

TCE Clinic Consortia Policy and Advocacy Evaluation



Clinic Consortia Policy Advocacy: Increased Clinic Financial Stability or *Follow the Money*

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Presentation Objectives

- Present findings on funding secured by 19 grantees (clinic consortia) funded under The California Endowment (TCE) Clinic Consortia Policy and Advocacy Program from 2001-2006;
- Examine the policy advocacy activities contributing to these funding gains to consortia and clinics; and,
- Discuss the implications of these findings for evaluators, funders, and advocates.



Background: TCE Clinic Consortia Policy and Advocacy Program Evaluation

- Assessing achievement of Program outcomes in six areas by 19 clinic consortia since 2001:
 - Expanded grantee policy advocacy capacity
 - Increased clinic financial stability
 - Increased new partnerships with non-health organizations
 - Strengthened clinic operations: quality improvement (QI)
 - Improved access to care
 - Benefits to clinics and their target populations

Tracking Funding Secured and Allocated: Data Collection Activities

- Longitudinal worksheets
 - Funding Secured Worksheet (2001-2006)
 - Policies Targeted by Grantees (2004-2006)
 - Policy Advocacy Activities (2002-2006)
 - Partnerships with Non-Health Organizations (2004-2006)
- Qualitative data collection
 - Grantee Interviews on funding environment (2006)



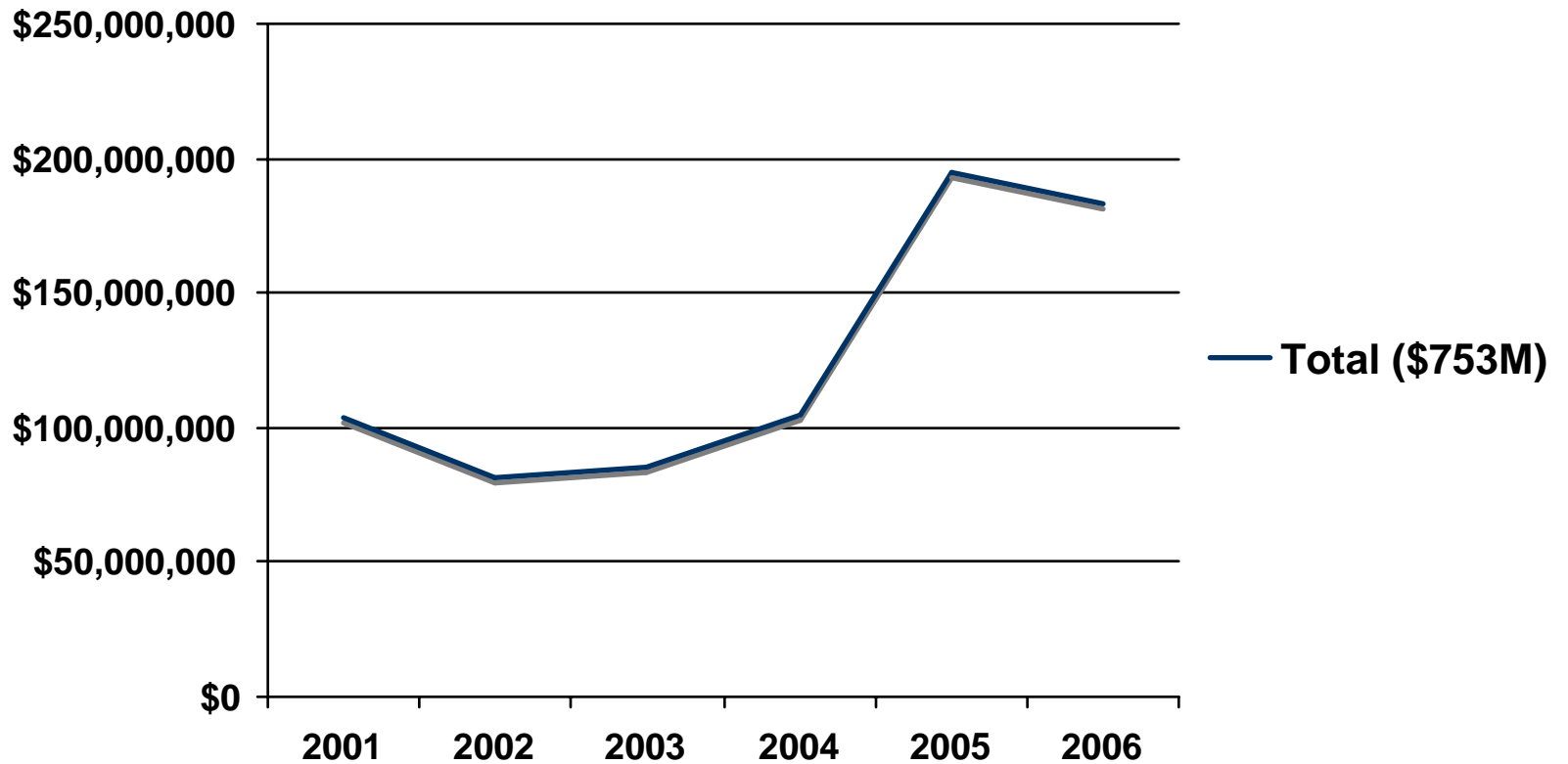


Assessing Funding Secured

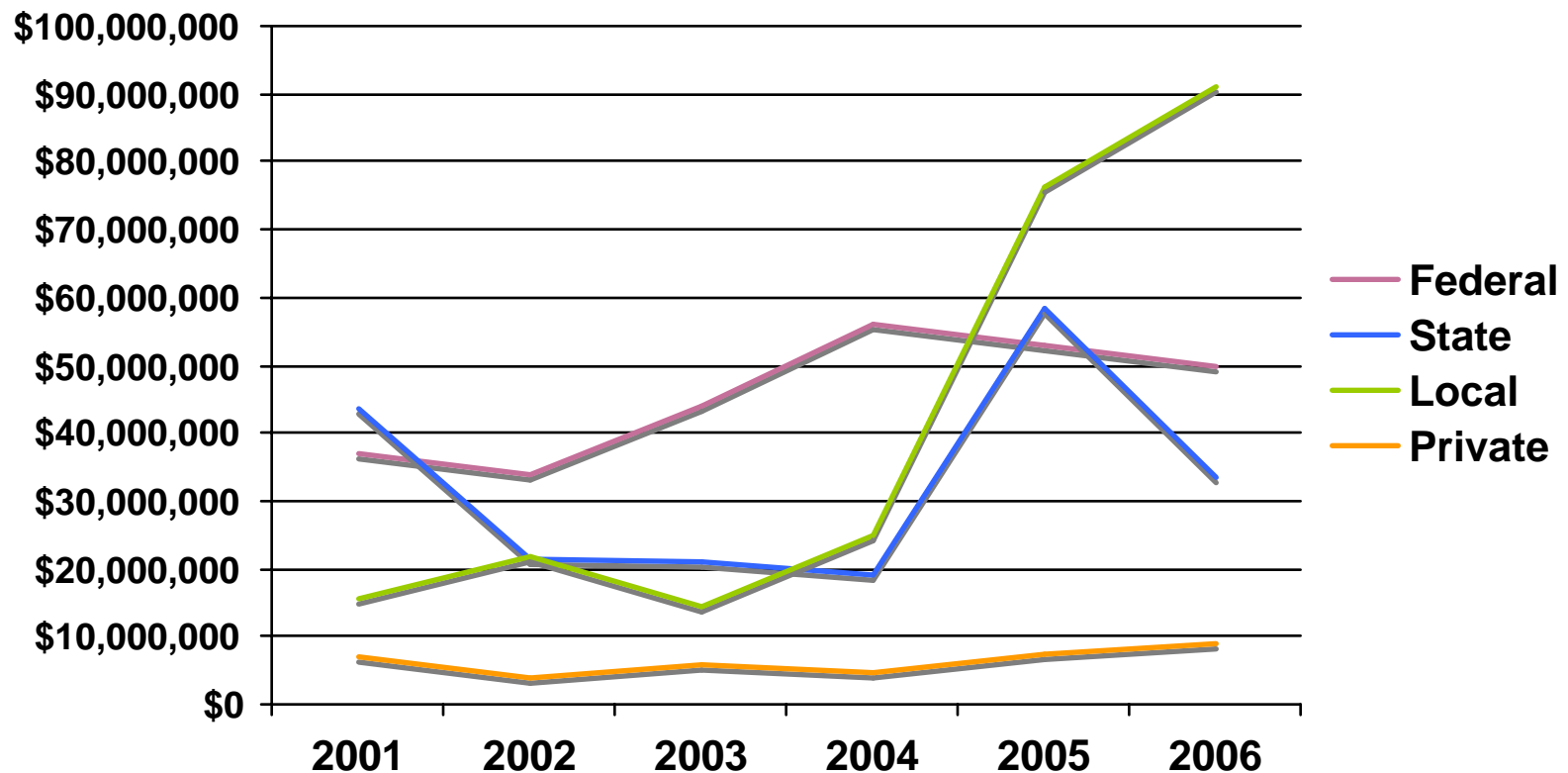
- Annual analysis of funding secured by grantees on behalf of clinics and consortia that can be attributed to grant-funded activities
 - Amount (clinics, consortia)
 - Differences by grantee type (local/regional vs. statewide)
 - Amount by funding source (federal, state, local and private)
 - Consortia funding
 - New vs. maintained funding
 - Top grossing funding sources
 - Where the money goes - types of expenditures by consortia and clinics



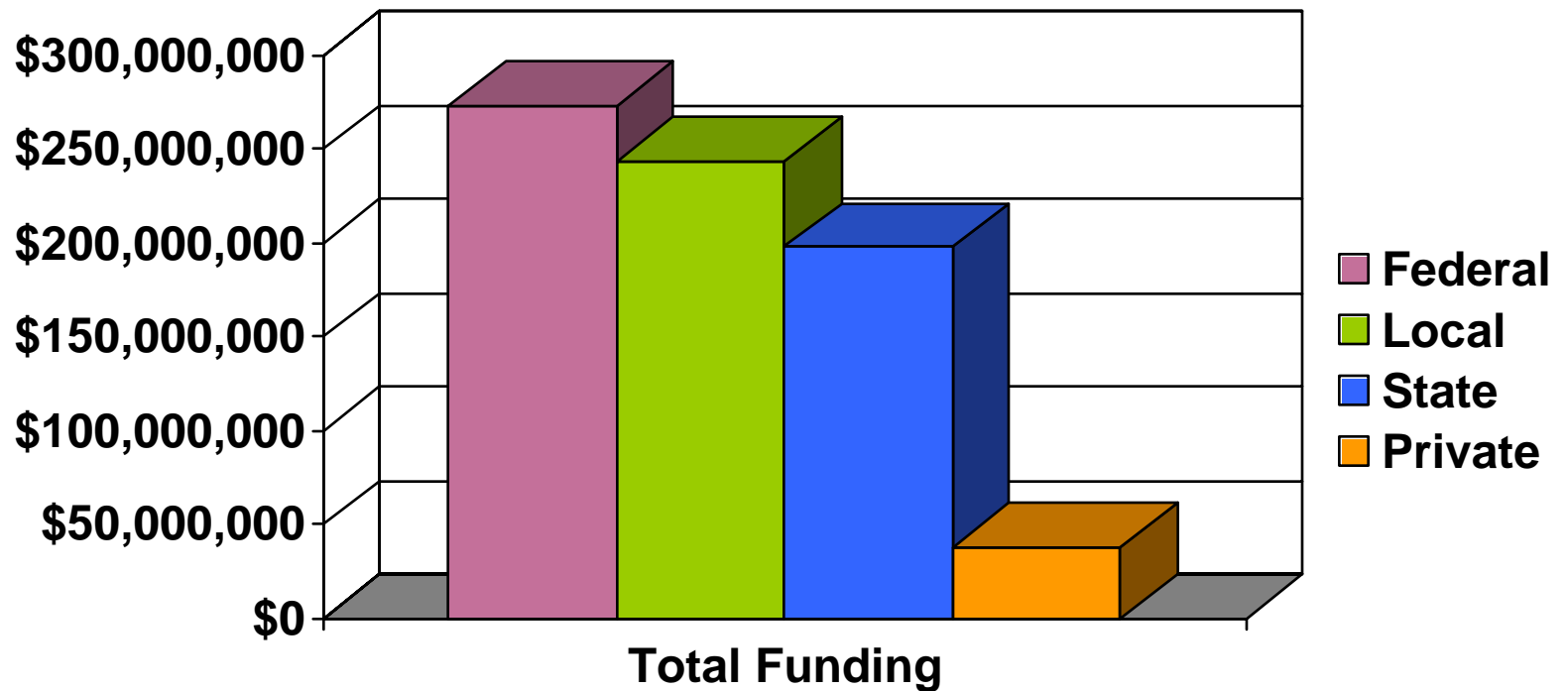
Funding Secured by Grantees, 2001-2006



Total Funding Secured by Type (Federal, State, Local and Private), 2001-2006



Total Funding to Clinics, by Type, 2001-2006





Top Grossing Funding Sources, 2001-2006

Funding Source	Funding Type	Total
Clinic 330 Funding	Public - Federal	\$223.1M
County Contracts	Public - County	\$168.5M
Cedilo-Alarcon Community Clinic Investment Act of 2000 and 2005	Public - State	\$62.1M
Tobacco Settlement (2 grantees)	Public-State	\$50.5M
Expanded Access to Primary Care (EAPC)	Public - State	\$42.6M
Proposition 63 - Mental Health Services Act	Public - County, State	\$19.2M
Total:		\$566M



Allocation of Funding in 2006: 90% to Clinics

- Patient services (\$157M)
- General clinic support (\$11.3M)
- Program development, e.g., IT (\$5.8M)
- Clinic facilities (\$1.6M)



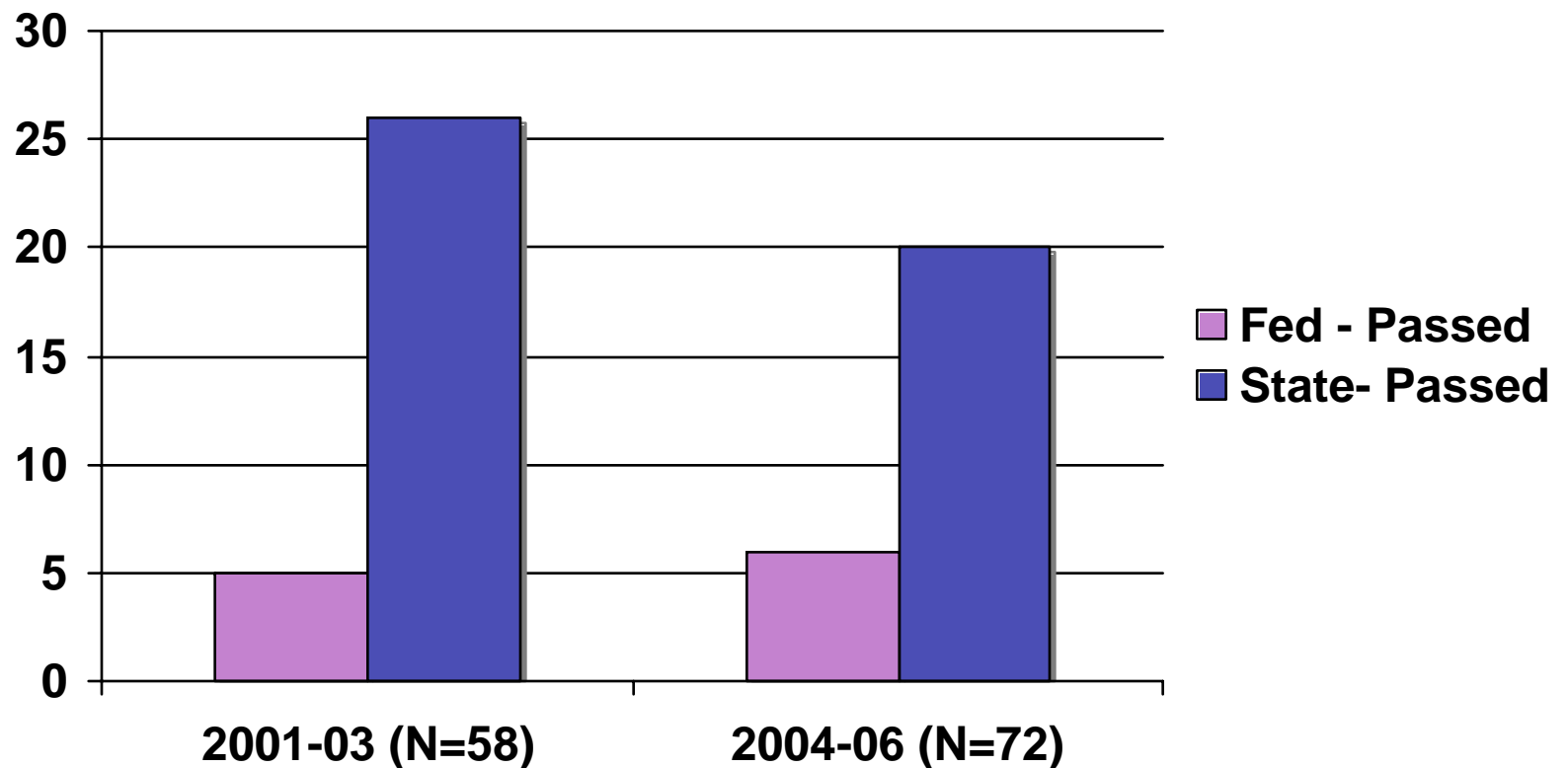
Achieving Financial Gains: Effective Policy Advocacy



Policy Maker Education: Deepening Partnerships with Elected Officials

- *Multiple strategies* considered most effective by grantees:
 - In-person meetings
 - Maintaining ongoing relationships, pursuing new relationships
 - Sharing data
 - Focusing on high visibility policy issues
 - Involving member clinics and board members
- Outcomes:
 - Policymakers invested in member clinics
 - Champions for their cause

Federal and State Legislation Targeted by Grantees: Round 1 (2001-03) vs. Round 2 (2004-06)





Increased Local Funding: Measure A and Mental Health Services Act (MHSA)

- *Measure A: pursuing local measures to fund clinic services in Alameda County.*
- *MHSA: securing local funding to integrate mental health and primary care services in California counties.*
- Key factors:
 - Staff expertise
 - Early and often involvement
 - Mobilizing clinic staff and patients
 - Building coalitions
 - Leveraging partnerships with clinics



Targeting Key Policy *Issues* That Result in Funding: Access

- Grantee involvement in diverse areas:
 - Children's health care insurance coverage expansions
 - Women's health services
 - Children's dental health
 - Mental health
 - Emergency preparedness



Grantee Media Advocacy in 2006: Building the Base, Honing the Message

- Leveraging media work from earlier years
 - Building on existing relationships, strengths
- Experimenting with different strategies
 - Aggressively engaging the media
- Involved in ongoing media activities
 - TV coverage of health issues
 - Sponsorship of public radio station



Advocacy TA: Partnering with the Grassroots

- Grantees develop successful models:
 - Creating training modules
 - Inclusion of advocates in planning, implementation
- Outcomes:
 - Create culture for change in clinics and communities
 - Extend consortia reach



New Partnerships with Non-Health Organizations, 2004-06

- Grantees partnered with **117** non-health organizations since 2004
 - Advocacy organizations (30%)
 - Government (20%)
 - Academic institutions (19%)
 - Business (15%)
 - Other, e.g., media (15%)
- Engaged in numerous types of activities--advocacy, programmatic expansions, resource sharing, networking



Summary of Findings

- From 2001-2006, \$753 million secured due to TCE grant that went primarily to clinics and their patients.
- Overall upward trend in funding secured for clinics punctuated by annual gains, e.g., Cedillo-Alarcon 2001 and 2005 funding.
- Grantees leverage their policy advocacy skills and target key policies -- with good success
- Funding environment is mixed, changing:
 - Federal funding has flattened though opportunities exist
 - Up and downs of state funding
 - Increased emphasis on local funding
 - Stable private funding



Implications for Evaluators, Funders and Advocates

- Policy advocacy capacity gains translate into significant financial gains.
- Monitoring and characterizing these funding gains is important for demonstrating achievement of key Program outcomes.



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