

Conservative Philanthropy and Health Policy: Lessons for Reframing the Right

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Executive Summary

For over two decades, private philanthropy has played a vital role in shaping public priorities in health care and health policy. While mainstream grantmakers have contributed billions of dollars to improve health care access and outcomes for vulnerable populations, conservative foundations have taken the lead in funding policies that have undermined the goal of equitable health for all Americans. We can learn a great deal by studying how conservative philanthropy has successfully fueled strategies that have transformed ideology into policy, resulting in its powerful influence in defining and dictating health care matters to the public.

Key Findings

A strategic funding scheme enables conservative foundations to advance policies more effectively than mainstream philanthropy. Specifically, conservative philanthropy is characterized by the following:

- Larger grants to fewer grantees
- More flexibility and general operating support
- Long-term, multi-year grants
- Broad policy change prioritized over specific programs

Given that conservative foundations invest heavily in the movement of ideas into policy, 46% of grant dollars were awarded to think tanks, or policy institutions, between 1999 and 2001.

While conservative foundations have not specified “health” as an issue for targeted funding, they have shaped health policy through their contributions to multi-issue think tanks and policy institutions that embody the vision of their funders. Through a combination of coordinated strategies, they have been effective at mobilizing a movement of ideas for health care reform. These strategies include:

- **Transmission of shared values.** Free markets, limited government, personal responsibility, and consumer choice are common themes reflected across policy spheres.
- **Support of intellectuals and policy experts.** Investment in scholarly research and internship programs ensures strong public presence today, as well as generations of leaders to carry conservative thought into the future.
- **Marketing through media.** Ideas and issues framed from the conservative perspective are constantly disseminated and repeated through television, radio, print newspapers, scholarly journals, and on-line outlets.
- **Collaboration and coordination.** Since conservative think tanks tend advocate for the same policy solutions, they are able to leverage their ability to move these ideas into legislation through consensus projects.

These efforts have resulted in health policies underscored by conservative ideological values, such as Medicare reform, health savings accounts, and health care tax credits. While they have been promoted as solutions to reduce health care costs and expand health care access for low-income families, these policies have actually resulted in negative effects on vulnerable populations, such as the elderly, poor, and minorities. Rather than empower individuals, these “consumer choice” policies protect the interests of the healthier and wealthier, as well as

maintain the power of pharmaceutical companies and medical and managed care industries to set prices and select patients.

Recommendations

Given the negative effects of conservative philanthropy on the health and well-being of our constituents, mainstream foundations and grantees need to counter these efforts to create more socially responsible and responsive policies. Recommended strategies include:

- **Commitment to long-term funding.** Mainstream foundations should acknowledge that policy change takes time, and support organizational sustainability through funding more multi-year, general support grants.
- **Stronger collaboration among foundations.** If they sponsor more joint initiatives, mainstream foundations can unite to build a social movement towards policy change, rather than just “band-aid” scars in the system.
- **Support coalition-building among grantees.** Connecting the fragmented efforts of grantees can reduce competition and link similar interest areas into a unified agenda.
- **Advancement of knowledge.** Progressive grantees should continue to disseminate and connect sound research with advocacy and policy efforts. A common thread of social justice or full inclusion should link multiple policy areas.
- **Investment in a common language.** Upon defining a common agenda, progressive grantees should frame clear, coherent, and consistent messages to the public and policymakers.

A concerted effort between grantors and grantees to implement these approaches can potentially mobilize a movement to truly eliminate health disparities and ensure quality health care for all.

Introduction

For over two decades, private foundations have played a vital role in shaping public priorities in health care and health policy. In fact, philanthropic giving has resulted in numerous programs dedicated to research, education, prevention, and treatment approaches to improving health outcomes for millions of Americans. While foundation giving only represents .1% of the nation's \$1.5 trillion dollar health care system (Oliver & Gerson, 2003), its ability to influence health policy carries great potential. While the grantmaking activities of some of the largest mainstream¹ foundations have contributed billions of dollars to improving access and quality of health care for the nation's most vulnerable populations, these efforts have often been stifled by the strategic funding strategies of conservative² philanthropy. The intent of this report is to examine how conservative foundations have fueled the transformation of ideology into health policies that undermine the goal of equitable health for all Americans. Specifically, it traces the movement of funds from foundation to legislation, as well as the impact of conservative-driven health policies on low-income and minority communities. This analysis will lead to the formulation of recommendations for mainstream foundations and grantees to consider in countering conservative control of health care matters.

Health Policy Funding Trends

In recent years, health policy has gained precedence within foundation giving. In fact, support for health policy activities grew faster than overall foundation giving in the health arena between 1995 and 2002 (Lawrence, 2004). Within this time frame, the number of foundations making health policy grants increased by more than half, while grant dollars have more than tripled, from under \$100 million to \$360 million (Lawrence, 2004). In fact, health policy comprised 1/8 of all health grantmaking in 2002, up from 1/11 in 1995 (Lawrence, 2004).

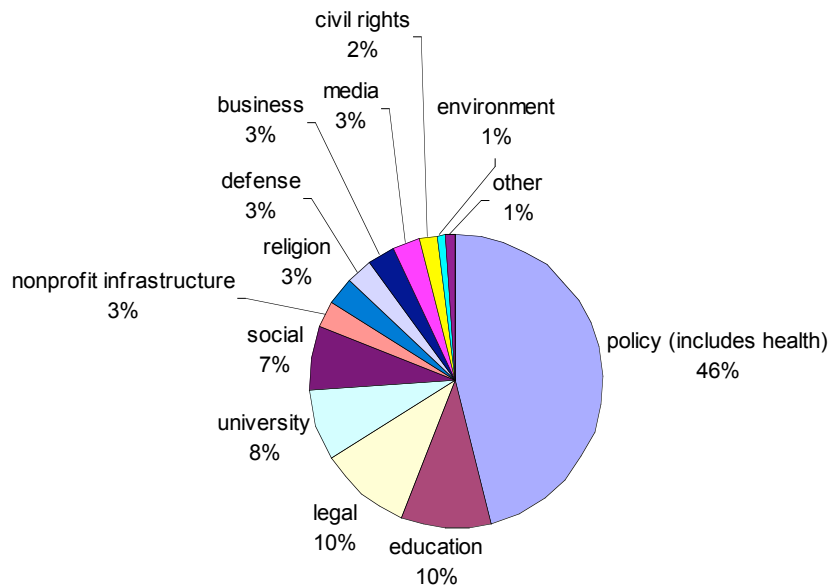
While the aforementioned contributions represent those of mainstream foundations, conservative foundation contributions have been more elusive. That is, the conservative foundations surveyed in this study have typically not specified "health" as an explicit issue area for targeted funding. However, current health policies have been largely shaped through their

contributions to general public policy, which totaled \$ 254 million between 1999 and 2001 (Krehely, House, & Kernan, 2004). Through channeling of funds into multi-issue public policy institutions and think tanks, health policies have been crafted alongside those promoting education, defense, the environment, and various other issues from the conservative perspective. In fact, policy institutions receive the largest portion of conservative grantmaking, with 46% of total grant dollars.

¹ Mainstream foundations generally do not adhere to specific ideological or political interests and tend to spread grantmaking to institutions that focus on improving health access and outcomes for underserved populations.

² Conservative foundations tend to support causes that limit federal government power, increase state and local autonomy, strengthen businesses and free enterprise, and promote individual rights and responsibilities.

**Breakdown of Conservative Grant Dollars Across Issue Areas,
1999-2001**



Source: NCRP data collection and analysis from IRS Form 990s and 990-PFs, 2003.

Table 1: Top Ten Conservative Foundations In Policy Giving (1999-2001)

Foundation	Amount Awarded
Sarah Scaife Foundation	\$44,800,500
Lynde and Harry Bradley Foundation	\$38,858,118
John M. Olin Foundation	\$17,403,240
Shelby Cullom Davis Foundation	\$13,013,125
Richard and Helen DeVos Foundation	\$12,159,101
Jaquelin Hume Foundation	\$8,929,189
Charles G. Koch Charitable Foundation	\$8,703,250
David H. Koch Charitable Foundation	\$6,870,000
Smith Richardson Foundation	\$6,798,217

Source: NCRP 2004, Appendix A

The Impact of Grantmaking

“More than any other societal institution, foundations are positioned to promote and foster innovation in improving the health and well-being of individuals, families, and communities. The remarkable independence they enjoy...makes it possible for them to set aside considerations of popularity or profitability and

move beyond pre-existing agendas to promote social progress as they define it” (Prager 1999, 1; as cited in Oliver & Gerson, 2003).

By virtue of their non-profit status, foundations are not allowed to directly lobby or fund lobbying activities (Krehely et al., 2004). However, the extent of their political influence is evidenced by the manner in which their grants are distributed. A comparison of the funding strategies of the Robert Wood Johnson Foundation (RWJF) and the Lynde and Harry Bradley Foundation exemplifies differences in philosophy, priority, purpose, and ultimately, public impact.

Table 2: Comparison of RWJF and Bradley Foundations

	RWJF	Bradley
Orientation	Mainstream	Conservative
Reputation	Nation’s largest grantmaker in health and health policy	Nation’s largest and most influential conservative foundation
Political Stance	Non-partisan; does not “favor” particular policy solutions over others	Strong ideological & political interests
Focus	Health care, health policy	Citizenship, individual liberties, democratic participation, free markets, freedom from government controls
Program Areas	Increasing access to healthcare Chronically ill Community health promotion Substance abuse	Education, religion, intellectual infrastructure, economic development, privatization, defense / security
Number Grants Awarded (2003)	927	417
Total dollars awarded (2003)	\$ 316.5 million	\$ 26.5 million
Average grant amount	\$ 550,000	\$ 75,000
Types of Grants Given	Program support, research, No general operating support	General operating support, program support
Grantee Sample	Economic and Social Research Institute Awarded \$2.1 million from 2001-2003 Purpose: to craft 10 different proposals for expanding health insurance coverage	American Enterprise Institute Awarded \$16.5 million since 1987 Purpose: General support

The varied grantmaking approaches of RWJF and Bradley exemplify not only differences in philosophy, but differential outcomes in influencing health policy. Mainstream foundations like RWJF tend to spread funds out over a multitude of beneficiary groups and issue areas, from expanding children’s access to care to eliminating minority health disparities. In contrast, conservative foundations have been able to leverage their resources by concentrating funding into fewer strategic spheres of influence. In fact, 18% of conservative grantees receive more than 75% of total conservative foundation grant dollars (Covington, 1998). This selective

funding strategy contributes to advancing an overarching agenda, rather than providing short-term services to particular populations.

Conservative foundations also exercise flexibility in funding with their grantees. They are more inclined to finance general operating expenses to maintain organizational viability, so that institutions can focus on accomplishing overall goals and objectives, rather than time-limited specific projects. From 1999-2001, conservative grantees received over \$17 million more in general operating support than program support (Krehely et al., 2004). This tendency towards fostering sustainability is also evidenced by conservative grantmakers' long-term investments, as indicated by Bradley's multi-year commitment to the American Enterprise Institute.

The "philanthropic mainstream... has long maintained a pragmatic, non-ideological, and field-specific approach to the grantmaking enterprise" (Covington, 1998, p. 11). Mainstream foundations are less likely to advocate for specific policy solutions, as they spread financial support out to various organizations that may define problems and solutions differently. In contrast, conservative foundations "fund institutions and ideas" (Krehely et al., 2004, p. 55). They are not shy to take risks and support controversial issues that illustrate their identification of social problems and solutions as they see them. As a result, conservative grantees are positioned to convey messages that eventually move policy, while their mainstream counterparts' fragmentation of funding results in limited impact in the policy sphere. Furthermore, because of the time-limited nature of mainstream foundation grants, recipients must often compete against each other to renew funding for the following year. "The small number of advocates fighting for each issue... inevitably loses ground to what has become a visionary, well-coordinated conservative movement" (Shuman, 1998, p. 2).

Think Tanks In Focus

The transformation of conservative ideology into policy has been facilitated in large part by think tanks, or policy institutes, that embody the vision of their funders. Like conservative foundations, many conservative think tanks have existed for more than two decades. The Heritage Foundation, the American Enterprise Institute for Public Policy Research (AEI), the Pacific Research Institute for Public Policy (PRI), the Galen Institute, the Heartland Institute, and the National Center for Policy Analysis have all gained prominence in defining and disseminating health policy issues for the public and policymakers. Through a combination of coordinated strategies, these think tanks have been effective at mobilizing a movement of ideas for health care reform.

Table 3: Conservative Grants Awarded to Think Tanks Studied in this Report (1999-2001)

Recipient	Amount Awarded
Heritage Foundation	\$ 28,890,147
American Enterprise Institute for Public Policy Research	\$ 7,613,741
National Center for Policy Analysis	\$ 3,818,700
Pacific Research Institute for Public Policy	\$ 3,272,389
Heartland Institute	\$ 940,000
Galen Institute	\$ 259,500

Source: NCRP 2004, Appendix B

Shared Values

The coordination of conservative “thinking” is embodied through the transmission of consistent values and beliefs. This is evident in how think tanks analyze rampant rises in health care costs and offer solutions for these problems. Based in San Francisco, CA, the Pacific Research Institute (PRI) states, “When government micromanages health-care providers through regulation and price controls, health-care costs rise, employers cut benefits, and the quality of care for patients suffers. Only free-market competition puts the power back in the hands of consumers, and allows the unprecedented success of American medical innovation to thrive” (PRI, Health Care Studies, ¶1). Like many other conservative think tanks, PRI promotes the transfer of power from government to private organizations and individuals, as well as market-based solutions as common themes reflected across multiple policy areas.

Intellectuals & Policy Experts

Many policy institutes stay in synch by funding scholars and policy experts who support the same solutions, by promoting each other’s analyses to the public, and by working in conjunction to define and communicate the conservative meaning of “health care reform” to policymakers. As one of the top recipients of conservative grantmaking, the American Enterprise Institute for Public Policy Research (AEI) promotes university-based scholarly research through an internship program with more than 130 interns from 64 colleges and eight countries, and maintains close ties to 100 university policy experts (Krehely et al., 2004). Recently, AEI’s Leon Kass was awarded a \$250,000 Bradley Foundation Prize for Outstanding Achievement. An expert in biomedical ethics, Kass was recently appointed to the chair the President’s newly formed Council on Bioethics, and has been widely regarded as one of the top proponents behind the current administration’s anti- stem cell policy (The White House, 2001).

Marketing through Media

Conservative think tanks have been successful at marketing their ideas through the investment in various media strategies, such as television and radio shows appearances, newspapers, and other publications. In fact, the Heritage Foundation sponsors 1,500 conservative radio talk show hosts. The Heartland Institute hosts Policy Fax and an on-line Policy Bot, which distributes thousands of policy documents to over 100 associated think tanks. Besides publishing journals such as “Public Opinion” and “American Intellectual,” AEI publishes and sends its own op-eds to 101 newspapers every 2 weeks (Covington, 1998). PRI

boasts a combination of these techniques, as its ideas have reached over 141 million people in over 1,000 newspapers, magazines and on-line outlets” (Krehely et al., 2004, p. 66). The Heartland Institute’s *Health Care News* and the Galen Institute’s *Health Care Matters* provide monthly forums for various think tank intellectuals to discuss health care matters from the conservative perspective, further leveraging their marketing power through sharing and referring to each other’s research and reports.

Issue in Focus: Manufacturing Messages

“Conservative think tanks have framed every issue from their perspective. They have put a huge amount of money into creating the language for their worldview and getting it out there” (Powell, 2003, p. 1). One of their most effective tools to draw public attention and support is their selective use of language to manufacture messages that appeal to emotions, fears, and anxieties. This strategic framing of issues has essentially enabled think tanks to decide and define how the public should perceive health care matters. The June 2004 issue Heartland Institute’s *Health Care News* (HCN) exemplifies this powerful and selective choice of terms to frame issues. Drawing upon research and perspectives of experts from PRI and Galen, HCN’s articles echo themes of urgency, fear, and distrust to justify the conservative viewpoint.

Importing Canadian prescription drugs is framed in anxiety-provoking terms, as another article alludes to issues of safety: “Drug importation will create a two-tier system of drug quality in the U.S. One tier will be for those who can pay for safe, American-made, FDA-inspected drugs. The other will be for low-income people – minorities and the elderly poor – who will be exposed to dangerous counterfeit drugs” (Galen Institute, 2004, p. 15). Under the guise of protecting the interests of underserved communities from victimization, this article essentially accuses the Canadian system of being unsafe, while reinforcing the trustworthiness of American pharmaceutical industry and justifying its control of the prescription drug market.

The Canadian health care system is further scrutinized in “Canadian Health Care is No Model for U.S.” (Galen Institute, 2004, p. 8), an article that criticizes Canada’s universal system for being “compulsory” and “monopolistic.” The author suggests, “making a government run medical care system mandatory – ‘universal’ is the pretty word for mandatory – means that we will all have no choice but to be caught up in that bureaucratic maze” (Galen Institute, 2004, p. 3). Furthermore, the author asserts that “it is *illegal* to seek or convey private medical assistance,” reinforcing the message that government-controlled health care is forced on individuals, who would fare better, yet be punished for making their own decisions and choices about health care provisions. Ultimately, this depiction of the Canadian system’s horrors is think tank ammunition to alarm Americans, to maintain the current multi-payer system, to bolster market-driven policy reforms, and to discourage efforts towards universal health care.

Collaboration and Coordination

The collaborative efforts of conservative think tanks extend far beyond their co-existence in various media and publications. The Galen Institute's *Health Policy Consensus Group* reflects this conscious effort to combine and leverage the resources of several prominent think tanks with the ultimate goal of cultivating conservative-driven health policies. Funded by the Olin and Bradley Foundations, Galen's Consensus Group is comprised of 26 members representing Heritage, AEI, PRI, Cato, and several other conservative think tanks. Since 1996, Galen's Health Policy Consensus Group has been working in conjunction to advocate for policy prescriptions that reflect its common vision for consumer-driven health care (Galen Institute, About Us, ¶1). Through issuing joint position statements and policy briefings, the Group has exerted a powerful presence on Capitol Hill and has laid the groundwork for present-day health policies such as Medicare reform.

How Ideology Becomes Policy

Through a combination of long-term foundation support, strong adherence to ideological convictions, and strategic investing, conservative think tanks have essentially decided and defined issues for public attention and concern. While their "individual choice" and "free market" ideas are intended to benefit all healthcare consumers, these policies have failed to acknowledge the discriminatory and disparate effects of the market on the poor and communities of color, who are often left out, ignored, or adversely affected by these policies. Rather than empower individuals, conservative-driven initiatives such as Medicare reform, health savings accounts, and health care tax credits actually favor and protect the interests of the healthy and wealthy, commercial and corporate interests, and the managed care industry.

Medicare Reform

Galen Institute's Health Policy Consensus Group was instrumental in shaping the Medicare bill signed by President Bush on December 8, 2003. During a briefing on Capitol Hill in June 2003, the Group delivered a statement on how free-market reform could improve Medicare and prescription drug coverage. The group's Prescription Drug Security Card proposal "was widely acknowledged as providing the central idea for the Temporary Drug Discount Card" (Galen Institute, About Us, History, ¶ 7), which was introduced as an optional benefit for 41 million Medicare beneficiaries on June 1, 2004.

By enrolling, consumers get to select a prescription plan from 73 competing companies, all of which offer different assortments of drugs at various discounted rates. Galen and other conservative crafters of the Card theorized that it would empower seniors as conscious and informed consumers, and their demand would prompt companies to lower prices. However, preliminary data shows that the cards are not curbing costs and producing savings as anticipated. Soon after Bush signed the Medicare drug benefit law, prices of prescription drugs used most often by seniors increased three times the inflation rate (Colliver, 2004), the fastest rise in drug prices in past 4 years. Thus, the discounted rates have had little effect on already inflated prices. Furthermore, the "temporary" nature of the Card also applies to its benefits level, as it offers no protection from price fluctuations that may occur from week to week. "Thus, the value of any discount eventually erodes as base prices escalate" (Families USA, 2003). Furthermore,

consumers do not have the power to switch out of their plans for another one that may provide benefits more suited to their health care needs. In essence, they are “locked” into it until it expires at end of next year.

The Temporary Drug Discount Card may have negative effects on minority seniors, who generally live on fixed incomes and are four times as likely as whites to live in poverty (Reed, Hargraves, & Cassil, 2003). It may be more burdensome than beneficial for families who lack internet access, since being “informed” requires navigating through a complex Medicare website. Minority seniors are also disproportionately affected by chronic conditions such as heart disease, high blood pressure, and diabetes, all of which require the sustained use of prescription drugs (Reed et al., 2003). However, lack of price controls may result in poorer maintenance of these ailments, as many low-income individuals are known to cut back on purchasing necessary medicines when prices increase (Rand, 2004)

While this is only the first step in a broader Medicare prescription drug benefit to begin in 2006, it sets the stage for movement towards private competition, as the traditional Medicare fee-for-service entitlement will be placed in the open market to compete against private plans. Since this legislation prohibits Medicare from using its purchasing power to negotiate prices (Families USA, 2003), the infusion of privatization into a public program may divide the “haves” and “have nots” of the senior population, while furthering the power of pharmaceutical and managed care companies to set prices and select patients.

Health Savings Accounts

Another product of conservative think tanks’ market-based efforts to reduce health care costs is the *Health Savings Account* (HSA). Having evolved as an offshoot of the *Medical Savings Account* idea initiated fifteen years ago by the National Center for Policy Analysis, (Kosterlitz, 2004), conservative groups have hailed HSAs as the model for health insurance reform. In fact, HSAs were incorporated into Bush’s 2003 Medicare reform bill and are currently promoted as a major piece of his 2004 health care reform agenda.

In the spirit of consumer-driven health care, HSAs consist of tax-sheltered contributions and withdrawals to purchase medical services, provided that high deductible or “catastrophic” health insurance plans (\$1,000 for an individual, \$2,000 for a family) are also purchased for high-cost health crises. (Kosterlitz, 2004). Consumers pay out-of-pocket for basic medical services such as routine visits and prescription drugs, and the insurance kicks in for major unpredictable problems. In accordance with conservative-driven values behind Medicare reform, HSAs are intended to “empower” consumers to take healthcare matters into their own hands, as their cost-consciousness will result in higher demand for disclosure of price information, leading to elevated competition between providers and, ultimately, lower prices for all.

While HSAs are meant to curb skyrocketing health care costs by shifting the onus of responsibility from employers and the government to individuals, not every individual will fare equally under the HSA policy. In fact, HSAs may be most advantageous to the wealthier and healthier, who can already afford private health insurance and may benefit most from a sizable

tax deduction, while others may not even be able to afford to put the money away or reap the same tax advantages. Even if they are able to set funds aside in an HSA, low-income working adults who may not be able to afford the high deductibles imposed by system unregulated by government or employer purchasing power (Burman & Blumberg, 2003). Minorities, who are disproportionately affected by poverty, chronic health conditions, and lack of insurance (Kaiser Family Foundation, 2004), already face major barriers in health care access and affordability. The high deductible may prevent some from seeking treatment, which may result in poorer maintenance of serious ailments, ultimately leading to costlier outcomes in the long run (Oliver & Gerson, 2003).

House Speaker Newt Gingrich deemed the HSA “the single most significant transformation that can be made in saving the country from skyrocketing health costs” (Kosterlitz, 2004, p.3). However, a study by the Center on Budget and Policy Priorities (2004) estimated that HSAs may actually lead to an overall increase in the uninsured populations as they become more popular among employees who can afford them, giving employers the incentive to drop comprehensive coverage from whoever is left behind. Thus, HSAs offer little more than tax break to healthy and wealthy who can already afford private health insurance, while offering an illusion of access for low-income and minority communities.

Health Care Tax Credits

The Heritage Foundation, Heartland Institute, and PRI have all promoted health care tax credits as a viable alternative from dependency on Medicaid or employer-sponsored health insurance. Driven by the same ideas behind Medicare reform and HSAs, health care tax credits reflect the conservative agenda to move from public to private responsibility for healthcare. These ideas have been successfully pushed into legislation, as a Republican task force recently released a health care reform plan that expands health insurance tax credits to make insurance more affordable for low-income working households (Brostoff, 2004).

To a similar degree as other conservative health policies, this credit may result in disparate levels of coverage for individuals who vary by income, age, residence, and health status (Pollitz, 2002). Like the HSA plan, tax credits would place individuals in a health insurance market that lacks the cost controls that the government or employers have the power to negotiate. They would do very little to help vulnerable populations acquire adequate insurance policies, many of which cost several times more than what the proposed \$1,000 individual tax credit tax credit can buy (Families USA, 2003). In addition, the “high risk” health status of older and sicker individuals would place them at risk of rejection from coverage, or being offered less comprehensive plans at higher costs. In fact, a recent study found that the individual insurance market to posed many barriers in accessibility, affordability, and adequacy for those with HIV, mental health / substance abuse problems, or maternity care needs (Pollitz, 2002).

Health care tax credits have risen in priority among President Bush’s reform initiatives, but may only reduce the number of uninsured by 1.8 million (Krugman, 2004), which barely makes a dent in the 44 million total. In fact, a recent study estimated that two-thirds of those who will benefit from tax credits are those who already have coverage (Families USA, 2003).

Thus, tax credits will effectively maintain health insurance disparities, while perpetuating the systemic weaknesses of our current health care system.

Recommendations

While foundation grants have comprised a tiny fraction of overall health spending in the US, the role they have played in shaping the health policy debate has extended far beyond their dollar value. Although mainstream foundations have given more financial support to health policy than conservative foundations have given to all policy issues combined, the current state of health care politics shows us who is winning the debate. Thus, we can learn a great deal by studying the right and by identifying the strategies by which it has successfully shaped and defined public discourse in health policy.

Conservative foundations have fueled think tanks that are consciously connected through a clear vision, common values, coherent objectives, and coordinated strategies. Organizations such as the Galen Institute, Heritage Foundation, and AEI have spent decades dedicated to crafting policies based on conservative principles that stress individual responsibility, strong businesses and free markets, and limited government. These themes have underscored their endorsement of Medicare reform, Health Savings Accounts, and tax credits – all in the name of lowering health care costs. “These think tanks took years developing these ideas and models to get them into the mainstream, and they were successful because they had funders that were there to support them for the long term” (Krehely et al., 2004, p. 20).

A combination of long-term funding, openness towards risk-taking, strong political convictions, and commitment to advancing ideas rather than projects has enabled conservative foundations to leverage limited resources into a powerful movement. Thus, if mainstream or progressive grantmakers and grantees are to “maximize their impact on health, foundations must leverage their assets – money, knowledge, and networks – effectively” (Ferris & Melnick, 2004, p. 258). This is especially critical in light of the right’s impact on policy decisions that have led to disproportionate consequences for low-income and minority communities. Rather than channel funds into a plethora of short-term programs divided by population and issue area, the philanthropic resources of mainstream foundations can be better leveraged to strategically define or redefine health policies that inclusively address multiple populations and problems.

Funding

Conservative foundations’ long-term financial support of conservative think tanks and policy institutions indicates their recognition that policy change takes time. Grants for general operating support led to investment in producing policy intellectuals, manufacturing messages through the media, and establishing political connections – all of which resulted in the right’s lasting effects on health policy. Mainstream foundations’ resources could better be utilized through similar acknowledgement and support of organizational sustainability. Currently, many mainstream grantees in health policy develop programs in accordance with their funders’ priorities, rather than devote resources towards building institutional infrastructure. Funding that

ebbs and flows with changes in current events or in response to hot political issues may do little to dictate and uphold policy priorities in the long run.

Knowledge

One of the most powerful tools for advocacy is the advancement of new knowledge through the dissemination of sound research. Currently, conservative think tanks far outnumber progressive policy institutes (Shuman, 1998), contributing to a political landscape that keeps tilting further right. To balance out this lopsidedness, mainstream foundations should fund more progressive think tanks that connect research with advocacy and policy. They can also leverage their ability to shape public discourse by linking multiple issue areas under a unified, comprehensive agenda. A common thread of social justice can connect campaigns for health care, campaign finance, insurance, and tax reforms. Progressive think tanks can also invest in various marketing and media strategies to convey this continuity of ideas, while countering conservative control of media messages.

Networks

“The test of foundations’ capacity to solve critical social problems lies in their collective contributions, not in their individual roles in the policy process...the potential impact of foundations might be more highly leveraged through stronger, more selective advocacy and also through stronger collaboration among foundations” (Oliver & Gerson, 2003, p. 72). Currently, most mainstream foundations have differing philosophical underpinnings, operate independently of each other, and sponsor projects that vary by population, issue area, and even geographic region. Furthermore, most mainstream foundations tend to shy away from the advocacy role, leaving that up to their grantees. However, possibilities for true policy change may more likely be realized if these foundations worked in conjunction for a single large-scale cause and invested in building a social movement instead of developing more proposals and small demonstration projects (Oliver & Gerson, 2003). If RWJF, Kellogg, the California Endowment, and other large mainstream foundations pooled their resources towards a long-term single project aimed at ensuring health care coverage for all Americans, this may open up new possibilities for broad, sweeping change over the incremental reforms that often just “band-aid” scars in the system.

Coalitions

Often times, foundation grantmaking protocol sets grantees up to compete against each other to see who gets the biggest share of the pot. This competition keeps programs spinning their wheels, as grantees focused on sustaining themselves perceive each other as opposition, despite their similar interests and focus areas. Maintaining this tunnel vision prevents grantees from seeing the bigger picture and hinders any joint movement towards broad-based policy change. Foundations can support coalition-building among grantees to connect various fragmented efforts into an overarching, unified agenda with a consistent message. If a coalition of organizations was able to convince the public and policymakers to embrace and enact a universal health care system, this would certainly alleviate pressures for funding direct service programs that currently respond to health care inequities.

A Common Language

Conservative think tanks have been able to frame public discourse on healthcare issues by manufacturing messages that appeal to people's feelings and fears. Progressive groups lack unified themes that dictate how health policy issues are discussed, which weakens their efforts to draw widespread public and political support for policy change. Reframing the right will require investment in a common language underscored by values of morality, fairness, and democracy that are favorable to both conservatives and progressives. For example, conservative groups have attacked universal health care as a "government-controlled, job-killing tax burden." To counter this assault, supporters need to do more than just defend universal health care, but proactively promote its positive moral and economic benefits for all Americans. By drawing a strong connection between universal health insurance, increased productivity, and economic well-being, the concept of "A healthy America" can be reframed as beneficial not just to the poor and uninsured, but businesses and corporations as well.

Conclusion: The Future of California Foundations

The role of conservative foundations in setting the nation's health policy agenda illustrates that health care reform and politics go hand in hand. Given that California is currently considering adopting policies to strengthen employer-based and single-payer health coverage towards the goal of universal access to care, this indicates that public sentiment has shifted towards promoting health insurance as a public right. California foundations are in a strong position to take a leadership role in these efforts, since they contribute 25% of all health grantmaking (Ferris & Melnick, 2004). The advocacy focus of the California Wellness Foundation, the balance of short-term services and long term policy change of the California Endowment, and the business orientation of the California Healthcare Foundation (Oliver & Gerson, 2003) offers an ideal combination of vision and strategy that can potentially mobilize a movement away from the right.

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