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## Health Policy and Access Funding: Trends and Tips

### Overview

The world of healthcare policy and access was turned upside down in March 2010 with the passage of the Patient Protection and Affordable Care Act (ACA). The ACA seeks to expand coverage to 30 million more Americans, a goal that many funders in this area have been working toward for years.

And so those funders adapted: for the first time, many jumped into the political arena. And there's a huge amount of activity going on around ACA implementation.

Still, not all funders are on board with the ACA. Some have chosen to work on expanding coverage on their own. For example, the Annie E. Casey Foundation, while supporting the Act through at least one publication, does not actively advocate for the ACA, nor fund many programs that rely on it.

### Trends

Health policy and access is a relatively small cause within the larger area of health giving. With a large share of the big bucks going to medical research, hospitals, and other high-profile recipients, this area only receives about 4% to 5% of health-related grants annually. That number, however, is a step up from the 1% to 2% of grants that came in the early

2000s. This rise in giving is due in large part to the ACA.

Health policy and access giving is dominated by two big organizations — the Robert Wood Johnson Foundation (RWJF) and the California Endowment. RWJF alone is responsible for nearly 30% of health policy and access grants; nearly twice as many as the California Endowment. Together, the giving of these two funders accounts for nearly half of the grants in this area. Compare that with the other eight funders in the top 10, which together make up just under one-fifth of grants.

Among the top 50 grant recipients, a little over a quarter in this area were colleges and universities. The rest were nonprofits, think tanks, and policy groups, which makes sense given the wonky nature of health policy and access. Many of the largest grantmakers are community-minded; these include the Colorado Trust, New York State Health Foundation, and California Physicians Service Foundation.

It also makes sense that with RWJF dominating the grant numbers, over one-quarter of gifts went to organizations in California. The other two big recipients were the District of Columbia, with 13%, and New York, with 9%. Add up these three locales and you get just about half of all grants.

Regionally, most of the grantmaking was focused in the Northeast and Midwest, with very few southern states receiving substantial amounts of funding. A notable exception is Texas, which received a significant 1.6% of grants.

Over the past decade, the amount of grantmaking has risen substantially, due no doubt to the ACA and accompanying interest. The average number of annual grants between 2004 and 2007 was 744, but since 2008, that number has risen to nearly 1,000. As implementation of the ACA gets fully under way, we are likely to see the same or even larger numbers — so the future is bright for potential grantees working in health policy and access.

In terms of grant amounts, health policy and access sees fewer grants than most within the larger health category — but individual grants are comparatively larger. Nine out of 10 grants were for amounts greater than \$10,000, and nearly half for more than \$50,000. A little less than one-fifth came in between \$250,000 and \$1 million, and nearly 5% were for more than \$1 million.

### **Types of Work Supported**

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Regardless of their level of interest in the ACA, most health policy and access funders agree that the focus on philanthropy in this area should be low-income and minority populations. These groups are among the most vulnerable and least likely to have access to quality, affordable healthcare. Part and parcel with this focus is an emphasis on the community as a whole — not just providing care for individuals, but relying on community ties to improve healthcare, even after the grant money runs out.

In addition, rural healthcare is an issue of continuing importance. Lots of funders still provide straightforward support to federally qualified health centers (FQHCs) and other healthcare providers that serve rural populations with tenuous access to care. But the rise of telemedicine has led many funders to provide support for both research into these new technologies and, more directly, the purchase of equipment to provide it.

Finally, the ACA is the elephant in the room for those working in health policy and access. While many foundations provided indirect funding to help pass the bill, most are now shifting their support to two areas: research into how to expand access efficiently, and publicity for the increased coverage the ACA is intended to provide. Many funders support research into the best ways to implement the ACA, whether for certain populations (like Latino or Native American) or other groups (like small businesses). And many others are giving to groups that will spread the word about getting covered under the new law.

### Tips

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- Because of the shake-up represented by the ACA, the health policy and access field is unusually open to new grantees right now. There is plenty of room to find a moderately sized grant, even if you don't have an existing relationship with a funder — and particularly if your group is working with the ACA.
- Considering the dominant status of the Robert Wood Johnson Foundation and the California Endowment, you can't afford not to lobby hard for funding from one of these two groups. But don't overlook many of the smaller funders, especially those based within particular cities or communities.
- Although your community project should be successful where it is staged, it pays to focus on how it could be expanded to other areas or replicated elsewhere in the country. Although many national funders

have taken a particular interest in community-based philanthropy, most want to see the potential for utility outside of the originating location.

- Of course, your home state's level of engagement with the ACA is likely to affect the availability of ACA-related funding. Those states that choose to implement reform on their own will likely see much more funding related to research and publicity for that reform.
- And be sure to investigate your potential funder's level of interest with the ACA before applying. While few are outwardly opposed to the act, many take a cooler approach, and your application should reflect an understanding of the foundation's attitude.

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