Health Care Reform Literature Review

Benjamin Soskis 6/2013

 The sources that analyze the impact of philanthropy on the passage of the Patient Protection and Affordable Care Act (ACA) in March 2010 can be divided into four categories. The first are book-length accounts that offer a narrative history of the law’s passage. The second are contemporary journalistic accounts that chronicled that narrative while it was unfolding. The third are scholarly analyses that seek to shine a light on important causal factors in that history. The fourth are sources from philanthropies that seek to evaluate programs that had some impact on the law’s passage.

There is also another category of sources that are not considered in this review: those that deal with the role of philanthropy in funding the *implementation* of the ACA. The idea that the passage of the ACA was only an opening chapter in the achievement of health care reform is a major theme of the literature (and also a major preoccupation of many of the foundations most active in the cause). Among the works that address this topic are:

* Rick Cohen, “The Role of Philanthropy and Advocacy in Healthcare Reform Implementation,” *Nonprofit Quarterly*, February 21, 2013
* Grantmakers in Health, “Implementing Health Care Reform: Funders and Advocates Respond to the Challenge,” August 2010
* New York State Health Foundation, “Implementing Federal Health Care Reform: A Roadmap for New York State”
* Suzanne Perry, “With an Eye on the Court, Foundations Help States Adopt Health Law,” *Chronicle of Philanthropy*, May 3, 2012

 In compiling my review, I also reached out to Jonathan Cohn, a senior editor at the *New Republic* who covered the battle over health care reform extensively and is widely credited with being one of the leading experts on the politics and policies behind the struggle. Cohn shared his thoughts with me on the role of philanthropy in the ACA’s passage and suggested a number of other experts who also might be consulted. He also explained a crucial distinction regarding the types of philanthropic impact that has informed this review. There were a number of foundations that funded advocacy efforts to push for the ACA’s passage. The most significance of these efforts was conducted by Health Care for America Now (HCAN), an organization that received $27 million from Atlantic Philanthropies, and $6 million from other foundations (more than two-thirds of the $47 million it raised in all) and which is the subject of much of the literature discussed below.

But there were also others—the Robert Wood Johnson Foundation and the Kaiser Family Foundation most prominent among them—that funded nonpartisan research that those advocates employed to push for the ACA. The advocacy efforts left a considerable trail in the literature on the ACA and my own review is weighted heavily toward them. But as Jonathan Cohn pointed out, it is also important to consider the impact of the research on which the ACA was grounded, even though the foundations that supported it were not as aggressive in promoting their own importance as a causal factor in the act’s passage, in order to preserve their status as neutral funders (and in the case of Kaiser, producers) of objective health-related research. It is possible that an understanding of the significance of these types of philanthropic initiatives will only come from speaking to some of the players within the struggle over the ACA and not from the literature itself.

 Ultimately, my investigation into the literature suggests that there are several sources that make claims as to the impact philanthropy had on the passage of the ACA, but few of them actually interrogate the nature or scale of that impact with any rigor. Even the few accounts that give philanthropy a relatively pronounced place in the narrative of HCR often make not fully fleshed-in claims of impact.

 The book-length narrative accounts of the passage of the ACA fall into two categories: those with an inside-the-DC Beltway perspective and those with an outsider’s perspective. Those that chronicle the “inside game” that led to the passage of the ACA often give little weight to the influence of philanthropic funders. *Landmark: The Inside Story of America’s New Health-Care Law and What it means for us all* (2010), written by the staff of the *Washington Post*, does not mention any philanthropic actor in its account, which is entirely taken up with the maneuvering between Congress, the White House and the major industry stakeholders.

There is slightly more attention given to philanthropy in Tom Daschle’s *Getting it Done: How Obama and Congress Finally Broke the Stalemate to Make Way for Health Care Reform* (2010). Daschle, who Obama had initially tapped to oversee the effort to pass health care reform (he had to step aside because of improprieties with his taxes) was an interested player in the narrative and the book is both a defense of the campaign and of the law that it produced, with an emphasis on how both were shaped by electoral politics. There is a wealth of details on the messy process of negotiation among the stakeholders and the messaging crafted by proponents of HCR. Daschle only makes a few passing references to the role of philanthropy in the process. He mentions the pro-reform TV ads sponsored by HCAN, and its efforts to recruit supporters to local events championing reform (200), but he does not make any claim for their effectiveness. He does state that reform supporters were better organized than they had been when HCR was defeated in 1993-4, but he makes no mention of the role of philanthropy behind this improved mobilization. Finally, in making his own case for HCR, Daschle makes frequent use of research funded or conducted by foundations (RWJF’s research into the causes of the growth of health care spending; or the Kaiser Family Foundation’s polling on the public’s attitude toward health care and health care reform). But though he cites it himself, he makes no claims as to the impact of such research in the campaign for HCR.

 The one “inside” account that does place some emphasis on the role of philanthropy is *Inside National Health Reform* (2011), written by John McDonough, who was the senior adviser on national health care for the US Senate Committee on Health, Education, Labor and Pensions. McDonough also has experience in the nonprofit world—he ran an organization in Massachusetts that advocated for health care reform before entering politics—and so perhaps has a better appreciation for the role of nonprofit advocacy. He does insist that his book is not meant to be a definitive narrative history of the passage of HCR, but that his main objective is to explain the law, and much of the book is structured around an explanation of the act’s ten titles. But the narrative he provides is one of the more nuanced out there, and he does in fact give philanthropy a significant place, both in funding advocacy efforts to get the ACA passed, and in laying the groundwork for the dialogs between stakeholders and experts that produced the law in the first place. In fact, it is in this latter area that McDonough’s account is most helpful. Below is the relevant passage in which he addresses the topic (55-56):

“Of critical importance in sustaining the focus [on HCR] and good feeling [among the major stakeholders] were key national health foundations, many of whom had been preparing for a new reform opportunity for years. The Robert Wood Johnson Foundation, led by Risa Lavizzo-Mourey, supported early efforts to connect congressional staff from both parties with researchers and promoted initiatives to build a robust community voice in the legislative process; the foundation also financed efforts to achieve multistakeholder and bipartisan consensus, including the Health Reform Dialogue and the Bipartisan Policy Center (both described shortly); it played an essential role in developing a robust health prevention part of the reform agenda. The Kaiser Family Foundation, run by former New Jersey Human Services commissioner Drew Altman, provided key polling data throughout the process, and became a key go-to organization for fast access to critical data and information; the Kaiser Foundation’s Diane Rowland, one of the nation’s leading experts on Medicaid, was keenly involved in that part; its private insurance expert, Gary Claxton, consulted extensively with every congressional staffer involved in the private-insurance market portions of the ACA. The upstart Atlantic Philanthropies, not bound by Internal Revenue Service restrictions on direct funding for legislative advocacy, provided $26.5 million to the newly created Health Care for Americans Now (HCAN) coalition.

 The Commonwealth Fund, headed by Carter administration official Karen Davis, a respected researcher, formulated its own detailed and robust proposals and developed key research on many policy priorities. Its ‘Path to a High Performance U.S. Health System’ offered comprehensive recommendations on insurance, payment, and system reforms that resemble in many respects the details and the breadth of the final ACA.”

 This is a more detailed account than in the other narratives, but McDonough asserts the significance of philanthropy without really detailing it in any clear way. In a latter section, he does chronicle the emergence of the Health Reform Dialogue (sponsored largely by Families USA, formerly the Villers Foundation, with some assistance from RWJF), noting that it brought together some of the major stakeholders, and provided them with a professional mediator in the hope of arriving at some common principles that could jump-start Congressional deliberations. But he does not give much credit to the effectiveness of the initiative in his own narrative, suggesting that its greatest contribution was to highlight the areas around which no consensus could be reached. He makes a similar case for the importance of the Bipartisan Policy Center. As he concludes, “Between 2007 and mid-2009, much creative, constructive activity got done and helped to mask some high-profile disagreements.”

 McDonough also discusses the role of HCAN in the process, crediting it with providing “significant resources and a loud voice (56).” He points to HCAN—and its funding by Atlantic Philanthropies—in the context of explaining differences between the failed HCR campaign of 1993-4 and the successful one of 2009-2010; in the latter effort, pro-reform sides were able to spend more, making it a “contest between two well-resourced groups (296).” He also highlights the way in which HCAN pushed for the public option plan, turning this facet of the HCR debate into a major political controversy. He does not, however, fully explain the significance or import of this strategy in the larger campaign for the passage of the ACA (only hinting at the way it allowed the left to move away from an advocacy for a single-payer system). In general, though McDonough asserts the significance of philanthropy to the passage of the ACA, he doesn’t provide a clear and detailed explanation for that claim.

 Several of the accounts with an “outside the Beltway” perspective do a better job in offering such an explanation, especially those that single out the role of philanthropy as a crucial difference between the 1993-4 and 2009-10 campaigns.

 Two scholarly accounts are worth mentioning, though only one addresses philanthropy. *Power, Politics, and Universal Health Care: The Inside Story of a Century Long Battle* (2011), by Stuart Altman and David Shactman, two Brandies academics (the former was also a long-serving adviser on health care to both Democratic and Republican presidents) places the recent battles over HCR in the context of a century-long struggle, but makes no reference to the role of philanthropy in the recent campaign.

Paul Starr, a professor of public affairs at Princeton, and in many ways the dean of health care scholarship, produced what many consider the definitive account of the battle over the ACA, in *Remedy and Reaction: The Peculiar American Struggle Over Health Care Reform* (2011). Like the above text, Starr provides a broad historical view of the battle over health care in the United States, of which the struggle over the ACA was only the latest chapter. Starr demonstrates how health care has long served as a “policy trap,” “a deeply dysfunctional system that the country could not readily bring itself to change (11).” But he also shows how 2008 seemed to provide a small window of opportunity to break free from the trap. In part, this is because, he argues, those who were leading the HCR campaign learned the lessons from the earlier failures during the Clinton administration, and appreciated the need for grass-roots organizing (which would ultimately be provided by HCAN).

He places HCAN’s efforts in the context of other efforts to lay the groundwork for reform, alongside the establishment of the Bipartisan Policy Center, steps taken by the Congressional Budget Office, and the establishment of Health Reform Dialogue, among others. He does stress the different approaches taken by HCAN and Families USA (another consortium of pro-reform groups, funded by philanthropy)—the former targeting the insurance industry for attack and emphasizing the importance of a “public option” in the final plan as an alternative to private insurance. But he stops short of demonstrating how or why that approach was crucial in getting the ACA passed.

He also places HCAN in the context of the August 2009 congressional recess, during which Tea Party members held raucous protests at many public town hall meetings that gained national media attention. Starr notes that HCAN helped to create a rapid response to these protests, but also concludes that this response was often ignored by the media, which quickly set a storyline of intractable local opposition to HCR (217). He also states that the ability of HCAN to mobilize supporters and to counter conservative protests appealed to Democratic congressmen under attack and helped draw congressional Democrats closer to the progressive wing of the party. But this is not a theme he explores in any detail, and ultimately, he does not grant a heavy causal significance to any of the groups funded by major philanthropies.

The analysis that most specifically addresses the impact of philanthropy within the passage of the ACA is the account provided by Richard Kirsch, who served as the national campaign manager for HCAN. *Fighting for our Health: the Epic Battle to Make Health Care a Right in the United States* (2011) is the master source for many of the other accounts that give philanthropy a strong causal weight in the narrative (such as Skocpol’s, discussed below), and it deserves a more careful study than I have granted it for this initial review.

 Kirsch offers a corrective to many of the accounts of the battles over health care reform, which tend to attribute the passage of the ACA to the negotiations between the White House and special interests, and discuss grass-roots activism only in terms of the political Right (the Tea Party movement), completely ignoring the contributions of progressives in pushing certain key Democratic politicians. He also seeks to demonstrate the importance of “outside the beltway” community organizing and its ability to work closely with inside-DC lobbying.

 Kirsch gives the fullest account of the initial decision of Atlantic Philanthropies to fund HCAN, with initial meetings in the summer of 2007. He notes the importance of an early planning grant given by Atlantic to HCAN (as well as to Families USA), which resulted in the 895-page “road map” strategic plan that convinced Atlantic to deliver an initial grant of $10 million to the organization (ultimately, over a year and a half, Atlantic Philanthropies gave HCAN $25 million, and helped to raise another $7 million, including $5 million from George Soros; the California Endowment gave grants of $4 million and members of the HCAN steering committee, the constituent organizations, added another $6.5 million. HCAN was ultimately disappointed in its ability to raise money from wealthy individuals who had given to progressive causes in the past).

 Kirsch’s book then shows how that strategy played out. HCAN would represent an organizing effort on a scale and with an attention to grassroots activism never seen before (358). It would put constant pressure from the center-left on elected Democratic officials, targeting them at the local level, while contending with the insurance industry by staging protests and letter writing campaigns, and funding television, web and print ads. It is often not entirely clear how Kirsch measures the impact of these efforts, though he does compile an impressive list of creative rallies and advertising and protest campaigns around the country. Kirsch also points to a $3.5 campaign in September 2008 in six “swing” House races and one Senate race that sought to make HCR a major issue. HCAN designed a study to measure the effectiveness of the campaign by polling the women targeted before and after the ads went out and found that the ads swayed 13% of voters toward the Democratic candidate (96). He also documents the number of conservative politicians that HCAN targeted who lost their electoral races, as well as the policy suggestions that made their way into various bills (174). He is also able to show how “pressure” applied to certain politicians through phone calls and in-person lobbying was able to sway them to endorse certain health care reform principles (see for example the pressure exerted on WA Sen. Maria Cantwell or CO Rep. Betsy Markey). As Kirsch writes, what Democratic politicians on the fence about HCR learned from their interactions with HCAN “was that they could ignore an impassioned grassroots base of support for reform only at their peril….that a big, organized constituency expected them to fight for health reform (141).” At times, though, this “pressure” is an amorphous force whose effects are hard to pin down (especially since Democratic politicians rarely admit to being pushed by pressure from the left). At other times, as when HCAN helped to mobilize responses to the Tea Party protests over HCR during the August 2009 congressional recess, Kirsch’s account relies heavily on anecdotes without making clear the larger effect efforts had on the political landscape. The book is also full of failed efforts to sway certain politicians, and makes clear that HCAN had a frayed relationship with the White House. And Kirsch himself freely admits that HCAN was joined in many of their lobbying efforts by many other progressive organizations (see, for instance, page 269). All this makes isolating and testing many of Kirsch’s claims about impact somewhat difficult.

 Kirsch is able to make more definite statements of causal attribution when he argues that HCAN, whatever its role in the passage of the ACA, depended for its life on philanthropic contributions; unlike other accounts of the passage of ACA, philanthropy is at the center of this narrative (in another article—“What Progressives Did Right to Win Health Care,” *Nation* online, August 9, 2010—Kirsch calls Gara LaMarche the one “hero” of the health care story). As he writes in a summary of the book’s findings:

“Another important lesson was the role that philanthropy played in building HCAN. The Atlantic Philanthropies decided to invest in us because we were founded and backed by labor and community organizations. The foundation provided HCAN with the kind of substantial funding that allowed us to carry on a robust field campaign in more than forty states. If Atlantic, along with the California Endowment, had provided a much lower level of funding—or decided to favor policy, advocacy, and communications work rather than campaign-style organizing, as is so often done by foundations—health reform would have failed.

Another key virtue of HCAN’s funders was their willingness to be nimble when opportunity resented itself, to act out of their traditional program areas and take risks. Each of these characteristics is essential to effecting major economic and social change, and they are rarely found in foundations. The Atlantic Philanthropies funded health reform even though no such program area existed at the foundation. The California Endowment recognized that the best change of winning health reform in California was to win it nationally, so it was willing to spend millions on an effort that some might consider outside its California mission. An early grant to HCAN from the Arca Foundation was made simply because Arca recognized HCAN’s promise and decided to step outside of its normal program areas. A handful of wealthy individual donors, notably George Soros, also understood the importance of extending beyond their usual areas of interest and seizing a rare moment when historic progress could be made (361-361).”

This book written from HCAN’s perspective, and even more so from Kirsch’s perspective; it is as much a personal and institutional memoir as it is a narrative of health care reform, or even, for that matter, a well-honed brief detailing the impact of HCAN in the passage of the ACA. A fuller accounting of HCAN’s impact would need to supplement the narrative that Kirsch provides with a fuller picture of the “inside” players, and how they reacted to HCAN’s campaign. But Kirsch’s book does provide much raw material for a future analysis of impact.

 Two other scholarly accounts also highlight the impact of philanthropic funding in the campaign to pass the ACA by comparing it with unsuccessful advocacy efforts of the past. Although neither scholar engages in an actual counterfactual hypothesis, the comparison each strikes serves something of a similar function, allowing him or her to identify various causal factors that explain the difference, using the failed effort as a sort of control. This does not provide an absolute causal proof, of course, since other factors might have led to the different result, beside the intervention of philanthropy. But it does represent a stronger argument for philanthropic impact than is given in many of the other accounts of the ACA.

*In Naming the Problem: What it will take to Counter Extremism and Engage Americans in the Fight Against Global Warming* (2013), Harvard public policy professor Theda Skocpol compares the recent campaigns to address health care reform and climate change and asks why the first succeeded and the second failed. Among other reasons, she concludes that those who pushed for HCR appreciated the need for political coalition-building, while those who pushed for climate change legislation sought to extend the partial successes of the past and focused on achieving a bipartisan consensus that was ultimately unsustainable.

 In her account, she credits the role of foundations in supporting the research that provided the groundwork for health care reform efforts. “The Robert Wood Johnson Foundation, a major player in the health policy world, funded a steady stream of studies from the 1990s into the 2000s, designed to work out pieces of the overall health reform puzzle and keep the goal of expanding coverage front and center for politicians, along with the need to control rising costs (24).” She makes the argument that this research facilitated the emergence of a broad consensus within the Democratic Party.

 She gives even more weight to the political mobilization provided by HCAN; this was one of the main reasons, she suggests, why HCR was more successful than climate change, which lacked such organizations to create new coalitions and capacities for sustained political action. “In health reform, many actors prepped in advance to push variants of an overall shared policy framework, yet the biggest new organizational investment went in to creating a center-left network with reach into states and localities, a far-flung coalition that would push DC insiders to include a particular favored provision in health reform legislation (23).”

 At the forefront of these campaigns was “a slightly left-of-center effort called ‘Health Care for America Now’ (HCAN) that would orchestrate organizational networks in dozens of states to conduct local events and pressure members of Congress from beyond the Beltway (35).” Skocpol admits that the philanthropic investment represented by HCAN was actually “fairly minimal in the overall scheme of things – and certainly did not reach the level of funding or the scale of new organized undertakings that happened in the climate change area (38).” But she insists that Atlantic Philanthropies, which provided much of HCAN’s initial funds, was supporting something new and especially effective, “an unusual kind of outside DC mobilizing effort that ended up creating pivotal leverage on the 2009-10 legislative process (39).”

 Skocpol goes on to explain what she considered novel and especially effective about HCAN’s operation, specifically its decision to initiate a campaign beyond the ‘battleground’ or ‘swing’ states that could take root throughout the entire nation, and that tapped into preexisting union and community groups. Also, HCAN did not just target “swing” legislators but also sought to prop up those “champions” who were strong advocates for health care reform.

 Skocpol also demonstrates the importance of Atlantic Philanthropies’ early funding of HCAN, since it enabled it “to organize across dozens of states and build trust and test messages well before Obama arrived in the White House (41).” Most significantly, Skocpol argues that HCAN positioning on the center-left was crucial and credits Atlantic’s willingness to fund such as organization as especially commendable. By demonizing insurance companies and by insisting on the inclusion of a “public option” in any health care reform legislation, she writes:

“HCAN was able to situate itself in a strategically pivotal place. HCAN filled the space between inside-DC elite players and brokers, on the one hand, and leftist health reformers who remained loyal to the idea of Canadian-style single-payer health insurance, on the other hand. HCAN activists continued to argue with progressives further to their left, even as they adopted much of the same progressive language demonizing private health insurance practices – and endorsed an overall regulatory framework acceptable to more moderate health reform supporters. It was quite a balancing act. HCAN’s focus on a key left-center reform provision, the public option, plus its mobilization against insurance company practices, allowed the coalition to rope in a lot of energy and support on the left for what ultimately became Affordable Care, but to do so without become captive to an entirely inside-the-Beltway bargaining process.”

 How effective was this strategy, and by implication, how impactful was the Atlantic Philanthropy’s decision to fund HCAN in order to push the passage of health care reform? Skocpol admits that “Establishment DC policy players in health reform often did not give HCAN conscious heed or credit. When Lawrence Jacobs and I interviewed DC players in health legislation, especially in the Senate, they all pooh-poohed HCAN’s efforts (43).” She also concedes that, through Atlantic’s investments “paid out handsomely,” they did “not to achieve exactly what they set out to achieve (42).” Most significantly, the “public option” that HCAN pushed for did not make it into the final bill.

 But Skocpol insists that HCAN did play “a crucial role in getting the compromised Affordable Care legislation to President Obama’s desk in March of 2010 (43).” It put pressure on Senate Democrats to turn to the majority reconciliation voting process to get final compromises with the House through their chamber; it pressured House Democrats in their home districts to continue pushing for a reform bill, even after Republican Scott Brown’s victory in the Massachusetts Senate race put prospects for its passage in the Senate in jeopardy. Her proof for these claims is largely conjectural and anecdotal (she uses Kirsch’s book as her main source), and she bolsters them by juxtaposes the ultimate success of the ACA with the failure of climate change legislation at the same time, which she attributes to the lack of “a nation-spanning, outside-in mobilization effort to push Democrats in Congress to finish the job (53).” During the Spring of 2010, she writes “almost all center-left groups with capacities for popular mobilization and messaging turned away from maximalist demands and instead just pushed DC insiders to get a law passed. But during the same months, efforts in the climate-change arena simply lost steam.” Her analysis includes only a modest effort to document this pressure, however. Besides borrowing details from Kirsch, she does not herself add any demonstrative proof to these assertions, or establish clear causal links between HCAN advocacy and the votes that led to the ACA’s passage.

 Yale political science professor Jacob Hacker offers a similar argument on behalf of the impact of HCAN (and Atlantic’s funding of it) on the passage of the ACA (Jacob S. Hacker, “The Road to Somewhere: Why Health Reform Happened,” *Perspectives on Politics*, Sept. 2010). Like Skocpol, his argument rests on a contrast between a successful and a failed campaign—in this case, the failure being the doomed effort to pass health care reform during the Clinton presidency. His essay is also marked by the fact that he himself was a player in the story, so it is something of a personal narrative—he came up with the idea of the “public option” that HCAN embraced.

 Hacker wants to add to the standard explanations of why health care passed in 2010 and did not in 1993-4: the election of a Democratic president and a Democratic Congress with a more progressive tilt. These explanations do not address how proponents managed to overcome interest group opposition to HCR, nor does it address how the coalition managed to stay together, he asserts. In 2010, he points out, proponents of HCR deliberately crafted a plan that would facilitate the formation of consensus, one that combined conservative-moderate elements and some more progressive elements and so could get backing from both factions. And Hacker credits HCAN with helping to sustain and preserve this consensus, “ensuring that Democrats signed on to a politically realistic approach”—though he does not offer a detailed analysis to back up those claims. Even more than with Skocpol’s account, the claim for HCAN’s impact is asserted and not rigorously proved.

 The third category of sources I examined derived from the contemporary press; I paid particular attention to how the impact of philanthropy on health care reform was covered in the *Chronicle of Philanthropy*, the sector’s leading trade journal. There were several informative articles discussing how foundations were helping to fund the implementation of the ACA. Only a few addressed the specific contribution of philanthropy to the enactment of health care reform, however (see, for instance, Suzanne Perry, “A Nonprofit Push for Change,” August 20, 2009), and none did so in a way that demonstrated the impact of these contributions.

 The fourth category of sources I examined are those produced by funders themselves. Gara LaMarche, who assumed the presidency of Atlantic Philanthropies in 2007 and soon after committed it to funding HCAN, has written several short articles making claims for the grant’s impact and chronicling the back story of its inception (see, for instance, LaMarche, “The Key Role of Advocacy Funding in the U.S. Health Reform Debate,” March 11, 2010, speech before the Grantmakers in Health Conference). He explains that because of the Atlantic Philanthropy’s tax status—it is incorporated in Bermuda—it was not hampered by regulations that limit the type of direct political advocacy a foundation can fund, and because of the Philanthropy’s plan to spend down all its funds by 2016, it could direct relatively large sums of money to the cause. He argues that “$26.5 million to insure over 30 million Americans” is “a pretty good return on investment,” though in his speech, he does not make an effort to prove the impact made by HCAN in the campaign.

 Atlantic Philanthropies did take that question seriously, and—prior to the passage of the ACA—asked two research firms to conduct an independent evaluation of the HCAN campaign. The researchers conducted more than 70 interviews and produced a lengthy report, a fourteen-page executive summary of which was made available to the public (the full report would be valuable to study since it will add considerable detail to the conclusions of the summary). The authors wrote:

“Given the incredibly crowded health care reform ecosystem, it is hard to assign credit for ultimate passage of the bill to any one individual entity or campaign – a point that was made repeatedly during our interviews. However, with this caveat in mind, our major conclusion in this evaluation is that HCAN played an important and valuable role in passing health care reform. It was crucial in mobilizing the progressive base, assembling a progressive coalition, and keeping it united and engaged through a long and arduous campaign. HCAN generated an enormous volume of Congressional contact, which was needed to keep up with the opposition. In addition to thousands of lobby visits (in-district and on Capitol Hill), events and town hall meetings, HCAN produced more than 873,000 calls to Congress and more than 600,000 faxes."

 The report credits the importance of HCAN receiving funding from Atlantic Philanthropies early in the campaign for health care reform, since it meant that HCAN had time to build a solid infrastructure for its advocacy campaign before the 2008 election; also, early funding allowed HCAN to attract union involvement since there was less pressure on labor leaders to be a progressive “bank.” Early funding also allowed HCAN to conduct extensive polling, message testing, policy work, and field and capacity assessments, all of which, the report claims, were beneficial throughout the campaign.

 The authors address the effectiveness of two elements of HCAN’s initial strategy during the 2008 elections: a campaign to get elected officials to “sign on” to supporting health care reform principles and a “Star District” effort, which targeted five Congressional races and one U.S. Senate race. They deem both successes, although they demonstrate the impact of the latter more conclusively. A study of the districts where HCAN concentrated its efforts concluded that “HCAN’s communications during a two-week campaign in October made a dramatic impact on the knowledge and attitudes of voters in five Congressional Districts in which HCAN is active (4).” The authors do, however, report that many of those interviewed pointed out that there were other organizations advocating for health care in the field, and so it is somewhat difficult to isolate their particular impact.

 The authors cite many interviewees who credited the strategy of HCAN of investing in robust decentralized field operations, which allowed HCAN to build progressive capacity on the ground, a secondary goal of HCAN beyond its specific HCR advocacy (though the authors report that HCAN had less success building capacity in states that lacked existing progressive infrastructure). The authors also explain that the decentralized model allowed HCAN to collect a host of personal stories from Americans around the nation that proved useful in the subsequent advocacy campaign.

 How much of an impact did HCAN’s efforts to shape the political “narrative” have? HCAN’s insistence on the inclusion of the “public option” within health care legislation received mixed reviews, with some claiming they hurt the movement by clinging to it too long. The authors conclude that HCAN’s messaging did have some success, especially in establishing the anti-insurance company “frame” that eventually took hold among HCR proponents, through its use of consultants, pollsters, ads and a public relations firm. HCAN invested just under $20 million in paid media, compared to the $200 million that special interest groups spent on television ads on health care in 2009. Given these figures, the authors conclude, HCAN’s media spending was not sufficient to compete with opponents or substantially change the overall narrative, and they report that the general sense among those they interviewed was that it was not very effective. Many of those respondents did claim, however, that HCAN’s “earned media” (media hits, letters to the editor, protests held outside insurance companies, published reports, etc.) had a greater impact, yet they do not demonstrate the specific nature or scale of the impact (they do single out the “thank you” rallies HCAN held for vulnerable legislators who voted for the ACA).

 Their assessment of HCAN’s influence within Congress and the White House is also mixed; the view from many of those interviewed was that the organization was not especially successful at developing relationships within the White House and many believed that it struggled to “balance…its dual roles as an inside campaign partner and an outside entity.” It did, on the other hand, achieve more success in targeting specific members of Congress, but again, few specifics are presented. Ultimately, then, the report confirms what many of the other narratives claimed regarding the impact of the ACA, as well as the difficulty in giving a precise account of that impact.

 Atlantic Philanthropies also held an event in May 2010 in which it convened ten leading experts on health care reform, as well as some of those who took an active role in the campaign, to discuss what they learned from the campaign (See “Health Reform: How Did We Get Here and What Lies Ahead,” available online at: <http://fora.tv/2010/05/19/Health_Reform_How_Did_We_Get_Here_and_What_Lies_Ahead>. I have not yet watched the proceedings. See also Gara LaMarche’s account of the event at http://www.atlanticphilanthropies.org/news/what-we-learned-health-care).

There are also several reports that have been published by the foundations that funded or produced a good part of the research on which the campaign for HCR was based, specifically the Robert Wood Johnson Foundation, the Kaiser Family Foundation, and the Commonwealth Fund. There is a wealth of material analyzing the Affordable Care Act, or on the health care crisis that provoked its passage. There are also evaluations of programs supported by the RWJF, such as the Consumer Voices for Coverage initiative (a state based program). In 2009, the RWJF also released a collection of health care reform plans, *Covering America: A Timely Reprise.* In 2009 RWJF anthology, Brown political science professor James Morone published an essay, “The Robert Wood Johnson Foundation and the Politics of Health Care Reform: Communications, Advocacy and Policy,” that chronicles how the foundation has used more a cautious and nuanced approach to advocacy after being criticized for taking too activist an approach during the effort to pass HCR in the Clinton years. The essay discusses in considerable detail how the foundation shapes policy debates, through incubating innovating polices, funding communication efforts, and advocating for certain programs. But the article, published before the passage of the ACA, does not address specifically the foundations role in the campaign to pass the act. In fact, I have as of yet been unable to find published evaluations that do so with any detail. This will be an area that I will need to continue to work on.

Finally, another relevant analysis was published by a Massachusetts nonprofit, Community Catalyst in 2009, and it details the role of philanthropy in the passage of the Massachusetts Health Care Reform Plan in 2006, which was in many respects the legislative model for the ACA (although, written before the passage of the ACA, it does not document those links). The report specifically details the funding Massachusetts and national foundations provided to support both research into health care reform and into advocacy work. It also demonstrates the role foundations played in convening and bridging stakeholder groups, which helped to address strategic power imbalances between consumers and more powerful interests (hospitals, insurance industry, business groups). Specifically, the report shows how foundations helped to convene the consumer groups that became the major advocacy organization for HCR in the state, Health Care for All (HCFA), and then provided key funds for its operation. As the authors write, “Not only did HCFA create a unified voice and vehicle for health advocacy groups to demand a seat at the table, it also helped reduce tension among constituency, advocacy, and community-based groups that often competed for scarce funding, further strengthening collaborative efforts (9).”

The authors provide a wealth of details as to the research projects and advocacy efforts funded by foundations, and trace their general impact on health policy in the state. The report leaves little doubt that foundations and the advocacy and research groups they supported contributed in significant ways to the passage of heath care reform in the state. The report emphasizes, for instance, the influence of the report commissioned by the BCBSMA Foundation from the Urban Institute, “Roadmap to Coverage,” that provided the ultimate model for the legislation. But the political terrain in which the foundations and nonprofits operated in Massachusetts is only barely sketched out in the report, and so the direct links between the research and advocacy and the passage of reform is not clearly established. The report gives only the perspective of the funders—there is little in it from the perspective of the legislators, or from other major stakeholders speaking to the influence of philanthropy—and so the question of impact is not fully fleshed out.