado needs more consumer voices and power in the policymaking process.

Implications for Effective Advocacy Strategies

Advocates at the convening were asked to brainstorm advocacy strategies most critical to success on the five 2015 policy targets. Overwhelmingly, they identified the development of new leaders as critical, including through community organizing and recruiting a more diverse field of advocates. They also prioritized developing new political champions and, to a lesser extent, working more effectively in coalitions and educating policymakers so they better understand the evidence underlying reforms.

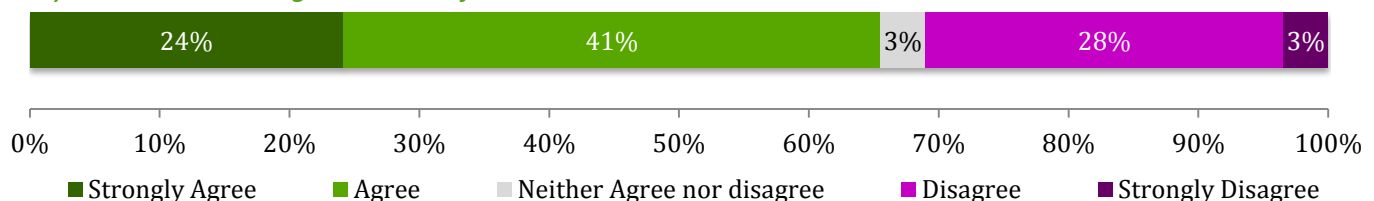
Recruiting New Advocates

Advocates and bellwethers called for greater engagement of grassroots audiences, both to capture their stories and to engage them in direct advocacy with political leaders. Diversifying the base of advocates was understood as a top priority, specifically political diversity by bringing in grassroots advocates who can speak across the aisle. This aligns with one of the top advocacy strategies prioritized during the scenario mapping process.

Expanding Coalitions

Advocates also called for expanded coalitions, including better connections between advocates who work directly with policymakers and the grassroots organizing groups who engage

Chart 2. Colorado has an effective group of consumer advocates/consumers for public policy on health coverage and cost of care



consumers. This desire for better connections supports the idea that a unified message will help advocates to be more effective in the changing political environment.

Recruiting New Political Champions

Advocates emphasized the need to groom new champions in the state legislature, at the local level, and within the Governor's Office. There was a general sense of uncertainty around who could be developed as new political champions, but a strong agreement that champions will be needed in both political parties. There was also recognition that, if advocates go into the next legislative session with too many assumptions about who can and cannot be a champion for specific issues, they may miss out on opportunities to build new relationships that could benefit the advancement of the five policy targets. Bellwethers encouraged advocates to take the time to meet with new legislators on both sides of the aisle and listen to what they have to say, look for issues that resonate with them, and talk more about the bottom line value of changes to the system.

Message Development: To Policymakers

Advocates and bellwethers talked about the importance of crafting a new set of health advocacy messages. While advocates recognized that different advocates represent different interests, they also called for greater unity in messaging. New messages need to resonate across the aisle and should reflect the need for new political champions. Bellwethers encouraged advocates to leverage personal stories, incorporate credible data into the stories and be patient; educate in small pieces, rather than try to tell the whole story at once. Additionally, bellwethers asked advocates to create messages of collaboration, rather than antagonism, when talking with legislators who may not be the obvious champions for health reform. Advocates also identified the importance of being up front about both what is working and the problems that need to be fixed. They highlighted, for example, that although coverage has expanded, coverage alone does not equal access to care.

Message Development: To Consumers/the Public

Similarly, advocates and bellwethers talked about the need to actively message to the public in order to build public will for continued reforms. Many recommended partnering with consumers to help convey the messages, or at least using consumer stories in the messages. They called for messages to the public to be carefully crafted to avoid further polarizing the electorate, to help the public understand how reform and innovations have had an impact on people's lives, and to help the public see the future changes that will help them. Advocates identified dissemination channels for messages that ranged from large-scale outreach (e.g. billboards) to more personal outreach, including to small businesses and communities of color as specific target audiences.

SUPPORTS FOR ADVOCATES

Advocates at the convening also had an opportunity to explore the types of supports that could help the field of advocates be more successful in the coming year. When asked to vote on top supports needed by the field, they overwhelmingly identified two priority supports: communications and engaging consumers as advocates. As part of both priorities, advocates talked about the need for assistance in collecting and using consumer stories.

Communications

Advocates asked for help with communications to policymakers and the public. They requested support with developing effective messages, including integrating policy analysis into their talking points. They talked about the need for the development of proactive messages that can be used across advocacy groups. Advocates also explored how working with communications firms could advance their ability to deploy effective and timely campaigns both to policymakers and the public. Some advocates talked about ways their own organizations could engage in building the communications capacity of other groups, such as sharing knowledge of what is happening on health

policy issues to facilitate a shared understanding between advocates.

Advocates also emphasized the importance of TCHF continuing to be a messenger itself, helping educate policymakers and consumers directly. While some communications support needs to help advocates be better messengers, advocates share the bellwethers' belief that health foundations are credible influencers in the health policy environment and can directly use their influence on policymakers in ways that support consumer advocates.

Building Capacity to Engage Consumers

Advocates also asked for support in building advocacy capacity to engage consumers directly. The conversation on grassroots advocacy often centered on the reality that it takes significant time and expertise to mobilize consumers, and yet consumers are critical partners because they can help to champion issues to the legislature and be a credible voice to the public. Beyond the staff time required, advocates also identified specific resource needs such as flexible funding to support costs for consumers to join in advocacy (e.g. travel expenses for consumers coming in from rural areas to testify). They also suggested more training on how to engage grassroots consumers and more training for grassroots advocates on how to advocate effectively.

Collecting the Stories

Advocates talked about the need to capture and use stories more effectively, consistent with bellwether recommendations. In terms of supports related to stories, some advocates pointed out that capturing consumer stories requires resources – not just staff time, but also the technology to record stories. Advocates noted that disseminating stories can be costly if they are purchasing airtime or building media relationships to increase the public's awareness of the stories. With many different organizations identifying potential stories, another

challenge may be selecting the right stories to use at the right time.

Other Supports Needed

Advocates identified a variety of other supports, but did not prioritize them when given the opportunity to vote. These additional supports included knowledge management strategies (e.g., how can advocates learn from each other), help with evaluation to show the collective impact of the advocacy field, and help with creating a shared vision/goal across consumer advocates. A few advocates also suggested the need for guidance on when to mobilize on federal policy issues, providing legislative aides to champions in the legislature, generally building a stronger advocacy field.

CONCLUSION

Overall, advocates and bellwethers identified an environment where many of the same policy issues from a year ago still exist, but recognized that the political shift will necessitate the development of new champions, new messages, and the recruitment of new advocate voices. In this environment, policy targets are not all equally viable, but viability is not just about whether there is political will; it is also influenced by public will and whether it is clear to advocates and policymakers what policy levers exist to move the needle on issues like health literacy or reforms in the private sector.

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 communications and policy teams and to inform grantmaking priorities in the Consumer Advocacy Funding Initiative. They will also be engaging advocates to understand the types of supports needed in more depth.

RESOURCES

- For more information about the scenarios referenced in this report, please visit The Future of Health Policy in Colorado, prepared by Spark Policy Institute, at:
http://www.coloradohealth.org/uploadedFiles/What_We_Do/What_We_Support/Adequate_and_Affordable_Coverage/Spark_TCHF_Scenarios_Report.pdf
- For more information about the Health Coverage Funding Opportunity for Consumer Advocacy, please visit:
<http://www.coloradohealth.org/yellow.aspx?id=6674>
- To read the full results of the Kaiser Foundations latest Health Tracking Poll, please visit:
<http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-november-2014/>
- To learn about the convenings associated with this Funding Opportunity, please contact Erica Snow, Senior Program Officer, at: esnow@coloradohealth.org
- For more information about the learning in this report, please contact Spark Policy Institute at:
info@sparkpolicy.com