

FOUNDATIONS, DONORS AND HEALTH POLICY:

Why federal health debates matter to you and how you can respond

By Lisa Ranghelli

Since the November 2016 election ushered in a new political landscape at the federal level, a number of grantmakers and major donors have re-examined their thinking and priorities to ensure their strategies still make sense for achieving their philanthropic goals. This has caused some to adjust their approach to giving and public leadership.

However, many are sitting on the sidelines, taking a wait-and-see attitude. Some may be inherently cautious, averse to funding advocacy, fearful of getting caught up in divisive politics or genuinely at a loss as to how to react to a fast-moving, ever-changing policy environment. Others may believe that it's better to conserve resources so that they can respond later to what comes down the pike.

But there is too much at stake to sit on the sidelines. The potential impacts of national and state health reforms on the goal of health equity, and community well-being more broadly, are enormous. If there is ever a time for donors and foundations to stand up for the communities they care about, it's now.

Here are three reasons why funders like you who focus on health or underserved communities should take action to support the health care safety net:

1. Federal and state health laws are far-reaching in their impact, with ripple effects beyond health access.

Whether or not your giving focuses specifically on health issues, it is likely that the current federal and state health policy proposals and debates have implications for your causes and communities. That's because the Affordable Care Act (ACA), Medicaid and Medicare affect so many people and systems.

For example, Medicaid pays for half of all births in this country, along with the prenatal and infant care that wrap around those births. At least three in 10 Medicaid dollars provide long-term services and support for people with disabilities, enabling them to be independent, live in their own homes and go to work.



Photo courtesy of SEIU.



The ACA has many Medicare-related components, and its repeal could affect the solvency of the program and drive up premiums and out-of-pocket expenses for the 57 million Medicare users. Larry Levitt, senior vice president at the Kaiser Family Foundation, said of the Affordable Care Act, “Virtually everyone has been touched by the ACA.”

But the impact of these programs extends way beyond the many millions of Americans who access services and care through these programs. As Richard Kirsch noted, federal health care funds contribute to balanced state budgets, the economic vitality of many communities and the livelihoods of millions of health care workers.

2. Federal and state policy changes could either jeopardize or reinforce recent advances in health equity. Disparities continue to plague the U.S., but the ACA has helped narrow the gap.

Over the last several years, many health-focused grantmakers have adopted health equity as an explicit goal and are using a “social determinants of health” lens to understand and address the many intersecting factors that promote or prevent health equity in their community. (See definitions of disparities, health equity and social determinants of health.) This is thanks in part to the equity-focused programming of health-related funder affinity groups.

Yet these efforts could be threatened if federal policies that advance equity are undone or undermined through legislative or regulatory changes or funding cuts.

Kai Wright noted in *The Nation* that “The Affordable Care Act overall has likely saved hundreds of thousands of black lives, and it has certainly produced one of the most significant advances in racial equity on record: By the end of 2014, in just one year’s time, it had entirely erased the disparity in health coverage between white and black kids.”

Progress on infant mortality has been slower. The high U.S. rate relative to global peers has gradually been declining, but racial disparities remain stark. The mortality rate for black babies is twice as high as for white infants, with wider gaps in some places, including several southern states that opted not to expand Medicaid, thus refusing to cover more low-income families.

Yet the ACA has made a modest difference by allowing Medicaid funds to be used for nurse home visits. Initiatives such as the National Birth Equity Collaborative are tackling both infant and maternal mortality disparities in the most affected cities, but reductions in insurance coverage for mothers of color will harm these promising efforts.

The ACA also has enabled at least 90,000 people living with HIV to get health coverage, as reported at the Funders Concerned About AIDS (FCAA) winter convening. The law forbids insurers from denying coverage due to pre-existing conditions, a crucial provision not only for people with HIV/AIDS and other chronic diseases but also for transgender individuals, for whom transitioning has been considered a “pre-existing condition.”

These are just a few of the many signs of progress in health equity that are threatened by proposed funding cuts and programmatic changes. Given that federal and state expenditures for health care dwarf philanthropic

investments, foundations and donors cannot be expected to make up shortfalls in public spending.

3. Many nonprofits are creatively engaging their constituents and allies to protect and expand policies that support health equity, but have a hard time raising philanthropic resources for this work.

Some of the very same grantmakers that have embraced the concept of “health equity” are reluctant to make grants that build community power or support advocacy. Yet these are key strategies to change the very policies and systems that perpetuate health inequity.

Only one in eight domestic grant dollars directed toward health for underresourced populations supports advocacy, civic engagement or systems change.



A glaring example of this is the dearth of foundation support for engagement and mobilization of aging populations. Aging people of color, LGBTQ seniors, those with disabilities and low-income elders face disparities in access to care and outright discrimination. They represent a growing demographic that has demonstrated its interest and capacity to mobilize on public policy issues. Yet organizations and coalitions that work with these constituencies, such as the [Diverse Elders Coalition](#) and its [member organizations](#), are hard pressed to find more than a few grantmakers willing to fund elder organizing and advocacy.

These are precisely the voices that should be heard right now at the state and federal levels. As should the



Photo courtesy of SEIU.

voices of millions of other Americans whose health and survival are at stake.

If you don’t know the implications of proposed health policy changes for your cause or community, now is the time to find out.

Abundant information is available regarding the impact of existing federal health programs and competing alternatives. A number of credible, nonpartisan organizations offer timely analysis of the various legislative and regulatory policy proposals being debated. (See resource list on page 10.) Some of the best sources for information are your own grantees and the communities they engage.

If you haven’t already done so, now is a good time to call your nonprofit partners and ask them how they and their intended beneficiaries would be affected by possible federal or state changes to the ACA, Medicaid, Medicare and proposed budget cuts to domestic programs.

You also may want to ask leaders of health clinics and hospitals in your community and health worker unions.

Philanthropy-supporting organizations such as Grantmakers In Health (GIH) and FCAA have regular opportunities through webinars and calls to learn the latest policy proposals and their implications. Several state and local funder networks have hosted informational sessions, including in New York and Tennessee.

Once you’ve armed yourself with the facts, it can still be challenging to decide whether to act, and if so, what to do.

STILL NOT SURE WHY YOU SHOULD ACT ON FEDERAL OR STATE HEALTH POLICY?

Then ask yourself these questions:



If you are a health-focused grantmaker or donor, what are the pressing issues you seek to address in your region or state?

What are the implications of proposed changes to ACA, Medicaid, Medicare or domestic budget cuts for the following?

- Opioid addiction crisis
- Caregiving for the aging
- Reproductive health, infant and maternal wellness
- Mental and behavioral health access
- Rural access to care and stability of community health centers and hospitals in rural communities
- Affordable prevention and treatment services for people at risk of or living with HIV/AIDS
- Services and care for people with disabilities
- Tribal health services
- Health support for people in transition from one gender identity to another



If you are not a health funder, what are the implications of possible federal or state changes for issues you care about?

SOCIAL SERVICES THAT RELY ON STATE FUNDING

Do you live or work in one of the 31 states that opted to expand Medicaid under the ACA and now face proposed funding cuts? What are the potential programs that would face cuts to meet budget shortfalls?

Check out [these state-by-state fact sheets on the impacts of proposed Medicaid cuts on state budgets](#).

Do you live or work in one of the [remaining states](#) that has [not expanded Medicaid](#) but still could do so as long as the ACA remains the law?

RACE AND GENDER EQUITY

Did you know the ACA has helped reduce disparities in health access?

Check out [these charts showing the role of Medicaid in helping to reduce disparities by race/ethnicity](#).

YOUR LOCAL COMMUNITY'S ECONOMIC VITALITY

Do you know how your local hospitals and health centers and their workers would be affected by policy changes?

Check out [these data-projecting job cuts and tax revenue losses](#).

YOUR COMMUNITY'S OVERALL WELL-BEING

After examining all of the above data, what do you think would be the effect of cuts in services, health access, jobs and funding for the communities and residents you seek to benefit through your grantmaking?



Justice in Aging Senior Staff Attorney Amber Christ at an Emergency Health Care Town Hall for Seniors in San Diego. Photo: SEIU.

Here are seven actions by leading foundations and donors that you, too, can take in response to possible federal or state health policy changes:

✔ 1. Give more (and more flexible) funding.

The most useful thing you can do in this unusual policy moment is free up additional flexible resources for your nonprofit partners to respond.

Tina Eshaghpour, director of organizational learning and evaluation at [The California Wellness Foundation](#), in an interview noted that the foundation had to revamp its internal procedures to enable it to disburse grants more quickly.

“We took cues from our grantees and implemented some new processes to expedite making core operating support grants to advance and defend wellness,” said Eshaghpour. “These times demand responsiveness and creativity, so our board approved new tools to enable us to move funding out the door more quickly.”

Advocacy networks and coalitions need more funding to ramp up their capacity in a range of areas – from constituent engagement to communications. This will enable them to defend existing policies as well as advance new ones.

During a February 10th GIH [webinar](#) on ACA repeal, the [David & Lucile Packard Foundation](#) reported that since the election it has been shifting resources to protect health access and coverage for kids. Packard set up a rapid-response funding process, expanded advocacy grants to 18 states, directed more money to communications support for state advocates, and also engaged a firm to add communications capacity for national coalitions. Packard is taking a bipartisan approach, engaging nontraditional partners such as law enforcement, military and business; it is interested in engaging with other funder partners, especially around research and analysis.

[The California Endowment](#) has committed \$25 million over three years to a new [Fight4All Initiative](#), which also will strengthen state-based advocacy.

These are both large foundations affecting tens of millions of residents, but funders of any size can find ways to support networks and coalitions at the local level. Some local funders have been providing convening space, buying food for meetings and otherwise lending support.

✔ 2. Reach out to the nonprofits you support.

You can call your nonprofit partners to exchange information on how the federal and state policy landscape is affecting their work on the ground and to find out what they need from you to respond.

California health funders were very responsive to their grantees after the election, according to Sarah de Guia, executive director at the [California Pan-Ethnic Health Network \(CPEHN\)](#). She reached out to all of CPEHN’s funders, and four were especially receptive: [Blue Shield of California Foundation](#), [California Health Care Foundation](#), [The California Endowment](#) and [The California Wellness Foundation](#).



Caring Across Generations activists testified about the importance of Medicaid and the Affordable Care Act during a Senate hearing on Rep. Tom Price’s nomination as Secretary of Health and Human Services. Photo courtesy of Caring Across Generations.

Judith Stein, founder and executive director of the national [Center for Medicare Advocacy \(CMA\)](#), also spoke with its funders and reported, “Retirement Research Foundation and John A. Hartford Foundation allowed us to redirect some funding for other efforts to the current pressing health care concerns.”

Some of the groups you support may not know how various policy proposals will affect their community, in which case you can be a resource or can refer them to other sources of information and plug them into networks and coalitions working on this issue. [The Michigan Health Endowment Fund](#) works closely with the Michigan Department of Health and Human Services to understand how proposed federal changes may impact health policy in the state. This ongoing dialogue helps the health fund shape grantmaking initiatives that address funding shifts, new best practices and emerging priorities.

✔ 3. Elevate stories of impact.

You can help the groups you fund gather stories from their constituents about the importance of federal and state health programs for their families and communities.

For example, CPEHN funds a local network of service providers to be able to testify to policymakers who want to know how their constituents are being affected by policy changes. [Universal Health Care Foundation of Connecticut](#) is supporting CMA to [collect health care stories](#) of individuals and families and is posting them on [social media](#). The foundation also helped launch the [Protect Our Care CT](#) campaign.

CMA’s Stein urges other local and state-based funders to give grants to local nonprofits working with affected residents to gather their stories and funnel them to Congress, the media and to national groups such as CMA, which have longstanding relationships with legislative and administrative staff at the federal level.

(Note: Sharing human stories of a public policy or program’s impacts does not constitute lobbying!)



Center for Medicare Advocacy founder and executive director, Judith Stein, honors Senator Sherrod Brown who presented the Senator Jay Rockefeller Lecture as part of the center’s 2017 National Voices of Medicare Summit. Photo courtesy of CMA.

✔ 4. Lead with equity.

Given that proposed reductions in health access, higher premiums and other cost-containment plans will hit those facing disparities hardest, now is a good time to make sure you are studying the effects of policies using a variety of lenses such as race, gender, disability, income and geography.

The [Consumer Health Foundation](#) had already made a strong commitment to racial equity in its health grantmaking. And yet in the current environment, CEO Yanique Redwood has used her bully pulpit to exhort and educate about what it truly means to lead with equity.

While it is promising that so many health foundations have embraced “health equity” as a concept, Redwood notes that jumping on this [“bandwagon”](#) is not for the faint of heart and requires deep, tough and thoughtful work.

[First, you need to ask the right questions](#) about a proposed policy, then fund the groups best equipped to advance an equity agenda related to that policy.

Eshaghpour at California Wellness noted that developing a shared understanding of equity internally created the conditions for the foundation to make bold external statements challenging executive orders.

Funding with an equity lens also requires an openness to embracing the intersections of issues and identities.

Organizations such as [Caring Across Generations](#) unite diverse constituencies across multiple concerns to advance wellness. Funders with a narrow focus have the opportunity to think outside their usual box. Breaking out of these silos to fund where the greatest disparities exist and where the greatest opportunities for united action are found can lead to greater impact.

Beth Uselton, program director for advocacy and access at [The Healing Trust](#) in Tennessee observed, “This is a prime organizing opportunity to align urban people of color and the white working class, many of whom are in rural areas that have the highest cost health plans. People’s shared experience of health care access, cost and coverage – or lack thereof – provides a unique opportunity to find common ground and move the conversation into one about health equity and shared outcomes.”

✔ 5. Use your reputation.

In your position as a trusted leader on health issues, you can educate your peers, partners and the public.

At a recent Philanthropy New York forum on the ACA, David Sandman, CEO of the [New York State Health](#)

[Foundation](#), said, “Don’t overlook the opportunity to do basic public education. That’s a role for philanthropy, even if you aren’t a policy wonk.”

Sandman has been using his leadership perch to blog regularly in *The Huffington Post*. In a December 13, 2016, [post](#), his three wishes for 2017 included “stable and affordable health insurance coverage for all New Yorkers.” He laid out in clear, stark terms what is at stake if the ACA is repealed and concluded, “All these hopes can be reality if we don’t just wish but also take action ... Keep a close eye on the implications of federal action – and inaction – on the ACA for our state and what we can do to protect health insurance for New Yorkers.”

Foundations that don’t have the ability right now to expend more resources on flexible grants can exercise leadership in other ways.

For example, the [Northwest Health Foundation](#) (NWHF) “was not in a position to do anything more than modest additional investments through discretionary [grants] at the end of last year,” reported Suk Rhee, vice president of strategy and community partnership. However, the NWHF has helped other funders identify organizations and communities for increased or rapid response investment and has “lent our presence, name and people where it is needed, e.g., in response to the travel ban, protests, moderating and speaking in public forums, etc.”

These were roles that the foundation was already comfortable playing. If you or your staff are new to these roles, they can look to peers for guidance on how to effectively support health equity movements and coalitions in your community.

✔ 6. Weigh in with policymakers.

You can reach out to state lawmakers and regulators to weigh in on proposed federal or state policy changes and their impact in your state.

The [Health Foundation of South Florida](#) has been talking to “community groups, state lawmakers and anybody who’ll listen to stress that children’s well-being depends on access to quality health care,” according to [Inside](#)



Caring Across Generations convened an Organizing for Care event in Washington, D.C., in June 2016. It brought together field partners and members to discuss innovation and progress in the care movement.

Philanthropy. CEO Steven Marcus is alarmed about the potential negative effects that federal policy changes could have on 1.5 million Florida kids.

Don't forget about state insurance commissioners and state public health officials, who can be important sources of data as well as influencers. (Note: Educating state regulators and legislators does not constitute lobbying under federal law if you do not explicitly ask them to vote a particular way on a particular piece of legislation.)

On an FCAA advocacy call, a policy expert noted that insurance commissioners want stability in the health insurance marketplace and can be urged to share their data with their state's congressional representatives.

Useton noted several states that did not take advantage of the state options under the Affordable Care Act – like running their own marketplaces, designing their own benefit standards, piloting delivery system reforms or expanding Medicaid – have few legislators or state officials well versed in health policy issues. Foundations, donors and nonprofits can be critical sources of information to help state policymakers understand potential impacts of federal or state policy decisions. They can also support health care advocates who have special expertise in this area to work with policymakers.

✔ 7. Organize within philanthropy.

Funders have been coming together to issue joint statements increasingly over the last several years, including a [full-page ad](#) urging “hope” in *The New York Times* and other major papers last summer.

The Groundswell Fund recently helped organize an [open letter](#) from 29 philanthropic signatories urging grantmakers to support reproductive justice organizations led by communities of color. Women of color will be one of the hardest hit populations if Medicaid is cut and if access to reproductive and sexual health services is curtailed. The letter urges solidarity with local- and state-level organizations working on these issues.



Health Justice Fund provides support to grassroots advocacy organizations working to protect health programs serving marginalized populations. Photo courtesy of Pennsylvania Health Access Network.

Pooling funds is another way to organize your peers to maximize impact. [Community Catalyst](#) has a \$5 million [Health Justice Fund](#) that supports grassroots organizing to protect the health care safety net, with support from seven foundations and several anonymous donors.

John Barnes, executive director of FCAA, indicated that a new collaborative is forming among his members in response to the changed federal policy environment. The new fund will focus on southern U.S. where [FCAA data](#) shows “roughly \$59 per person living with HIV (PLWHIV) in the region, as compared to \$116 per PLWHIV allocated nationally.” The goals of the new fund will be: to strengthen prevention care and treatment services; enhance advocacy with a focus on developing cross-movement connections between HIV advocates and other social justice movements; and strengthen and diversify the leadership pipeline to ensure that the leaders in HIV services and advocacy are reflective of the communities they serve (such as people of color and LGBTQ individuals).

Proteus Fund has launched the [Rights Faith & Democracy Collaborative](#) to combat efforts to expand religious exemptions designed to circumvent equal protections/equal access, mostly around LGBTQ and sexual and reproductive health and rights issues.

CONCLUSION

Health policy issues are complex, and the federal policy environment is ever shifting. If your focus is at the local or state level, you may not see the need to react to what's happening at the national level, or you may feel it's prudent to save your resources to deal with whatever comes down the pike.

But what is the risk of non-action? The time to ensure your community won't be harmed by federal policies is *before* they are signed into law – not after. Also, the flux in federal policy is opening up new challenges and opportunities for state-level reform – ranging from potential additional states expanding Medicaid to others considering a single-payer plan.

In fact, there is very little risk to acting – but a great deal of risk to standing on the sidelines. At the recent [Communities Joined in Action](#) conference, Eduardo Sanchez of the American Heart Association urged health equity leaders to “take a principles-driven approach” to avoid any fear of appearing partisan.

If your actions are rooted in values of equity and inclusion and are informed and guided by your grantees and constituents, you are advocating on solid ground.



Photos courtesy of SEIU.

ADDITIONAL DATA AND POLICY RESOURCES

Photo courtesy of SEIU.

"REMEMBER, YOU ARE A CITIZEN OF THE WORLD, AND EVERYBODY NEEDS YOU. YOU'LL FIND HAPPINESS IN THE GIVING OF YOURSELF." - Joaquin Anguera

Alliance for Justice

This organization's Bolder Advocacy project has a fact sheet for private foundations on advocacy rules.

Center on Budget and Policy Priorities

A nonpartisan research and policy institute that pursues federal and state policies designed to reduce poverty and inequality and to restore fiscal responsibility in equitable and effective ways. A network of 40 independent state-based policy centers provide nonpartisan data and policy analysis at the state level.

The Commonwealth Fund

A private foundation that aims to promote a high-performing health care system that achieves better access, improved quality and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children and elderly adults. The fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy.

The County Health Rankings & Roadmaps

This is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. It provides comparative data by county on both health outcomes and health factors.

Families USA

Families USA is a leading national voice for health care consumers dedicated to the achievement of high-quality, affordable health care and improved health for all. It engages in public policy analysis, advocacy and collaboration with partners to promote a patient- and community-centered health system.

Funders Concerned About AIDS

After the 2016 election, FCAA formed a new advocacy committee that held a highly attended webinar in February and is hosting a spring convention in New York to help grantmakers navigate the new policy environment.

Grantmakers in Health

GIH has affirmed its role as a convener to help funders stay informed and connected. For example, in February GIH convened a funders meeting called "The Changing Health Policy Landscape" and is hosting periodic webinars on topics related to federal policies. These webinars are open to members, who also can access past recordings.

Kaiser Family Foundation

Kaiser Family Foundation is a nonprofit organization focusing on national health issues, as well as the United States' role in global health policies. Unlike grant-making foundations, Kaiser develops and runs its own policy analysis, journalism and communications programs and serves as a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public.

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