

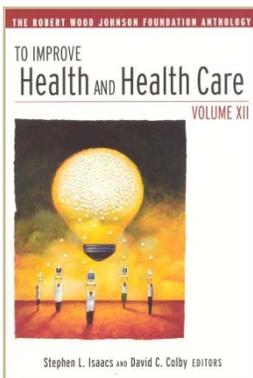
The Robert Wood Johnson Foundation and the Politics of Health Care Reform: Communications, Advocacy and Policy Development

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Robert Wood Johnson Foundation

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Editors' Introduction

A formidable challenge for any foundation trying to reform health care policy is translating the broad principle of assuring that all Americans have access to high-quality health care—which for all practical purposes means expanding health insurance coverage—without becoming embroiled in partisan politics.

For the most part, foundations have tended to avoid the issue by funding nonpartisan research and disseminating it to policy-makers—cerebral activities that run little risk of arousing political opposition. It is when foundations begin to take a more active role by funding advocacy organizations, conducting media campaigns, and supporting activists that they run the risk of being accused of violating lobbying laws or taking sides politically. As Beth Stevens and Lawrence Brown observed in the very first volume of the Robert Wood Johnson Foundation Anthology series, in 1997, “Foundations are condemned to falter in pursuit of health reform because their goals are high, the means available to them are limited, and health reform combines complicated policy problems with acute political conflicts.”¹

In this chapter, Brown University political science professor James Morone explores how the Robert Wood Johnson Foundation used the more activist tools at its disposal—particularly advocacy, policy development and communications—in an attempt to bring about health care reform. The Foundation found itself entangled in partisan politics when Republicans accused it, in 1993 and 1994, of promoting the Clinton health reform plan, and this criticism has affected the way the Foundation has approached health policy in the succeeding years. As Morone notes, since that time, the Foundation has adopted a more nuanced and cautious approach to encouraging health reform at the national level.

With health reform back on the national political agenda and with states continuing to look for ways to insure virtually all of their residents, this chapter has much to teach us about how foundations can encourage health insurance reforms while still being sensitive to the often partisan political environment at both national and state levels.

Notes

1. Stevens, B. A., and Brown, L. D. "Expertise Meets Politics: Efforts to Work with States." To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology, 1997. San Francisco: Jossey-Bass, 1997.

Haley Barbour, the head of the national Republican Party, was furious. “It galls me to no end that NBC will let the Robert Wood Johnson Foundation buy two hours of prime NBC time so that they can do a big puff piece on the Clinton health care plan,” he said. “What makes it particularly annoying is they give the other side the time they won’t even sell us.” The Media Research Center, a conservative watchdog group in Alexandria, Virginia, tagged the Foundation-funded NBC News primetime special “the most outrageously distorted news story of the month” and gave it a special “Janet Cooke Award” (named after the Washington Post reporter who won a Pulitzer Prize for a fabricated story).¹

Foundation staff members were stunned. They had simply been trying to get the public involved in the most important health policy debate in a generation. They had funded four “Conversations on Health” in March 1993 and the two-hour prime-time NBC special in June 1994. And, according to Andrew Lack, the president of NBC News at the time, NBC News—not the Robert Wood Johnson Foundation—had complete control of the news special’s content.² “We were kind of naïve,” Steven Schroeder, the Foundation president at the time, reflected after the dustup. “It was portrayed as a partisan issue . . . we were not prepared for [that].”

The episode had a profound effect on the Foundation. “Our thinking is heavily colored by the experience in ’93 and ’94,” comments David Morse, vice president for communications at the Robert Wood Johnson Foundation. “Though we did not actually advocate the Clinton plan, it was interpreted that way. We are extremely cautious about not creating that impression again.” Fifteen years later, the Foundation and every program it launches is still scrutinized—and frequently lambasted in the conservative blogosphere—for alleged liberal bias.

Historical distance suggests that the blowup in 1993–1994 went deeper than either liberal bias or political naïveté. Rather, the Foundation got caught in the middle of a great shift in national politics. What changed? A Republican congressman from a Northeastern state summed up the new mood in 1993 as he sat in the members’ dining room, ate navy bean soup, and explained why he was not running for re-election. “Ever since I got here, I’ve played basketball on Tuesday nights with a bunch of the other members,” he said. “At the start of this session, leadership came to me and told me outright, ‘You’re not playing basketball with any Democrats anymore.’” The congressman paused. “We used to be rivals, sure,” he said in a soft voice. “But now they want us to be enemies.” Washington politics was shifting—

toward an era of high partisanship. And the change came to a head during the twenty-month debate over President Clinton's health reform proposal.

The episode points to the Foundation's enduring dilemma. On the one hand, the Foundation is deeply committed to experimentation and the generation of knowledge. It funds a broad range of programs, and tries, as rigorously as possible, to evaluate everything it does. It operates, insofar as it can, by the logic of scientific experimentation. On the other hand, the political system reflects clashing interests and conflicting values. Political interests take precedence over scientific facts. American politics has almost no neutral ground where objective research can take precedence over self-interest. Health reformers must inject even the most robust findings into a scrum of clashing interests and ideologies. Our system was uniquely designed that way. As James Madison famously put it, the only reliable check to self-interest is self-interest—"ambition must be made to counteract ambition."³

Negotiating the Political

How does the Robert Wood Johnson Foundation shape policy debates? There are basically three ways. First, the Foundation incubates innovative policies. Second, it funds communication efforts. Third, if a program seems to improve health and health care, the Foundation acts as its advocate. All three approaches engage the national dialogue about health care. And each can rankle highly charged political sensitivities. In a partisan era, even raising a problem can provoke a reaction from one side or the other. Take, for example, the reaction to the Foundation's first Cover the Uninsured Week in 2003. "Last week's national [campaign] should have kicked off with a little honesty," wrote Michael Cannon, the director of health policy studies at the Cato Institute, a libertarian and frequently right-leaning Washington think tank. The campaign "inundated Americans with advertisements, events, and pleas from former presidents and celebrity spokesmen 'to publicize the problem of allowing nearly 44-million Americans to live without health care coverage, and to highlight proposed solutions.' The first problem the coalition should have addressed is how it is misleading the public."⁴

Devon Herrick, a senior fellow at the National Center for Policy Analysis, a research institute that seeks private sector solutions to public policy problems, said, "Many people willingly choose not to purchase health insurance,"⁵ and added that the alleged number of uninsured was vastly exaggerated. Local conservatives picked up the cry. Operation Information in Tulsa, Oklahoma, put its finger on what most bothered Cannon and Herrick; Cover the Uninsured Week, it said, is a Robert Wood Johnson

Foundation effort with a clear and dangerous agenda: government-run health insurance.⁶

On the other side, liberals often wish that the Foundation was bolder. “They are very cautious,” noted one highly respected health policy lawyer (and Foundation grantee) who asked not to be named. “They are the only foundation large enough and prestigious enough to step up and really occupy an oversight role, to take over the center of the conversation and referee the partisan claims.” The lawyer went on to praise some Robert Wood Johnson communications programs (like Covering Kids) while dismissing Cover the Uninsured Week as “kind of lame.” The bottom line: the Foundation should be more aggressive in the health debates.

Andrew Hyman, who heads the Foundation team that focuses on expanding access to health care coverage, has heard it from both sides. A lawyer with considerable experience in Washington, he eagerly takes up the issue of the Foundation’s proper role. He believes that the Foundation should stand up and promote policy advances based on good analysis. But there are clear limits, he says. “We cannot lobby. We cannot take partisan stands.” Those are the lines, he says, “and we are always sensitive to them.” The question before the Foundation, Hyman concludes, is always how to advance good health care policy—how to cover the uninsured—without crossing those lines.

This is inevitably slippery terrain. Foundation officials often try to find firmer footing by repeating that Robert Wood Johnson is committed to things like generating better data to help decision makers. But even that anodyne aspiration—who could be against better data?—raises political difficulties. Better data do not necessarily lead to more coverage. As Beth Stevens, a former senior program officer at the Foundation, and Lawrence Brown, a professor of health policy and management at Columbia University, have pointed out in a review of Foundation efforts on the state level, it can also provide fodder for those who oppose reform.⁷ On the other hand, few things shook up the long debate on insurance coverage more than a Robert Wood Johnson–funded Institute of Medicine study on the uninsured. The multivolume study, the last volume of which was released in 2004, made national headlines with its most dramatic finding: “Lack of health insurance causes roughly 18,000 unnecessary deaths every year in the United States.”⁸

The thirty-six years of the Foundation’s life can be read as a great political education—for the Foundation itself, for policy-makers, for anyone interested in health care. Each new program generates

important lessons and conclusions. Consider two overarching political frames that affect every effort to improve health and health care—federalism and the political climate.

Federalism

The Foundation sponsors programs on the national, state and community levels. At times, observers treat these as alternative political venues—if things are frozen at the national level, try the states. This is a misconception. The three levels of government are complementary, each with its own important role to play, each with its own limitations.

Moreover, they spill over and affect one another. Political scientists draw on a homely metaphor to make the point that no level of government should be seen as separate from the others: the federal system is not like a layer cake (federal-state-local) but like a marble cake with everything swirled together. Programs, rules and regulations run across the levels of government. If a state wants to innovate, the federal government often has to waive national regulations; and large state innovations almost always run into the predictable question, will this increase or decrease our federal funds? In short, the feds can decide whether to promote or suppress the laboratories of state health policy. Local governments have their own role—and very definite limitations.

The Political Climate

It is easy to overlook the extent to which public policy always operates within a distinctive frame—a set of assumptions, problems, conflicts, and coalitions. This general climate sets the priorities—the ground rules—for all policy debates.

The Foundation has lived through at least three political eras. It opened its doors in the waning of the Great Society era (the 1970s). It adjusted its approach to the Reagan era (1981–1992), which ran through the George H. W. Bush administration and was marked by a shift away from government as the solution to social problems. It got trapped in and embarrassed by the transition to the High Partisan period (1993 to the present).

While the political framework changes, the brute realities of health care policy remain the same: increases in health care costs have been constant—going up (with short breathers) throughout the last thirty-six years—while the percentage of Americans without health insurance remains stuck at roughly 15 percent.

The Foundation has always focused on these problems. But what the Foundation does and how it does it is subtly influenced by the mood of the era.

Perhaps the most important lesson in Foundation politics is one that no one has fully articulated: the largest foundation in health care can try to reframe the possible; it can—often in small ways—change the contours of the health care debate. This is no easy aspiration; in fact, reframing an issue may be the most difficult goal in politics. In recent years, however, the Foundation has tried. In a highly partisan era, it has worked to facilitate conversation between political rivals—to bring former antagonists together and help create a post-partisan era.

The Last Days of the Great Society (1972–1978)

The Foundation began making grants in 1972. National health insurance seemed right around the corner. Just seven years earlier, Congress had passed Medicare and Medicaid—the two most important health insurance programs in American history. Now the Nixon administration was proposing to take the next step.

In early 1974, Nixon administration health officials were meeting secretly in a church basement with Democratic congressional leaders to smooth out the details of a joint Republican-Democratic national health insurance plan. There was an almost giddy sense of possibility. Ted Cooper, the assistant secretary for health, showed up at one meeting with a six-pack of beer. Liberal Democrats (led by Senator Edward Kennedy of Massachusetts), moderate Democrats (such as Representative Wilbur Mills of Arkansas, who chaired the House Ways and Means Committee), and the Nixon administration (with Stuart Altman, currently a professor at Brandeis University, leading the negotiations for Health, Education, and Welfare Secretary Caspar Weinberger) all signed on to the plan.⁹

The fledgling Robert Wood Johnson Foundation reflected the spirit of the times. A staff paper noted that the Foundation had opened its doors “at a unique point in American history. The nation has reached the culmination of a forty-year debate over the need to eliminate economic barriers to . . . health services. Thus, within three years . . . we are likely to see the enactment of some form of national health insurance program.”¹⁰

The Foundation focused on preparing the health care system for the new demands. Simple office visits

and ambulatory care were hard to get, especially for poor people in both rural and urban areas. To make care more accessible, the Foundation helped promote the rise of nurse practitioners and physician assistants. In its first three years, Robert Wood Johnson distributed \$50 million (across forty-eight medical centers) to increase training in primary care.

One of the Foundation's earliest policy development grants reflected the times: the Foundation funded an Urban Institute/University of Chicago study designed to analyze the implementation problems of a new national health insurance program. After all, argued the chief investigators under the grant—John Holahan, Judith Feder, and Theodore Marmor—it was the failure to think through the implementation issues that had vexed so many Great Society programs. Even before the Foundation's grant, they, along with interested political scientists, economists, and congressional staff members, sat around long tables and imagined the many challenges—from physician payment to dental care—that might face the new national program.¹¹

Then the political world changed. One spring morning in 1974, Bill Fullerton, chief of staff for the powerful House Ways and Means Committee, slipped into the men's room near the committee conference room. This was the big day. The committee was about to vote on the national health insurance package that the Nixon administration had negotiated with congressional leaders. A few moments later, his boss, Representative Wilbur Mills, walked in. Mills turned to Fullerton, shook his head, and said with a sigh, "Bill, we don't have the votes. Maybe next year." In fact, the committee approved the Nixon-Mills proposal by one vote—not a big enough margin for the cautious Mills to take to the full House. This would prove to be the high point for national health insurance—the first and only time that the House Ways and Means Committee ever approved a comprehensive health insurance program.

In the next five years, the prospects for national health insurance evaporated. On June 6, 1978, California voted for Proposition 13, which sharply limited property taxes. The vote, recalls Joseph Califano, then secretary of Health, Education and Welfare, fell like "a bombshell" on Washington, D.C. The great Republican tax rebellion had begun. Two and a half years later, President Ronald Reagan took the oath of office and declared, "government is not the solution to our problem." The United States had entered a new political era.

The Foundation and the Reagan Revolution (1980–1992)

If the Robert Wood Johnson Foundation cared about expanding health insurance coverage, it no longer had the luxury of leaving it to the government and focusing on issues like whether there were enough physicians practicing general medicine. Slowly, hesitatingly, the Foundation cast about for a way to sponsor, instigate or cajole new thinking about health care coverage. The national government would not be expanding access. Reformers looked elsewhere—as did the Foundation.

Communities

One of the Foundation's first efforts to foster reform began with a simple intuition. Why not bring community leaders together and see if they could come up with interesting ways to tackle the cost problem—a precondition for improving access? The Foundation funded Community Programs for Affordable Health Care (1981–1989), which recruited local heavy hitters—business, labor, insurers, hospital managers—to address the cost of health care. By every account, the program failed.¹² Staff members at the Foundation drew a broad conclusion: “The program’s central flaw, perhaps, was its misguided assumption that cost containment could be achieved through intervention at the community or local level, when the true levers of power and control existed (and still exist) at the national and state levels of the health care system.”¹³ The Foundation would have to intervene at other levels. Still, there were two important things to be learned from this program.

First, the impulse to bring people together to solve health policy problems would become a Foundation signature. Its resources and prestige could at least get people to the table. Over the years the Foundation would gather people on every level of politics and from every segment of society—rainmakers and community organizers, the privileged and the poor, the left and the right. The premise is simple: in a pluralist polity, jump-starting reform begins with gathering the interested parties.

Second, every political level has its own politics and purposes. Communities are not the place to solve national problems like rising costs or universal access. But they are the place where people get their health services. And—crucially—the members of the House represent communities, not states. Programs that offer concrete benefits to many districts tend to be politically robust. The Foundation would return again and again to community-based programs—working out local values, forming coalitions around specific problems, and enhancing local health care services.¹⁴

Health Care Markets

By the 1980s, a fierce political debate was raging between those who advocated markets and those who looked to government as the mechanism for health care reform. The Foundation followed Yogi Berra's famous advice: "When you come to a fork in the road—take it." It funded efforts to increase access by reforming health care markets. And it supported state governments searching for political solutions. In 1985, the Foundation launched the Health Care for the Uninsured program, which fostered strategies to make private health insurance more affordable. The program pursued a perennial reform idea—one that would be championed, in particular, by the George H. W. Bush administration (1989–1992). The basic problem, in this view, lies in the high premiums that plague small insurance markets. Insurance underwriting favors large risk pools, where risks can be spread out over large numbers. That leaves small business out in the underwriting cold. Health Care for the Uninsured helped fourteen states develop new insurance products aimed at lowering premiums and promoting health insurance coverage among small businesses.

In addition, the Foundation funded a survey of more than 1,300 small companies spread across four cities. The results of both the Health Care for the Uninsured program and the survey were surprising. And discouraging. Even heavily subsidized insurance premiums were out of reach for most small employers. Jack Meyer, at the time the president of the Economic and Social Research Institute (and sympathetic to the market argument) summed up the efforts: "For many [small businesses], any premium beyond zero dollars is too much." The survey added another discouraging word: half the companies that did not provide health insurance for employees had no desire to do so.¹⁵

In 2005, Robert Rosenblatt, a journalist specializing in health care, surveyed a broad range of efforts to foster private insurance markets and concluded, "Foundation research has shown repeatedly that it is extremely hard to make progress" with reforms designed to create "affordable new policies that will be bought by entrepreneurs eager to insure their employees." Still, many policy-makers cling to the dream: they trust that coverage can be extended—that we might even move to universality—by creating or subsidizing affordable insurance for individuals and small businesses. The Foundation's experience suggests otherwise.¹⁶

The directors of the Health Care for the Uninsured program drew a clear public policy conclusion from

their experience: “Efforts to expand the current employer-based health insurance system are not likely to achieve universal financial access to health care without requiring universal participation.”¹⁷ Universal coverage would require firm government action alongside private market reform.

Future programs would reinforce the conclusion. A decade later, Communities In Charge (1997–2004) supported fourteen local efforts (two of the fourteen later dropped out) to improve access to care for low-income uninsured individuals by “rethinking the organization and financing of local care delivery.” Despite creative efforts and real innovations on the margin, the results were once again disappointing. “With nearly \$17 million of Foundation funds and \$81 million of leveraged funds, the twelve Communities In Charge sites enrolled 30,000 people in new health care coverage programs,” wrote the freelance writer Mary Nakashian. “If the measure of success is coverage of new people, the program clearly did not succeed.”¹⁸

The Robert Wood Johnson Foundation’s efforts to bolster small group markets point to two important lessons: First, lowering premiums for small groups and individuals is not enough to expand health care coverage significantly. Even “cheap,” Mark Kessler, who directed the Communities In Charge effort in Brooklyn, commented, does not mean “affordable.” In fact, low-wage workers in Brooklyn (making less than \$11 an hour) opted for increased wages over employer-paid health premiums. Second, despite exciting innovations here and there, communities are the wrong locus for finance reform. After twenty years of studying local efforts, Catherine McLaughlin, an economist at the University of Michigan, offered local policy entrepreneurs a blunt assessment: “[Successful] community innovations are anomalies...To the extent that financing and regulation are not local, it is naïve for community leaders to think that they can do this.”¹⁹

Improving the Capacity of State Governments

With coverage off the agenda at the national level through the 1980s and early 1990s, many reformers turned to the state governments to increase access. In 1991, the Foundation authorized State Initiatives in Health Care Reform, a five-year, \$25.5-million program designed to provide technical assistance to state governments. Within two years, twenty states had received start-up grants. The Foundation reauthorized the program for an additional four years at a cost of up to \$1.7 million in 1996. In 1999, the program was revamped and renamed the State Coverage Initiatives, and funded through 2011 at a level of \$29 million.

State Coverage Initiatives was a bold effort that moved the Foundation closer to the heart of American politics. It addressed a troubling political trend—the declining technical capacity of the states. State governments generally run lean. State legislatures do not have much professional staff, and the term limits enacted in twenty-one states have left experienced legislators in short supply.²⁰ The tax revolts that swept the country since the 1980s choked state revenues and led politicians looking for budget cuts to respond with the always-popular strategy of bureaucratic downsizing. State health departments have, as a result, become chronically starved for resources.

The Foundation offered funds that permitted states to hire or reassign employees who could devote time to health issues. It also provided technical expertise via national experts at the Urban Institute and the Rand Corporation. And through the Alpha Center (now AcademyHealth), State Coverage Initiatives convened conferences, issued reports, and circulated newsletters that permitted state officials to compare notes, publicize successes, and warn each other of potential snares.

Under the program, states might expand coverage for the uninsured through employer mandates (as Oregon struggled to do), innovative insurance purchasing pools (Florida), or Medicaid reforms (many states). Some grantees (such as Vermont, Montana, and West Virginia) used the funds to establish state commissions to address financing and coverage.

As Beth Stevens and Lawrence Brown noted in reviewing the program, here were all the tools in the Foundation’s kit: disseminating policy lessons; making technical expertise available to policy-makers; and boosting the health policy infrastructure in order to kick-start reform.²¹

Did it work? Yes and no, Stevens and Brown concluded. In some states, “the issue of coverage for the uninsured probably gained more prominence than if the program had not existed.” A big program can buy a lot of attention. Increasingly, the Foundation would come to realize that in American politics, one of the most important contributions it can make is getting—and keeping—the issue of coverage on the political agenda.

That said, Stevens and Brown also point to the limitations of this program—and the limits of what a nonpartisan foundation can do. Bringing people together is no surefire recipe for progress. “Sometimes dialogue breeds trust,” they wrote, but “sometimes it reminds participants why they dodged each other in

the past.” Nor is providing more data—which can confound and confuse as much as they can help. In 1993, “the Foundation-funded project in Minnesota developed higher estimates of the number of uninsured than the state had been using.” This created “disarray” and “disrupted progress,” making reform more difficult to secure.

Three important lessons emerged from State Coverage Initiatives. First, the same old lesson. Each state has its own political reality—its own personalities, interests, culture, organizations, and stakeholders. Technical expertise cannot trump political disagreement or clashing interests. “In the end, technical assistance cannot completely resolve the complex debates over health reform because it runs into political reality.” Second, since many state health bureaucracies are resource starved, the Foundation’s support can be of immense help to states in improving their capacity in health policy and analysis. Third, and most important, the Foundation rediscovered an important role in its State Coverage Initiatives: simply keeping the issue of health care coverage alive. This is no simple task. Health insurance is difficult. Large reforms on both national and state levels routinely crash and burn. The Robert Wood Johnson Foundation cannot meddle in politics. It cannot negotiate the many clashes that face any reform. But it can keep the public’s eyes—and, therefore, the eyes of the politicians and the stakeholders—on the health care coverage prize. This would become increasingly important for the Foundation.

Bitter Partisanship—And Beyond? (1993–present)

Washington, D.C., underwent a dizzying set of changes in the early 1990s. Through the Reagan-Bush years, there had existed a tacit agreement not to upend the status quo. Led by moderates in the House (Robert Michel of Illinois) and the Senate (Robert Dole of Kansas), the Republican minority essentially accepted Medicare and skirmished largely on the margins of Medicaid. With Republicans in control of the White House, national health insurance was off the radar screen.

The Foundation and the Clinton Reform Plan

Suddenly everything began to change. On November 5, 1991, Pennsylvania held a special election to replace Senator John Heinz, who had died in an airplane crash. Former governor Dick Thornburgh stepped down as the George H. W. Bush administration’s attorney general and entered the race as a prohibitive favorite; he enjoyed a forty-point lead three months before the election. Then, during their first debate, Democrat Harris Wofford waved a copy of the Constitution and launched a famous slogan: “If the Constitution guarantees criminals the right to a lawyer, shouldn’t it guarantee working Americans

their right to a doctor as well?” The “right to a doctor” went national when Wofford soared past the favorite and won by 10 percent. The political ramifications were on view five days later when President Bush, traveling in Rome, surprised reporters by announcing that he was working on a health plan, too. The issue was back on the agenda.

A year later, Bill Clinton won the White House with a campaign summarized by a now-famous sign tacked up in his election war room: “It’s the economy, stupid. And don’t forget health care.” The issue was back on the national table. In the same month that Bill Clinton was inaugurated—January 1993—the Foundation board voted to authorize Conversations on Health, a program designed to educate both the administration and the public about health care.

Former New Jersey governor Tom Kean, a Republican and a member of the Foundation board, wrote Hillary Clinton, who chaired the president’s task force on health, and invited her to participate in the effort. In March, the Foundation’s president, Steven Schroeder, moderated four town hall meetings—in Florida, Iowa, Michigan, and Washington, D.C.—in which Mrs. Clinton, Tipper Gore (Vice President Al Gore’s wife) and Donna Shalala (the secretary of Health and Human Services) heard directly from health care experts, providers and concerned citizens. Republican political leaders were invited to sit on the dais at the final meeting in Washington, D.C. None accepted. Republican Senator Chuck Grassley attended the Iowa meeting and was seated in the front row.

Many observers now suggest that people affiliated with the Foundation got caught up in the euphoria of the moment. Some giddily circulated snapshots posing with the First Lady or standing in the White House. Republican leaders charged that the town hall meetings were little more than pep rallies for a Democratic reform. They criticized the Foundation for engaging in partisan politics, a criticism that stung Schroeder and his staff. But worse was coming.

Beneath the political surface, the Republican leaders were being pushed by conservative members (led in the House by Representative Newt Gingrich of Georgia). At first, Senate Minority Leader Bob Dole favored a compromise with the Clintons. He sponsored a Republican national health insurance proposal with Senator John Chafee, a Rhode Island Republican. Congressional conservatives fiercely resisted any compromise; as the year wore on and the Clintons delayed submitting their plan, the conservatives got increasingly bolder. Chafee himself described the progress of the Republican bargaining chip: “Dole went

from calling it ‘my plan’” (when Clinton reform seemed inevitable and Republicans needed a counter) “to calling it ‘the Chafee-Dole plan’” (as reform teetered) and, finally “‘that god-damn plan of Chafee’s’” (as Republicans united against it).²²

By the start of the following year, as Congress began to formally consider the Clinton proposal, health care reform was in serious jeopardy. The Robert Wood Johnson Foundation spent \$1.5 million to underwrite a special on health care reform produced by NBC News which aired on June 21, 1994; the Foundation also allocated \$1 million to advertise the program. Foundation officials left the show’s content entirely up to the network—but that offered no protection from the political storm.

The Republicans were now united in opposition, and the Clinton plan was close to dead. Opponents had no political reason to hold back their criticism—on the contrary, the midterm elections were just five months away, and beating the plan was central to the emerging Republican strategy. Senator Dole, pushed by his own right flank, now suggested darkly that the Foundation was jeopardizing its tax-exempt status. The Republican national chairman, Haley Barbour, roasted the Foundation, as described at the opening of this chapter. The conservative *National Review* asked how the Foundation could get away with “this thinly veiled advertising for the Clinton plan.” The Foundation, wrote Robert Pambianco in the magazine, “offers a textbook demonstration of how insider-Washington works: an organization earns a reputation from the establishment as a bipartisan source of ‘expert knowledge’ and its more overt, liberal-leaning policy agenda . . . is ignored.”²³

The Republicans easily defeated the Clinton health reform plan. Steven Schroeder later commented that the failure to pass legislation that would expand health insurance coverage—any legislation, not just the Clinton health plan—“was the single most bitter pill” of his twelve years as president of the Foundation. “It broke our hearts.”²⁴ In the backlash, Republicans won both House and Senate for the first time in forty years and introduced a new era in health politics. The old tacit hands-off agreement about entitlement programs like Medicare evaporated. Led by Newt Gingrich, the rising Republican majority championed a bolder conservative perspective. For example, they wanted to turn Medicare over to private insurance companies that would compete to enroll elders (an innovation—bitterly opposed by most liberals—that the George W. Bush administration would eventually secure for the Medicare Prescription Drug benefit). And movement conservatives now tagged—and still tag—the Foundation as a “liberal advocacy group.”

In hindsight, Schroeder confesses to having been naïve. Other observers point to what looked like a revolving door between people related to the Foundation (former officials, grantees and consultants) and the Clinton health care team. All this may be true. But the underlying political reality is that the Foundation got caught in a great political shift.

Members of the rising conservative movement attacked Republican Party leaders for getting soft and compliant; an ardent group of conservatives seized control of the Republican Party (starting in the House of Representatives) and introduced a far more partisan approach. As the Republicans consolidated control, Democrats began to mimic their hardball politics. Health care proved to be the central battle of this great transition from tacit consensus to tactical conflict. The Foundation did not see the change coming and, playing by the old rules, got caught in a battle that ushered in a newly partisan era. The Foundation soon adjusted. It stuck to its goal of expanding coverage to all Americans—but began to champion bipartisanship in a partisan era. Most observers repeat the obvious lesson: Be careful about appearing partisan. The more subtle lesson is more difficult to follow: Watch for great shifts in the political climate. The contemporary era—and the bitter competition between parties—will also pass. What we cannot know is when the next shift will come or what kind of changes it will bring. For now, however, the Foundation has found a new and important aim: getting past partisanship.

Covering Kids and Its Communications Campaign

After Congress rejected the Clinton proposal, many states began to look for ways to increase children's access to health care—some 10.6 million were uninsured by 1996. Several states (including Florida, New York and Pennsylvania) extended health benefits to children, often by expanding Medicaid. However, the Foundation's research uncovered a problem at the heart of the effort to insure children: some three million children were eligible but not enrolled in Medicaid. Apparently, extending eligibility was not enough.

In July 1997 the Foundation authorized Covering Kids to fund outreach efforts that would identify eligible children in thirteen states, ease the enrollment processes, and enroll eligible children. At the same time, Senator Edward Kennedy, Democrat of Massachusetts, and Senator Orrin Hatch, Republican of Utah, were hammering out the State Children's Health Insurance Program (SCHIP) to expand health insurance coverage for poor and near-poor children. In August, less than a month after the Foundation

had authorized Covering Kids, President Clinton signed the 1997 balanced budget bill, which included SCHIP.

“SCHIP rose out of the ashes of Clinton’s failed health reform,” recalls the Foundation’s David Morse. Conservatives were stunned. “Republicans killed HillaryCare,” huffed the *National Review*, “so why are they cozying up to one of its chief promoters?”²⁵ This is “Clinton Care through the kitchen door,” added the newsletter of the Association of American Physicians and Surgeons.²⁶ Both publications laid the blame for the bipartisan bill in the same place: the Robert Wood Johnson Foundation. After all, reasoned conservatives, the Robert Wood Johnson Foundation had relentlessly publicized the problem, funded demonstration projects, and placed “moles”—Physician Fellows—on the staff of Republican legislators.²⁷ “These people are all over the place,” commented Audrey Mullen, the executive director of Americans for Tax Reform. She accused the Robert Wood Johnson Health Policy Fellows of fooling solid conservative legislators into expanding government health programs for kids.²⁸

Blaming the Foundation and its physician “moles” for a popular program like SCHIP may seem silly. But it offers a telling commentary on the political times. Conservative partisans, resisting all government health programs, needed to explain why conservative legislators had moved beyond partisanship and struck an accord. Casting the Foundation as the villain illuminates the Foundation’s own public profile: it had become identified as a force for spreading access to care. It had also become identified as an organization working with (anti-government partisans would say hoodwinking) conservatives as well as liberals in Congress. In any case, Republicans joined Democrats in supporting the SCHIP package, and the budget reconciliation rules limited the opponents’ ability to tie up the legislation.

The Foundation immediately expanded Covering Kids to support coalitions in all fifty states and the District of Columbia that would facilitate enrollment of children (and, later, eligible adults in a successor program, Covering Kids & Families) in both SCHIP and Medicaid, and it added a large-scale public relations component. People working with the Foundation originally believed that social stigma explained the barriers to enrollment. However, Foundation-funded studies discovered that the real problem was much simpler: people did not realize their kids were eligible. The communications campaign, called Back-to-School, ran advertisements, and found that calls to the national hotline skyrocketed—from 15,000 a month before one campaign to 58,000 one month into it. Local hotlines saw similar spikes.

The Foundation had seized on a traditional political role—outreach and publicity to encourage enrollment in public programs. It is not unusual for program beneficiaries to remain in the dark about eligibility. The War on Poverty offers one famous example. Local political officials had long discouraged black communities from taking advantage of social welfare benefits. Then, in the mid-1960s, the War on Poverty agencies sent thousands of local staff members into African-American neighborhoods and, going door to door, they informed families about the federal and local benefits that were available. Welfare spending leapt up in the mid-1960s, partly because of the information campaign.

The lesson is that social programs are not like the field of dreams—“build it and they will come.” On the contrary, there are myriad ways that government programs can either foster or repress participation. In the highly charged welfare politics of the mid-1990s and early 2000s, Medicaid and SCHIP—always a strain on state budgets—often discouraged participation. In reviewing the Covering Kids communications campaign, the freelance writer Susan Garland noted tensions “between the national campaign and some states reluctant to use precious financial resources to pay for health insurance for more children.”²⁹ Through its local grantees and media campaigns, the Foundation played a classic role: connecting disadvantaged citizens to government resources and making it easier for them to obtain those benefits.

Renewing SCHIP

The question of partisanship resurfaced over the effort to renew SCHIP. The program was set to expire, although few political observers expected renewal to be politically divisive. But on August 17, 2007—a calm Friday evening—the federal Centers for Medicare & Medicaid Services sent a letter informing state SCHIP officials that in order to avoid providing government insurance to people who would be better served by private insurance, the Bush administration would effectively limit SCHIP eligibility to children living in families earning less than 250 percent of the federal poverty level. Since many states had raised, or were considering raising, eligibility levels to 300 percent of the federal poverty level or more, this meant that some states would be forced to push beneficiaries out of the program and others would be precluded from raising their income-eligibility levels.

Congressional Democrats, who held the majority in both houses of Congress for the first time in twelve years, rallied to renew the program and roll back the August 17th directive. House leaders knew they

needed Republican support, and began to negotiate with Senate Republicans led by Chuck Grassley of Iowa and Senator Hatch. The Republican senators promised to seek support from the Bush administration and, failing that, to round up Republican support in the House to override a veto. The Republican senators were in a strong position and bargained enthusiastically. “We caved so fast and so often I got concession fatigue,” joked one Democratic staffer. The delicate balance between partisanship and compromise was on full display. Despite pleas from Republican senators like Grassley, President Bush vetoed the legislation. The Senate had the votes to override the veto, but many House Republicans stood firm with the president. In December, after several efforts to override, Congress authorized and President Bush signed a stopgap SCHIP renewal through 2009.

The Foundation played a quiet role in the politics of renewal. It was already funding some of the groups and centers engaged in the SCHIP debates. It had considerable data and expertise on the issue of children’s health. But mindful of the Clinton episode, the Foundation stayed in the background. One experienced Washington observer, who sat in on strategy sessions supporting SCHIP renewal, commented on the Foundation’s role: “They really knew what they were doing. They didn’t come in and try to push things around. They came in and said, ‘OK, how can we help?’” Many observers echoed the Foundation’s Andy Hyman who remarked that the Foundation’s most important contribution was far removed from politics. In the early 2000s, the Foundation had sponsored an Institute of Medicine (IOM) study on the effects of being uninsured.³⁰ For many participants in the SCHIP renewal debate, the IOM report became the standard for analyzing the gaps in coverage and their consequences; and the often-repeated findings—18,000 deaths a year, a threefold risk of morbidity for many conditions—set the tone for the struggle to reach consensus over children’s health insurance.

The Foundation continues to participate in the debate—funding interest groups and think tanks, facilitating meetings, seeking bipartisan middle ground, and funding studies like the IOM report and, more recently, so-called quick-strike studies by the Urban Institute. By most Washington accounts, it has moved nimbly across a treacherous political landscape. Here is a place where communications, policy development, and advocacy all come together. And yet, for all the good process and communication, the hard fact remains: the United States is not gaining ground in the quest to insure all Americans.

Strange Bedfellows

As the 1990s came to an end, universal coverage had again slipped from public view, and Washington

politics had turned especially harsh. Congress impeached and tried President Clinton (in 1998–1999) and then, for the first time in 124 years, fought bitterly over who had won a presidential election (in 2000–2001). At the Foundation, a newly organized interdisciplinary team faced the problem of health insurance coverage. The team reasoned that any meaningful action on health care was going to take bipartisan support and set about to build alliances. A great many parties agreed on the seriousness of the problem even if they disagreed—sometimes vehemently—on the solution. Health policy expert Stuart Altman identified the problem when he remarked that “everyone’s number two position was to do nothing.”

The Foundation helped facilitate a gathering of former rivals who wanted to get past their divisions. The first participants included Charles “Chip” Kahn (the president of the American Federation of Hospitals, who, from 1998 to 2001 had been president of the Health Insurance Association of America, which had sponsored the infamous Harry and Louise ads ripping Clinton’s national health insurance plan) and Ron Pollack, the executive director of Families USA (a strong proponent of universal health insurance). “The process has enabled me to find common ground with an old adversary,” Kahn commented. Though he and Pollack disagree on a lot of things, he continued, they share the view that it is unconscionable to see so many working Americans without health insurance. And they both believe that any solution is going to have to build on the current health care financing structure.

Before long, the conversation expanded to include other organizations that normally clashed with one another: the United States Chamber of Commerce and the Service Employees International Union, the American Medical Association and the American Nurses Association, the American Hospital Association and the Catholic Health Association of the United States. The group included national leaders like Howard Dean (then governor of Vermont and a champion for liberal Democrats) and Dick Armey (then a Republican representative from Texas and a conservative leader), John Sweeney (president of the AFL-CIO), and Tom Donahue (then the president of the U.S. Chamber of Commerce). Their favored solutions ranged across the political spectrum—from Medicare for all (the nurses) to refundable tax credits for purchasing insurance (the doctors). But all of them were ready to seek a second-best option that was more than nothing and to put coverage back into the national dialogue. On January 13, 2000, the group held a formal conference at the National Press Club in Washington, D.C.—and the Strange Bedfellows coalition was born.

The Foundation spent four months publicizing the conference. The Beltway media leapt on the story of “unlikely allies” (as the Washington Post dubbed them) searching for common ground. Participants commented that the surge of publicity had briefly put the spotlight back on the coverage issue. The group agreed on the problem: most people did not have a clear image of the uninsured. The public vaguely pictured welfare recipients—but a study commissioned by the group came back with a very different story: eight out of ten were full-time workers in companies that could not (or would not) offer insurance. The Strange Bedfellows focused on promoting the message that losing health insurance could happen to anyone. They sponsored a series of advertisements that brought home the point developed in the Institute of Medicine report on the uninsured: the consequences could be devastating. David Morse quotes Ronald Reagan’s pollster and strategist Richard Wirthlin to summarize the thinking among the Strange Bedfellows: “You persuade people through their heads; you motivate them through their hearts.” In July 2001, the Foundation allocated \$9.5 million for an ad campaign that emerged from the Strange Bedfellows conversations—a series of national ads—“the *OR* ads”—that went straight for the heart.

A cute little girl walks along a sidewalk, cobblestones on one side, dirt on the other. She’s looking down pensively, perhaps sadly, her shoulders hunched, her hands tucked into her pockets. On one side of the girl, over the neat cobblestones, the print tells a story: “*Her mom gets cancer. They find the tumor early. Her mom is o.k.*” Imposed on the girl herself is a single word in bold red letters: **OR**. On the other side, over the dirt side of the picture is an alternate story, “*Her mom gets cancer. She’s diagnosed too late. Her mom is gone.*”³⁰ The little girl is looking down at the tag line: “When you’re uninsured, life turns out differently.” And, in smaller letters: “There are 41 million Americans with no health insurance.”

The early ad-hoc advertising eventually led to a focused national campaign, Cover the Uninsured Week, which first rolled out in 2003. The Foundation asked former presidents Gerald Ford and Jimmy Carter to serve as honorary cochairs and sponsored 880 events, from interfaith breakfasts to health fairs offering screenings and Medicaid enrollment. Senator Ron Wyden (a liberal Democrat from Oregon) and Senator Hatch sponsored legislation calling for town meetings across the nation. Hatch described the bill at the start of Cover the Uninsured Week in 2005: “It is our hope that there will be at least one town hall meeting in each state. The working group members will hear from the full range of people within our health care system.”

Of course, partisanship does not just evaporate because a handful of leaders tentatively come together and sponsor advertisements. Republican leaders began calling the Chamber of Commerce and asking why a good conservative organization was agitating with a liberal foundation like the Robert Wood Johnson Foundation. Conservative organizations, think tanks, and blogs attacked the entire premise: lack of insurance is not a problem; in a free society, people have a right to reject health insurance coverage without a nanny state or a pushy foundation fussing about it; government is never the answer. On the other side, liberals thought that an advertising campaign was too feeble and that nonpartisanship was a feel-good but barren idea that could only delay real action. The coalition of strange bedfellows shrugged off criticism from left and right and stuck together.

Foundation staff members were careful not to overplay their hand. “We never pitched many [Cover the Uninsured Week] events in even numbered years,”—that is, during election years—said Morse. The publicity campaign originally promoted coverage for all Americans, but as SCHIP received national attention in 2007, the Foundation shifted the focus of its Cover the Uninsured activities and publicity to children. Cover the Uninsured Week events wound down as political candidates once again focused seriously on health insurance for the first time in fifteen years.

Approaches to Health Care Reform: Before and After

The Strange Bedfellows ad campaign offers an illuminating comparison to the Clinton-era NBC special. Both show a Foundation intensely focused on the stubborn problem of uninsured Americans. Both are expensive communications campaigns aimed at increasing access to health care. Today, however, the Foundation is acutely aware of projecting a neutral stance. It works tirelessly to move the national conversation on health care past partisan gridlock. And it understands the limits of the possible.

Of course, the one constant is change. The Foundation has learned to negotiate in the current political setting. That setting will change—perhaps gradually, perhaps suddenly. When it does, the Foundation will face its next great test: how will it adjust to the new political reality? For now, the Foundation responds to highly charged partisan politics by trying to help individuals and groups push past partisanship. Perhaps that vision is more astute and forward-looking than that of the powerful men and women who feed the conflicted status quo.

The Top Twelve Lessons from Thirty-Six Years' Experience in Health Insurance Reform

If the future is unknowable, the past is rich with lessons and legacies. The Foundation's thirty-six-year history teaches us a great deal about communications, advocacy and policy development.

1. *Get everyone to the table and listen to every perspective.*

This will not actually solve any problems. It is a precondition for solving every problem. Not everyone will agree, not everyone will come out a winner. But solutions begin with dialogue.

2. *Recipe for stalemate: Every party's second favorite option is doing nothing.*

3. *Even if you build it, they may not come.*

Some programs eagerly reach out to constituents and get high response rates; others subtly (or not so subtly) discourage potential beneficiaries, who remain ignorant of the program. In a federal system, even great expectations in Washington can be dashed by indifference, hostility or tight budgets in the states and communities. Sometimes the most effective (even radical) political action simply involves letting people know what they are already entitled to.

4. *Solving the problem of coverage by making insurance affordable to individuals and small businesses is an illusion.*

One of the great dreams of American policy is that we can solve the problem of coverage by making health insurance affordable. An exhaustive string of Robert Wood Johnson Foundation demonstration projects and studies refutes this hope. Private insurance and innovative products are an important part of the American mix. By themselves, they will not get us to universal coverage.

5. *Data are not neutral.*

The Foundation is in the data business. But it should not be a naïve purveyor. Data can underscore problems (the plight of the uninsured), refute cherished beliefs (private insurance is not enough), or undermine reform efforts (the problems facing Minnesota were worse than thought).

6. *You persuade people through their heads; you motivate them through their hearts.*

7. *The perfect is the enemy of the good.*

While the Foundation publicizes its many findings, it ought to constantly remind its audiences of the prime political point: Seeking the perfect policy leads to nothing.

8. *The Foundation's job lies in getting things on the political agenda, not in helping the political system come to a*

judgment.

The Foundation's great strength lies in drawing attention to important problems that are drifting off the political agenda; funding innovative ideas to see if they work; and offering states and communities resources so that they can try innovative ideas. It generates every kind of data. There is, inevitably, the temptation to try to nudge policy-makers toward good solutions. Some observers even express frustration that the Foundation is not more active in doing so. But in the end politics is not about facts but about clashing interests, conflicting values, partisan maneuvers, petty jealousies, and bureaucratic turf wars. Wandering onto this terrain will always be perilous.

9. *Remember the marble cake: federal, state and local governments are not alternative policy arenas. They all work together.*

Federal policies advance or impede state innovations. State programs always frame community efforts. The savvy Foundation analyst might focus on programs at one level—but she is always mindful that that level does not operate in isolation.

10. *People live in communities—but they cannot solve national problems there.*

Communities are the perfect venue for brick-and-mortar programs that focus on improving access for groups and neighborhoods—clinics, health centers and hospitals. They are also the ideal location for debating values—say, family planning for teens—because community standards vary, and such problems are best resolved in face-to-face meetings. In contrast, repeated experience yields the same lesson: the great problems of costs and coverage will not be resolved on the local level. Occasionally, extraordinary people or circumstances yield local breakthroughs. The efforts to replicate these are invariably disappointing.

11. *The states need help if they are to serve as our policy laboratories.*

In theory, innovative policies are tested and replicated on the state level before going national. But there are many barriers: States are resource starved. They tend to be low on expertise. Since states must balance their budgets, program cuts tend to come precisely when economies weaken and health needs soar. The Robert Wood Johnson Foundation cannot overcome all these barriers, but it can play a crucial role in addressing some of them and in helping states innovate. The large Foundation commitment to innovative state programs reflects this lesson.

12. *Solving the big problems—costs and coverage—will require national will and federal programs.*

Notes

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 19. Ibid, pp. 7, 9, 19.
 20. Six states have now repealed their term limits—mostly as a result of legal action.
 21. Stevens, B. A., and Brown, L. D., p. 7.
 22. Personal conversation, Senator John Chafee, March 1994.
 23. Pambianco, R.
 24. Quoted in Rosenblatt, R., p. 3.
 25. Pambianco, R.
 26. Association of American Physicians and Surgeons. "Clinton Care through the Kitchen Door." *AAPS News*, 1996, 52(1).
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31. The image can be found at <http://www.aafp.org/fpr/20030300/10.html>. See also Brown, M. "Grant Results: Hundreds of Events Raise National Awareness during Cover the Uninsured Week 2003." Robert Wood Johnson Foundation, April 2007. (<http://www.rwjf.org/reports/grr/045958.htm>)