

Issue Brief: Policymaker Relationships: From Education to Partnerships

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EXECUTIVE SUMMARY

Forging new relationships and strengthening existing relationships with decision-makers at the federal, state, and local levels are critical to achieving policy goals important to providing high-quality health care services to underserved patients. While resources are important, relatively small associations may be as effective in garnering policymaker support as better-endowed groups or organizations. The clinic consortia funded under The California Endowment's Clinic Consortia Policy and Advocacy Program created successful partnerships with policymakers, resulting in policy changes that benefited member clinics and underserved Californians. Grantee policymaker relationships evolved from an initial stage where grantees gained visibility and credibility through their education efforts to a partnership stage where grantees are seen as integral stakeholders in the decision-making process. Not only are policymakers very familiar with consortia, clinics, and clinic policy issues, but they also are actively engaging in productive relationships. The resulting outcomes include increased policymaker receptivity to grantees, demonstrated policymaker knowledge of clinic issues, policymaker-initiation of contact with grantees, and increased or maintained funding to clinics. For example, increased policymaker education helped secure passage of SB 190 in 2005, the reauthorization of the Cedillo-Alarcon Community Clinic Investment Act, resulting in \$35 million for clinics. These successes suggest there are opportunities in the political arena to "be heard" and that policymakers are amenable to working with clinic consortia on behalf of clinics and underrepresented populations.

INTRODUCTION

As part of its commitment to increasing access to high quality and affordable health care for underserved Californians, The California Endowment (The Endowment) provided multi-year funding for the Clinic Consortia Policy and Advocacy Program. In early 2001, 15 California local and regional community clinic associations and four statewide clinic organizations ("consortia" or "grantees") received three years of funding (totaling \$10 million) to strengthen the role and capacity of consortia in order to support the management, leadership development, policy, and systems integration needs of community clinics. Funding supported specific activities related to policy advocacy, technical assistance, media advocacy, and shared services in order to increase the collective influence of clinics. In 2004 and 2007, 18 grantees were refunded for three years to undertake or continue a similar set of activities. The purpose of this Issue Brief is to describe grantee strategies to educate policymakers and to examine how these efforts evolved into partnerships and outcomes benefiting member clinics and underserved populations.

BACKGROUND

In response to the challenges of the shifting health care environment, clinics have joined together to form local and regional consortia and statewide organizations. They provide a unified voice calling for increased services to the uninsured, offer economies of scale for business and program shared services, and allow clinics to work in partnership on local health improvement programs to benefit clients. A major focus of their work is directed towards achieving policy change beneficial to their member clinics. Most grantees do this through staffing a full-time Policy Director who is responsible for engaging in a variety of policy advocacy

Grantees:

*Community
Clinic
Consortia*

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activities, such as undertaking media advocacy campaigns, educating and mobilizing clinics and the broader community, and participating throughout the policy development and implementation process.

Some question whether relatively new and less affluent organizations can achieve policy change. However, the number and type of groups or organized interests continues to proliferate, as do their roles and responsibilities. Moreover, public officials are receptive and responsive to the demands of the smallest entity, recognizing that they are an inherent part of the policy process. The Consortia Policy and Advocacy Program afforded consortia the opportunity to lay the groundwork for developing enduring, consistent relationships with decision-makers at the federal, state, and local levels. For example, the local/regional consortia Policy Directors are able to attend events and participate on work groups and commissions. These relationships have matured to where clinic consortia are viewed by decision-makers as valuable, credible stakeholders, and they are increasingly likely to be sought out as partners on policy issues.

METHODOLOGY

UCSF assessed the impact of grantee advocacy activities on policymaker relationships by interviewing 86 policymakers and community leaders, specifically their familiarity with consortia, clinic activities, and policy issues. Second, UCSF queried grantees about the most effective aspects of their relationships with policymakers, and how these relationships had evolved over time. Lastly, UCSF staff analyzed longitudinal data about the perceived effectiveness of grantee policy advocacy activities targeting policymakers, such as formal and informal contacts to increase decision-maker awareness of clinic policy issues.

FINDINGS

The Clinic Consortia Policy and Advocacy Program has successfully helped grantees to create and strengthen policymaker relationships and ultimately improve policymaker awareness of clinic issues. Policymaker relationships evolved from an initial stage where grantees gained visibility and credibility through their education efforts to a partnership stage where grant-

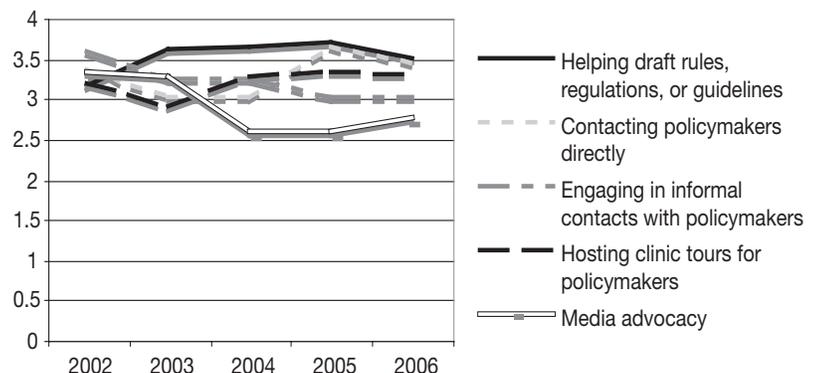
ees are seen as integral stakeholders in the decision-making process. The following is a description of the most effective strategies undertaken by grantees to create and strengthen policymaker relationships, policymaker perceptions of these activities, and the outcomes resulting from these activities.

Policymaker Relationship-Building and Education Strategies: What Works Best

Although grantees engaged in a variety of policy advocacy activities throughout the grant period, grantees indicated that their most successful practice was establishing and maintaining relationships with policymakers and agency representatives. To this end, grantees engaged in several specific strategies:

- *In-person meetings with policymakers* were considered to be an effective strategy because it allowed grantees the opportunity to present recommendations directly, thereby establishing stronger relationships with policymakers. Such meetings made policymakers feel more vested in the success of the clinics. Many grantees also hosted events that focused on policymakers, such as clinic tours, policy forums, legislative breakfasts and luncheons, and annual conferences.
- The *provision of data-driven educational materials* was deemed very important. Most grantees used information, such as clinic data, in preparing documents that described utilization of clinic services, unmet needs in the community, and/or money saved from the provision of clinic services. Grantees disseminated issue briefs, Action Alerts, and fact sheets. Grantees emphasized the importance of brevity, commingling of clinic quantitative data with human-interest stories, and educating policymakers with data from their districts.
- Grantees also became *active in the policymaking process* by researching, tracking, and analyzing legislation, and serving on committees. Some grantees focused their efforts on specific policies at the state and/or local level through partnerships with other grantees or policymakers. They also branched out into different policy arenas, such as children's health care insurance coverage and mental health. (Please note that lobbying activities were not funded under this Program, and are assumed to be funded by other funding sources.)

Figure 1: Grantee Policy Advocacy Strategies Targeting Decision-makers, 2002-2006



The importance of targeting policymakers directly is corroborated by longitudinal data on the effectiveness of specific grantee strategies to educate and/or work with decision-makers. As described in **Figure 1**, strategies that involve in-person, ongoing contact with policymakers, such as helping draft rules, regulations, or guidelines, have increased in effectiveness over time while indirect strategies that preclude in-person contact, such as media advocacy, have decreased in effectiveness.

In sum, it is important to cultivate in-person, helpful relationships with decision-makers that contribute to their understanding of the needs of their constituents without inundating them with data. It also is important to develop technical expertise and work with policymakers in the policymaking process. Lastly, a combination of two or more strategies may be important to creating and deepening relationships with decision-makers.

Policymaker Awareness of Consortia and Clinic Policy Issues: High Familiarity

In 2003, two years after the implementation of the Clinic Consortia Policy and Advocacy Program, policymakers and community leaders reported being “very familiar” with *clinic consortia*. They had heard about the consortium through a variety of channels. The most common first contact was a call or visit initiated by the consortium Executive Director. Some had first heard of the consortium through professional contacts or general knowledge as a community member. Others began their relationship with the consortium by working on collaborative projects, attending meetings with the consortium staff, or helping to start the consortium.

Policymakers and community leaders were also familiar with *community clinic policy issues*, such as county and state support for community health clinics. Respondents overwhelmingly reported that consortia increased their awareness of how community clinics meet the health care needs of underserved populations. Many respondents cited the positive impact of consortia advocacy activities to secure funding for community clinics, such as from the Tobacco Master Settlement.

Consortia *educational events* targeting policymakers, such as legislative receptions, luncheons, breakfasts, and educational and policy forums, also had a positive impact on policymaker awareness. Respondents explained that the information gathered was helpful and that they appreciated being able to make and maintain connections with others in the field. Similarly, many recalled consortia *media activities* (such as a single article in the local news media or written materials distributed by consortia) and thought they were “very effective” at increasing their awareness of community clinic issues. Moreover, respondents reported that they used the information to educate others. They explained that personal stories as well as media messages that highlighted the breadth and availability of services were the most compelling message that consortia could provide to the public.

In sum, consortia achieved a high level of positive recognition by key local and state policymakers in 2003, creating the foundation on which to move their policy agenda forward. Moreover, policymakers gained a detailed understanding of clinics and their role in supporting the safety net, increasing the likelihood of future support for key clinic policy issues.

Outcomes from Policymaker Education Efforts

Grantees achieved numerous interim and long-term outcomes as a result of their efforts to educate and develop relationships with policymakers, including:

- *Increased policymaker receptivity to grantees.* California Rural Indian Health Board (CRIHB) is now seen by the Federal Indian Health Service (IHS) as a key organization with which to partner. The IHS director traveled to California for the first time ever in response to CRIHB’s formation of the California Tribal Epicenter Collaborative.
- *Policymaker-initiated contact with grantees.* In Orange County, a local Supervisor regularly contacts the Coalition of Orange County Community Clinics (COCCC) with any questions about the health care safety net. Senator Spears’ and Senator Boxers’ offices call the California Family Health Council (CFHC) first with questions about women’s or adolescent health care issues. Senator Ducheny asked the Council of Community Clinics (CCC) for input on how the Medi-Cal Waiver would impact community clinics.
- *Demonstrated policymaker knowledge of clinic issues.* North Coast Clinic Network’s (NCCN) State of the Clinics Address and Proclamation presentations reportedly increased as well as affirmed local policymaker awareness of the role of clinics and NCCN within their community. The Community Clinic Consortium Serving Contra Costa and Solano Counties West Contra Costa (C3) Healthcare District presentation raised the awareness of elected officials about the importance of community clinics and the challenges for patients in accessing care.
- *Increased opportunities for grantee participation on commissions and committees.* The California Primary Care Association’s (CPCA) participation in the detailed negotiations with the state during the implementation of the Prospective Payment System (PPS) smoothed the transition from a cost-based reimbursement system to a fixed, capitated payment system under Medi-Cal. Alameda Health Consortium’s (AHC) worked with member clinics and the Alameda Health Care Services Agency to develop an allocation methodology for Measure A safety net funding.

- *Increased or maintained services and funding to clinics.* New funding included county funds (such as from the Tobacco Master Settlement), state funds (such as EAPC and Medi-Cal), federal funds (such as federal waiver opportunities), as well as private foundation grants. For example, the Community Clinic Association of Los Angeles County (CCALAC) was successful in preserving \$51 million in funding for the PPP program, a partnership between public and private clinics in Los Angeles County following the expiration of the 1115 Waiver.

In sum, grantee activities targeted to policymakers contributed to increased policymaker support of policies important to consortia and their member clinics. Successful policies targeted issues, such as access to services, insurance coverage, the uninsured, as well as clinic sustainability and maintenance of services.

CONCLUSION

As a result of numerous education and relationship-building strategies funded under the Clinic Consortia Policy and Advocacy Program, grantees successfully increased policymaker and community leader awareness of how community clinics meet the health care needs of underserved populations.

Direct, ongoing strategies to educate and partner with policymakers were considered to be very effective at achieving consortia policy goals important to providing high-quality health care services to underserved patients.

Despite the challenges of term limits and a state budget shortfall, grantees expanded their ability to educate and work with decision-makers on multiple fronts. For instance, many grantees disseminated information about clinic issues and also served as key players in helping to formulate and implement policy. While events and activities continue to be important for developing and strengthening relationships with policymakers, the high importance of one-to-one, in-person meetings suggests that grantees have succeeded in their efforts to be recognized as credible, important players in the policy arena. This recognition has translated into greater policymaker willingness to approach and partner with consortia and work with them at all stages of the policymaking process.

The evaluation findings suggest that there are plenty of opportunities (and approaches) to forge new relationships and strengthen existing relationships with decision-makers at the federal, state, and local levels. There are accessible points of entry into the political arena and policymaking process. Once the relationship has been established, groups and agencies are well positioned to move their policy agenda forward. Although the resources that these organizations can bring to bear are limited, consortia have the expertise and savvy to parlay these relationships with decision-makers into enduring partnerships benefiting clinics and their communities.

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