

Responsive Philanthropy

NCRP'S QUARTERLY JOURNAL

SPRING 2012

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A rally outside the Supreme Court during Florida v. HHS, which challenged the Affordable Care Act. Photo courtesy of Health Care for America Now (HCAN).



Towards Transformative Change in Health Care: An Update

EVERYTHING

What's going on now with health reform? There's a simple, one-word answer: "Everything." When Dr. Don Berwick asked Göran Henrik how Jönköping County in Sweden was improving total health system performance, he answered, "Here's the secret: We do everything."¹ In the United

States as well, that's what is required and that is what is largely happening. Space prohibits covering "everything" in this article; however, we will highlight a few broad areas of work as we enter year three of the Affordable Care Act (ACA) implementation and then reiterate five critical principles that must underlie the work of philanthropies.

GOVERNMENT

As has often been said in recent months, health reform has much to do with the role of government. No less than stellar service can characterize the work performed by the staffs at the Department of Health and Human Services and the

By Terri Langston and Jennifer Ng'andu

Centers for Medicare and Medicaid Services. Recent evidence includes the 644 pages comprising the final rule on health insurance exchanges (the state "marketplaces" for millions of Americans in the individual and small group markets). CMS received and reviewed more than 25,000 public comments about the preliminary ruling. CMS considers its rule a "blueprint" for establishing exchanges and leaves the states much flexibility. Both consumer representation and prohibitions on conflicts of interest are parts of the governance provisions, and "Qualified Health Plans" must have an adequate number of community (continued on page 9)



challenging grantmakers
to strengthen communities

A Message From the Executive Director



Dear Readers,

Earlier this spring, the Supreme Court heard arguments about the constitutionality of the Affordable Care Act, and a ruling may be issued soon. I'm pleased, therefore, that this issue of *Responsive Philanthropy* looks at philanthropy and health care reform. Health philanthropy expert Terry Langston and Jennifer Ng'andu of the National Council of La Raza look at the continuing role of philanthropy in the implementation of the ACA.

Also in this issue, Sean Dobson reviews Robert Kirsch's recent book, "Fighting for Our Health: The Epic Battle to Make Health Care a Right in the United States," and offers some lessons for grantmakers looking to maximize the effectiveness of their philanthropic dollars on issues they care about.

The fight for health reform was strengthened with serious community organizing, much of it funded by foundations. Spence Limbocker writes about what it takes for foundations to influence each other's grantmaking practices. He answers the questions: What makes a foundation decide to fund community organizing? What prevents grantmakers from supporting these kinds of activities?

Finally, we feature the National Council of La Raza in this issue's Member Spotlight. NCLR is the largest Hispanic civil rights and advocacy organization in the country.

Tell us what you think of this and previous editions of *Responsive Philanthropy*. We look forward to hearing your comments, suggestions and story ideas that make *RP* the go-to resource on important but underreported issues in philanthropy. Contact us at readers@ncrp.org.

Sincerely,

A handwritten signature in green ink, appearing to be 'AD', written over a light green background.

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Responsive Philanthropy is the quarterly journal of the National Committee for Responsive Philanthropy.

2012, Issue No. 1
Yearly subscription: \$25
(free to members)
ISBN: 1065-0008

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Lessons for Grantmakers from the Battle for Health Care Reform

By Sean Dobson

Over the past 30 years, as the U.S. health system fell ever further behind those of other developed democracies in terms of outcomes and cost, every reasonable observer knew that the basic cause was our country's disgraceful lack of a government guarantee of health care for all. Yet, during these same decades, most health care grantmakers ignored this elephant in the room by funding mostly service provision instead of the kind of advocacy¹ that would make enactment of government-guaranteed health care more likely.

Finally, toward the end of George W. Bush's second term as president, a group of labor leaders, nonprofit leaders and philanthropists realized that a number of factors had created a once-in-a-generation opportunity to finally enact health care for all, including:

- An upcoming election in 2008 that would likely give Democrats control of the White House and both chambers of Congress.
- Health care for all was a top priority for all three top Democratic presidential candidates and therefore probably of the next president.
- Unprecedented consensus among progressives that had coalesced around a reform plan that actually could pass Congress and also, thanks to the invention of the "public option," hold the allegiance of most of the progressive base of the Democratic party.
- Progressive activists had learned valuable lessons from the defeat of Hillarycare in 1993–94 and were ready to fight smarter.

- Historical opponents of reform would likely be weak or neutral in 2009 because the GOP was discredited by the disastrous Bush presidency while some special interests that had played a key role in blocking Hillarycare, especially doctors, had softened their opposition due to relentlessly rising health care costs.

The reformers seized this historic opportunity, coming together as Health Care for America Now (HCAN) in 2008. HCAN grew into a mighty coalition and made history by playing an indispensable role in enactment of the biggest progressive reform in a generation: the Patient Protection and Affordable Care Act of 2010 (ACA).

Richard Kirsch tells this amazing story in his recently published *Fighting for Our Health: The Epic Battle to Make Health Care a Right in the United States* (Rockefeller Institute Press, Albany, 2011). This book is the best account of the biggest domestic reform in a generation. Kirsch is uniquely well qualified to tell the tale; he is a gifted writer, one of the nation's foremost health care advocates with decades of experience. As founding executive director of HCAN, he not only witnessed every twist and turn in this "mother of all political battles," he also played a key role in leading the grassroots army that out-mobilized the Tea Partiers while pressuring and cajoling federal lawmakers to finally take care of, in the words of former Senator Ted Kennedy, "the great unfinished business of our society."

Here are the types of readers who must devour this book right away – and why:

- **Practitioners and students of American politics** will learn every aspect of how a major reform bill becomes law: conception, drafting, messaging, coalition-building, grassroots lobbying, earned and paid media, direct lobbying, etc. They will witness the fascinating (and sometimes unseemly) process by which Congress and the White House grind the legislative sausage. And they will enjoy the perfect thumbnail sketches, some in acid, of many of our nation's most powerful leaders.
- **Nonprofit advocates** (and those contemplating a career as such) will learn the joys and sorrows of this type of public service from Kirsch's description of his long career as an organizer culminating in leadership of HCAN. From the detailed description of HCAN's inner workings, they will see how to conceive and execute a model campaign. I hope advocates notice in particular HCAN's wise decision to make authentic grassroots organizing the centerpiece of the campaign – as opposed to the all-too-frequent dependence on paid media or parachuting Beltway operatives into localities to try to fake grassroots mobilization with "Astroturf" actions.
- This brings me to the final audience that must read this book: **grantmakers**. Obviously, health grantmakers will be curious to learn how the biggest step forward in U.S. health care



Demonstrators during a June 2009 rally at Senate Park organized by Health Care for America Now. Photos courtesy of HCAN.

in generations actually happened. Kirsch's book will show them how funding advocacy gets better return on investment than funding service provision. And they will learn *how* to fund advocacy by observing the wise decisions of HCAN's biggest benefactor, the Atlantic Philanthropies, which invested approximately \$26.5 million in HCAN over several years. Consisting of 501(c)(4) dollars, Atlantic's investment was complemented by 501(c)(3) grants from other funders, notably the California Endowment, to the HCAN Education Fund. All these investments in HCAN are arguably the most effective philanthropy in a generation in terms of return-on-investment.² Hopefully, health grantmakers will act on these lessons right now by investing to ensure that ACA gets implemented properly. HCAN continues to do great work on implementation (and other issues).³ And there are many other opportunities right now at the national and state levels to fund ACA implementation, documented in a recent NCRP report⁴ and NCRP's archived January 24th webinar on this topic.⁵

Not only health funders, but indeed all grantmakers, should read this book, for it teaches many general philanthropic lessons, including:

- The superiority of investing in advocacy over service provision. As the experience with HCAN shows, such investments are even better if the grantee has a 501(c)(4) sister organization, in which case the (c)(3) dollars are more clearly segregated for exclusively (c)(3)-appropriate activities.
- Within the broad category of "advocacy," grassroots organizing often is more effective than (or at least an indispensable complement to) top-down types of advocacy such as think-tank policy development and paid media.
- Investment in existing, strong groups generally is wiser than investment in small or new groups. Hundreds of nonprofit organizations were part of the HCAN coalition, but in each state, HCAN worked through a "state coordinator." Wisely, HCAN carefully vetted the nonprofit landscape in each state, choosing as its state coordinator a *powerful* and *existing* organization with a *proven* winning record staffed by *native* leaders with *long-standing* relationships with that state's most important lawmakers (full disclosure: before my current job at NCRP, I was executive director of Progressive Maryland, which was HCAN's coordinator in the Terrapin State).

- Funders must overcome their fetish for "new," as if that is always "better." After all, the goal of investment should be support of *effective* organizations, not *new* organizations. In a nutshell, "Small is NOT always beautiful" because small usually lacks enough power to win. HCAN won because it had enough to power to overcome the combined might of the GOP, the Tea Party, the Chamber of Commerce, the insurance industry and the National Federation of Independent Business (NFIB) – plus an ever-shifting constellation of other special interests rotating in and out of opposition to (or malicious "neutrality" vis-à-vis) ACA.
- In most cases, HCAN selected as its state anchors multi-issue organizations over single-issue organizations. That's because multi-issue organizations usually are stronger. Most funders are issue-focused and therefore too often fund single-issue grantees. But an organization working on only one issue often finds it difficult to amass enough size, strength or experience to achieve much impact.
- Investment in coalitions (or groups that work well in coalition) usually is preferable to investment in loner organizations. HCAN was a coalition

of hundreds of pre-existing organizations all held in concert through the masterful leadership of Kirsch and his relatively small staff in DC. At the state level, anchors were chosen precisely for a track record of exemplary coalitional leadership.

- Patient capital in the form of general operating support and multi-year grants is better than project-specific and one-year grants. Yes, the Atlantic Philanthropies did plenty of due diligence before investing in HCAN, for example by requiring a very detailed strategic plan as a condition of the grant. But once Atlantic decided to invest, it did so as a big general operating and de facto multi-year grant. This constitutes good philanthropic practice because nobody has a crystal ball to predict the exact date or manner of victory in a big legislative or regulatory battle. Thus, investment capital needs to be patient and allow nonprofit leaders flexibility to adjust plans in response to rapidly changing circumstances. To its eternal credit (and I mean “eternal” because ACA was one of the biggest reforms in American history), Atlantic did just that.

What would happen if more grantmakers heed the lessons of HCAN? The U.S. would have more permanent progressive nonprofit infrastructure that could quickly form coalitions to exploit opportunities for reform to benefit underserved communities. This same infrastructure would be strong enough *after* elections to hold lawmakers accountable.

Lawmakers to be held accountable include Democrats. Too many liberals – grantmakers included – still seem to believe that if Democrats win an election, then progressive reforms happen automatically. Kirsch’s book shows once again that this is poppycock. Semi-corrupted by the campaign finance system and the revolving door to K Street, Democratic lawmakers *never*, of their own

volition, live up to their stated principles by voluntarily enacting the progressive reforms they espouse on the campaign trail. There is only one thing that can oblige them to do so: strong and permanent progressive grassroots infrastructure that cajoles, encourages, lobbies and pressures them round-the-clock.

Lest readers think I am picking only on current Democratic lawmakers for their dilatory performance in enacting ACA, just ask yourself a simple question: Would LBJ have enacted the Civil Rights Act and Voting Rights Act without a militant civil rights movement pressuring him from the streets? And even my personal hero, FDR himself, once admitted to a group of progressive reformers, “I agree with you. I want to do it. Now make me do it.”

What would happen if more grantmakers heed the lessons of HCAN? The U.S. would have more permanent progressive nonprofit infrastructure that could quickly form coalitions to exploit opportunities for reform to benefit underserved communities.

What else but permanent, strong progressive nonprofit infrastructure can “make them do it”? What else can help regular Americans (the 99%) offset the overweening power of the multinational corporate special interests (now stronger than ever thanks to *Citizens United*), an increasingly hard-right GOP, and a Democratic Party semi-beholden its big campaign donors?

My only quibble with Kirsch’s book is this: he never explains why Democrats did not choose to pass the bill in the Senate via simple majority using Rules of Reconciliation instead of allowing Republicans and a handful of conservative Democrats to hold the bill hostage for months and months with filibusters (and the mere threat thereof). As ACA clearly would have helped close the budget deficit, why could it not be passed via reconciliation?

But that is just a nitpick. Stop what you are doing, buy this brilliant book and read it – especially if you are a grantmaker. ■

Sean Dobson is the field director for the National Committee for Responsive Philanthropy.

Notes

1. See Terri Langston, *Towards Transformative Change in Health Care: High Impact Strategies for Philanthropy* (Washington, D.C.: National Committee for Responsive Philanthropy, April 2011), <http://www.ncrp.org/paib/health-philanthropy>.
2. Sean Dobson, “A Number Every Grantmaker Should Memorize: 0.1%,” *Keeping a Close Eye ...*, September 26, 2011, <http://blog.ncrp.org/2011/09/number-every-grantmaker-should-memorize.html>.
3. See <http://healthcareforamericanow.org/>.
4. See Langston.
5. See <http://www.ncrp.org/partners-members/pulse-events>.

How to Change Behavior in Philanthropy

Factors and Barriers that Influence Foundation Practices

By Spence Limbocker

Social justice philanthropy has been hit especially hard by the economic crisis: grantmakers that fund a range of issue such as civil rights, poverty alleviation and environmental justice saw their assets diminish, and their giving levels have gone down along with it. According to a study by Sara K. Gould, social justice grantmaking will remain below 2008 levels until 2015 unless the field sees an infusion of new philanthropic dollars.¹

But what makes a foundation decide to fund the kinds of strategies utilized by groups that work on social justice – strategies such as grassroots advocacy and community organizing? What are the barriers encountered in supporting these activities?

Below are lessons from a series of interviews with 17 small- to mid-sized family foundations on supporting grassroots advocacy and community organizing. The interviews were part of a study commissioned by The Needmor Fund in Toledo, Ohio, which has a long history of working with other foundations to help them both understand and support policy and civic engagement as effective strategies for change.

FACTORS THAT LED TO CHANGE

Internal leadership on the board and staff

The most important factor was the importance of having the right individual in a leadership and decision-making position inside the foundation who wanted to change the foundation's

funding strategy. Particularly critical in family foundations was having a strong family member interested in changing the foundation's direction and willing to lead the change. In a couple of cases, a top staff person (such as an executive director or president) led the change effort. These individuals had knowledge of and understood community organizing; most importantly, they were trusted by the board. They also had strong advocates for change inside the board.

The individual leading the change effort was not always a supporter of community organizing, but in general, he or she was unhappy with the present funding strategy, was open to change and had a passion for social justice. This openness offered an opportunity to look at different funding strategies, including community organizing.

In non-family foundations, it was more likely that the executive director or president led this change effort but he or she needed to have allies on the board. This happened most often in connection with the hiring of a new executive director or president.

Impact and outcomes

The second most important factor involved dissatisfaction with the impact of and outcomes from the current funding strategy. A foundation looking to achieve a larger impact than its present strategy is providing is a strong candidate to develop a grantmaking approach that includes community organizing.

Among family foundations, and with individual donors, the "mission" of the

foundation, the self-interest and history of the donor, and what the donor wanted to accomplish were key factors in determining funding priorities. In many cases, simply having these conversations with a foundation board or leadership offered an opportunity to open up a discussion about including organizing as part of the overall strategy.

Many of those interviewed stated that to be most effective, foundations need a long-term strategic approach to their funding, and many do not. They think that more foundations need to understand that there is no "silver bullet" to solving the issues they care about and that change takes time. Foundations are most open to change when key decision-makers inside the foundation begin to ask questions about impact, outcomes and being more strategic in their funding strategies.

Role of individuals outside the foundation

In all cases, the most important players in influencing change came from within the foundation. In some cases, outside individuals who had a long-term or trusted relationship with key decision-makers also played important roles. Individuals who brought specific knowledge and expertise fulfilled a supportive role in the change discussions.

The "outsiders" had some common characteristics: they were able to listen as much as they were able to give advice to key foundation leaders. They understood and spoke to the needs

and interests of the foundation in a language that the board members understood and were comfortable with. However, it also was clear that someone from the outside can only play a catalytic role if there is a key decision-maker inside the foundation willing to lead the change effort.

Ability to step outside their comfort zone and take risks

Another key factor to change was the openness of key foundation decision-makers to take risks and step outside of their comfort zone. This was particularly the case when they were willing to interact with and listen to people in communities where they wanted their funding to have an impact. Many interviewees spoke about the power of going into the community and meeting community leaders, and how the site visit influenced the way board members viewed the issues the foundation cared about. The most successful cases were those in which effective community organizing groups and skilled organizers were able to successfully conduct these site visits. In some cases, this was a role that another funder helped broker and organize. It also was important to have someone whom the foundation leader trusted to interpret what was experienced in the visit and talk about community organizing in a way that the funders could understand.

BARRIERS TO CHANGE

Communicating about the work: Many foundation leaders and potential donors don't understand – and in many cases were put off by – community organizing vernacular, such as “power,” “control,” “demand,” “direct action,” “confrontation” and “conflict.” Also, in many cases, talking about race and class is uncomfortable for funders. Unfortunately, many progressive grant-makers and community organizers do

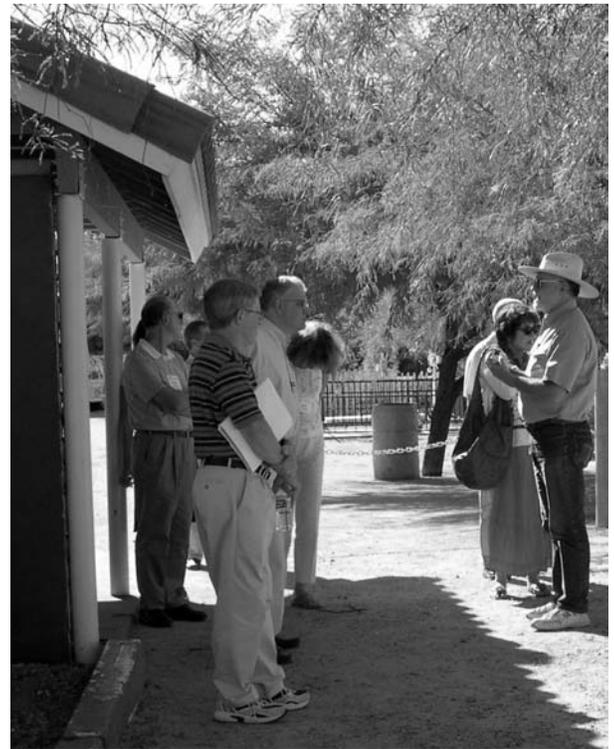
not take these factors into account when talking about their work.

Many community organizers and leaders don't know how to talk about their work in a way that relates to most funders. Many talk about organizing as a process and most funders don't fund process – they fund issues. Funders don't want to understand process – they want to see outcomes and impact on issues that they care about. The purpose of community organizing is not clear to many in philanthropy and they will not support what they don't understand.

One foundation leader interviewed told me that when she started to talk about organizing as engagement of people in solving their own problems, there was a major shift in the board's understanding of organizing. Everyone on the board could agree that people had a right and responsibility to take control of their own lives and to be engaged in solving issues that affected them.

My findings for the importance of communicating about the work are similar to those of Marjorie Fine in her 2009 work “Untapped.”²

Fear: People spoke about several types of fear. They mentioned the fear of tactics used by groups and fear of being embarrassed in front of their peers. There also was the fear of change and the fear of government regulation and losing their IRS status. One person interviewed actually talked about a conservative philanthropic watchdog group in their state that was feared by many of their board members.



Foundation leaders meeting with community group outside of Phoenix, Ariz. Photo by Spence Limbocker.

Lack of relationships with low-income people:

Funders often are unable to imagine that low-income people might be able to define solutions to issues. Many foundation leaders and major donors simply don't have personal experiences with low-income individuals or communities; what they don't know or understand they won't support. All people have prejudices and fears of what they don't know or understand. Since these fears and prejudices are brought into the funding decisions of foundations, we need to find ways to overcome them.

SUGGESTIONS ON HOW BEST TO OVERCOME THESE BARRIERS

Several of the people interviewed suggested ways to overcome barriers that could help both organizers and those in philanthropy who want to help other funders understand and support community organizing:

- **Listen and communicate effectively.** Community organizers and funders

New and Renewing Members

Advancing Compassion Project

Clowes Fund, Inc.

Community West Foundation

Dalia Association

Dyson Foundation

Eisner LLP

F. B. Heron Foundation

Ford Foundation

Hispanics in Philanthropy

James Irvine Foundation

Maine Initiatives

My Gift, My Choice

National Institute on Money in
State Politics

Northwest Area Foundation

Public Welfare Foundation

Southern California Grantmakers

Southern Coalition for Social
Justice

Swift River Consulting

Unitarian Universalist VEATCH
Program at Shelter Rock

W. K. Kellogg Foundation

William and Flora Hewlett
Foundation

who want to influence foundations need to listen to what those foundation leaders are saying, what language they use, what they feel is important and to use language that they are comfortable with.

- **Know who you're trying to influence.** Be aware of the foundations' self-interest and what it wants to accomplish in its grantmaking. This goes beyond the guidelines that foundations publish. To influence a foundation leader, an organizer or funder must also be aware of his or her personal story and what motivates his or her philanthropic work.
- **Make good use of site visits.** Over and over again, those interviewed mentioned the power of firsthand face-to-face interactions with community organizing groups and leaders. This was particularly true when another foundation that already supports organizing can effectively interpret the experience, or if the visits are done with an experienced community organizer who can successfully talk about his or her work in a way that foundations can connect with and understand.
- **Let new funders test the waters.** Look for opportunities in which the foundation does not have to take many risks. Find opportunities where a foundation can invest in community organizing either through a collaborative effort with another foundation or where they can just dip their toe in the water with a small grant. One of the interviewees stated that they were able to get another grantmaker that they had a long-term relationship with to provide a small grant to a community organizing group that their foundation was supporting.
- Several of those interviewed stated that **they did not want to be told by others what to support.** The most effective strategy was to respect their work and help them to understand how they can be more strategic in

their funding to achieve their mission and goals.

- **Help foundations understand that problems are very complex and often require multiple strategies.** It is all right to fund direct service and organizing at the same time.
- **Help organizers and leaders to be better advocates for their work.** Help them understand the power of their stories and assist them in developing more effective language to describe their work. NCRP's publication "Seizing the Moment" is a helpful guide for community organizers in reaching out to new donors to support their work.

Millions of people from underserved communities are relying on the numerous local nonprofits in this time of great need. For philanthropy to continue to be relevant in today's society and meet this challenge head on, foundations and organizers need to be better advocates and ambassadors for those strategies that empower people and communities so they are part of solutions to problems affecting them. ■

Spence Limbocker is the past executive director of the Neighborhood Funders Group. He has more than 40 years experience in community organizing and philanthropy. He is retired and lives in Virginia.

Notes

1. Sarah Gould, *Diminishing Dollars: The Impact of the 2008 Financial Crisis on the Field of Social Justice Philanthropy* (New York: Foundation Center, November 2011).
2. Joan Minieri, *Untapped: How Community Organizers Can Develop and Deepen Relationships with Major Donors and Raise Big Money* (New York: Linchpin Campaign and Center for Community Change, 2009).

Health Care Reform

(continued from page 1)

providers, including specialists in mental health and substance abuse. Some state governments are well into the arduous planning process for creating their exchanges.

Another rule enables more eligible people to enroll in Medicaid and the Children's Health Insurance Program by simplifying procedures and coordinating with the exchanges. Medicare is demonstrating savings for its beneficiaries, particularly in prescription drug costs. The program forms the basis for important experiments in raising the quality and lowering the costs of care by working toward seamless transitions from hospital to other providers and to home, by reducing medical errors and by avoiding re-hospitalizations.

Regulations on women's preventive care without co-pays and prohibition of gender discrimination in pricing will bring long-sought health care justice to women. Those who have young adult children needing insurance can extend their coverage to age 26. Finally, the Center for Medicare and Medicaid Innovation spawns new ways to tackle old and pressing problems, such as reducing preterm births and improving outcomes for newborns and pregnant women. The Federal Coordinated Health Care Office (the Medicare – Medicaid Coordination Office) works to align the two programs and create efficiencies for a population in great need whose costs are very high.

The Congressional Budget Office updated its cost estimates for parts of the ACA in March, and determined that costs for full implementation would be 8 percent (or about \$50 billion) less than estimated one year ago. Detractors have taken largely ideological stances against one provision of the ACA, the Independent Payment Advisory Board (IPAB), created to slow the growth of Medicare. CBO estimates that repealing the board would increase federal spending on Medicare by more than \$3 billion over a decade.

LOCAL SOLUTIONS – NATIONAL IMPACT

February saw the premiere of T.R. Reid's "U.S. Health Care – The Good News," a PBS special also available online. From New Hampshire to Colorado to Seattle, providers, stakeholders and community people of all sorts are changing health care, mostly for the better. These efforts manifest different approaches; nevertheless, most are geared toward better health care for the individual, better overall health status for the population, and lower costs (variously known as "The Three Part Aim" or the "Triple Aim" – or some might say, good sense). Some start with community health needs assessments and health partnerships on a community-wide basis, like ThedaCare health system in northeast Wisconsin or Mt. Ascutney Hospital and Health Center in Windsor, Vt. Others focus on "small tests of change" with smaller groups, like the Primary Care Coalition's Diabetic Patients' Wellness Circles that have brought health improvement to Latino women in Montgomery County, Md. To test a basic premise of the ACA, Virginia Commonwealth University studied a cohort of uninsured, low-income people enrolled in a community-based primary care program for three years. Inpatient costs fell each year, as did emergency department visits, and costs per year per patient fell from \$8,899 to \$4,569.² Easy as it may sound, this is extremely hard work: our health system does not make it easy to align high quality with lower costs, but the work in communities is promising.

EQUITY – THE SOCIAL JUSTICE ASPECT OF HEALTH

The theme of the Grantmakers in Health (GIH) annual meeting in March 2012 was "Health and Equity for All". In an essay for the conference, GIH noted: "Key to the concept of health equity is the principle that all population groups should have an equal opportunity to be healthy, regardless of their relative so-

cial advantages and disadvantages."³ Small, medium and large foundations are working to address the "upstream" factors in health conditions as well as the social determinants of health. Those foundations that have had the hard conversations and developed the strategies afford examples to others, for the gaps in equity are so wide that it is impossible to do too much in this area:

Con Alma Health Foundation (CAHF) was founded 10 years ago based on a health equity framework before the term 'health equity' became 'cool.' Our founders knew: There is more to good health than lifestyle choices, genes and access to health care. Individual health is often seen as a person's own responsibility to make the right choices to stay healthy. But ... the choices we make are limited by the choices we have.⁴

With coverage expansions, emphases on prevention and chronic diseases, diversification and expansion in the health professions, and the requirement to collect data on quality performance measures by race, ethnicity, primary language and other demographic data, the ACA offers a platform and support for communities addressing our greatest moral challenge in the field of health justice. It requires a commitment to enter implementation with the will to overhaul long-term, systemic ills in health care, rather than simply establishing new coverage pipelines on the pathway to the same inequity.

As the nation shapes new standards on prevention and quality, it is imperative that we seek not only to improve the experience of the average patient, but also to address what keeps the vulnerable in that space. The answer to another question will also deepen the progress on health disparities: Will promising ACA policies be backed by an equal budgetary investment that is needed to establish many of the programs that make equity real?

POTUS - SCOTUS

Even amidst such important challenges of health and health justice, the ideological warfare goes on, involving Supreme Court challenges to the ACA, referred to by opponents and supporters alike as “Obamacare.” Wendell Potter of the Center for Public Integrity and MSNBC wrote of the great irony that the 56-year-old owner of an automobile repair shop in Florida, handpicked by the National Federation of Independent Business to lend her name to its lawsuit challenging the ACA, had to file bankruptcy largely because of health care debt.⁵ She would have stood to benefit from the immediate aspects of the law afforded to those with serious health challenges. Come 2014, she also would have had protections from financial hardship and more options for her business.

It’s sad and ironic that the ACA, the best attempt in the nation’s history to address health and health care, is the target of ideological attacks. Such events, however, can bring out the best in some: at least three prominent conservative judges have spoken out in favor of upholding the law, most recently, Judge J. Harvie Wilkinson who holds that striking down the ACA would be a “prescription for economic chaos.”⁶ The people are divided, yet seem to be so less as a matter of health care substance than as a matter of their own discontent with the course of their lives, the course of the country and their ideological predilections.⁷ It behooves us to remember that the now popular and seemingly indispensable Social Security and Medicare also had largely negative receptions in the early years of their existence.

THE CONTINUING ROLE OF PHILANTHROPY

The abiding freedom that foundations have to influence their communities and their nation requires that they listen. Recently, Alan Weil of the National

Association of State Health Policy challenged health foundation staffs and trustees to do what they are requiring of the health system and its people: to lead by example.

Dr. Berwick, who calls the Affordable Care Act a “majestic” law, recommends five principles for us all to follow:

1. Put the patient first.
2. Among patients, put the poor and disadvantaged first.
3. Start at scale. There is no time for timidity.
4. Return the money. Success will not be in our hands unless and until the parties burdened by health care costs feel that burden to be lighter.
5. Act locally. The moment has arrived for every state, community, organization and profession to act. We need mobilization – nothing less.⁸

Those principles can guide philanthropy’s role in reform. Ultimately, to encourage the behavior that is desired from patients, we must exhibit the commitment to support systems that are designed with their needs in mind, particularly the needs of every marginalized community. Addressing the populations with the most significant obstacles will help everyone gain better access, not to mention promoting inclusion across the system.

We must also learn from past efforts to create widespread impact. Inclusion and impact may be the most important cost saving mechanisms in health reform implementation. Instead of retrofitting old programs or creating what is good enough with intentions to “fix it later,” we should contemplate what would truly effect change in the health care system and in communities. This means carving out spaces for collaboration and coordination where there were none before and supporting deliberate and diligent efforts to bring

diverse voices to the decision-making table.

Yes, it’s about government and it’s about each of us, in each of our places throughout the country. ■

Terri Langston, a Washington, D.C.-based consultant in issues of poverty and health reform, is the author of “Towards Transformative Change in Health Care: High Impact Strategies for Philanthropy.” Jennifer Ng’andu is the deputy director of the Health Policy Project of the National Council of La Raza.

Notes

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5. Wendell Potter, “How We All Got Stuck Paying the Medical Bills of the Woman Who Sued to Kill Obamacare,” *Huffington Post*, http://www.huffingtonpost.com/wendell-potter/how-we-all-got-stuck-payi_b_1338561.html.
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National Council of La Raza

Washington, D.C.

www.nclr.org

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NCRP: What are the major issues in the Latino community right now and how is the National Council of La Raza (NCLR) tackling them?

NCLR: As the largest Hispanic civil rights and advocacy organization in the country, NCLR aims to improve conditions for Hispanics in the United States. To serve that broad mission, NCLR works on both policies and programs that directly serve the Latino community in the following areas: civil rights, immigration, health, education, workforce development, housing, wealth building and civic engagement.

NCRP: Civil rights and advocacy for the Latino community has been at the center of your organization since its existence. How have your efforts in civic engagement and community organizing positively impacted the Latino population?

NCLR: On March 22, NCLR launched its national Mobilize to Vote (M2V) campaign, an effort aimed at registering Hispanics across the country. Subsequently, in April it launched its South Florida M2V effort in Miami-Dade, Broward and Palm Beach counties for the upcoming 2012 elections. Florida is likely once again to play a decisive role in the national elections, and the much sought-after Latino vote will no doubt heavily influence those results. The cornerstone of the M2V campaign is three-fold: getting Hispanics first to register, then to vote and then to participate continuously in the political process.

Mobilize to Vote includes on-the-ground programs in Florida, Colorado, Nevada, Pennsylvania, Texas, California and North Carolina. Voter registration and get-out-the-vote efforts will include direct contact with potential registrants and voters through canvassing, service providers and community organizations, and digital platforms.

In addition, M2V will engage in voter education, providing important information to Latinos on the issues that affect the community most, and in voter mobilization—turning Latinos out on Election Day. NCLR plans to register and turn out more than 160,000 voters across the country.

NCRP: How have NCLR's affiliate networks strengthened your mission?

NCLR: Active and productive relationships with community-based affiliate organizations are at the heart of NCLR's work and key to its ability to fulfill its mission. NCLR's Affiliate Network has grown to nearly 300 community-based organizations that collectively reach millions of Hispanic Americans. The organizations' services are diverse and include charter schools, after-school programs, job readiness and training, English-language preparation, homeownership counseling, health centers and community activities centers, to name a few.

On a day-to-day basis, these organizations deal with the practical concerns and the policy issues affecting their constituencies and develop and implement innovative solutions to the problems they face.

By providing capacity-building assistance, policy analysis, advocacy and special initiatives that complement the work of our affiliates, NCLR is able to work "on the front lines" to improve life opportunities for Hispanic Americans throughout the country. In 2008, NCLR President and CEO Janet Murguía set a goal to raise \$15 million as part of a Campaign for Stronger American Communities to strengthen the organization's work with its affiliates and provide them with greater resources at the local level. NCLR expects to reach this \$15 million goal by July 2012.

NCRP: What values/characteristics does the NCLR hope to see in the political, corporate and philanthropic leaders of today?

NCLR: NCLR was disappointed by the statistics on foundation giving to Latino-serving institutions highlighted by Hispanics in Philanthropy and the Foundation Center, which showed that despite the rapid growth of our community, giving stands at just 1 percent. We hope that political, corporate and philanthropic leaders will begin to awaken to the importance of the Latino community. Our country is stronger when Latinos are better educated, healthier and have access to jobs. Considering the current state of giving to Hispanic-serving organizations, it is absolutely critical that foundation leaders understand the role that race continues to play in determining life opportunities in America.



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