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Lessons About Evaluating Health-Coverage Advocacy Across Multiple Campaigns and Foundations

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SECTOR

Key Points

- This article draws on a dozen years' experience in evaluating major consumer-health advocacy initiatives to build the knowledge base about advocacy evaluation. The authors explain how their evaluations were strengthened by articulating a detailed theory of change and emphasizing assessment of interim outcomes from many perspectives and methods.
- Even with comprehensive data and integrated analysis, however, some ambiguity in the results is inevitable; there is no completely objective way to determine the effectiveness of an advocacy initiative. Moreover, sometimes solid or even exceptional advocacy efforts do not lead to desired policy outcomes. Advocacy initiatives that fail initially may be groundwork for future opportunities.
- Evaluators must tell a compelling story about what advocates hope to achieve, how they tried to achieve it, and the extent to which external factors helped or hindered progress. The narrative about why advocates did what they did must describe context and its influence on all aspects of advocacy campaigns, from goal setting to strategy development to implementation.

Introduction

Social-policy problems often require advocacy work to build alliances with diverse stakeholders, mobilize and engage consumers, identify achievable policy options and their potential impacts, and monitor implementation of solutions, among other tasks. Strategic philanthropists seeking to support social change have found it useful to invest in advocacy work that aligns with their programmatic goals, particularly if it appears that their investment can help advocates capitalize on a particular policy opportunity. The Atlantic Philanthropies, the Robert Wood Johnson Foundation (RWJF), and the David and Lucile Packard Foundation each have invested substantial resources into advocacy initiatives over the past two decades as a central part of their efforts to expand access to health insurance coverage for children and families. This support came at an opportune juncture for health-coverage advocates. Following the passage of the Children's Health Insurance Program (CHIP) in 1997, states became more involved than they had been in improving outreach and enrollment strategies to promote coverage (Lewit, 2014). While the advocates believed that state-level advocacy was critical to make progress on coverage, the foundations were focused on an additional question: How would they know if funding advocacy contributes to coverage gains?

All three foundations contracted with Mathematica Policy Research to help answer this question and evaluate aspects of these advocacy initiatives. Evaluating advocacy

efforts is challenging, primarily because the effects of advocacy, and thus the effects of the foundation's investment, are difficult to measure (Coffman, 2013; Guthrie, Louie, David, & Foster, 2005; GrantCraft, 2005). We have found that the challenges to evaluating advocacy are surmountable: effectiveness (or ineffectiveness) of advocacy efforts can be demonstrated, but not through methods used in more traditional impact evaluations.

Background

Consumer health advocates aim to change health care and health-coverage policies and practices to meet the needs of consumers more effectively. Typically, they use a set of targeted actions — known collectively as an advocacy campaign — to pursue changes in public policy. The skills, knowledge, and resources needed to conduct advocacy campaigns typically do not exist within a single organization or type of organization (Community Catalyst, 2006). As a result, advocacy groups typically form alliances to bring more resources, skills, and voices to the table. Advocacy is not the same as lobbying, although lobbying can be a component of an advocacy campaign. Whereas advocacy aims to influence public and decision-makers' views in favor of policies and public-spending choices, lobbying tries to influence specific legislation; it can be directed to a specific legislator or the general public, and it expresses specific views on the legislation in question (Mehta, 2009).¹

Community Catalyst, a nonprofit organization that provides technical assistance (TA) to state-based consumer health-advocacy groups, describes six “core” advocacy skills or capacities that are used in conjunction to promote or defend a particular policy issue. (See Table 1.)

¹IRS rules permit nonprofits organized as 501(c)(3) charitable organizations to conduct cause-related lobbying as long as it does not constitute a “substantial” part of their activities (although “substantial” is not defined, the IRS provides guidelines about how to count lobbying activities); alternatively, nonprofits can elect to organize as 501(c)(4) groups (defined as social welfare or action groups), which have no limits on lobbying (Center for Effective Government, 2002).

Evaluating advocacy efforts is challenging, primarily because the effects of advocacy, and thus the effects of the foundation's investment, are difficult to measure. We have found that the challenges to evaluating advocacy are surmountable: effectiveness (or ineffectiveness) of advocacy efforts can be demonstrated, but not through methods used in more traditional impact evaluations.

Four Consumer Health-Advocacy Initiatives

Since 2002, Mathematica has evaluated four health insurance coverage advocacy programs sponsored by three foundations: RWJF's Covering Kids and Families (CKF) and Consumer Voices for Coverage (CVC), Packard's Insuring America's Children (IAC), and Atlantic's KidsWell initiative. (See Table 2.) While distinct, the four initiatives had some similar characteristics:

- All four focused on health care coverage policy, and all were multiyear initiatives, largely because foundations recognized that the types of changes these groups sought could not be achieved in a single year.
- The groups funded to participate in these projects were typically established, nonprofit advocacy groups — the exception was CKF, where many of the grantees were new to advocacy work. Given the emphasis on children in CKF, IAC, and KidsWell, the funded advocates often were groups that focused on children or children's health issues.

TABLE 1 Core Advocacy Capacities Identified by Community Catalyst

Core capacity	Definition	Examples of individual elements of the core capacity
Coalition building	Building and sustaining strong, broad-based coalitions and maintaining strategic alliances with other stakeholders	Achieving alignment and buy-in from partners around policy priorities; sharing decision-making
Grassroots support	Building a strong, grassroots base of support	Recruiting and training consumer advocates; engaging constituents that represent ethnic, demographic, and geographic diversity of the state; gaining visibility and credibility in communities
Policy and/or legal analysis	Analyzing complex legal and policy issues to develop winnable policy alternatives that will attract broad support	Monitoring emerging legislative, administrative, or legal actions related to health care coverage and quickly analyzing emerging issues to assess potential impacts
Campaign implementation	Developing and implementing health policy campaigns	Developing vision and goals; planning and implementing a campaign to achieve those goals; responding to opportunities or threats to achieving goals
Media and communications	Designing and implementing media and other communications strategies to build timely public education and awareness on the issue, while building public and political support for policies or weakening opposition arguments	Developing talking points and messages for target audiences; training messengers and media spokespeople; effectively using appropriate media (internet, print, broadcast, etc.); monitoring media to identify opportunities or threats to achieving goals
Fundraising	Generating resources from diverse sources for infrastructure and core operating functions; supporting campaigns	Raising funds from different sources; gaining visibility and credibility with potential funders; marketing successes to potential funders

Sources: Community Catalyst (2006); Gerteis, Coffman, Kim, & Marton (2008).

- Each initiative involved TA to strengthen skills and capacities. The two IAC projects used TA to emphasize specific advocacy skills — communications and policy expertise — to achieve change. The other initiatives emphasized all advocacy skills, in particular working in coalition. Technical assistance was added to CKF in 2002 to help grantees respond to economic challenges in the states (Hoag & Wooldridge, 2007a).

Evaluating the Initiatives

The evaluations of these four initiatives drew on similar methods and shared common features. Each used logic models and related conceptual frameworks to clarify how the initiatives were structured, the contextual environment, and the outcomes expected. Each evaluation team also used several data sources to document the structure, nature, and results of the work, including grantee applications and related program materials, regular progress reports submitted by

TABLE 2 Background on Four Health Advocacy Initiatives

	Covering Kids and Families (CKF)	Consumer Voices for Coverage (CVC)	Insuring America's Children (IAC)	KidsWell
Funder	Robert Wood Johnson Foundation	Robert Wood Johnson Foundation	David and Lucile Packard Foundation ^b	Atlantic Philanthropies
Time period	1999–2007	2008–2015	2006–2017	2011–2016
Total investment^a	\$150 million	\$44 million	\$85 million ^c	\$29 million
Geographic reach	Grantees in all 50 states and District of Columbia	Grantees in 26 states were funded for one or more years during the seven-year initiative; nine states had a grantee in each year of the initiative.	Grantees in 19 states: 16 participated in the first project, known as the Narrative Communications Project; 14 participated in the second, known as the Finish Line Project; grantees in 11 states were involved in both projects	Grantees in seven states and 10 national grantees
Program goals	Increase enrollment and retention of eligible children and adults in Medicaid and CHIP	Initially, promote state-based coverage expansions. Post-ACA, make ACA implementation and related coverage policies responsive to consumer needs	Advancing health care coverage for all children	Advancing health care coverage for all children
Primary activities to achieve goals	Develop state and local coalitions to work with state agency staff to simplify and coordinate Medicaid and CHIP policies and procedures; local coalitions piloted outreach and enrollment efforts to identify what might work best	Develop and strengthen state-based consumer advocacy networks, elevate the consumer voice in debates over health care reform, and advance consumer-friendly policies through advocacy campaigns	Narrative grantees: strengthen communications capacities to help build consensus more effectively and promote children's coverage through effective messaging; Finish Line grantees: develop advocacy campaigns seeking to advance children's coverage	After organizing strong state coalitions, grantees leverage strengths of coalition members to develop campaigns to promote the policies and procedures that would increase children's coverage

Sources: Wooldridge, Trenholm, & Gerolamo (2009); Hoag, Peebles, Trenholm, & Lewit (2012); Foster (2014); Robert Wood Johnson Foundation (2007); Hoag, Lipson, & Peebles (2016); Harrington & Hoag (2015); Strong, Lipson, Honeycutt, & Kim (2011).

Note: ACA = Affordable Care Act; CHIP = Children's Health Insurance Program.

^aDollars are rounded for simplification purposes.

^bFirst Focus sponsored two of the Narrative Communications Project grantees; Packard sponsored the other 14.

^cThe amount invested from 2007 to 2015.

The evaluations of these four initiatives drew on similar methods and shared common features. [T]he foundation sponsors in all four evaluations emphasized continuous learning and supported adapting the evaluation approach as needed to reflect early findings and changes in program direction.

grantees, secondary data on contextual features and enrollment trends, and tools for tracking details about activities and events in a uniform way. Further information and insights about implementation experiences and factors influencing how the work played out were gleaned from key informant interviews and/or focus groups with grantees and coalition partners, state program and policy officials, and other stakeholders. Interviews with policymakers illuminated changes in policymakers' perceptions of the advocates and their efforts and influence. Finally, the foundation sponsors in all four evaluations emphasized continuous learning and supported adapting the evaluation approach as needed to reflect early findings and changes in program direction.

We used additional methods for specific purposes. For example, the CVC evaluation surveyed coalition members and used social-network analysis to assess coalition capacity (Honeycutt & Strong, 2012). KidsWell and IAC conducted case studies to gain a deeper understanding of implementation and contextual forces. Covering Kids and Families used reverse site visits to evaluate a process-improvement collaborative.²

²Unlike individual site visits to gather input at each participant's location, a reverse site visit brings numerous participants to a single location.

Challenges and Approaches to Assessing Advocacy's Effects

While evaluating the four advocacy initiatives described above, we faced challenges and overcame them using methods that are commonly described in advocacy-evaluation guides (Guthrie, et al., 2005; Coffman, 2009; Alliance for Justice, 2005). As these guides and related literature attest, advocacy campaigns are complex and distantly related to ultimate outcomes; policy change is slow and subject to many factors in addition to advocacy. Foundations that are accustomed to evaluating direct-service programs may need to adjust their expectations about the evidence that evaluators collect and analyze to assess the effects of advocacy, but they can be confident in the learning potential of advocacy evaluation.

This article adds more than a dozen years' experience in evaluating major consumer health advocacy initiatives to existing knowledge about advocacy evaluation. In this section, we describe four features of advocacy initiatives that can present challenges to evaluators, providing examples from our projects. We then describe specific design components or evaluation methods that helped us address the challenges and determine whether and how advocacy initiatives contributed to policy change. Further details about the methods used in these evaluations can be found in publications referenced throughout the discussion.

Feature 1: Advocacy Is an Upstream Influence on Ultimate Goals

Compared to direct-service interventions and their intended outcomes (for example, medical treatments and better health or teaching practices and higher student-test scores), the path from advocacy to its ultimate goals is longer and less direct. KidsWell and IAC, for example, support advocacy to promote access to health insurance for children in low-income families. The Atlantic and Packard foundations created these initiatives because they believe that (1) advocacy can favorably affect public policy related to health insurance coverage and (2) well-designed public policy can favorably affect families' access

to insurance. By logical extension, better access to insurance leads to higher insured rates, which leads to better access to health care services, lower out-of-pocket costs for routine services, and protection from catastrophic costs. In other words, when advocacy succeeds, it contributes eventually and indirectly to higher rates of insured children, healthier children, and families that are more financially stable.

Logic models explicitly show that interim outcomes contribute to policy change. Essential to our understanding of whether and how advocacy contributes to policy change, logic models represent the internal and external factors at work in and around advocacy campaigns (or other interventions). Among other important purposes, we use logic models to (1) specify a comprehensive set of interim outcomes expected to stem from advocacy activities, (2) illustrate the relationships between interim and ultimate outcomes, and (3) determine which interim outcomes the evaluation would focus on. Sometimes logic models or related frameworks are also used by funders to characterize the initial design of an advocacy program or by a specific coalition in developing their approach, possibly involving a participatory process that engages multiple stakeholders. We build on any existing frameworks and then use application materials, work plans, progress reports, and related documents to capture program strategies and outcomes consistently, using similar categories and terminology across multiple projects. We vet and finalize logic models with leadership teams of coalitions or advocacy organizations participating in an evaluation to ensure we are thinking about activities, interim outcomes, and ultimate goals along similar lines.

The detailed logic model we developed for the evaluation of CVC (Strong, Honeycutt, & Wooldridge 2011) links the six advocacy capacities to three network activities. (See Figure 1.) Each set of activities, in turn, is connected to interim outcomes, followed by intended policy outcomes. The third row of the model, for example, directly connects three grassroots mobilization activities to two sequential interim outcomes: (1) having grassroots groups at the table when policy options are debated and

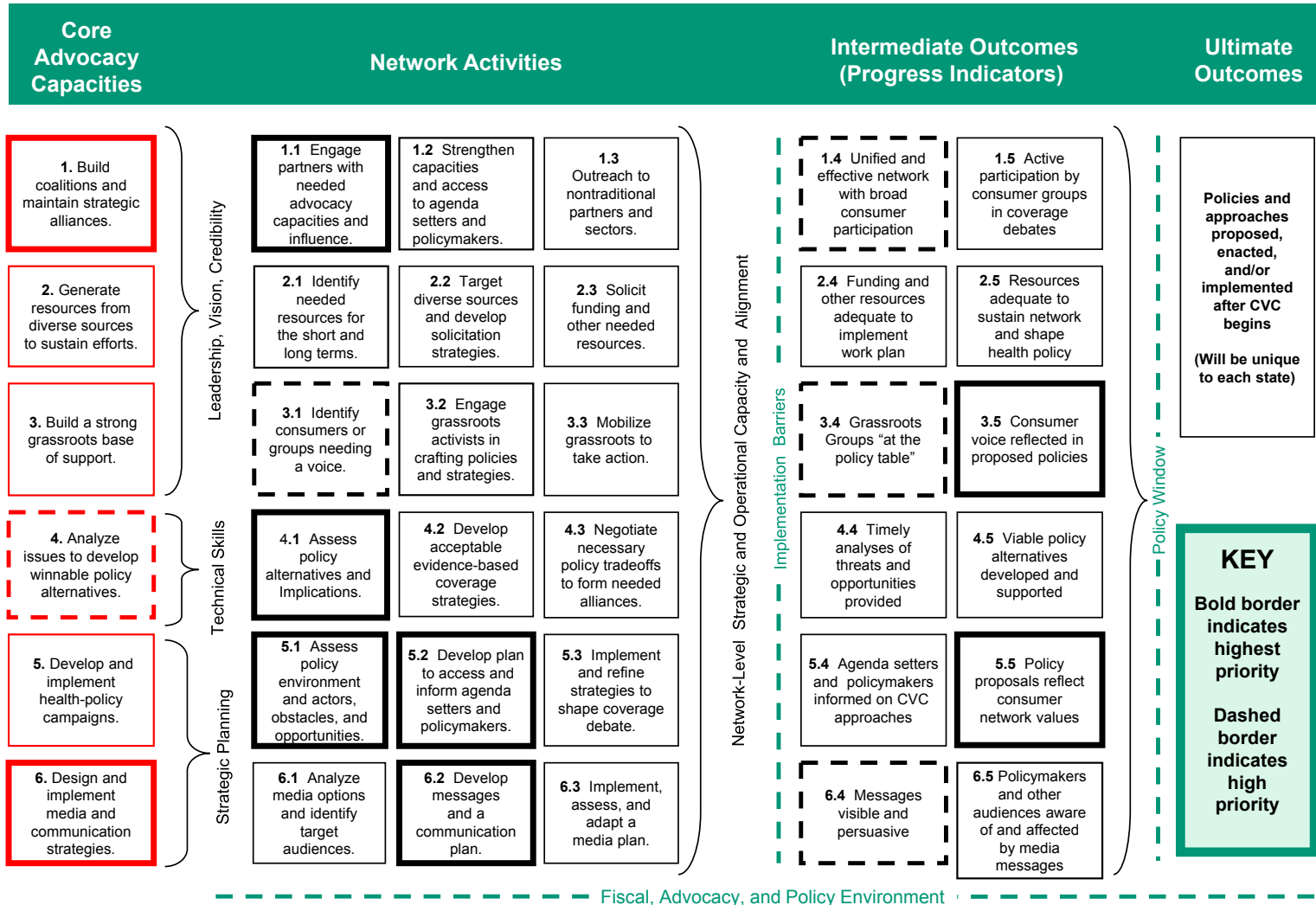
The sheer quantity of policy priorities and related activities that comprise an advocacy campaign can challenge evaluators to grasp the intervention they are studying and understand how various components work together. Such complexity is multiplied when evaluations involve many sites and intend to draw cross-site conclusions.

decisions are made, followed by (2) consumer voices being reflected in proposed policies. This level of detail shows that advocates' activities could plausibly contribute to the outcomes of interest. As importantly, it obligated the evaluation team to collect evidence about whether the activities and outcomes did or did not occur.

Feature 2: Advocacy Campaigns Are Multifaceted

The sheer quantity of policy priorities and related activities that comprise an advocacy campaign can challenge evaluators to grasp the intervention they are studying and understand how various components work together. Such complexity is multiplied when evaluations involve many sites and intend to draw cross-site conclusions. The seven lead KidsWell grantees, for example, have each pursued a handful of state-specific policy priorities. Common priorities included defending Medicaid and CHIP from state budget cuts, simplifying enrollment and renewal processes, and advocating for Medicaid eligibility expansion. By our count, grantees performed a total of 822 discrete activities (117 per state, on average) to address their priorities in a three-year period. Activities

FIGURE 1 Consumer Voices for Coverage Logic Model Showing Year-One Evaluation Priorities



Source: Strong, Honeycutt, & Wooldridge (2011).

included coalition building, policy analysis, grassroots organizing, public education, social media, and so forth.

Clearly, evaluators cannot argue that advocacy campaigns contribute to policy change by performing activities in great quantity. Rather, the evaluator must determine whether campaigns pursued appropriate activities for their goals, whether they pursued them well, and how they made a difference collectively. We answer questions about the what, why, how, and how well of advocacy through implementation analyses that weave data sources into a comprehensive narrative.

Advocate-reported data will answer some implementation questions. Advocacy evaluations typically draw on grantee planning documents and progress reports, grantee surveys, and in-depth interviews with implementation staff to understand what grantees do during a campaign and why. Surveys with closed-ended questions are useful for capturing uniform, quantifiable information about the types of activities grantees conduct. Open-ended survey questions or in-depth interviews enrich the quantitative data. Evaluators use these data to track and understand key activities and assess their fit with the logic model.

Information and opinions reported by advocates are also useful for assessing how well the campaign activities serve their objectives, but advocate perspectives should not be the only data about quality and effectiveness. We use temporal analysis and policymaker interviews to lend objectivity and multiple perspectives to implementation analyses.

Temporal analysis explores alignment between advocacy activities and interim outcomes. The technique involves making visible the temporal connections between advocacy campaigns and related strategies and the policy advances they target. The KidsWell evaluation team identified and tracked the timing of campaign activities in a structured way on a monthly basis and aligned the data with information about the timing of relevant policy outcomes. A temporal connection between advocacy efforts and

Temporal analysis requires detailed and accurate information about the timing of advocacy activities and targeted policy outcomes. It is also important to focus on activities that would be expected to be closely connected to policy outcomes. Instead of examining the timing of coalition meetings, the analysis would focus on key meetings with policymakers or significant media or educational events.

policy wins is not conclusive evidence of causal influence. However, combined with a theory of change and supportive evidence from key informant interviews and formal assessments of advocacy capacity and functioning, temporal patterns can provide compelling support for the effectiveness of advocacy efforts by helping to simplify complex relationships and synergies among different strategies and outcomes. Temporal analysis requires detailed and accurate information about the timing of advocacy activities and targeted policy outcomes. It is also important to focus on activities that would be expected to be closely connected to policy outcomes. Instead of examining the timing of coalition meetings, the analysis would focus on key meetings with policymakers or significant media or educational events.

Policymaker perceptions balance advocate-reported data about advocacy's effectiveness. One of the best ways to understand the influence of advocacy work is to talk with policymakers and other

agenda setters about the factors that influence their perspectives, preferably more than once. For this approach to work well, the interviewers must be viewed as objective and independent so that respondents are comfortable asserting their views and being candid. Respondents are likely to require that their input be kept confidential.

We interviewed policymakers in our evaluations of all four initiatives. Questions addressed the involvement and influence of advocacy groups in shaping relevant policies, how specific policy debates were affected, and how advocates could be more effective. Open-ended questions prompted perspectives about advocacy efforts overall (“Which consumer advocacy groups have been most involved in ...?”). Closed-ended questions helped us assess the level of involvement or influence of particular groups or organizations (for example, “How involved was [CVC grantee] in shaping or influencing recent coverage expansion policies or proposals — very, somewhat, a little, or not at all?”). Respondents included a governor’s office staff, state legislators, agency leaders, and policy experts from relevant associations, foundations, and other agenda-setting organizations. The mix of respondents represented perspectives on both sides of a given policy issue.

Policymaker views can also inform future strategies by making clear the kind of information they trust and find most useful in making decisions. For example, in the CVC evaluation, policymakers said they valued hearing directly from consumers and believed that personal stories had a powerful effect on policy debates (Lipson & Asheer, 2009). A majority of policymakers interviewed for CVC also said they would appreciate greater efforts to educate the public about the value of expanding coverage (Lipson, Zukiewicz, & Hoag, 2011).

Feature 3: Capacity Building and Campaigning May Be Simultaneous

Whether foundations invest in building capacity or fine-tuning the skills of established advocacy organizations, evaluators cannot assume they are studying an intervention that will remain stable.

Advocacy-capacity assessments help link organizational development to policy influence. In the case of CVC, previous work by Community Catalyst had identified and defined six core capacities linked with successful strategies. (See Table 1.) The evaluation team designed an instrument to measure these core advocacy capacities after determining that existing tools would not cover adequately all the areas of key interest for coalition-based advocacy efforts (Strong, Honeycutt, et al., 2011).

The capacity-assessment instrument developed for the CVC evaluation included specific elements within each of the six core capacity areas. Individual elements are structured as statements about a particular ability relevant to that core capacity (for instance, the ability to share decision-making and reach working consensus is an element in the building-coalitions area, and the ability to develop relationships with key media personnel is in the communications area). Three groups of respondents for each coalition (the grantee, Mathematica, and the national program office) independently rated each element using a scale ranging from one (little or no capacity) to five (very strong capacity). We used the multi-rater approach to obtain a balanced perspective of grantee capacity. When we analyzed ratings from each source, we found that the national program office and Mathematica tended to score grantees somewhat less favorably than grantees scored themselves (Kim, Strong, Wooldridge, & Gerteis, 2009). Moreover, some grantees indicated that they strayed slightly from the scoring instructions (for example, by rating capacities in relative, rather than absolute, terms). For these reasons, final scores were averaged across respondents and also normalized to account for how far along each grantee was in its capabilities at the start of the initiative.³

Mathematica administered the capacity-assessment survey twice, during the initial year of the grant and two years later to assess changes in each of the core capacities. Doing this also helped support ongoing learning objectives because findings from the initial assessment were used to pinpoint

³Strong and Kim (2012) and Kim, et al. (2009) provide more detail on the instrument and scoring approach.

areas to focus capacity-building efforts. Focus groups and interviews with policymakers and grantee informants contributed insights to help interpret the capacity-assessment outcomes and determine coalition and contextual factors influencing observed changes. Ultimately the team concluded that capacity assessment is a valuable component to include in evaluations of advocacy work, especially when the dimensions of capacity that matter are well understood in advance.

Social-network analysis links coalition building to policy change. The CKF grantees prioritized building diverse coalitions, and diversity gave coalitions advantages in pursuing CKF goals (Hoag & Wooldridge, 2007b). When the advocacy work involves forming and deploying coalitions or related networks of organizations, as it did in CKF and other initiatives we evaluated, social-network analysis can be a powerful evaluation tool.

We used social-network methods to categorize and map the relationships among leadership team organizations on the CVC evaluation (Honeycutt & Strong, 2012). Questions to support this analysis were included in the baseline and follow-up surveys of coalition members designed to support the overall evaluation. The surveys were customized for each coalition and gathered information about each organization, such as its constituency and size, and about its relationships and activities with all other organizations in the coalition. The resulting data captured the perceptions of each member organization for every member pairing. We analyzed, for example, the proportion of organizations that communicated with each other at least monthly, displaying frequent communicators in figures called sociograms. We summarized survey findings for each coalition at baseline and again at follow-up and discussed the findings with the project director and other grantee staff. This process provided grantees a new perspective on how their coalition operated and also gave the evaluation team feedback on how the results reflected leadership team operations, along with insights about some of the relationships that emerged.

Social-network analysis methods can be used to assess the nature and strength of any network, whether a leadership team, members of a formal coalition, or individuals involved in a specific project. Guided by a theory of change, evaluators need to consider which network features are critical, as well as how members should be included in the evaluation effort and the implication of those choices for the results.

Social-network analysis methods can be used to assess the nature and strength of any network, whether a leadership team, members of a formal coalition, or individuals involved in a specific project.⁴ Guided by a theory of change, evaluators need to consider which network features are critical, as well as how members should be included in the evaluation effort and the implication of those choices for the results. For instance, the sample selected for the survey is important because some projects and teams have complex or nonstandard structures, with members who participate infrequently by design or fluid membership.

Confidentiality is a critical issue for social-network survey items because they ask members of

⁴Using social-network data and measures requires expertise in their collection and analysis, including specialized software. The following references provide additional resources for those interested in learning more about social-network analysis methods: Durland and Fredericks (2005), Hanneman and Riddle (2005), Luke and Harris (2007), and Provan, Veazie, Staten, and Teufel-Shone (2005).

The evaluator's implementation narrative must reflect context. Evaluators must tell a compelling story that relates priorities (what advocates hope to achieve) to activities (how they tried achieve it) to context (the extent to which external factors helped or hindered progress). The rich implementation narrative (why advocates did what they did) that characterizes advocacy evaluation must fully describe context and its influence on all aspects of advocacy campaigns, from goal setting to strategy development to implementation.

a group about their relationships with each and every member. For example, one of the questions included in the CVC baseline survey asked about the extent to which respondents have productive relationships with other coalition members. In order to collect this type of information, survey respondents must know their responses will be kept strictly confidential — or they need to all agree ahead of time to share this information openly with one another, which could require modifying the survey items. For this reason, evaluators should consider having a person or organization outside the coalition conduct the survey and analyze the data while keeping the data secure. We used this practice in the CVC evaluation.

Feature 4: Context Is a Powerful Influence on Advocacy Campaigns

More than two-thirds of CKF grantees surveyed said that political and economic context posed the greatest barriers to their advocacy work (Hoag & Paxton, 2007). Campaigns adapt their strategies, reprioritize goals, or shift direction in response to changes in the political and economic environment, whether such changes create new challenges or new opportunities. Evaluators are challenged to track the advocate's path and to understand deviations from plans.

A few examples illustrate these dynamics. The enactment of the Affordable Care Act (ACA) in 2010 and the U.S. Supreme Court ruling in 2012 that Medicaid expansion was a state option greatly affected the advocacy campaigns we were evaluating at the time. Most IAC grantees had been participating in that initiative for many years when the ACA was enacted. Although advocates unequivocally welcomed the law, some also worried that its focus on expanding coverage for low-income adults could detract from longstanding efforts to cover children. In a show of adaptability, advocates developed the unifying (and evidence-based) message that children are more likely to have health insurance if their parents have insurance, and they dovetailed their advocacy for children's coverage with advocacy to promote full ACA implementation.

Although IAC and KidsWell were launched before and after the ACA, respectively, both initiatives were affected when the Supreme Court ruled that the law's adult-focused Medicaid expansion was optional for states. Some states quickly and firmly decided to expand Medicaid or not; other states had protracted debates. Grantees had to adjust their policy priorities accordingly. In states that did not decide quickly, some advocates made Medicaid expansion their top priority, temporarily setting aside children-specific policy goals for the sake of that larger, long-term goal.

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it) to context (the extent to which external factors helped or hindered progress). The rich implementation narrative (why advocates did what they did) that characterizes advocacy evaluation must fully describe context and its influence on all aspects of advocacy campaigns, from goal setting to strategy development to implementation. To begin, evaluators should develop questions about context at baseline and throughout an advocacy initiative. The detailed CVC logic model depicts the influence of fiscal and political factors, implementation barriers and facilitators, and policy windows. (See Figure 1.) Including these factors in the logic model reminded us to address them in data-collection instruments and analysis and primed our foundation partners for a discussion of context in our findings.

Thoroughly understanding and conveying context helps evaluators avoid flawed inferences. Political, economic, and fiscal factors matter a great deal to policy change; even the strongest policy-advocacy campaigns may seem ineffective if contextual factors create stiff headwinds. Because it may be a mistake to infer a poor effort from a disappointing result, the evaluator is obligated to thoroughly understand the effort and key contextual factors. For example, when we asked policymakers to rate the influence of consumer advocates on coverage-policy debates, respondents in some states indicated that despite strong efforts, consumer voices were drowned out by those of more powerful interest groups, notably hospitals and insurers. Understanding the political context in which consumer advocates work allows for a more nuanced interpretation of their impact.

Similarly, consumer groups in Texas that participated in KidsWell and IAC and that advocated for Medicaid expansion arguably did many things “right” in the course of their campaign. They garnered huge support for Medicaid expansion from a vast range of stakeholders, from faith-based organizations to chambers of commerce. They also based their messages in favor of Medicaid expansion on the state’s economic interests, avoiding moral appeals that may not persuade some stakeholders. Amassing support and framing issues in economic terms seemed

to contribute to decisions to expand Medicaid in other states, but not Texas. We avoided faulty conclusions about how well Texas advocates fought for Medicaid expansion by collecting sufficient data about the quality of their strategies and activities. As a result, we were able to confidently conclude that advocates’ lack of success said less about their performance and more about the state-level elected officials being unreceptive to economic arguments about a policy decision they viewed only politically.

Discussion: What Are the Implications for Foundations?

Just as a good advocacy campaign adapts to progress, challenges, and shifting conditions, the evaluation field evolves. It may have once sufficed to conduct “analysis and reporting” tasks and, later, “dissemination.” But as foundations and their grantees work to resolve increasingly complex social problems, they and their grantee partners should derive more value from their evaluations. This may mean earlier consideration of evaluation goals if they hope the evaluation will help inform the implementation and help decide whether to continue, reshape, or end a program, or other roles. Greater expectations also obligate evaluators to follow promising practices from adult learning and emergent learning and not merely present findings (Darling, Guber, Smith, & Stiles, 2016). Evaluators must engage evaluation participants to consider the nature, robustness, and context of evaluation findings, providing evidence that will help foundations make decisions and take next steps. Although ours were not participatory evaluations, our early and ongoing engagement with grantees may have made them more receptive to our findings. In addition, we gave grantees notice before reporting sensitive findings broadly. Some grantees have commented that our objectivity as external evaluators was an asset in considering whether and how to act on findings.

We have found it essential to begin advocacy evaluations by articulating a theory of change that positions everyone — evaluators, foundation staff, and advocates — on the same page regarding expected interim and ultimate

[S]ometimes solid or even exceptional advocacy efforts do not lead to desired policy outcomes. However, skilled evaluators should be able to identify whether advocacy efforts that fail at first may have laid groundwork for future opportunities by gaining a seat at the policymaking table, being viewed by policymakers on both sides of the aisle as credible sources of information, and developing new partnerships with a wide range of organizations. These types of outcomes, among others, show that advocates will be ready when the conditions are ripe for advancing their policy goals.

outcomes, as well as how the advocacy initiative is expected to arrive at those outcomes. Our focus on assessing interim outcomes — whether policy-related, capacity-related, or both — from a variety of perspectives and using multiple methods has enriched our abilities to understand the short-term effects of initiatives while providing a rich contextual narrative about implementation. In some cases, we have been engaged early enough to incorporate formative evaluation approaches that foster ongoing learning and can improve implementation.

Adaptation is an essential element of successful advocacy campaigns, and foundations and their evaluation partners should be prepared to monitor and interpret that evolution, adapting their strategies as appropriate. As evaluators monitor early progress and assess the factors influencing implementation, they should consider the role of obstacles and contextual forces that may necessitate changes in the original course of action. Some obstacles and unforeseen opportunities are to be expected and will not merit a change in course, but more persistent challenges may signal the need for a shift in strategy. A carefully designed theory of change provides a tool for thinking about different options for adapting the approach and for deciphering the likely impact of these changes on desired outcomes.

Foundations should be prepared to expect some disconnects or ambiguous evidence, even with comprehensive data and integrated analysis. Some subjectivity in the results is inevitable; there is no completely objective way to determine that an advocacy evaluation captured the totality of effects. Foundations can minimize bias by selecting evaluation partners who will use multiple data sources and perspectives, examine a range of short-term and intermediate outcomes, and adapt their focus as the program evolves. This requires evaluators with a deep understanding of both the public-policy issues at stake and which decision-makers can affect them. It also requires the ability to separate the wheat from the chaff, by integrating and analyzing a large amount of diverse, mainly qualitative, and sometimes incomplete sources of information to make credible, informed judgments. As illustrated earlier, sometimes solid or even exceptional advocacy efforts do not lead to desired policy outcomes. However, skilled evaluators should be able to identify whether advocacy efforts that fail at first may have laid groundwork for future opportunities by gaining a seat at the policymaking table, being viewed by policymakers on both sides of the aisle as credible sources of information, and developing new partnerships with a wide range of organizations. These types of outcomes, among others, show that advocates will be ready when the conditions are ripe for advancing their policy goals.

As CHIP reaches its sunset date in 2017, advocates at the federal and state levels must have the capacity and resources, and deploy the most effective strategies, to preserve the gains in children's health coverage made over the last 15 years. The lessons from these foundation initiatives and the evaluations they sponsored provide a road map for the next round in the campaign to achieve universal children's health coverage. And while advocacy remains essential to sustaining the progress and addressing remaining gaps in access to coverage, foundations and other funders are also focusing greater attention on "next generation" access issues involving delivery-system and payment reforms, provider networks, health-literacy issues and the like. Advocacy work that engages and elevates the voice of consumers will be critical in making progress in these areas as well. Our experiences demonstrate the feasibility and importance of evaluating these efforts to provide evidence crucial to guiding and sustaining this work.

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References

- ALLIANCE FOR JUSTICE. (2005). *Build your advocacy grantmaking*. Washington: Author. Available online at http://bolderadvocacy.org/wp-content/uploads/2012/10/Build_Your_Advocacy_Grantmaking_paywall.pdf
- CENTER FOR EFFECTIVE GOVERNMENT. (2002). *Permissible lobbying for 501(c)(3) nonprofit organizations: Three key questions*. Washington: Author. Available online at <http://www.foreffectivegov.org/node/484>
- COFFMAN, J. (2013). *What's different about evaluating advocacy and policy change?* Cambridge, MA: Harvard Family Research Project. Available online at http://orsimpact.com/wp-content/uploads/2013/09/the_evaluation_exchange_spring_20071.pdf
- COFFMAN, J. (2009). *A user's guide to advocacy evaluation planning*. Cambridge, MA: Harvard Family Research Project. Available online at <http://www.hfrp.org/evaluation/publications-resources/a-user-s-guide-to-advocacy-evaluation-planning>
- COMMUNITY CATALYST. (2006). *Consumer health advocacy: A view from 16 states*. Boston: Author.
- COMMUNITY CATALYST. (n.d.). *Staying the course: The essential role of consumer advocates in reforming health care*. Boston: Author. Available online at http://www.communitycatalyst.org/doc-store/publications/CVC_Staying_the_Course.pdf
- DARLING, M., GUBER, H., SMITH, J., & STILES, J. (2016). Emergent learning: A framework for whole-system strategy, learning, and adaptation. *The Foundation Review*, 8(1), 59–73. <http://dx.doi.org/10.9707/1944-5660.1284>.
- DURLAND, M. M., & FREDERICKS, K. A. (2005). An introduction to social network analysis. *New Directions for Evaluation*, 107, 5–13.
- FOSTER, L. (2014). *Children's coverage advocacy during Medicaid expansion: Keeping an eye on the finish line in alternative-approach states*. Princeton, NJ: Mathematica Policy Research. Available online at: <https://www.mathematica-mpr.com/our-publications-and-findings/publications/iac-finish-line-research-brief-1-childrens-coverage-advocacy-during-medicaid-expansion>
- GERTEIS, M., COFFMAN, J., KIM, J., & MARTON, K. (2008). *Advocacy capacity assessment instrument*. Princeton, NJ: Mathematica Policy Research.
- GRANTCRAFT. (2005). *Advocacy funding: The philanthropy of changing minds*. New York: Foundation Center. Available online at http://www.grantcraft.org/assets/content/resources/advocacy_funding.pdf
- GUTHRIE, K., LOUIE, J., DAVID, T., & FOSTER, C. C. (2005). *The challenge of assessing policy and advocacy activities: Strategies for a prospective evaluation approach*. Blueprint Research & Design. Available online at http://www.theoryofchange.org/wp-content/uploads/toc_library/pdf/2005_-_Guthrie_-_The_challenge_of_assessing_policy_advocacy.pdf
- HANNEMAN, R. A., & RIDDLE, M. (2005). *Introduction to social network methods*. Riverside, CA: University of California.
- HARRINGTON, M., & HOAG, S. (2015). *Evaluation of the Consumer Voices for Coverage initiative, phase 3*. Ann Arbor, MI: Mathematica Policy Research.
- HOAG, S., & PAXTON, N. (2007). *What prevents state Covering Kids & Families grantees from achieving the program's goals? A synthesis of findings on barriers, 2003–2006*. Princeton, NJ: Robert Wood Johnson Foundation. Available online at <http://www.rwjf.org/content/dam/farm/reports/evaluations/2007/rwjf56123>
- HOAG, S., PEEBLES, V., TRENHOLM, C., & LEWIT, G. (2012). *The Narrative Communications Project: Takeaway findings on a message-framing approach*. Princeton, NJ: Mathematica Policy Research. Available online at <https://www.mathematica-mpr.com/our-publications-and-findings/publications/the-narrative->

communications-project-takeaway-findings-on-a-messageframing-approach

HOAG, S., & WOOLDRIDGE, J. (2007a). *Improving processes and increasing efficiency: The case for states participating in a process improvement collaborative*. Princeton, NJ: Robert Wood Johnson Foundation. Available online at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2007/rwjf55963

HOAG, S., & WOOLDRIDGE, J. (2007b). *CKF coalitions propel policy and procedural changes*. Princeton, NJ: Robert Wood Johnson Foundation. Available online at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2007/rwjf26441

HONEYCUTT, T., & STRONG, D. (2012). Using social network analysis to predict early collaboration within health advocacy coalitions. *American Journal of Evaluation*, 33(2), 221–239. Available online at <http://aje.sagepub.com/content/33/2/221.short>

KIM, J., STRONG, D., WOOLDRIDGE, J., & GERTEIS, M. (2009). *Building advocacy capacity: Where grantees started*. Princeton, NJ: Mathematica Policy Research.

LEWIT, E. (2014). *Lessons from CHIP for the implementation of the Affordable Care Act: Outreach, enrollment, and retention*. Washington: First Focus. Available online at <https://firstfocus.org/resources/report/outreach-enrollment-retention/>

LIPSON, D., & ASHEER, S. (2009). *State policymaker views on the role of consumer advocacy groups in health coverage policy development: Summary of findings*. Princeton, NJ: Mathematica Policy Research.

LIPSON, D. J., ZUKIEWICZ, M., & HOAG, S. (2011). *State policymakers' views on the role of consumer advocates in health policy discussions*. Princeton, NJ: Mathematica Policy Research.

LUKE, D. A., & HARRIS, J. K. (2007). Network analysis in public health. *Annual Review of Public Health*, 28, 69–93.

MEHTA, N. (2009). Nonprofits and lobbying. *Business Law Today*, 18(4). Available online at <https://apps.americanbar.org/buslaw/blt/2009-03-04/mehta.shtml>

PROVAN, K. G., VEAZIE, M. A., STATEN, L. K., & TEUFELSHONE, N. I. (2005) The use of network analysis to strengthen community partnerships. *Public Administration Review*, 65(5), 603–613.

ROBERT WOOD JOHNSON FOUNDATION. (2007). *About covering kids and families*. Princeton, NJ: Author. Available online at <http://www.coveringkidsandfamilies.org/about/>

STRONG, D., HONEYCUTT, T., & WOOLDRIDGE, J. (2011). *Consumer Voices for Coverage: Advocacy evaluation toolkit*. Princeton: Mathematica Policy Research.

STRONG, D., & KIM, J. (2012). Defining, building, and measuring capacity: Findings from an advocacy evalu-

ation. *The Foundation Review* 4(1), 40–53. <http://dx.doi.org/10.4087/FOUNDATIONREVIEW-D-11-00028>

STRONG, D., LIPSON, D., HONEYCUTT, T., & KIM, J. (2011). Foundation's consumer advocacy health reform initiative strengthened groups' effectiveness. *Health Affairs* 30(9), 1799–1803.

WOOLDRIDGE, J. (2007). *Making health care a reality for low-income children and families*. Princeton, NJ: Robert Wood Johnson Foundation. Available online at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2007/rwjf13324

WOOLDRIDGE, J., TRENHOLM, C., & GEROLAMO, A. (2009). *Synthesis of 10 case studies: Exploring Medicaid and SCHIP enrollment trends and their links to policy and practice*. Princeton, NJ: Robert Wood Johnson Foundation. Available online at <https://www.mathematica-mpr.com/our-publications-and-findings/publications/synthesis-of-10-case-studies-exploring-medicaid-and-schip-enrollment-trends-and-their-links-to-policy-and-practice>

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