

Having Our Say!

Communities of Color's Stake in Health Care Reform

Reflections on Health Care Reform 2007

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Last year started with much excitement and some anxiety as advocates prepared for the “Year of Health Care Reform.” In January, the Governor and legislative leaders introduced proposals to increase the number of Californians covered by health insurance. These proposals joined the reintroduction of legislation to establish a single payer health system. That there was consensus among our state leaders to prioritize fixing our broken health care system provided a once in a decade window of opportunity for real change. For many advocates, the proposals provided innovative and comprehensive ideas, such as establishing resources for the development of healthy communities through “makeover” grants and expanding health care to all children. However, there were also aspects that advocates were concerned about, including an individual mandate on all Californians to purchase insurance and providing a state agency with the authority to dictate the minimum level of benefits health plans could offer.

Yet, with cautious enthusiasm, advocates around the state worked tirelessly to mobilize community members to attend one of thousands of legislative visits; travel to Sacramento to represent the Central Valley, Los Angeles, or the Bay Area in one of many statewide rallies; and participate in advocacy activities such as an online petition and text message campaign.

Despite these advocacy efforts, the final health care reform proposal died in the Senate Health Committee. A few months after the defeat of the health care reform measure, Assembly Bill x11, members of the Having Our Say coalition gathered in March 2008 to reflect on the process, to discuss the accomplishments they believed were most effective, and to create a policy agenda that continues to build toward comprehensive health care reform.

Debrief of Health Care Reform

The Having Our Say members were asked several questions to help spark conversation about the previous year's efforts. The following is a summary of the responses.

What do you think really happened with the demise of ABx11?

Advocates felt first and foremost that the nature of politics and the lack of strong political leadership created circumstances that were beyond their control when it came to ensuring passage of the bill. There was general consensus about the following points:

- The Governor was a poor negotiator, the two houses of the State Legislature were not working in unison, and the bill became a victim of politics.
- A looming fiscal crisis coupled with unstable funding mechanisms and an untimely financial analysis contributed to the failed passage of health care reform.
- While there were a number of strong coalitions working toward reform, important stakeholders were still missing from the table.

Poor negotiation, political games, and a lack of leadership hurt health care reform. Many HOS coalition members felt the Governor was a poor negotiator in that he was not willing to compromise soon enough. He proposed a plan in January and met with many advocates and stakeholders throughout the year but never incorporated suggestions or addressed concerns. Additionally, the Governor did not put forth legislative language for advocates to review until very late in the process.

Participants also felt that the Legislature and the Governor moved on separate tracks throughout the year. The Governor spent most of his time promoting his proposal and the Legislature worked on Assembly Bill 8 (once it merged with the other proposal, Senate Bill 48). Advocates believed that policymakers should have provided greater leadership by compelling collaboration earlier in the process to ensure better compromises. When the Governor vetoed AB 8, everyone's faith in the policymakers' ability to achieve reform was diminished.

Other comments suggested that problems between the Senate and Assembly created roadblocks in passing the bill. There were signs that support might be waning in the Senate when the final negotiations took place solely between the Governor and Assembly Speaker, and without the Senate Pro Tem. Advocates mistakenly expected that the Senate would be involved in the negotiations on ABx1 1 and waited to engage key Senators until it was too late.

Upon reflection, advocates realized that the "closed door" and "11th hour" negotiations fostered a lack of accountability and transparency on all sides, especially between the two Houses. Advocates felt that the last minute activities impeded their ability to respond accordingly to the Senate's concerns and shore up their support before the budget crisis dominated the conversation.

A looming fiscal crisis, no viable funding mechanisms, and an untimely financial analysis negatively impacted health care reform. Most participants agreed that the looming fiscal crisis overshadowed efforts to reform health care in California. Some remarked that even if there had been a stronger political will to pass health reform, impending budget cuts and the lack of a viable funding mechanism put health care reform in jeopardy.

Most participants strongly agreed that the release of a negative financial analysis of ABx1 1 by the Legislative Analyst's Office (LAO) greatly contributed to the legislation's standstill, especially because the analysis did not include potential cost savings that could have resulted from health care reform. This report played a large role in justifying the Senate's decision to prioritize California's fiscal situation over health care reform. In future efforts, preparation should be made to have research and materials ready to counter such arguments.

The lack of strong buy-in from stakeholders created complexities in communications and community organizing efforts. Advocates were cautiously enthusiastic with the Governor's announcement that 2007 would be the "year of health care reform" and the release of several competing health care reform proposals. Advocates struggled with the lack of details in the proposals, which made it difficult to determine the full impact on communities of color. In general, the process itself made communicating with communities of color complex and demanding. Advocates felt they were in a constant balancing act between building communities of color understanding of the policy issues and strengthening the legislative proposals, all while moving forward the larger goal of health reform.

As a result of being pulled in different directions, advocates felt that the message ended up being confusing. Toward the end of the process, the pace was too fast and coalition members were exhausted from keeping up the momentum for health care reform for the entire year.

Many participants voiced a need for much more education among their communities. Advocates recognized this as supporters or potential supporters they encountered expressed little understanding about the positive aspects of the legislation, which created challenges in uniting stakeholders.

Given these gaps in knowledge and communication, it was easy for politics, the fiscal crisis, and the rushed process to exacerbate this disconnect between stakeholders, the policy, and the policymakers, leading to failed legislation.

What was effective? What did the Having Our Say coalition do that worked?

The group felt that the coalition had several successful achievements despite the fact that health care reform did not advance. The coalition's accomplishments could be summarized as follows:

- Developed trust and good communication among the members;
- Built positive relationships with other advocates and policymakers;
- Expanded the vision of health care;
- Developed useful research and advocacy materials; and
- Secured resources for community groups that would otherwise not have had the capacity to be involved health care reform.

Developed trust and good communication. The coalition felt it provided members with a sense of inclusiveness, connectedness, trust, and opportunity for true representation on behalf of communities of color. One advocate remarked that “we didn’t have deep roots [as a coalition] but we had trust,” which resulted in a strong commitment from the members. Individual views were listened to and considered in various discussions, and attempts were made to develop a unified voice based on group input. The coalition gave an opportunity for “the disenfranchised” to have their own voice represented. In the process, relationships between the coalition members were strengthened. Coalition members were positive about the regular and on-going communication, such as weekly conference calls and quarterly in-person meetings, which kept members well informed and on message. They suggested maintaining this structure.

Built positive partnerships and relationships. The coalition members felt they had developed good relationships with the Governor’s office and state legislators. They mentioned that the ethnic caucuses were particularly excited about the existence of a multi-ethnic coalition for reform. Members felt the coalition provided them with access to other stakeholders, such as the It’s Our Healthcare campaign, and successfully influenced their work on health care reform.

The overarching sense was that the “community had voice” and our communities were “at the table.” Many felt that the coalition was able to apply the weight of the combined allies and integrate its principles into the policy discussions in Sacramento throughout the year. The members appreciated the use of an online petition. The legislative advocacy days were viewed as positive learning experiences. These advocacy efforts allowed the members to bring the value of real life experiences to Sacramento. In addition, the members felt they gained insight into the dynamics of Sacramento by being present during many of the statewide efforts. Of considerable merit was the fact that the coalition maintained a continuous presence in Sacramento.

Expanded vision of health care. Members felt strongly that the coalition helped to expand the vision of health care reform in California. For example, the coalition’s work brought to light the importance of including coverage for immigrant communities in the proposals, and made addressing their needs an integral part of the debate. Further, members noted that Having Our Say provided a unique voice for prevention efforts by emphasizing “place-based” solutions to the health reform as well as access to coverage. The coalition weighed in with the Governor’s office to support his concept of “community makeover” grants, which provided resources to communities for infrastructure improvements, but made sure the communities most in need would be the primary beneficiaries. Members noted that developing the coalition’s principles at the beginning of the year paid off in the end because the group had an invaluable framework with common themes to aid advocacy strategies and efforts.

Developed useful research and advocacy materials. There was also consensus that the policy brief authored by the HOS coalition was very effective in raising the group’s profile and providing a vehicle to voice issues and concerns. The brief entitled, *Health Care Reform Proposals Hold Promise for Diverse Communities: Getting California Ready*, provided a snapshot of each proposal’s impact on uninsured Californians. The findings showed that all communities would experience an increase in coverage, and the insured population would begin to reflect California’s diverse demographics. In fact, 7 out of 10 of the newly insured would have been from communities of color and between 2 to 2.5 million more people needing language assistance services would gain coverage. The policy brief not only influenced the conversation with policymakers and other interest groups but members were able to use it to educate and secure support within its own constituencies.

Secured resources for community members. The group appreciated the resources provided through mini-grants and travel reimbursements. They thought the resources were critical to support fuller participation in the various activities and ensure attendance at the in-person meetings. Smaller organizations, those that had never participated in advocacy efforts, were able to have a presence in Sacramento and educate their community members about the legislative process. Everyone present felt that mini-grants were effective in involving more communities of color into the health care debate and legislative process. Other members mentioned additional resources utilized by the coalition, including the in-house policy expertise and analysis, proved very useful in helping their organizations make informed policy recommendations and decisions.

What did we learn and what would we do differently?

In addition to what worked well, the group outlined lessons learned and what might help future efforts. They can be summarized as:

- Assessing impact of internal politics among policymakers;
- Greater buy-in and support from stakeholders, especially non-traditional allies;
- Improving messaging and framing strategies;
- Expanding the diversity of the coalition; and
- Streamlining decision-making within the coalition.

Assessing the impact of internal politics on the legislation. While the coalition developed and participated in many important advocacy efforts, members ultimately felt that they underestimated the impact of internal politics taking place in Sacramento. There were signs that the Senate was not invested in the passage of the legislation, such as the Senate Pro Tem’s

absence from the negotiations. Unfortunately, the members realized the significance of this too late in the process. Several members commented that more pressure should have been put on the Senators earlier on instead of assuming that they supported the Assembly bill. One advocate thought that a deeper analysis of the “champions,” and those who would need more education and outreach, would have helped to inform the coalition’s advocacy efforts. Others remarked that better mechanisms to hold policymakers accountable need to be developed.

Greater buy-in and support from stakeholders, especially non-traditional allies. Everyone agreed that such broad health care reform demanded much more popular support and that everyday people were not engaged enough on the topic. The coalition’s decision to prioritize analyzing and providing recommendations on the health care reform legislation made dedicating the necessary resources to mobilization efforts much more challenging. Many suggested that a public education campaign was needed, especially with supporters of the single payer bill (Senate Bill 840). Coalition members also expressed their interest in engaging those that were not typical supporters, such as Republicans, through additional mobilizing efforts.

Improving framing and messaging strategies. Members noted the challenge in developing good messages and a proper framework for such a complex issue. Some felt a better media strategy to hold the legislature accountable would have been helpful. Others thought the efforts to collect and disseminate personal stories highlighting the “bad system” might have been a disservice, as ABx 1 1 was building upon the existing system. Most members agreed that better messaging directed to educate the public was missing. Several members expressed the frustration they experienced when attempting to explain the legislation to their members, especially those supporting the single payer bill, who felt that anything short of the ideal was not good enough.

Expanding the diversity of the coalition. Members commented that Having Our Say was one of the most diverse groups they had been part of and expressed a desire to stay together. Members felt our diversity was a strength we could capitalize on to increase our membership among communities who have felt marginalized in other past efforts. They recommended that the coalition continue to diversify by adding more members from the African American and Asian American communities as well as representation from other areas of the state.

Streamlining decision-making within the coalition. The group felt that the decision-making process could have been more structured and streamlined. Participants acknowledged that having a diverse group sometimes made it hard to come to agreement quickly and take a stance. They felt that, given the fast paced nature of Sacramento, it is important to work on being timelier.

Developing Our Policy Agenda

The Having Our Say coalition plans to continue working together to advocate for comprehensive health care reform. Within the context of our principles, the budget deficit, and current opportunities, the coalition identified the following policy priorities for the upcoming year:

Tier 1: Oppose Budget Cuts, Expand Children Coverage, and Promote Prevention

The issues in Tier 1 reflect high priority issues that the coalition will devote resources and time to. The coalition agreed to develop work groups that will take the lead in developing and implementing advocacy activities.

Tier 2: Promote Health Insurance Reform

Tier 2 reflects policies that the coalition would support and participate in advocacy activities around when capacity allows. Many of the bills in the Tier 2 category reflect market reforms that the coalition supported in last year's health care reform proposal including efforts to:

- Achieve greater transparency in health care cost and quality through data collection and reporting standards.
- Establish specific levels of health insurance benefit levels in the insurance market.
- Regulate health plans' practices and abilities to cancel an enrollee's coverage.
- Create a public insurer utilizing existing regional and county based health programs to offer other coverage options.

The Way Forward

After reflecting on "the year of health care reform" and our experiences, both the good and the bad, the coalition came away from the meeting prepared to lick our wounds and fight another day. We renewed our commitment to ensure health care reform is made a reality and reflects the needs of our diverse communities. For more information: www.cpehn.org/havingoursay.php.

Having Our Say Principles for health care reform:

1. Provide universal and affordable coverage for all Californians.
2. Assure access to equitable, high quality health care for all.
3. Ensure equity of responsibility based on financial resources.
4. Assure an efficient health care system to sustain universal coverage.
5. Prioritize the creation of healthy communities.

Having Our Say members in attendance at the debrief and planning meeting:

- American Civil Liberties Union – Southern California
- Asian Health Services
- Asian Pacific American Legal Center
- California Immigrant Policy Center
- California Latinas for Reproductive Justice
- California Pan-Ethnic Health Network
- California Partnership
- California Primary Care Association
- California Optometric Association
- California Rural Legal Assistance Foundation
- Centro Binacional Oaxaqueno
- Coalition for Humane Immigrant Rights of Los Angeles
- Latino Coalition for a Healthy California
- Latino Health Alliance
- Latino Issues Forum
- PALS for Health
- Pat Brown Institute
- Western Center on Law & Poverty