

# Summary of Focus Group Sessions at the 2008 Annual Grantee Meeting

*Consumer Voices for Coverage Evaluation*

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Four focus group discussions were held with Consumer Voices for Coverage (CVC) grantees and leadership team members attending the program’s annual grantee meeting in September 2008. The purpose of these discussions was to learn about the successes and challenges experienced by the CVC grantees across the country during the first year of the grant period. A secondary purpose was to allow the participants to discuss and share ideas and to learn from the experiences of others. Each of the focus groups focused on a different topic:

1. Developing talking points and campaign messages on the complex topic of health coverage
2. Strategic alignment: Building common ground among consumer advocates and organizations
3. Political, fiscal, and economic environment: What is most affecting CVC’s efforts in your state?
4. Making policy tradeoffs

The purpose of this memo is to describe some of the key themes emerging from these discussions and to share with the Robert Wood Johnson Foundation (RWJF), Community Catalyst, and the CVC networks more broadly the lessons learned and innovative ideas described by focus group participants.<sup>1</sup> These findings may help inform areas of potential focus in the coming years.

## Key Findings

Because the CVC coalitions are comprised of different partners with varying resources and capacities and operate in states in different stages of policy development and in different environments, they face distinct challenges and use different resources and strategies to achieve their advocacy goals. For these reasons, it is challenging to summarize their experiences as a whole. We therefore summarize some of the themes that emerged across the four focus group discussions, while pointing to the factors that make each coalition’s situation distinct where possible.

### 1. Environmental Conditions and Changes Force CVC Coalitions to Adjust

**The political, legislative, economic, fiscal, and organizational environments are moving parts that advocacy coalitions need to adjust to.** Coalitions invest time developing relationships with elected officials and key policy-makers. Thus their efforts are particularly sensitive to turnover among the state’s policy-makers and agenda-setters. For example, in one state, a change in one vote has the potential to affect whether one house of the state legislature will become an ally for coverage expansion. Participants described that these changes in the “power dynamics” are as important as, and sometimes more important than, economic, fiscal or institutional factors in determining what advocates and consumers can do in the public policy arena.

**The political environment, however, can also become too comfortable, as two states have experienced.** Key policy-makers, though generally supportive of health coverage expansion, lack a sense of urgency for reform, making it unlikely that coverage expansion will be addressed. In

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<sup>1</sup> This summary was based on notes of each focus group discussion, prepared by Todd Honeycutt, Debra Lipson, Krisztina Marton, and Debra Strong, who led the four focus group sessions.

one of these states, the legislative majority was described as becoming “blasé about reform.” A passive political environment can threaten coalition efforts as much as direct opposition to coverage expansion.

**The economy and the national election are dominant external factors influencing CVC coalition efforts.** In one state, the fiscal environment has been a persistent challenge for health care advocacy. Rigid constitutional constraints on both revenue and spending have paralyzed all efforts for coverage expansion. In other states, concerns about the downturn in the economy have heightened opposition to legislation for comprehensive coverage. The national election and related debate around national health care reform has dominated the political environment. Some states are waiting to see whether there will be proposals for national health care reforms and if so, what shape they might take. All of the coalitions believed that there is a tremendous potential opportunity for reform and coverage expansion at the national level when a new administration takes office in 2009. At the same time, however, the potential for national reform has made policy-makers in some states reluctant to move forward with developing or introducing state reform until the election is over.

**Coalitions need to be responsive to changes and new issues as they emerge.** The constantly shifting environment sometimes diverts coalitions from their long-range policy strategies and proactive media campaigns. For example, one state passed a bill with a new tax as a way to fund its existing coverage program. In response, the industries whose products would be subject to the new tax have focused their efforts and substantial advertising to try to overturn the legislation. The coalition has since had to defend the existing coverage program, rather than focus on coverage implementation or expansion. In the current environment in this state, maintaining the existing coverage program would be considered a success. In another state, reform legislation with significant coverage expansion had broad support and was strongly backed by the governor, but was rejected by the senate committee. The coalition had expected the legislation to pass, but has instead had to fight budget cuts, support legislation on specific health insurance issues, and focus on keeping the coalition together now that the urgency of reform has waned and until new efforts can be organized.

**Because of the unpredictable nature of advocacy work, coalitions often need to address emerging issues through communications and media activities.** However, few said they currently had the resources to work on a long-term communication campaign, one that is more proactive than what they described as traditionally reactive communication practices. Some coalitions have been working on a formal communications plan and strategy, but others only manage to respond to developments in the state as they happen. Several coalitions maintain and use email lists to distribute information to various audiences, including legislators and sometimes their grassroots constituencies. A number of coalitions mentioned that they do not have the staff resources to keep an eye on everything on the topic of health insurance coverage, much less to distribute this information to others on a regular basis.

**Resources and interests of organizational members can have a large impact on coalition efforts.** Having well-defined partner roles, such as putting partners in charge of specific capacities, maximizes their contributions to the coalition and keeps partners engaged. Coalitions described that some partner interests are not always apparent, but having a direct discussion with those partners may be the best way to find out. Ensuring that partners are able to meet their own organizational goals helps foster a sense of commitment among their partners. Thus, changes in a member organization’s priorities and staffing can take resources away from the coalition.

## 2. Coalitions of Traditional Allies Are Hard Work

**Building, maintaining, and nurturing the coalition and the leadership team is resource-intensive.** Advocates say they can become weighted down by the governance, communication and other mechanisms of coalitions, which take time away from advocacy. The CVC grant itself inserted a competitive dynamic to some coalitions. In one state, for example, there were debates around which groups would and would not receive RWJF grant funds and how grant dollars were expected to be used. As the coalition seeks to expand its membership, tensions have emerged around whether the coalition should help those new groups raise funds to support their involvement in the coalition, and at what level. In other coalitions, a small amount of money is granted to leadership team members that need it, but not to larger organizations that don't need it.

**Among more recently formed coalitions, the competing agendas, roles, and sensitivities among coalition partners can be difficult to navigate.** Some coalitions do not start with a blank slate, but have experienced previous hostility or distrust among some members. Furthermore, the RWJF approach of accepting only one application from each state and sometimes urging applicants to include or exclude certain advocacy groups has created some “insiders” and “outsiders” and has complicated the dynamics in a few states. Developing trust among coalition members, especially among those with a history of distrust or negative interactions, takes time. The process of addressing the negative history between members, while one with the potential for benefits, is a difficult process. Regardless of the coalition's collaborative history, coalitions need to manage expectations of their members. Members new to the health policy debate tend to be less willing to compromise because they have not experienced previous “battles.” In addition, coalition members differ in their views of the coalition goals. Some view the coalition as “aspirational,” that the coalition should make the case for the ideal, while others feel the coalition should focus on the achievable, based on the legislature or administration at that moment in time.

**Integrating diverse interests and achieving agreement among traditional and nontraditional allies is challenging.** For example, advocates of children's health coverage is one group perhaps thought to be traditional allies of groups supporting universal coverage. However, focus group participants described that children's health advocates do not always support broader health reforms. Some coalitions felt that those focused solely on covering children will leave the coalition when it comes time to focus on coverage for adults.

**Given the difficulty of obtaining buy-in from traditional allies, the CVC program's emphasis on including “strange bedfellows” or non-traditional allies in coalitions is more challenging.** CVC grantees and leaders in several states wonder whether it is worthwhile to be at the table with brokers and insurers, or hospital associations, for example. They find that all these groups can agree the health care system needs to be fixed, and soon, but beyond that there is no shared agenda. Some participants felt that forming alliances on specific policy choices may be better than expanding coalition membership to these nontraditional groups.

## 3. Tradeoffs Are Necessary to Gain Support and Maintain Interest of Diverse Partners

**Coalitions described that veteran members, those who have been through previous policy debates, are more aware of the compromises needed to make progress.** For example, to get and keep small business support or involvement in coalitions, consumer advocates often have to give up the notion of requiring employer contributions and taxes and look for other funding

sources to subsidize coverage. Coalitions that include labor unions also have difficulty involving small businesses because of their discomfort with unions. While many coalitions are actively reaching out to small businesses and have found common ground on coverage issues, they find that doing so requires intensive effort and resources.

**Discussing policy issues is vastly different from having to develop specific policy proposals.** Coalitions that have not yet developed detailed or comprehensive policy proposals have not had to deal with trade-offs. As coalitions address the nitty-gritty of specific policy issues, consensus can be difficult to achieve without losing groups. For example, in one state, the inclusion of an individual mandate<sup>2</sup> in the legislative proposal last year was a source of contention for the coalition. Two members on the leadership team supported the individual mandate, but the majority of the leadership team members were opposed. It was estimated that among those who would be subject to the individual purchase mandate (those with incomes above 400 percent of the federal poverty level), approximately 300,000 were uninsured. Because the overall reform legislation represented expansion of coverage to millions of people, the coalition eventually agreed to support the individual mandate, but “it took a while to get there.”<sup>3</sup> While this was one example where the coalition was eventually able to reach consensus, other issues led some groups to leave the coalition and they are not on the CVC leadership team this year.

**Broad coalitions that include consumers and other stakeholders can agree on general support for comprehensive health reform, including expanded coverage and access, but find it harder to agree on priorities or to gain consensus on specific legislative proposals.** As the coalition broadens its membership, more issues are put on the collective table, while some issues are dropped. For example, when consumers brought physicians into the coalition, they started to discuss issues such as scholarships for primary care doctors, which had not previously been on the consumer agenda. When the coalition brought in hospitals, they could no longer address charity care obligations or cost controls. On the other hand, the hospitals brought up access to interpreters or providers who speak languages other than English, which was not a priority for many new coalition members.

**Coalitions face similar tradeoffs when developing their communications and media messages.** Most coalitions have developed or are considering developing a main message, but found the process difficult because of conflicting goals and interests of its members. Most managed to reach a compromise, but found that the message became very general in order to gain broad support. In the end, it was not clear that everyone was comfortable with the end product of these discussions and whether all of the partners would fully embrace the message and the compromises necessary to get there. One state described that it had an “agonizing time” trying to agree on the messages among leadership team members. This state struggled with whether to focus its message on people who have health insurance but feel vulnerable (e.g., pre-existing conditions) or whether to have a broader focus, and ultimately decided on a “fix it now” campaign.

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<sup>2</sup> Individual mandate requires all individuals to purchase coverage, though usually includes some exceptions.

<sup>3</sup> Recipients of RWJF grants are prohibited by the Foundation from engaging in lobbying efforts to influence legislation. Funds can be used, however, to provide information to legislators and other policymakers on positions taken by their organization and coalitions. Some grantees may conduct lobbying activities using funds from other sources.

#### 4. CVC Coalitions Have Developed Innovative Strategies To Reach Their Audiences And Problem-Solve

Focus groups revealed a rich array of individual coalition strategies that demonstrate their ability to innovate and respond to challenges as they arise. When shared across the CVC networks, these ideas offer opportunities for cross-network learning.

**Coalitions are defining terms that can cause confusion or are identifying neutral terms as substitutes.** Specific terms that coalitions mentioned are listed below.

- Consumer networks find that in educating their members and legislators about health coverage, “affordability” means different things to different people, so it is helpful to be clear about for whom coverage should be affordable.
- Several coalitions said the term “consumer” can be a point of contention. For example, while some employers claim to be consumers, others believe that employers are purchasers and employees are the real consumers because they ultimately pay when employers’ premium costs are part of total employee compensation. To others, the term “consumer” is associated with a market-driven agenda. And still others such as disability groups prefer the term consumer to “patients,” a term they find demeaning. To get past these debates, some groups are not using the term consumer at all and are using the term “community” instead, or are using their states’ names in their coalition/network name, such as “New Yorkers” or “Oregonians.”
- Groups sometimes differ on the use of the term “citizen” when coverage of immigrants is a divisive issue. “Residents” often is chosen if the group wants to be inclusive of all people regardless of their immigration status.

**Coalitions are using unique communications techniques to unify advocacy messages and ensure those messages reach diverse audiences.** Below are approaches that coalitions have either planned or tried.

- Some coalitions are using new media to help counter inadequate coverage in traditional media. For example, coalitions are finding blogs can be effective for reaching certain target audiences, such as legislators. Also, some coalitions use internet sites such as Facebook and YouTube. One coalition, for example, discovered a television show on health insurance coverage produced by a local station had a much broader reach when it was posted on YouTube than when the television show aired on its own.
- Outreach to faith-based or ethnic media is helping coalitions reach specific populations that may not connect to traditional media outlets.
- Radio talk show appearances on both sides of the political aisle are helping one coalition utilize all communications opportunities and opportunities for persuasion.
- A speakers’ bureau and communications training curriculum developed by one coalition is ensuring spokespersons speak with one voice and create “an echo effect.”
- A “letters to the editor writers group” has created a cadre of individuals that a coalition can call on when a press response is needed.

## Lessons Learned

Hearing about coalition experiences so far was an important learning opportunity, and focus group findings revealed several specific lessons for CVC moving forward.

- **Consumer advocacy coalitions require resources and strong leadership to work toward common health policy goals.** In the midst of ever changing economic and political environments, CVC coalitions need to balance flexibility with a single-mindedness to achieve their policy goals. Obtaining buy-in and alignment around difficult and complex policy issues among coalition members with diverse interests is a challenging task, one that requires substantial investments in time and resources for relationship building, communication, and administration to keep partners motivated and working together.
- **Tailored support and guidance from Community Catalyst is well-received by grantees.** Grantee feedback indicates that Community Catalyst is providing excellent support and guidance, and is providing the individual attention required for states in different places with different resources, and facing different challenges. The coalitions and Community Catalyst have been working together to strengthen capacities that the coalitions have identified, such as effective messaging or ways to increase alignment among diverse partners.
- **Coalitions expressed the desire for guidance and clarification on their roles in the national health care debate.** In the coming year, if discussions about national health care reform continue to intensify, coalitions expressed a need for clarification regarding their expected role, if any, in national level advocacy. While not all coalitions anticipate they would necessarily shift their focus to the national level, some states would and welcome the Foundation’s perspective.
- **Forward progress is not the only successful outcome.**<sup>4</sup> While the overall goal of the CVC program is to expand coverage, coalitions in some environments need to “play defense” in order to maintain current coverage policies and funding. Similarly, compromise is a necessary part of the policy debate. Legislation without some compromise on policy issues is not a realistic outcome.
- **Having an “all-for-one and one-for-all” approach may not be a realistic expectation for every policy issue.** Reaching consensus on all health policy issues is not a realistic expectation for coalitions or for the evaluation. In some coalitions, individual members or organizations can advocate for a common goal and support universal coverage, but may part ways on specific issues that are not consistent with the coalition’s positions. Some coalitions found that alliances with nontraditional allies may be more fruitful on specific policy issues than for the coalition as a whole.
- **The process of building and maintaining coalitions of diverse partners is complex and dynamic.** Managing changes in environmental conditions and different priorities among traditional and nontraditional allies is challenging, and there is no single formula

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<sup>4</sup> “Forward progress” is a term described by Reisman, Gienapp, and Stachowiak in *A Guide to Measuring Advocacy and Policy (Prepared for the Annie E. Casey Foundation)*. Seattle, WA: Organizational Research Services, 2007.

for success. Coalitions are taking different paths. Examining these paths alongside coalition outcomes will provide useful learning about the factors—in addition to the core capacities—that can contribute to or affect coalition success.



**APPENDIX A**  
**FOCUS GROUP DETAILS**

Using the list of registered participants, participants were randomly assigned to each of the focus groups, with the goal of having representation from all of the states at each focus group. Participants were free to switch focus groups if they were more comfortable in a different topic. The goal was to have approximately 10-12 participants in each focus group. Each focus group was facilitated by a member of the evaluation team from Mathematica Policy Research, Inc.

The key topics discussed or questions raised in each focus group are listed below.

1. Developing Talking Points and Campaign Messages on the Complex Topic of Health Coverage (facilitated by Krisztina Marton)
  - What are some examples of successful talking points or campaign messages your organization worked on since its involvement in the CVC project?
  - How do you decide on your strategies for developing talking points and campaign messages? Who is typically involved in developing talking points and campaign messages (e.g. leadership team members, project director, etc.)?
  - What audiences have you been focusing on, and why did you decide to target these?
  - What are the main challenges you are facing in your work on developing talking points and campaign messages?
  - Could you use more assistance from Community Catalyst to be more successful at developing talking points and campaign messages? What type of help?
  - What are some of the ideas or lessons related to this area that you think will take away from this conference?
2. Strategic Alignment: Building Common Ground Among Consumer Advocates and Organizations (facilitated by Todd Honeycutt)
  - How are you bringing the leadership team together?
  - How do you foster a sense of commitment in partner organizations (or, how do you keep one organization from doing all the work)?
  - How are you bringing the larger coalition together?
  - What are some of the obstacles you face in bringing partners together?
3. Political, Fiscal, and Economic Environment: What is Most Affecting CVC's Efforts in Your State? (facilitated by Debra Strong)
  - How has the political/fiscal environment in your state changed since you wrote your CVC grant proposal a year ago?
  - What external factors (those outside the influence of your coalition) most influence your efforts?
  - How does the structure of the CVC grant affect your coalitions and agendas?
  - What opportunities for progress toward coverage reform and expansion do you see on the horizon for your coalition?

#### 4. Making Policy Tradeoffs (facilitated by Debra Lipson)

- What are the policy issues on which consumer advocacy groups in your state (or your network/coalition) differ?
- How do CVC networks develop positions on coverage expansion policies when doing so involves making choices or compromises among principles or goals?
- How do CVC networks achieve consensus when individual groups put greater value on different principles, e.g. comprehensive benefits vs. affordable premiums? How does the addition of new groups to CVC networks affect its ability to achieve consensus on policy positions?
- Does the policy or political environment affect your network/coalition's composition and its policy positions?