

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

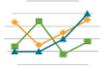
Year 03 Evaluation Results – July 2016



In 2012, the Foundation for a Healthy Kentucky (Foundation) launched its Promoting Responsive Health Policy (PRHP) initiative. The goal of the initiative is to make public policy more responsive to the health and health care needs of Kentuckians. The Foundation identified four policy priorities to focus its work:

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

To advance these priorities, the Foundation positioned itself as an active player in health policy and leveraged its internal operations with strategic investments in research and data, policy and media organizations, convenings of key stakeholders, and relationship and capacity building activities. The Foundation’s PRHP investments include:



Data & targeted research

- Kentucky Health Issues Poll (KHIP)
- Kentucky Health Facts
- Kentucky Parent Survey
- Kentucky Health Market Report
- Targeted research
- BRFSS oversampling
- Policy briefs and white papers



Relationship & Capacity Building

- Government & media relations
- Staff communications
- Making connections/networking
- Direct advocacy
- Health for a Change training series
- Health coalitions directory
- (c)space & conference facilities



Grantmaking

- 5 policy grantees
- 4 communications grantees
- Health law fellow
- Responsive, matching & challenge grants
- Endowed chairs



Convening

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

In 2013, the Foundation contracted with the Center for Community Health and Evaluation to evaluate PRHP. The evaluation was designed to assess: the progress achieved in PRHP health policy priorities; the effectiveness of the Foundation in contributing to health policy; and the extent to which a core of informed advocates has been established to be able to respond to health policy issues in Kentucky. This report provides a summary of the progress made during Year 03 of PRHP. A supplemental document, which provides more details about progress and next steps, is available upon request.

New state administration and shift in the political landscape had a significant impact on PRHP.

There was wide spread acknowledgement that the change in the state’s political landscape had a significant impact on the work of the Foundation and its grantees to advance health policy. Rooted in this acknowledgement were questions about how the Foundation and its grantees would need to approach their work differently in order to continue to be able to positively influence health policy in this new environment.

The transition to a new administration resulted in challenges to advancing health policies.

Transition to a new state administration typically leads to a time of transition—more so, when the change represents a significant shift in political ideology and policy priorities. In the first six months of the new administration, the Foundation and its grantees highlighted several significant challenges, including:

- **Being partisan verses working on political issues.** Grantees and the Foundation discussed concerns with perception of their organizations. They were working to maintain their positions as non-partisan organizations, while advocating for health issues that have been politicized.
- **Less alignment in policy agendas.** The Foundation’s and grantees’ health policy positions are no longer as closely aligned with the goals of the current administration.
- **New people and new roles.** There have been substantial changes to staff and leadership throughout state agencies. The Foundation and grantees have been working to develop and strengthen relationships, but report more limited access to key decision makers in state government than they have had in the past.
- **Changes in positioning and partnerships.** Within the health advocacy community, organizations are responding to the new environment in different ways. This has strained some partnerships and created a divide among some key players in the advocacy community.
- **Lack of clarity.** There is a lack of clarity about what individuals and organizations can say publicly (or can support or advocate for), what their “official” position is, and how to effectively navigate the new political landscape.

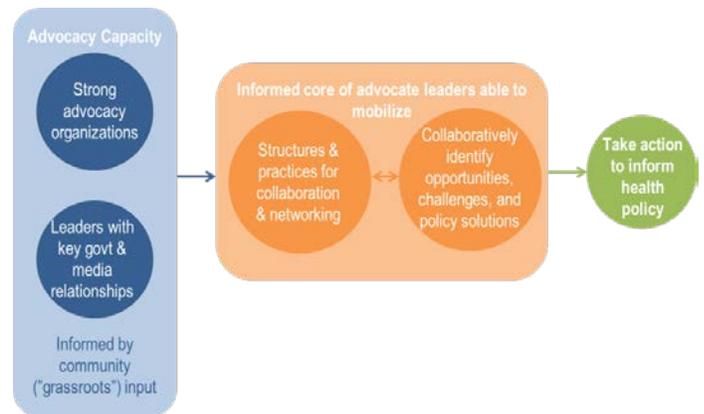
The Foundation and its grantees remain committed to their missions and are actively working to retool so they can effectively respond to opportunities in the current political environment.

Even with these significant challenges, uncertainties, and rapid changes, the Foundation and its grantees remain engaged, energized and strongly committed to their missions. Given the change in political environment, advocates have recognized that the strategies they had been using previously may not be as effective now. Therefore, they are revisiting and reprioritizing policy goals, refining and exploring new strategies, and seeking opportunities for alignment with the administration. Different organizations have made different choices about what policies to actively advocate for and which strategies they believe will be effective, based on their political analysis and strategic priorities. In particular, advocates have made different decisions about how oppositional they are willing to appear to the new administration’s policy agenda and how to balance a public-facing advocacy approach with an internal advocacy approach that focuses on direct communication with the administration. The one common strategy that cuts across all of the PRHP policy priorities, is a more intensive focus on local engagement and local policy change.

Core of informed advocates is evolving within the current political context.

Since its origins, the Foundation has aimed to influence health policy by strengthening the capacity and coordination of the advocacy community working on health issues. As such, a goal of PRHP is to establish an informed constituency able to mobilize to influence health policy.

Over the course of PRHP, advocate leaders—supported by the Foundation—have demonstrated their ability to effectively mobilize to influence health policy. As the image shows, successful efforts have leveraged the leadership of advocacy organizations and others (including Foundation staff) to establish relationships with government officials and media during the prior administration. Their advocacy efforts were informed by grassroots input. These organizations and leaders came together through various mechanisms to collaboratively identify opportunities, challenges and policy solutions.



Political shifts change the dynamics of collaboration among advocates.

The political shifts have challenged the model for effective health advocacy described in the image above—both in terms of the strengths of individual organizations and how they are working together to accomplish policy objectives. These shifts have resulted in:

- A need to build relationships with the new administration
- Increased efforts to engage residents and local allies across the Commonwealth
- Reliance on strong structures and processes to ensure ongoing collaboration

In reflecting on the strength of the health advocacy community broadly, interviewees this year (Foundation staff and grantees) were split—some saying that the changes in the political environment have made the advocacy community stronger than ever and others saying it has fractured the community and weakened the strength of response.

PRHP has strengthened grantee advocacy capacity.

In an annual survey, policy grantees were asked to indicate whether participation in PRHP has resulted in changes in their level of confidence related to 16 core advocacy strategies. At least four of the six respondents indicated that they were more confident in their abilities related to all 16 advocacy strategies than prior to participating in PRHP.

Additionally, PRHP provided an opportunity for organizations to connect and collaborate on similar objectives. Most policy grantees reported increased collaboration with other policy grantees, communication grantees, and research partners. The level of collaboration among grantees is supported by formal structures and dependent on policy priorities in a given year.

PRHP partners continue to contribute to progress in health policy priorities.

The work related to **access to integrated health services** and **smoke-free jurisdictions** built on progress and momentum that the Foundation and its PRHP partners had made through the Foundation's Advocacy initiative (2007-12) and the first two years of PRHP.



Advocacy related to access to safe and effective integrated health services focuses on protecting health coverage gains and reducing barriers to coverage.

PRHP partners continued to focus on increasing the number of Kentuckians with health insurance and capitalized on opportunities related to the implementation of the Affordable Care Act (ACA) in Kentucky.

Leveraging opportunities related to the ACA, the Foundation and its grantees contributed to reducing the rate of uninsured in Kentucky by reducing barriers to enrollment and coverage, advocating for effective policies and improving the state health benefit exchange (kynect). This included:

- Increasing enrollment through strategic outreach efforts to populations that were missed or underrepresented: LGBTQ, immigrants and refugees, justice involved populations, and veterans.
- Creating an effective feedback loop for influencing policy that leveraged both grantees' work in communities and their relationships with public officials.

In summer 2015, during the gubernatorial campaign, PRHP partners began to focus on sustaining the health policy gains made under the ACA. After the election, PRHP partners worked to protect gains in coverage. Highlights from this work include:

- **Sustaining Health Policy Gains (SHPG)** work group was convened by the Foundation and included PRHP grantees and other key stakeholders. The goal of SHPG was to develop a shared approach to sustaining Kentucky's health policy gains in the transition to a new administration.
- **Keep Kentucky Covered campaign** was a partnership of Kentucky Voices for Health (KVH), Kentucky Equal Justice Center (KEJC) and the Kentucky Center for Economic Policy. The goal of the campaign was to keep Medicaid expansion and kynect with the theme of "access without barriers."
- **State Health Access Data Assistance Center (SHADAC)'s study on the implementation of the ACA** in Kentucky, funded by the Foundation. The Foundation and grantees reported that the SHADAC study, particularly the quarterly dashboards, "helped inform the conversation in the best possible way."
- State legislature introduced **House Bill (HB) 5** to keep a state-based exchange and **HB 6** to expand Medicaid to the fullest extent of federal law. PRHP grantees briefed legislators, provided talking points to KVH members, disseminated stories and educational materials, conducted action alerts, and testified before two House committees.
- While much of this work was happening at the state level, Kentucky Youth Advocates (KYA) worked at the federal level to **reauthorize Children's Health Insurance Program (CHIP) funding**. KYA provided information and data to key members of the federal delegation about the impact of CHIP.

Advocates indicated that these efforts, along with ongoing internal advocacy, resulted in some moderation in the changes being proposed by the administration related to Medicaid and kynect. For example, the governor's budget included full funding for Medicaid expansion and partial funding for kynect through 2017.

PRHP partners are working to ensure that the policy and system changes being implemented by the current administration are effective and to minimize barriers for coverage and access. While many advocates were critical of the administration's decision to dismantle kynect and questioned the rationale, they are committed to working with the administration to make the new systems and policies as effective as possible and to minimize barriers to coverage and access.

- Advocates mobilized to respond to the challenges with the **roll out of benefind**—the new multi-benefit enrollment system—by collecting stories, getting stakeholder input and conducting individual consumer advocacy.

Case Example: KEJC, in their role as legal aid, provided individual consumer advocacy to many clients who received errant notices that benefits were terminated and those for whom care or coverage had been compromised or lost. They used this on-the-ground experience to report problems to the state and identify solutions.

- As the Bevin administration negotiates with the Centers for Medicare and Medicaid (CMS) about the **transition from kynect to the federal exchange** (healthcare.gov), advocates seek transparency and stakeholder engagement.

Case Example: KVH formed a Transition Task Force of key stakeholders to collect and share information, monitor the progress of the transition and implementation of the new enrollment system, and call for more stakeholder input and transparency in the process. The Task Force submitted a letter to Governor Bevin explaining their concerns.

- The Bevin administration is developing an **1115 Medicaid waiver proposal** to reform Medicaid. The Foundation and PRHP grantees are working to ensure adequate stakeholder engagement in the proposal process.

Case Example: The Foundation hosted a convening on May 12, 2016. Nearly 130 individuals representing providers, payers, researchers, consumers and public health professionals attended the convening and provided very positive feedback about the event. Information from the convening was summarized and shared with the administration.

Recognizing the need to move beyond coverage, PRHP partners advocate for advancing policies for health systems transformation and integrated care delivery. Although this policy priority was never intended to focus primarily on coverage, that has been a focus as a result of the opportunities presented through the implementation of the ACA. In addition to that work, the Foundation and its grantees continued to work in other areas related to health system transformation, integrated care, and exploring new models of care delivery.

This work is changing very rapidly. The Foundation and its grantees are responding to priorities as they emerge while staying focused on their missions and goals. The Foundation and its grantees continue to be committed to their goals for this policy priority. They are focused on being responsive, identifying solutions and trying to partner with the current administration to ensure that the gains that Kentucky has achieved—particularly related to coverage—are not lost with the changes being made to the enrollment systems and Medicaid policies. They are also focused on identifying areas of alignment with the administration around new models for health care delivery.



Advocacy for smoke-free jurisdictions intensifies focus on local policies

PRHP grantees continued to advocate for state, local, and organizational smoke-free policies.

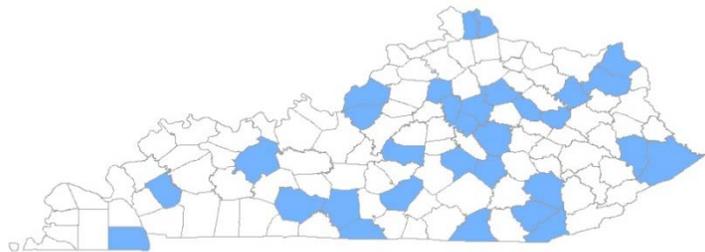
Lack of political will to move a statewide smoke free law forward in 2016. During the first two years of PRHP, the efforts to enact a statewide smoke-free law were a significant focus of the grantees' work through participation on the Smoke-free Kentucky Coalition (SFKY). Kentucky Center for Smoke-free Policy (KCSP), KVH, and KYA helped set the direction for the statewide campaign as members of the leadership team for SFKY. In 2015, the statewide smoke-free bill progressed further than ever before by passing out of the House of Representatives. While a statewide smoke-free bill was introduced in the 2016 legislative session, it quickly became clear that it did not have the support to pass in the current political environment. Given this political reality and the lack of dedicated staffing for SFKY, advocates did not focus their efforts on moving the statewide bill forward this year and instead intensified their work on local policies.

Advocates invest more heavily in local strategy. While the lack of ability to advance a statewide smoke-free law was disappointing for smoke free advocates, they also recognized that this may provide an opportunity to increase momentum locally. Advocates reported that some local communities may have been waiting to act due to their perception of statewide momentum. KCSP elevated this theme at their April 2016 statewide convention: *Mobilizing an Army of Smoke-free Advocates*.

KCSP has provided both technical assistance and materials to support the work of local jurisdictions in passing effective smoke free

ordinances. As shown in the map, over the course of PRHP, KCSP has worked with communities in 31 counties that stretch across all regions of the state. During the past year, KCSP had a total of 357 community contacts, reaching an average of 32 communities (e.g., cities, counties) per quarter. In addition to six new

During PRHP, KCSP worked in 31 counties across Kentucky



ordinances, KCSP also advocated for the inclusion of e-cigarettes in existing local smoke-free policies. E-cigarettes are now included in 13 of the comprehensive smoke-free policies in Kentucky.

Demand is high for tobacco-free campus work. KCSP further developed its infrastructure and technical assistance offerings to provide support to college and university campuses interested in implementing tobacco-free campus policies. In 2012, there were 11 college/university campuses in Kentucky that were tobacco-free. As of March 2016, there were 72 tobacco-free and seven smoke-free college or university campuses. This translates to 75% of Kentucky's college campuses being tobacco-free. KCSP provided technical assistance to 44 campuses/organizations during the grant year.

Smoke-free work will build on local and campus successes.

Given the lack of political will to move a statewide smoke-free bill forward, advocates expect to continue focusing on building local support for smoke-free policies, particularly in rural areas. Advocates will continue to create key connections to influence the local conversation.

The two policy priorities related to **strengthening local public health** and **improving children’s health** are at earlier stages of development.



Strengthening local public health efforts focus on bolstering capacity of local health departments

In interviews with key decision makers in the fall of 2014¹, there was wide recognition of the need to strengthen local public health infrastructure and support for the Foundation investing in this area. During this last year, Kentucky Population Health Institute (KPHI) has continued work to strengthen public health in this environment.

Policy maker education efforts shift to focus on growing local public health director capacity and influence. KPHI has re-focused their policy maker education work on elevating the voice of local health department directors. During this past year, KPHI worked with the Kentucky Public Health Association and the Kentucky Health Department Association to successfully develop a proactive legislative agenda for health directors. As a result, this year’s main legislative ask was funding the state’s contribution to the Employee Retirement System. This ask by unified health directors was successful. KPHI identified this as a key first step in the work to strengthen the influence of local public health directors.

KPHI is building local public health infrastructure through accreditation, quality improvement, and effective local boards of health governance. In their first year, KPHI launched the Kentucky Accreditation Coordinators Workgroup. This peer group brings 30 public health district accreditation coordinators together monthly to share lessons learned and discuss issues. Since the launch of this policy priority, five new local health districts have become accredited, raising the total number in Kentucky to nine. KPHI works directly with health departments to provide technical assistance and resources, including training on how to use performance management tools.

In fall 2015, KPHI also completed the update of a Board of Health toolkit and began sharing the information across the state. KPHI is promoting toolkit use through direct contact with local health directors, as well as at statewide conferences attended by local boards of health members.



Improving children’s health provides opportunities for synergy with key stakeholders and aligned initiatives.

Work to improve children’s health was a focus in both the access to integrated health services and smoke-free policy priorities through the work of KYA.

KYA worked to ensure insurance coverage and access to integrated health services for children and families. KYA has established several key structures that facilitated these contributions, including chairing the Children’s Health Technical Advisory Committee for Medicaid and chairing KVH’s Children’s Health Task Force. KYA is also able to leverage its statewide networks and established communication channels to disseminate information and elevate stories.

Investing in Kentucky’s Future grantees have enacted policies and systems changes to support healthy eating, active living. KYA is beginning to look for opportunities to leverage and elevate this local work. In addition to the work of PRHP grantees, this priority area supports the policy component of the Foundation’s Investing in Kentucky’s Future (IKF) initiative. IKF funds county-level multi-sector coalitions to plan and implement community health improvement efforts. Six of the seven coalitions are focused on

¹ 17 interviews: government officials, legislators, and leadership at state associations and universities in Kentucky.

preventing childhood obesity. Some initial policy accomplishments for obesity prevention coalitions include:

- IKF coalitions have contributed to 17 policy changes in local schools and communities. New policy goals are continuing to surface, and coalitions are grappling with how to implement, operationalize and monitor the impact of enacted policies.
- All of the coalitions are engaging in significant activities to improve their community's physical environment to be more supportive of physical activity and healthy eating.
- All coalitions are implementing or plan to implement a school-based curriculum related to nutrition and physical activity. One coalition has established an active youth health council.

KYA participates in the Bounce Coalition to strengthen school-level policies around trauma-informed care. The Bounce Coalition's IKF effort is a pilot program addressing adverse childhood experiences (ACEs) that builds awareness of ACEs and provides guidance on implementing trauma-informed practices and facilitating resiliency in children in both school and out-of-school-time settings. KYA participates as a member of the Bounce Coalition, and participated actively in the planning phase for the coalition. The coalition has consulted with Jefferson County Public Schools and the YMCA (a primary after school provider) on policy and procedure changes to support this work in six key areas—discipline, safety, wellness, transportation and equity/professional development. KYA has been working with Bounce to look at school-level policies around trauma-informed care and to try to make them as strong as possible.

The Foundation recognizes that there are many other investments in the area of children's health and they look for synergies and relationships to advance the work in the state. The Foundation has invested significant staff time in understanding, being connected with and informing other efforts related to children's health in the state and nationally. The IKF program officer has been building and maintaining relationships, participating in workgroups and task forces, and attending conferences in order to bring back information to inform the Foundation's and its grantees' work. At the end of Year 03, the Foundation and KYA were discussing ways to leverage KYA's expertise and statewide network to elevate the work occurring through IKF.

Contribution of the Foundation in Advancing Health Policy

Through PRHP, the Foundation aims to be a key player in health policy and makes strategic investments to make public policy more responsive to the health and health care needs of Kentuckians. This includes internal and external investments in four areas: health-related data and research, grantmaking, convening, and relationship and capacity building.

Overall, respondents described the valuable and unique role that the Foundation plays in informing health policy in Kentucky. There was recognition of the benefit and importance of the Foundation being perceived as a non-partisan, independent organization. There was wide spread acknowledgement that given the change in the political landscape, the Foundation and its grantees may need to approach their work differently in order to continue to positively influence health policy.

Convening diverse stakeholders for important conversations was identified as one of the Foundation's most important contributions.

The Foundation's ability to convene key stakeholders and catalyze conversations on difficult policy topics was seen as one of the most significant ways that the Foundation had influenced policy this past year. Respondents described how convenings are valuable for their ability to bring a variety of people together to educate and talk about tough issues that may not be addressed elsewhere. These conversations were identified as a key mechanism to influence policy development. In particular, the Foundation's convening of the Sustaining Health Policy Gains workgroup and topical convenings on relevant policy issues were highlighted.

Targeted research and data has been an effective way for the Foundation to inform policy makers and the media about health policy priorities.

Overall, respondents saw the Foundation as a credible and useful source of information. Most respondents stated that the type of data that the Foundation provides, either directly or through funded studies/polls, is essential for moving policy forward. Many cited this as a role that few to no other organizations in Kentucky could play and talked about their use of Foundation-funded data or research in highly visible settings such as health reporting, working with legislators, or for media campaigns. The media analysis conducted by the Berkeley Media Studies Group, as part of CCHE's evaluation, found that the release of polling data or a report were the most common reasons that the Foundation received earned media. This year, the research most often mentioned in the media was the series of quarterly dashboards and annual report released by the State Health Access Data Assistance Center (SHADAC) on the impact of the ACA implementation in Kentucky.

Relationship and capacity building efforts are adapting to a new political environment.

Respondents reported that the Foundation has been effective in leveraging its expertise and unique position to inform policy within the state by developing key relationships, strengthening its internal capacity to advocate (particularly in communications), and bolstering the capacity of the advocacy community necessary to capitalize on opportunities.

- **Relationship building:** Respondents discussed the need to start over with relationship building efforts given the transition in leadership across government agencies. They emphasized the extensive time it can take to re-establish those relationships and recognized that these relationships may be more difficult to form given that there is less alignment in policy positions and priorities.
- **Capacity building:** The Foundation invests in capacity building in a variety of ways. The two primary ways discussed this year were support to the advocacy community (providing data, messaging, convening, funding and connections) and internal capacity building around communications.

Flexible and multi-year grantmaking allows grantees to effectively respond to the dynamic policy environment.

Respondents reported that the Foundation's grantmaking efforts were well aligned with the Foundation's policy priorities. Most respondents indicated that the work of the Foundation and grantees were complementary and well coordinated. All grantees expressed appreciation for the Foundation as a

partner and funder that was responsive and supportive of their work. All grantees—policy, research, communications—also provided very positive feedback about their program officer and the accessibility and expertise of other Foundation staff. Grantees and Foundation staff commented that communications grantees are uniquely positioned to elevate key aspects of policy issues for a wider audience. They are able to both share complicated data and bring the human voice into the story. As the initiative enters its third year, many policy and communication grantees reflected on how multi-year, flexible funding has been a key to their ability to focus on key health policy issues and move their work forward.

Recommendations

CCHE offers the following recommendations for consideration. These are based on our observations and analysis of data collected in Year 03 of PRHP.

Utilize the Foundation’s mission and goals as guardrails for decisions about how to navigate the political environment and adjust strategies. The evaluation results suggest that all decisions about response should be guided by the Foundation’s mission and goals: *Given the Foundation’s mission, what are the core messages that it wants to convey? How is that reflected through the Foundation’s strategies?*

Determine how to best support the grantees and broader advocacy community in effectively advancing health policy in the current political environment. Advocates have recognized that they need to explore new strategies and approaches to be effective at advancing health policy. The Foundation can help to support the advocates by offering training, technical assistance, and connections to state and national resources.

Clarify the Board’s understanding and support of the Foundation’s advocacy efforts and the respective roles of the Board and Community Advisory Committee. Individuals on the Foundation’s Board and Community Advisory Committee (CAC) have always been divided as to what the Foundation’s role in advocacy and direct policy work should be. This year, staff and grantees noted that the increased level of involvement of the Foundation’s Board and CAC in operations, combined with the lack of consensus on what the Foundation’s role should be, can sometimes play out in seemingly contradictory guidance. Clarity in the overall role of the Foundation in direct policy work, as well as the roles of the staff, Board, and CAC would help to ensure that the Foundation could effectively and efficiently respond to emerging health policy issues.

Reflect on learnings from PRHP that could inform the Foundation’s strategic planning efforts in 2017. As PRHP has evolved there are learnings to be gained, such as the growing understanding that any one of the four priorities could be its own initiative, and the focus on all four risks diluting the impact that the Foundation can have by spreading resources too thin. The strategic planning process should ensure adequate time to reflect and capture this and other learnings from current investments.