



Consumer Advocacy Capacities – an Advocate's Perspective

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How Ohio Consumers for Health Coverage Was Born

- June 2007: RWJF Call for Proposals.
- June: One-on-one conversations between UHCAN Ohio and long-time partners.
- July: Convening meeting held.
- July-August: Principles and approaches to health care reform hammered out.
- September: grant submitted.
- Fall: Additional members to Leadership Team brought on, more work on principles, participation in Governor's State Coverage Initiative went forward
- February 2008: Grant funding begins; work on the capacities moves forward.

What OCHC Does

- OCHC unites the consumer voice with the goal of achieving affordable, high quality care for all.
- OCHC represents hundreds of thousands of consumer voices.
- United consumers must have a VOICE in pushing for reforms we need.

OCHC's Principles and Approaches

Principles – modeled after National Institute of Health's principles– 2004

- Available to all
- Affordable for individuals and families
- Affordable for society
- Continuous
- High quality

Approaches to reform: rooted in insurance market reform, strengthening the public safety net and incorporating strong delivery system reform.

OCHC's Structure

- UHCAN Ohio is lead agency
- Leadership Team of 17 members: faith-based, health consumer-based, older American, labor, grassroots, disease-based organizations. Co-chaired by UHCAN Ohio and Legal Aid of Southwest Ohio representatives.
- Largest – AARP Ohio Division; Smallest—Legal Aid of Southwest Ohio
- Leadership Team representation and grassroots networks concentrated in Cincinnati, Cleveland, Columbus, Toledo

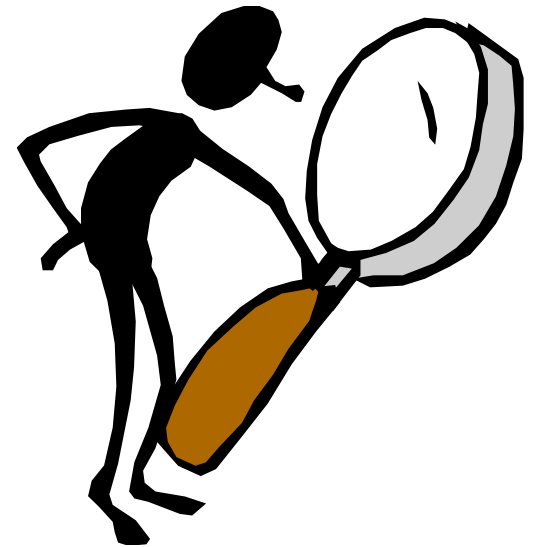
OCHC's Staff

Staff

- Project Director;
- Northeast, Southwest and Central Ohio Coordinators;
- Communications Coordinator;
- Office Assistant;
- 3 consultants (communications, field, small business);
- Support and oversight from Executive Director, Director of Operations, Administrative Coordinator

Looking at OCHC Implementation of the Advocacy Capacities

Capacity: Analyze legal and policy issues to develop achievable policy alternatives



Achievable Policy Alternatives

- We put emphasis on “develop achievable policy alternatives.”
- Cornerstone to effective advocacy –focuses the campaign and essential to attract grass roots support.
- In 2009 we analyzed the range of opportunities for expansion of health coverage offered through the Governor’s State Coverage Initiative, and determined that those requiring few state dollars had the best chance of success.

Putting It in Action: OCHC Explains Its Position on the Proposal to Modify Open Enrollment

In Spring 2009 OCHC fought to reduce the Premium cap in Ohio's "Open Enrollment" program, Ohio's substitute for a high risk pool before the Affordable Care Act was enacted. We determined this was a winnable policy change because in a tight budget climate it did not require General Fund dollars and appealed to the public's Belief that the insurance industry needs to be brought under control.



Gerry Miller (right) shared her story with the media of paying a \$900 monthly premium in the Open Enrollment program. Cathy Levine, OCHC Co-Chair, provided background first.

Looking at OCHC's Implementation of Advocacy Capacities (continued)

Capacity: Build a Coalition and Maintain

Strategic Alliances



How Advocates Understand a Coalition

- Partners want a result that requires joint action.
- Partners bring commitment, skills, a shared vision and shared history (where possible) and span the grassroots constituencies impacted by the goal that unites the coalition.
- Partners develop a shared understanding of coalition goals, principles and strategic approaches.
- Partners regularly gathering and communicate in between meetings.
- Partners honor the limited purposes of the coalition.
- Partners have a limited but well understood structure.

How Advocates Build a Coalition

- Lay groundwork through one on one conversations with potential partners.
- After groundwork bring together an initial meeting of those who are willing to take next step.
- *Critical: Establish the vision and goal, the objectives, principles and approaches to achieving the goal of the coalition.*
- Establish work plan, committees and leadership structure.

Building Strategic Alliances

These are stakeholders who don't share the vision, goals, values and approaches as a whole, but have interests that align with some aspect of the coalition's work.

Examples: small and large business, medical providers, possibly insurers.

Explored on an issue by issue basis.

Building Strategic Alliances (continued)

Depends on consistent background work—

- shared participation in state or industry-convened task forces
- Informal discussions/consultation
- Working not to unnecessarily offend

Putting It in Action:

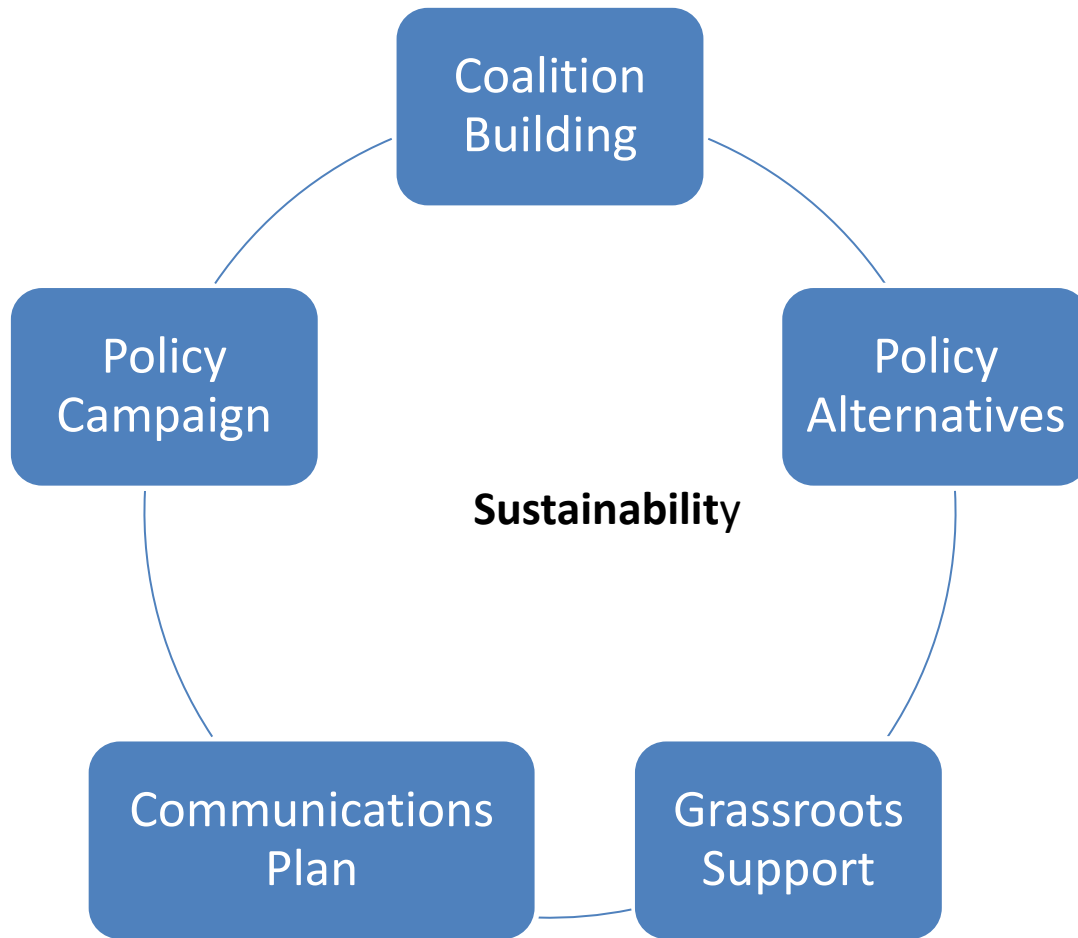


When all our OCHC Coalition Partners stand together we are a formidable group!

Here OCHC kicks off its 2010 *Build It Now!* campaign. With the Affordable Care Act as the foundation, we commit to aggressive Implementation at the state level, resulting in a system of high quality affordable health care available to all.

August 31, 2010 OCHC gathered at the East entrance to the Ohio Statehouse. Here Cincinnati pastor Rousseau O'Neal, Chairperson of OCHC member Faith community Alliance of Greater Cincinnati, speaks to the crowd.

Capacity Cycle



Capacity Cycle

- Building the coalition comes first, and happens continuously throughout implementing the other capacities.
- Develop policy alternatives; listen to grassroots.
- Develop communications and media plan that is based around messages that will resonate with the grassroots/voters.
- Policy campaign is developed along with a communications plan to carry out the campaign.
- Choice of campaign requires understanding of how messages will resonate with the public.
- Developing all the capacities will produce policy wins, which will lead to greater financial sustainability. Developing capacities leads to coalition sustainability.

Technical Assistance that Makes a Difference

- Coaching (bi-weekly phone call with Support Office (Community Catalyst)).
- Peer learning – Topical phone conferences and list-serve.
- Fielding questions, particularly policy questions, with quick turnaround.
- Targeted in-service (on-site or otherwise) directed at a specific problem.

Training that Makes a Difference

- Topical conference calls – especially shared national partners
- Consumer Voices for Coverage annual meetings
- Topical trainings by Robert Wood Johnson or Community Catalyst – both face to face and webinar (lobbying, health reform implementation summit in Columbus)

Evaluation that Makes a Difference

- Purpose and mechanism must be well understood by the organization being evaluated.
- There needs to be a frequent feedback mechanism between evaluator and organization being evaluated.
- The evaluation tool should address all the capacities, but emphasize targeted goals/deliverables.

Evaluation that Makes a Difference (continued)

- Evaluation system needs to recognize that advocacy work requires flexibility to accommodate to changing external circumstances; goals/deliverables may need to be changed mid-stream.
- Grantee should be assisted in the early stages of evaluation to align the reports they do for their program management, leadership team, organization's board, evaluator and funder.

How to Develop a Network of Organizations

- Bring together people with a history of working together
- Adhere to principles, such as respect for partners, consensus decisionmaking
- Embrace diversity
- Need for a number of very intelligent and thoughtful people
- Look for organizational and coalition agenda alignment

Contact Information

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