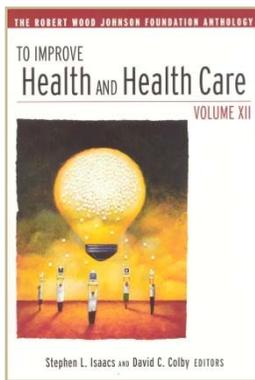


Shaping Public Policy as a Robert Wood Johnson Foundation Approach

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Editors' Introduction

In this chapter, James Marks, the Robert Wood Johnson Foundation's senior vice president for health, and Joseph Alper, a freelance journalist specializing in health and environmental issues, examine the Foundation's efforts to affect policy, especially those policies that can influence healthy behavior and lifestyle choices and the environments in which those choices are made.¹ They explain the rationale for the Foundation's emphasis on policy; explore policy initiatives of the 1990s to reduce smoking and underage and binge drinking and current ones to reverse obesity trends; and analyze the opportunities and challenges presented by a policy approach. Their emphasis reflects a perception among the Foundation's leadership that lasting social change can be most effectively brought about by policy reforms.

The Foundation has always perceived itself as an engine of social change, and contemporary American politics and economics have reinforced this self-perception. During the first decade of the Foundation's existence, the federal government could be expected to consider adopting Foundation-funded demonstration programs and expanding them nationwide. Since the 1980s, the federal government has been less willing to replicate Foundation-initiated programs, and states have generally not had the money to do so. The Foundation has tried to fill the resulting vacuum by funding larger programs that themselves can have a significant impact in a local area² and by trying to stimulate policy change. As Marks and Alper observe, the latter approach requires foundations to consider programming in different ways.

The Robert Wood Johnson Foundation is not the only foundation to recognize the importance of policy. The Commonwealth Fund and the Henry J. Kaiser Family Foundation, for example, fund and conduct research to promote expanded health insurance coverage. The California Endowment has played an active role in advancing policies to reduce obesity in California. But many foundations steer clear of policy work. Marks and Alper make the case that foundations that want to change society for the better must look to policy change as a vehicle for doing so.

Notes

1. The Foundation's efforts to influence policies that would expand health insurance coverage—which are conceptually different from policies to affect behavior and the social environment—are covered extensively elsewhere in this volume of the *Anthology* and are not dealt with in this chapter.
2. See, for example, Jellinek, P. S. "The Urban Health Care Initiative." *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology*, Vol. X1. San Francisco: Jossey-Bass, 2008.

The first programs of the Robert Wood Johnson Foundation, in the early 1970s, were developed in anticipation of an impending change in public policy—the creation of national health insurance, an idea supported by President Richard Nixon and congressional leaders of both political parties. Although Nixon’s political career and the plan he had proposed were soon to become undone by political events, the importance of policy change was not lost on the Foundation’s board and staff, and throughout its thirty-six-year history, the Foundation has sought to foster social change by improving public policies.

In its early and middle years, the Foundation anticipated that its programs would stimulate government policy, and they did in at least two noteworthy cases: a program to demonstrate better ways to prevent AIDS and provide treatment services led to the passage of the federal Ryan White Act in 1990, and a program to provide health care for homeless people was the model on which Congress based the McKinney-Vento Act of 1987. More recently, the 2005 Budget Deficit Reduction Act permitted states to use Medicaid to expand nationwide two Foundation-funded demonstration programs—the first giving seniors and disabled people the capacity to choose their own home health care workers and the second establishing public-private long-term care insurance partnerships.

The Justification for and Challenges to a Policy Approach

While direct services grants can improve the health of individuals and communities, foundation support for changes in public policy has the potential to reach far greater numbers of people and create lasting improvements. When a grant to support direct services for persons in need ends, the services it supported may also end. In contrast, a grant to bring about public policy change can create leverage for making wide-scale enhancements in health and health care for entire populations. Paying insurance premiums for people who can’t afford them or who have limited access to care, for example, might be a worthy endeavor, but no foundation could pay such premiums for a long time. However, finding and fostering policy solutions that would make health insurance affordable and accessible to all residents of a state (or the nation) potentially benefits the entire society, and for much longer.

Though policy change can have a long-term impact, it also presents challenges to foundations that do not arise in more traditional direct-services and capacity-building grantmaking. For example,

foundations are prohibited from lobbying, and their grantees may not lobby using foundation funds; both are, however, permitted to carry out public education activities. A foundation may have a thoughtful policy change strategy, but the headwinds from other political compass points may be too strong to execute it successfully. Policy change can take many years, and often comes in the form of legislation or government regulation, which can emerge from bipartisan political consensus that is easily derailed or delayed. And it is often difficult to know with certainty whether support from foundations has influenced policy and, if so, to what extent.

Moreover, working to bring about changes in public policies that will improve the health of populations requires an approach that goes beyond changing the practice of and payment for *health care*. Although many, if not most, Americans believe that the basic causes of disease are biologic and that once the genetic or other biological causes are discovered, a physician will be able to treat and perhaps prevent the disease, the likelihood of initially developing a disease is practically unrelated to access to the medical care system. *Health* is much more influenced by factors such as whether people smoke, what and how much they eat, how active they are, the toxins or microbes they are exposed to, and whether their neighborhood or worksite is safe. It is often the misalignment of these societal causes—the social determinants—of illness that leads to large and persistent disparities in health. Since the causes of good or ill health have less to do with medical care and more to do with how our society is organized and designed, it is appropriate for foundations trying to improve health to address the policies that shape social organization.

The Foundation's Past Policy Work: Reducing Smoking and Underage and Binge Drinking

The Robert Wood Johnson Foundation's current efforts to bring about policy change build heavily upon its experiences in two areas: reducing tobacco use and curbing underage and binge drinking. The lessons from these efforts inform the Foundation's approach to policy change, notably its work to reduce childhood obesity and to improve the practice and organization of public health.

Tobacco Policy

In a comprehensive review, James Bornemeier, a journalist specializing in health issues, concluded that the Foundation's work to reduce smoking "could rightfully be held up as a model—blending policy research, state-based advocacy and coalition building, and a national communications and

strategic command center—for others seeking social change against formidable odds.”¹

One of the Robert Wood Johnson Foundation’s contributions was in seeding a field that became known as “tobacco policy research” and encouraging some of the nation’s leading researchers to enter it. Policy research proved invaluable in making the case for driving down tobacco use by prohibiting smoking in workplaces and other public places such as restaurants, and for raising the price of tobacco through taxes, which was determined to have particular benefit in preventing and reducing smoking by young people. As Kenneth Warner, a leading tobacco policy researcher and the dean of the School of Public Health at the University of Michigan, recently wrote, “Although policy making is not always consistent with the dictates of policy research, the contributions of research to tobacco control policy making are often clear and substantial.”² The role of foundations in supporting policy-relevant research can be crucial because it is often difficult for government agencies to do research that might question policies that are in place or in vogue.

Developing a base of good science that would affect tobacco policies—especially those that influenced young people’s decision to smoke or not—was what the board of trustees of the Foundation had in mind when it voted in 1992 to spend \$5 million over two years to establish the Tobacco Policy Research and Evaluation Program. Until that time, tobacco researchers were largely focused on epidemiology linking smoking to cancer, heart attacks, and other diseases. This research was largely funded by the federal government and made widely known through a series of Surgeons General’s reports and articles in professional and popular journals. To a lesser extent, earlier research concentrated on assessing interventions that would help people quit smoking. There was a growing sense that since most smokers began to use tobacco before age eighteen, cessation treatments were not likely to have a long-lasting effect without policies to change the social environment that made smoking acceptable, particularly among the nation’s young people.

Initial research carried out under the Tobacco Policy Research and Evaluation Program (and a successor program called the Substance Abuse Policy Research Program) examined, among other issues, the effect of increased taxes on smoking. Frank Chaloupka, a professor of economics at the University of Illinois at Chicago and a leading tobacco policy researcher, demonstrated conclusively that cigarette tax increases and price increases reduce tobacco purchases and use among both adults and young people. His work showed that every 10 percent increase in the price of cigarettes reduces

overall cigarette consumption by 3 to 5 percent, the number of young-adult smokers by 3.5 percent, the number of kids who smoke by 6 to 7 percent, and the number of pregnant smokers by 7 percent.³ Tobacco policy researchers have since examined the effect of clean indoor air laws, finding, among other things, that municipal smoking bans have an almost immediate positive impact on health.⁴ For example, a study conducted in Pueblo, Colorado, whose smoke-free indoor air ordinance took effect in July 2003, found that heart attack rates within the city decreased by 27 percent in the eighteen months that followed, while heart attack rates outside the city limits and in the nearby city of Colorado Springs, which did not have a clean indoor air law on its books, remained constant.⁵ “The ‘anti-smoking campaign’ is in actuality an uncoordinated collection of diverse interventions,” Michigan’s Warner wrote. “Tobacco control policies have constituted a central component of the campaign. . . . Determining which of those policies most matter, and which do not, has been the contribution, and often the passion, of scores of tobacco policy researchers.”⁶

This identification of the policies that most matter led to a more coordinated focus on a limited number of policies that has characterized the Robert Wood Johnson Foundation’s tobacco control efforts in recent years. The research did not lead the Foundation to embrace a single approach to tobacco control. Rather, it suggested that various options were important, including tobacco tax increases, clean indoor air laws, countermarketing and cessation media campaigns, reduced out-of-pocket treatment costs, telephone quitlines, and improved cessation treatment. Many of these options—such as increased taxes and clean indoor air laws—could be employed only when public policies were changed.

One way to bring about this kind of policy change was to establish or support advocates or coalitions of tobacco control advocacy organizations—some of them representing establishment organizations, others not. The SmokeLess States program, for example, brought well-established organizations together under the same tobacco control umbrella. Authorized initially in 1993, the SmokeLess States program supported statewide coalitions—often housed in larger organizations focused on specific diseases, such as the American Cancer Society, the American Heart Association, and the American Lung Association—to develop plans and activities to reduce tobacco use, especially among children and teenagers. While this program followed a long-standing Foundation tactic of working with coalitions, SmokeLess States was unique at the time because it explicitly encouraged grantees to be activists and to advocate for policy changes.

The Foundation and its SmokeLess States National Program Office, at the American Medical Association, required grantees to raise matching money from other sources. This served two purposes: first, it was an incentive for the coalitions to raise the additional funds that they often needed, and second, it created a separate pool of money that the coalitions could use for lobbying efforts. In addition, the Foundation and the American Medical Association provided the coalitions with training and guidance to help them understand the difference between advocacy and education, on which the coalitions could spend Foundation funds, and lobbying, on which they could not.⁷ Although the work of each of the state coalitions differed, they all used similar tools—among them, polling, media campaigns, public meetings, and wide distribution of educational material for the public, the media, and policymakers—to build a constituency for municipal and statewide clean air acts and increased tobacco excise taxes.

As the coalitions working under the SmokeLess States program umbrella were striving to generate policy change at the state and local levels, the Campaign for Tobacco-Free Kids, which the Foundation and its funding partners had established in 1996, worked to counteract the influence of the tobacco lobby and forcefully advocate for rational tobacco control policies. In the late 1990s, the Campaign focused on brokering an agreement among the tobacco industry, the attorneys general of states suing the tobacco companies, and public health advocates. But an agreement that would satisfy all parties and make it through Congress could not be reached. After a weaker settlement of lawsuits by states' attorneys general that did not require congressional approval was reached, the Campaign concentrated on its work at federal, state, and local levels to ensure that governments would continue to enact policies that discourage smoking or prohibit it in public places.⁸

Colorado offers an example of policy work at the state level. In early 2003, sixty organizations, including the Colorado Tobacco Education and Prevention Alliance (a SmokeLess States grantee), the American Cancer Society, the American Health Association, the American Lung Association, and other health-related organizations and primary care advocacy groups, formed the Smoke-Free Colorado coalition. Smoke-Free Colorado's *raison d'être* was to undertake a multifaceted public outreach campaign that would focus on disseminating the overwhelming scientific evidence linking increases in tobacco taxes with decreases in smoking rates, particularly among teenagers. "We knew that this was going to be a tough battle, because adding a tax increase to the state constitution is not

the ideal way to enact policy change, but given the legislature’s inaction on the matter, it was the only option available then,” said Jennifer Corrigan Politi, who at the time worked on the campaign to pass what was known as Colorado Amendment 35. Politi, who has since joined the Alliance’s staff, added, “We also felt that Colorado voters, if armed with the facts generated by research, would dismiss the rhetoric and do the right thing.”

In the spring and summer of 2004, the coalition developed a campaign to promote the passage of Amendment 35 and raised more than a million dollars to carry it out. The campaign included commissioning polls, running television and radio ads, distributing press releases, and participating in debates. Politi notes that the Alliance built a firewall to prevent Robert Wood Johnson Foundation funds from being used for lobbying purposes.

On November 2, 2004, by an overwhelming margin, voters in Colorado passed Amendment 35, which increased the state’s tobacco excise tax from 20 to 84 cents a pack. Cigarette smoking among the state’s high school students declined from 18.2 percent in 2001 to 14.6 percent in 2006, surpassing the U.S. Department of Health and Human Services’ *Healthy People 2010* goal of reducing smoking among teenagers nationwide to 16 percent.

Buoyed by this success, Smoke-Free Colorado continued to press for more state action to reduce smoking. With a strong grassroots organization acting to educate lawmakers, provide local support to counter the tobacco industry’s advertising, and build positive consensus among the business and law enforcement communities, the state legislature passed the Colorado Clean Indoor Air Act with bipartisan support. Effective July 1, 2006, the law made Colorado the thirteenth smoke-free state, though with one major exception—casinos. Colorado’s anti-smoking forces were on a roll, though, and less than a year later, the Colorado legislature amended the law to include casinos. As of January 1, 2008, casino employees and patrons alike could breathe easier.

Underage and Binge Drinking

Although the Foundation’s efforts to address the problems of binge drinking by college students and alcohol use by middle school and high school students were more modest and ran for a shorter time than its efforts to reduce smoking, there were important parallels between the two. One was an

emphasis on policy research. The Foundation quickly expanded its tobacco policy research program to include research into other substances with the development of the Substance Abuse Policy Research Program in 1994. Alcohol use was specified as an area of study, though unlike tobacco, there was no clear path from policy research to an advocacy strategy. In addition, the Foundation funded the College Alcohol Study, a series of surveys conducted between 1993 and 2001 by the Harvard University professor Henry Wechsler that documented the extent of drinking and particularly a growing propensity toward binge drinking on college campuses, received wide media attention and raised public awareness of the problem.

The Foundation also mounted two programs aimed at young people.⁹ One of them, A Matter of Degree, addressed binge drinking among students at ten colleges. The program attempted to change town policies and ordinances. It funded coalitions often comprising bar and restaurant owners, the local police, and university leaders, with the aim of changing the social environment to one that made it easier for college students to decide not to get drunk or to binge drink.

The second program, Reducing Underage Drinking Through Coalitions, was aimed at changing policy and enforcing laws prohibiting minors from drinking. Initially, its aim was policy at the state level. In Minnesota, for example, coalition members worked with the liquor store industry at the state level to defeat a measure to allow grocery stores to sell wine, which would have made it easier for teenagers to get alcohol. In return, the retail liquor industry worked with the coalition to create a mandatory beer keg tagging system that enabled police to track who purchases kegs, some of which end up at parties that include underage drinkers.

Some coalitions found cities and counties more amenable to policy change. The Connecticut Coalition to Stop Underage Drinking, for example, tried repeatedly to close a loophole in state law that allowed underage drinking at private house parties. When that failed, the Coalition shifted its emphasis to local communities, which had to deal with the problems caused by such house parties. Forty-five communities passed local ordinances giving them the power to control and disperse underage drinking parties and hold responsible the adults who provide alcohol at these parties.

Lessons Learned

A number of lessons can be drawn from the Foundation's work to reduce smoking and underage and

binge drinking. The first underscores the close link between attitudinal and policy change. “The bottom line is that we need to change societal attitudes toward underage drinking, and to do that we need to change the environment that supports it,” said Janet Williams of the American Medical Association’s staff for both for both A Matter of Degree and Reducing Underage Drinking Through Coalitions.

A second lesson is that addressing the environmental factors that influence decisions on matters such as drinking, smoking, eating, physical activity, seat belt use, and drug use—decisions that have major health consequences—is essential to creating lasting policy change. With behaviors that can be addictive or become habitual, it is especially important to modify the environment to discourage a young person from adopting an unhealthy behavior and to support efforts to modify the behavior, if adopted.

A third lesson suggests the value of working at the local level. Changing national policy may be out of reach, as may be changes at the state level, at least initially. County, city, and town officials—which have to cope every day with the problems caused by unhealthy behaviors—may be more receptive to some policy changes than state or federal officials. The Foundation’s grantees’ work to ban smoking in public places and to curb the sale of liquor to minors reinforces the centrality of local politics and local action.

A fourth lesson is the inherent difficulty of policy change. “Changing state laws relating to underage alcohol consumption has proven to be a monumental task that will take years to accomplish because policymakers at the state level don’t consider underage drinking as that big of a priority,” said Alex Wagenaar, who directs the Alcohol Epidemiology Program at the University of Minnesota School of Public Health and who conducted an evaluation of Reducing Underage Drinking Through Coalitions. “The problem is that [changing policies to reduce underage drinking] is going to be a long, tough battle that will long outlast the Foundation’s support in this area.”

Building on the Foundation’s Policy Work: Reducing Childhood Obesity

In April 2007, the Robert Wood Johnson Foundation announced a commitment to spend at least \$500 million over the subsequent five years to reverse the childhood obesity epidemic by 2015. To do that, it is building on the lessons learned from its work in the tobacco and alcohol fields. Perhaps

the most striking features of the Foundation’s anti-obesity work are its focus on policy change and its multifaceted approach toward bringing about such change. This is evident both inside and outside of the Foundation. “I think the Foundation is eager to apply the lessons it learned from its tobacco initiatives to its work in obesity, following the model of funding policy-oriented research and building local coalitions to build a groundswell of support for the policy changes needed to fight childhood obesity,” said Maya Rockey Moore, a former House Ways and Means Committee staff member and currently the director of the Foundation’s Leadership for Healthy Communities National Program Office in Washington, D.C.

Smoking and the unhealthy behaviors that cause obesity—poor diet and lack of physical activity—are quite different. The nicotine component of tobacco is addictive and is harmful when used as intended, while food is necessary for life. Involuntary secondhand smoke is dangerous to those who breathe it, while secondhand eating does not exist.¹⁰

Yet smoking, diet, and physical activity are also similar in many ways. They involve individual choices that are heavily influenced by the societal environment in which a person lives. Probably the area of greatest similarity relates to the early onset of unhealthy behaviors during childhood. Given that more than 80 percent of regular smokers begin by age eighteen, tobacco addiction has been recognized as a pediatric disease. The high number and rapid increase of obese and overweight children suggest something similar. In both instances, the marketing of unhealthy products (cigarettes in the one case; junk food, fast food, video games, and television-watching in the other) has been aimed at children. With children, there is less of an issue of interfering with personal choice, since adults are responsible for the home environment and schools are responsible for managing the environment in which children spend most of their day.

One of the most important ways that the Foundation is addressing childhood obesity is through policy change. Risa Lavizzo-Mourey, the president and chief executive officer of the Robert Wood Johnson Foundation, explained the rationale for emphasizing policy: “In the communities hardest hit by obesity, families simply don’t have what they need to make healthy choices. They don’t have grocery stores that stock affordable fresh fruits and vegetables. There aren’t enough safe places for kids to play. We’ve talked to moms, dads, and grandparents in these neighborhoods. All families want to raise healthy kids, but they find it hard to do so because of the barriers they face. To reverse

the childhood obesity epidemic, we must remove these barriers and provide families with better access to healthy choices. We'll have to change policies to support healthier lifestyles.”¹¹

Even with an evidentiary base that may be immature or incomplete regarding some areas of potential policy change, the Foundation is pushing ahead with programs in areas where the evidence is solid—those that are expected to improve eating habits and increase physical activity. Enough is known about the importance of healthy eating and physical activity and how to change those behaviors, and with the urgency of the unrelenting upward trend in childhood obesity, the Foundation's leadership felt that it could not wait until all the evidence was in to get started. Just as an oncologist uses the drugs and other tools currently available to treat a person with cancer—even though science might find better approaches in the future—so, too, is the Foundation developing programs based on the best available evidence. These include establishing a center to combat childhood obesity that will support and coordinate activities around the nation; direct support of advocacy groups; public education campaigns such as that carried out by the Trust for America's Health; and direct support to communities working to change state and local policies, including school policies, that affect diet and exercise.

An initial priority is developing a more mature evidence base through research, especially policy research. By funding research carried out through programs such as Active Living Research, Healthy Eating Research, Salud! America, and Bridging the Gap, the Foundation expects to build the base on which policies and programs can be developed. Much in the way that the Foundation created a field of tobacco-policy researchers, it is seeding a field of obesity-policy researchers. The types and outcomes of tobacco and obesity policy change may be very different, but both need to be based on convincing scientific evidence. And policy changes need to be tracked and evaluated.

A concrete example of an issue where a wide-ranging approach has the potential to affect policy is the banning of the sale of junk food and soft drinks in schools. “We are failing our kids by creating an environment that does not reinforce what they learn about good nutrition in school and instead says, ‘Go ahead! Eat junk!’” says Mary Story, a professor at the University of Minnesota School of Public Health and director of the Robert Wood Johnson Foundation's Healthy Eating Research program. Vending machines and school lunch programs—“things that local school boards have control over,” according to Story—can serve high-sugar, high-fat, low-nutrient food, or they can

provide children with healthy alternatives, and the choice that schools make has a huge effect. One Foundation-funded study conducted by Roland Sturm and colleagues at the RAND Corporation found in elementary schools that sold at least one of these items (sodas, sweets, or other snacks), children reported consuming 350 calories more a week more than in schools that sold none of the items.¹² “Schools depend on vending machines as a source of revenue, so we’re not asking school boards to ban them, just change what’s in them to include healthy snacks, such as fruit and drinks, that aren’t loaded with sugar,” says Janet Whatley Blum, an assistant professor at the University of Southern Maine and a Healthy Eating Research grantee.

To receive federal aid, school lunch programs are required by Department of Agriculture regulations to meet nutrition standards that limit fat and saturated fat and mandate minimum levels of protein, vitamins, and minerals. However, foods sold outside of the federal meal program—through vending machines, school snack bars, and a la carte lines, for example—are exempt from these requirements. Food service directors and school boards may believe that kids will not choose healthier foods and that, as a result, their bottom lines will suffer. But a recent study showed that school lunch sales do not decline when healthy foods are served.¹³ The study also showed that healthier meals are no more expensive to produce. “School boards and state boards of education will pay attention to this type of data,” says Kathleen Nolan, who heads the National Governors Association health division and leads its Healthy America initiative.

Another place that local school boards can change policy to the benefit of their children’s waistlines is in school advertising. A 2005 Institute of Medicine report found industry promotion of junk food to be one likely factor in childhood obesity.¹⁴ Though television advertising accounts for much of the media barrage that kids face today, schools are also a place where children are exposed to materials and advertisements promoting foods that may not be healthy, according to a Foundation-funded study by Alex Molnar and colleagues at Arizona State University. This first-of-its-kind nationwide survey of public elementary, middle, and high schools found that 57 percent of schools participate in at least one fundraising program sponsored by companies that sell food of low nutritional quality and that 88 percent of the schools that accept advertising of such foods report that no programs or activities would be reduced if such advertising were prohibited.¹⁵ “When schools participate in advertising efforts, they are, in effect, encouraging overconsumption of such foods,” Molnar says.

While the Foundation's early programming to shape policies that promote healthy eating and active living has a decidedly local flavor, it rapidly expanded its efforts through reports such as the Trust for America's Health's *F as in Fat: How Obesity Policies are Failing in America*, which compared the efforts of the states to combat obesity. The Foundation is also supporting an effort of the National Governors Association, started by former Arkansas governor Mike Huckabee when he was the Association's chairman, to promote healthy living policies among the states. "Governors can be real advocates for change because their state budgets feel the impact of ballooning Medicaid expenses related to the rise in chronic illness such as diabetes," explains the National Governors Association's Nolan. "Right now, we're still in the learning phase where we're working with states to figure out what they're doing that's effective or not, and then we hope to create a learning network that we'll use to spread the programs that do work."

Challenges and Lessons

A Different Understanding of the Foundation's Role and Potential

In a \$2 trillion U.S. health care economy, the influence of even the millions of dollars in grants that foundations awards annually cannot be assumed. Moreover, factors like the nation's general economic condition and the mood of the public affect the likelihood and form of policy change. Policies do not change overnight—rather, they are usually subject to fits and starts—and are influenced by factors beyond the influence of any foundation or even group of foundations. And so the Foundation has learned patience and, concomitantly, the importance of making long-term commitments to areas that it considers to be priorities.

Over the years, the Foundation's work to bring about policy change has taught it to recognize that what may be considered as policy by some translates into politics by others. What may seem like a very logical policy change to one person may be a loss of turf or resources to another. Policy change carries with it the not-unexpected potential to stir up political and ideological interests. The Foundation has learned that it needs to understand the reality of the political process, but that it can promote important health goals without taking partisan stands or becoming embroiled in partisan politics. Also, supporting and giving visibility to policy-relevant science and programmatic successes can influence discussions in important ways without running afoul of the legal restrictions on lobbying.

A Broader Perception of Programming

The Foundation has learned the value of approaching policy change from a variety of perspectives. It has used the whole panoply of mechanisms available to foundations to affect actions at both highest levels of government and the grassroots. It has engaged in grantmaking (research, advocacy, public education, and targeted communications have been particularly important) and gone beyond it by bringing key people together (the “convening” power).

Foundations can influence the policy process by funding missing science that is relevant to the policy discussions and by serving as an honest broker of information in the quest for broadly supportable policies. So, too, can foundations affect the tenor of policy debates through public education and communications efforts. One way is by making the science in a field more widely known. Important research findings published in scientific journals can be given wide visibility. Targeted and timely surveys can challenge conventional wisdom and be illuminating to policymakers and the public. In addressing the challenge of tens of millions of uninsured Americans at the turn of the twenty-first century, for example, the common view of the public and opinion leaders was that most uninsured people were unemployed. By publicizing findings from research showing that a high percentage of uninsured people were members of working families, the Robert Wood Johnson Foundation and other foundations helped to change the conventional wisdom and the political and economic frame in which policy change was considered.

Data, however, are rarely enough. Advocacy is important as well. Good examples can be found in many places, such as automobile safety and drunk driving. For example, thanks to the tireless advocacy of Mothers Against Drunk Driving, most states have lowered the blood-alcohol levels permitted in drivers and have enacted strict laws to penalize driving while intoxicated. And thanks to the advocacy of Ralph Nader and others more than forty years ago, automobiles must be equipped with seat belts and air bags. These have led to large decreases in serious injuries.

Policymakers and the public are also influenced by stories of real people in real-life situations. Richard Wirthlin, the pollster and political marketing consultant, whose most prominent and perhaps successful client was Ronald Reagan, teaches that people may be informed rationally, but they are motivated emotionally. When Congress passed AIDS legislation, for example, it was influenced by the scope of the epidemic and the toll it was taking on Americans, but it was also

greatly moved by the story of Ryan White, a young boy with AIDS who testified before Congress and for whom the legislation was named. The Foundation has become more adept in getting and effectively presenting the stories of people, whether in the form of a PBS series on end-of-life care or in connecting grantees and analysts with their congressional representatives. The human story is now an integral element of its policy arsenal, as it has become for advocates everywhere.

A Different Approach to Evaluation

A focus on policy change also demands a different approach to evaluation. A program that funds, say, coalitions of faith-based organizations whose members help their homebound elderly neighbors get to doctors' appointments can be assessed in terms of the number of coalitions formed and the number of people served. The relationship between a foundation's investments and the results are clear and obvious when direct services are being assessed.

By contrast, it is difficult to establish clear linkages in a policy-oriented program. To take a current example, in the efforts to promote policies that ban the sale of junk food and soft drinks in schools, the Robert Wood Johnson Foundation is only one of many actors, among them legislators, government officials, lobbyists, advocates, other foundations, groups representing the beverage and food industries, school administrators, PTAs, school boards, and food services directors. If there is a policy shift, teasing out the marginal contribution of a foundation becomes difficult.

A goal of policy change can also affect the timing of evaluations, since the impact of policy initiatives often can be appreciated only in hindsight. In California, for example, foundations and others wanting to ban the sale of junk food and soft drinks from the schools had been hitting a brick wall for years. If the result of their efforts had been measured in 2003, 2004, or 2005, it would have been deemed a failure. Then Arnold Schwarzenegger became governor late in 2003. He made this issue a high personal priority and, in collaboration with those who had been working on it for years, was able to get enough votes in the state legislature to pass a ban in 2006.¹⁶ From the perspective of 2008, the efforts to change policy would be judged a success.

In one way or another, this is the norm. In the tobacco control area, for example, where Foundation-supported grantees have been engaged in educating the public and assessing support for clean indoor air in every state that has passed statewide clean indoor air laws, it has often taken a year or more to

get legislation. In other words, because policy work often is judged on the basis of whether a law has been passed or a regulation issued, the effort is not seen to be effective until the policy has actually changed.

In many ways, the perspective on evaluation should be similar to that on research. Research breakthroughs are built on the collective efforts of scientists, and research that does not directly lead to a breakthrough during the period of a grant can still be considered successful if it provided a base that was useful in future studies or made clear that a given line of inquiry was unlikely to be fruitful. Moreover, research has the advantage of well-accepted intermediate endpoints that are frequently captured and given validity by publication in a scientific journal. The intermediate endpoints in efforts to change policy are less clearly agreed upon. Getting editorial support for a policy change, changing public opinion to support policy change, testimony by grantees on the issues, and passage of an ordinance that goes part way toward the desired goal are examples of intermediate steps. An evaluation of a policy effort ought to have a systematic way to capture these intermediate endpoints, even if the ultimate goal remains elusive.

Conclusion

It is through policy change that societies make and remake themselves. With limited philanthropic resources available, working to change policy offers foundations the possibility of improving the lives of many more people than they could through other forms of grantmaking, such as direct services grants. And the improvements are likely to be longer lasting since once enacted, policy remains and becomes part of the societal landscape. For foundations, this represents social change and one of the most effective ways that they can leverage their investments.

Notes

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