WHOSE VOICE IS BEING HEARD?: THE ROLE OF NONPROFIT COALITIONS IN POLICY ADVOCACY

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ABSTRACT

As the influence of wealthy special interests continues to grow in U.S. politics, nonprofits have the potential to play important roles in public policy advocacy by amplifying the voices of the marginalized. Yet, nonprofits face resource, legal and mission constraints, which limit their advocacy engagement. This research explores how coalitions can help nonprofits work collectively to generate influence that is rooted in member mobilization and expertise, rather than campaign contributions. The central question to be answered is how do nonprofit coalitions overcome the negative incentives and collective action barriers to organize individual nonprofit organizations, and once they do, do they advocate on the behalf of their organizational members, or their underrepresented clients? Through a qualitative comparison of nonprofit health coalitions in three states—Maryland, Pennsylvania, and Virginia—hypotheses will be tested to determine the impact of external funding, state political context, and member engagement on a nonprofit coalition’s ability to impact public policy.
Acknowledgements

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I am indebted to the nonprofit coalition leaders who were willing to candidly describe how their coalitions engage in advocacy and their relationships with their funders and government officials. I hope the coalitions are able to use my research to inform their ongoing efforts and help them better understand the environments in which they work. I also want to thank the funders and government officials that gave generously of their time to speak with me.

Finally, I would like to thank my family and friends for their love and support during this process; my boss, Dr. Kathy Kretman, for allowing me the time and flexibility to pursue my doctorate; and my neighbors at the local coffee shop, which has served as my “office” for the duration of my Ph.D. studies. I dedicate my dissertation to the coalition leaders who work tirelessly to ensure that the voices of the underserved and underrepresented are heard in the halls of our government. Your passion, courage and dedication made writing this dissertation a privilege and an honor.
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<tbody>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
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<td>BJA</td>
<td>Bureau of Justice Assistance</td>
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<td>CHC</td>
<td>Community Health Center</td>
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<td>Children’s Health Insurance Program</td>
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<td>CMS</td>
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<td>Cover the Commonwealth Coalition</td>
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<td>FQHC</td>
<td>Federally-Qualified Health Center</td>
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<td>Full-time staff</td>
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<td>FYSB</td>
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<td>Health Resources and Services Administration</td>
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<td>PPS</td>
<td>Prospective Payment System</td>
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<td>VSDVAA</td>
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CHAPTER 1

Introduction

The importance of and focus on nonprofit advocacy has grown over the past few decades due to the heightened interaction between nonprofits and government through the devolution of social service provision and the explosion of money in politics, which some have argued has turned our democracy into an oligarchy. The welfare state has largely been subcontracted to nonprofits for two main reasons: 1) to reduce the size of the national government, and 2) to provide greater flexibility to local governments to address the needs in their specific communities (Berry and Arons 2003, 17). The change was based on the market-driven assumption that competition between social service providers would lead to efficiency and best practices (Berry and Arons 2003, 18-19). Instead, many of the nonprofits have found ways to limit competition by advocating for the maintenance or expansion of the kinds of services they provide (Marwell 2007). It is debatable whether this type of advocacy does more to secure the financial needs of the nonprofits, rather than addressing the needs of their constituents.

Beyond service provision, nonprofits also play an important role in maintaining our pluralist democracy by amplifying the voices of those who do not have the resources to speak for themselves. While pluralism does not require that all voices are heard equally, Robert Dahl argues a pluralist democratic process must ensure “a high probability that an active and legitimate group in the population can make itself heard effectively at some crucial stage in the process of decision making” (Dahl 1956, 145). When other interests are advanced through sizable campaign contributions,¹ nonprofits must find alternative ways to advocate for the needs

¹ These contributions may be funneled through nonprofit 504(c)(4) organizations or PACs, but are not the focus of this dissertation on nonprofit advocacy coalitions.
of the underrepresented. This research project seeks to answer the question: despite the odds, do nonprofits have enough influence in the political arena to impact public policy outcomes that aid their underrepresented constituents? And if so, how can nonprofits develop such influence?

Many argue that nonprofits face significant barriers to participating in advocacy. First, 501(c)(3) public charities “are almost always founded for some purpose other than advocacy in the policymaking process” (Berry and Arons 2003, 24). Since most nonprofit missions do not prioritize advocacy, it is hard to convince nonprofits to spend their limited resources outside of their primary focus. Additionally, the 501(c)(3) tax code includes ambiguous restrictions on nonprofit lobbying, which has made many nonprofit leaders wary of engaging in any types of advocacy, even though both lobbying and advocacy are perfectly legal. Nonprofits that are engaged in government fee-for-service contracts have the incentive “to spend as much time as possible engaged in billable activities,” limiting staff time that can be devoted to advocacy (Romzek, LeRoux, and Blackmar 2012, 449). Finally, those nonprofits that want to advocate may also be constrained by a lack of skills, knowledge of the public policy process, unrestricted funding, or a board of directors that is willing to take risks (Berry and Arons 2003, 163).

Despite these numerous challenges, in a national survey of 1,738 nonprofits, roughly 75% reported engaging at least once in various types of policy advocacy (Bass et al. 2007). Yet, little of this advocacy was sustained beyond the initial engagement and many survey respondents avoided using the term “lobbying” to describe their interactions with the government. As the voices of the marginalized are drowned out by the wealthy special interests, what can be done to invigorate nonprofit advocacy? In this dissertation, I will focus on coalitions as a solution to overcoming the barriers to nonprofit advocacy. I will specifically consider whether coalitions are able to promote collective action among nonprofits that might
otherwise not engage in advocacy. I will also explore what variables help a nonprofit coalition influence public policy. These two avenues of research have received limited attention in the political science field, yet potentially have a significant impact on the public policy and regulatory decisions affecting our society’s underrepresented.

Why Should We Study Nonprofit Coalitions?

In the United States today, nonprofits produce 5.4 percent of the annual GDP (McKeever 2015), employ 10.1 percent of the workforce (Salamon, Sokolowski, and Geller 2012, 2), and in some way touch the lives of every American. While significant attention has focused on the management and organizational structure of individual nonprofits, “there is relatively little work on how nonprofits represent—or fail to represent—their constituents in the political process” (Berry and Arons 2003, 25). Some macro-level studies, such as those conducted by Berry and Arons (2003) and Bass et al. (2007), consider the barriers nonprofits face to participating in advocacy. Additionally, micro-level case studies explore the advocacy activities of individual nonprofit organizations (Mosley 2010; Mosley 2014). Yet, none of this research specifically considers whether coalitions of nonprofits play an influential role in public policy advocacy.

Some research focused on interest groups can be applied to nonprofit coalitions, as will be discussed in Chapter 2. However, “among all of the organizations that do lobby, voluntary associations are by no means typical” (Berry and Arons 2003, 27). Most interest group theories are based on assumptions of rationality and economic self-interest, which only partially apply to mission-driven nonprofits. Thus, very little is known about how nonprofit coalitions determine their advocacy priorities. Finally, “most influential interest group literature has concentrated on
Washington politics. [While] It is in the local communities across America, not in Washington, where nonprofits are most important” (Berry and Arons 2003, 28). To address these research gaps, I will focus on nonprofit coalitions advocating primarily at the state-level, where crucial decisions about nonprofit service provision and funding are made.

*Government Devolution*

The government’s devolution of social service funding and regulations to state and local governments and the subcontracting of those services to nonprofit providers have created new relationships in which nonprofits and government agencies have become mutually dependent. Rather than receiving their financial support primarily from “private charity and volunteers, most nonprofit service organizations depend on government support for over half of their revenues: for many, government support comprises their entire budget” (Smith and Lipsky 1993, 4). This relationship also gives nonprofits “a new political role in representing the welfare state to its citizens, providing a buffer between state policy and service delivery” (Smith and Lipsky 1993, 3). Thus, nonprofits gain both a new funding source and greater political access, than they enjoyed previously.

The government also benefits from its relationships with nonprofit organizations. First, nonprofits have the capacity, that the government lacks, to provide needed services. Additionally, nonprofits often become important promoters of the government agency that funds them. Government “administrators may even seek the help of nonprofit executives in gaining funds for the policy area, getting rate increases, or pursuing requests for more staff. . . . The lobbying efforts of nonprofit contract agencies can be a great boon for government officials who cannot directly lobby for their areas” (Smith and Lipsky 1993, 178). Yet, while the
relationship can be mutually beneficial, it can also weaken the nonprofits, which become beholden to their powerful government funders.

Due to their financial leverage, “government contracts eventually bring administrative and accountability demands which may be at odds with the [nonprofit] agencies’ original visions” (Smith and Lipsky 1993, 40). This tension is manifest in a number of ways, including the determination of who gets served. The government is driven by a concern for fairness, insuring “that similarly situated people are treated alike” (Smith and Lipsky 1993, 217). In contrast, nonprofits tend to be more concerned with responsiveness, helping all of those who seek assistance, not setting thresholds of need. This leads to conflict over who should be served, often with government standards prevailing. Thus, it is possible that the demands made by the government contracting regime are turning nonprofit service providers away from their unique missions, driven by community needs, towards more profit-focused decision making. Such a trend has been noted at the international level by Cooley and Ron, who argue that "organizational insecurity, competitive pressures, and fiscal uncertainty" are driving NGOs to "reconcile material pressures with normative motivations . . . often produc[ing] outcomes dramatically at odds with liberal expectations" (2002, 6). Alternatively, contracting may serve to encourage nonprofit service providers to work together, resulting in coalitions that can pool their resources and influence to lobby the government for policy change that favors the needs of coalition members and their constituents. My research considers this little studied motivation for collective action.

Barriers to Nonprofit Advocacy

Nonprofit coalitions may also serve as a means for their members to overcome a number of barriers to advocating on their own, including their mission focus, limited funding and
resources, and legal restrictions. Nonprofits have two bottom lines, normative and economic. It is the mission of nonprofit organizations generally to promote the public good, which often includes aiding underrepresented and underserved populations. Yet, in order to achieve their missions, nonprofit organizations must also be economically self-sustaining. There is tension inherent in balancing the two motives and results in a nonprofit organization’s constant re-evaluation of its cost-benefit analysis of participating in advocacy.

Nonprofits must pursue public-serving missions in order to receive tax-exempt status. While nothing precludes nonprofits from engaging in advocacy as part of their mission, few nonprofits have the word “advocacy” written in their mission statements. In many cases, this lack of explicit attention to advocacy can result in a nonprofit’s board deciding “that they don’t see advocacy as one of the organization’s essential tasks” (Berry and Arons 2003, 163). Yet, Nicholson-Crotty finds that “NPOs [nonprofit organizations] that engage in political activity conceive of it as an important part of the service they offer. They often see it as vital to the mission of the organization and necessary for the provision of services to clients” (Nicholson-Crotty 2011, 596). In my research, I will consider how coalitions may help nonprofits engage in advocacy.

Access to resources significantly influences a nonprofit’s cost-benefit analysis of participating in advocacy. Nonprofits operate in an environment of resource scarcity—in terms of time, money and skills. “Nonprofit organizations in particular are confronted by hard choices in time allocation because they typically operate with fewer staff and smaller staff-to-workload ratios than public and for-profit organizations” (LeRoux 2009, 159). Similarly, nonprofits with smaller budgets must prioritize where to spend their limited funds, often investing in programs that are central to their mission, rather than advocacy, which can be more risky due to its
uncertain results. Finally, smaller nonprofits often do not have staff with lobbying skills, making navigating the advocacy landscape more difficult. In comparison, larger nonprofits are more likely to have greater resources and more flexibility in how they allocate them.

The broader environment of resource scarcity can lead to tension between nonprofits. With the sharp increase in the number of nonprofit service organizations and the cutbacks in government and private funding, particularly during the recent economic downturn, nonprofits “find themselves in competition with one another for donors, contracts and grants, new clients, prestigious board members, and qualified staff and volunteers” (Romzek, LeRoux, and Blackmar 2012, 448). Additionally, “as privatization through contracting continues, businesses may be expected to hunt down the contract dollar” bringing them into competition with nonprofits (Smith and Lipsky 1993, 31). Competition for resources may inhibit nonprofits from joining coalitions for a number of reasons: a need to focus staff time on programs, having limited resources to pay for membership dues, and a desire to go it alone to attract the most funding from government sources. At the same time, limited resources can incentivize nonprofits to join coalitions in order to: pool resources for greater impact and gain access to expertise and skills that the individual nonprofits cannot afford. In support of the latter argument, LeRoux and Goerdel find that “when the resource environment challenges organizational sustainability, nonprofits join forces to represent their shared interests before government” (2009, 532). I argue that coalitions can help individual nonprofits pursue advocacy, when they would not be able to do so alone.

2 “Interest groups are more likely to go it alone when they are lobbying an administrative agency, rather than Congress. Regulations are typically narrower in scope and may affect organizations in unique ways” (Berry and Wilcox 2009, 158).
3 “Groups can pool their political contacts, channels of access, sources of information, as so on, as well as the talents and expertise of their personnel” (Moe 1980, 62). For example, “one group may have access to important committee leaders, another may have a mobilized membership base that will send letters and e-mails, and still another may have technical information that can persuade key policy-makers” (Berry and Wilcox 2009, 157).
The legal environment in which nonprofits operate also differs from that of for-profit companies and coalitions. The most important legal constraint on nonprofit advocacy is the government’s regulation on lobbying. In order to prevent tax-subsidized lobbying, 501(c)(3) organizations are banned from lobbying as a “substantial” part of their work. Yet, because the restrictions are ambiguous and the threat of noncompliance is revocation of 501(c)(3) status, nonprofits are intimidated and wary of engaging in any form of lobbying or advocacy (Berry and Arons 2003, 65). “The IRS also discourages lobbying by nonprofits indirectly because foundations, worried about protecting their own tax status, commonly forbid any lobbying supported by funds granted to 501c3s” (Berry and Arons 2003, 91). The misperception nonprofits have of the 501(c)(3) regulation limits their scope of engagement. Berry and Arons find that “conventional nonprofits lobby legislatures less frequently than administrative agencies not because they are inherently uninterested in influencing government, but because they are responding to the regulations that push them away from the legislative arena” (2003, 120). This is a concern, because it is the legislature that sets “the broad spending and programmatic priorities of the federal and state governments” (Berry and Arons 2003, 152). Thus, nonprofits may be driven to join coalitions in order to spread “the perception of political risk among several organizations,” thereby allaying some fears about participating in the political process (LeRoux and Goerdel 2009, 532).

Thus, the challenging legal environment can pose both barriers for collective action as well as incentives. Legal barriers are disincentives for nonprofits that do not want to jeopardize their 501(c)(3) status or government funding. Yet, nonprofits may choose to join coalitions as their first foray into advocacy because coalitions can act as a buffer minimizing the risk for an individual organization (Sandfort 2014, 234) and can aggregate interests making the request
more appealing for government officials.\textsuperscript{4} In fact, recent research has convincingly documented the tendency of nonprofits to advocate through coalitions. A survey of nonprofit organizations in the nation’s capital found that “only 8% of nonprofits that engaged in advocacy did so exclusively on their own. Nearly half (48%) conducted their advocacy both in coalitions and sometimes alone, and about two in five nonprofits (44%) worked only in coalitions” (Devita, Nikolova, and Roeger 2014, 94). Similarly, Mosley’s survey of human service nonprofits in Chicago found that “46% of the organizations that participated in advocacy participated only through collaborative methods” (2014, 122). Thus, understanding the role of nonprofits in the policy process requires understanding the role of nonprofit coalitions.

While it is clear that nonprofits frequently utilize coalitions for advocacy purposes, little research has considered whether these coalitions are influential advocates. Are nonprofit coalitions able to influence policy change, or merely defend the status quo? Understanding the advocacy priorities of nonprofit coalitions is important in explaining the public policy process as well as the future of pluralism in our government.

\textbf{The Puzzle}

Few take the time to consider what our country would be like without nonprofits, but those that do, paint a dim picture. In \textit{Bowling Alone}, Robert Putnam documents the declining membership in traditional civic organizations and the resulting erosion of social capital and increase in political disengagement (2000). Theda Skocpol laments the loss of federated membership organizations and their replacement by professional advocacy groups, which favor the privileged professional and business elite (2003). Finally, Berry and Arons argue that when

\footnote{Public officials may view a united front “as an important indicator of popular (or sectoral) support, or even consensus, and give their views more weight” (Moe 1980, 62).}
nonprofits are not engaged in advocacy, “the most vulnerable populations, who are denied effective representation in the political system” are harmed (2003, 4). “Programs for the poor, disabled, sick, jobless, and frail suffer because those people have no money to support interest groups to work on their behalf” (Berry and Arons 2003, 146). But what of the nonprofit coalitions that participate in policy advocacy?

The underlying puzzle I address is how do nonprofit coalitions overcome the negative incentives and collective action barriers to organize individual nonprofit organizations, and once they do, do they advocate on the behalf of their organizational members, or their underrepresented clients? I do not argue that nonprofit coalitions can solve all of the problems of our waning civil society, but I do believe that if we are to attempt to understand public policy processes today, nonprofit coalitions are a key player that must be included in any comprehensive theory. Furthermore, as government agencies and nonprofit service providers become more mutually dependent, understanding the impact of this close relationship on public policy will be critical.

Argument Overview

The purpose of my dissertation is to explain the actions of nonprofit coalitions in the public policy process by developing a new theory rooted in political science research on collective action and interest groups. I argue that nonprofit coalitions help small nonprofit organizations overcome the barriers they face to participating in advocacy by lowering the monetary cost, pooling expertise, and reducing the legal risks—incentives that encourage collective action rather than deter it. I present and test how coalitions differ in their purpose and their funding sources and how these variables influence the life cycles of the coalitions. I also
posit that nonprofit coalitions are able to impact public policy when their purpose, advocacy strategies, and sources of influence all align. Through media analyses and interviews with government officials and coalition leaders, I test the importance of alignment. Ultimately, better understanding the advocacy work of nonprofit coalitions will help determine whether or not nonprofits “enhance or inhibit a broad representation of interests before government” (Berry and Wilcox 2009, 156).

**Preliminary Definitions of Key Concepts**

The focus of my research is on nonprofit coalitions, which I define as *formal or informal groups made up of primarily nonprofit organizational members that jointly advocate for public policy maintenance or change*. This definition is intentionally broad in order to include formal membership associations with paid staff, as well as more informal networks and alliances. At minimum, however, for a group to be considered a coalition, it must have a name and hold a meeting of its members at least annually. The definition also allows for coalition members to include for-profit corporations, government agencies, and individual citizens, yet, the majority of its voting members must be nonprofit organizations. Finally, it is also necessary that the nonprofit coalitions are engaged in advocacy.

I adopt the definition of advocacy from Pekkanen, Smith, and Tsujinaka—“advocacy is the attempt to influence public policy, either directly or indirectly” (2014, 3). While this definition is broad, it does not include groups that only focus on public education efforts without any direct advocacy. It does, however, include the shaping of public opinion as long as it includes a policy objective. Lobbying is a subset of advocacy and involves communicating a

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5 The name can either refer to the group or to the advocacy campaign it is jointly advancing.
specific policy solution to policymakers either directly or indirectly by mobilizing the general public (Pekkanen, Smith, and Tsujinaka 2014, 6-7).

The nonprofit coalitions I study operate in a complex field of nonprofit advocacy. They differ from nonprofit interest groups that either have no formal members, individuals as members, or for-profit organization members. They are also different from PACs and other 501(c)(4) organizations that primarily use private funding to directly influence electoral outcomes. While the differences between the organizations can be fuzzy at times, my research will focus on coalitions with a majority of nonprofit organizational members that engage in policy and regulatory advocacy. These coalitions will vary on their levels of professionalization and formality, with some having full-time staffs and physical office space, and others relying primarily on the volunteered time and expertise of their members.

Nonprofit coalitions seem to fall within the broad definition of an interest group—“an organization that tries to influence government” (Berry and Wilcox 2009, 5). However, once the concept of interest group is further refined, it is unclear whether any type of coalition with organizational members will fit the definition. Berry and Wilcox specify that, “interest groups represent their constituents before government. They are a primary link between citizens and their government, forming a channel of access through which members voice their opinions to those who govern them” (2009, 7). Similarly, Terry Moe notes that groups “have a hand in mobilizing people for politics, transmitting political information, shaping political attitudes, and integrating individuals into the political system as a whole” (Moe 1980, 1). Yet, not all nonprofit coalitions directly engage their individual clients in the political process. Instead, they raise up the stories of individual clients at the grassroots and bring them to government officials and the media. This amplifies the voices of the underrepresented, however, it is the nonprofit
organization members of the coalitions that more often engage in advocacy strategies, not their individual clients. Thus, even though nonprofit coalitions and interest groups have a number of similarities, I will refer to the groups I study as “nonprofit coalitions”, which I will show at times, differ significantly from previously studied “interest groups.”

**Research Design and Case Selection**

The universe of nonprofit coalitions is quite large, with individual coalitions ranging significantly on their access to resources and their engagement in advocacy. Figure 1-1 illustrates the spectrum of organizational types and includes generalized descriptions of each. Since the goal of this research is to study the role of nonprofit coalitions in public policy advocacy, the cases selected skew towards the right-hand side of the table, excluding coalitions that do not engage in advocacy at all. The cases studied do vary on access to resources, with some having significant on-going funding, full-time staffs and committed members. Other coalitions studied have very little funding and no staff, placing a heavy burden on members to drive coalition activities. Funding and resources alone, however, do not ensure a coalition will impact public policy. Other variables, including their purpose and advocacy strategies, will be shown play an important role.

The political context in which nonprofit coalitions operate can shape their involvement in the public policy process. My research focuses on the advocacy activity of nonprofit coalitions at the state level for a number of reasons. First, it provides an opportunity to consider the changing role of nonprofits as a result of the devolved responsibility for service provision from the federal to state and local governments. While many services are provided at the local level, most of the important budgetary and regulatory decisions affecting service provision are
made at the state level. As noted by Sabatier and Jenkins-Smith, previous research suffers “from severe cases of ‘Potomac fever,’ of assuming that almost everything of importance occurs in Washington, D.C. In the process, they dramatically underestimate the considerable discretion exercised by state and local agencies when implementing federal law as well as their ability to generate and implement innovative policies on their own” (1993, 15).

**Figure 1-1: Universe of Nonprofit Coalitions**

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<thead>
<tr>
<th>Resources (money, time, expertise)</th>
<th>Advocacy Engagement</th>
<th>None</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Alignment</td>
<td>No Impact</td>
<td>Low Impact</td>
<td>Single Policy Fight</td>
<td></td>
</tr>
<tr>
<td>These coalitions do not have the resources or a focusing event through which to engage members in advocacy. While they may provide a supportive environment for similar nonprofit organizations to interact, they do not impact public policy.</td>
<td>Despite their lack of resources, these coalitions will at times mobilize their members to engage in advocacy. This will require a focusing event that compels members to action.</td>
<td>These coalitions are created in response to a focusing event and often involve “strange bedfellows”. Once the policy is or is not adopted, the coalition dissolves because there is neither funding nor common interest to keep the organizations together.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service/Advocacy Hybrid</td>
<td>Service/Advocacy Hybrid</td>
<td>Medium-Impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>These coalitions focus solely on the alignment of services between members and do not engage in advocacy.</td>
<td>These coalitions provide services as well as advocate on behalf of their clients. The hybrid structure provides credibility during advocacy, but program implementation can limit the resources devoted to advocacy.</td>
<td>These coalitions are frequently engaged in advocacy, but do not have the resources to be consistently effective.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Assistance (TA)</td>
<td>Member/Advocacy Hybrid</td>
<td>High-Impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>These coalitions focus solely on providing capacity building and training for their member organizations and do not engage in advocacy.</td>
<td>These coalitions provide technical assistance as well as advocate on behalf of their members. The hybrid structure provides credibility during advocacy, but TA provision can limit the resources devoted to advocacy.</td>
<td>These coalitions are important players in public policy advocacy. They are considered leaders in their field and have consistent funding and resources, which allow them to maintain their advocacy influence over time.</td>
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</tr>
</tbody>
</table>
Second, few coalitions comprised of organization members are found at the local level. Instead, local advocacy is more ad-hoc and driven by individuals or coalitions of individuals. Finally, most nonprofits cannot afford to advocate consistently at the national level when they do not have a physical location in Washington, D.C. Research shows that even nonprofits located in the Maryland and Virginia suburbs of Washington D.C. “focus on local, state, and regional issues, not on national policies and politics” (Devita, Nikolova, and Roeger 2014, 100). Thus, I have chosen to focus my research on nonprofit coalitions that advocate primarily at the state level in Maryland, Pennsylvania and Virginia. The purpose of choosing these states was to provide significant variation in the state political context in order to analyze its impact on the advocacy priorities and strategies of nonprofit coalitions.

What is interesting about nonprofit coalitions is that they have developed using a federated structure, which mirrors that of the government. Their member organizations work at the local level and have direct contact with clients and local government officials. The coalitions aggregate the interests of the local service providers and the needs of their clients in order to have greater influence on state-level policymaking. The state coalitions are in-turn members of national networks, which represent the needs of the state coalitions and local service providers at the federal level. This structure makes it possible for the nonprofits to be influential at all levels of government and raise-up the voices of their underrepresented constituents all the way to the federal level, when needed. Since the members of the coalitions are organizations, the coalitions do not enhance civic life in exactly the same way that the federated membership organizations analyzed by Skocpol did. Yet, they still play an important role in enhancing our democracy by providing a way for the needs of nonprofit clients to reach state and federal government officials. Rather than being rootless, a criticism Skocpol raises
against civic organizations formed since the 1960s (2003, 224), these federated structures reach all the way down to the grassroots and elevate real problems that individuals are facing. Understanding how this federated coalition structure works to influence public policy is a goal of this research.

Research has shown that there are differences in rates and types of advocacy involvement between policy fields. Given the current complexity of my research, comparison across policy fields would add numerous additional variables that would be difficult to analyze in this research study. Thus, I have chosen instead to focus on a policy field that is a most likely case to be involved in advocacy and is large enough to have a diversity of coalition types. Mosley finds that health and environment fields are more engaged in advocacy, which she attributes to the politicization of the fields, targeted lobbying efforts by private interests and powerful government regulatory bodies (Mosley 2014, 114). Additionally, in a survey of nonprofits in DC, Maryland and Northern Virginia, the majority of health organizations were found to work only in coalitions (Devita, Nikolova, and Roeger 2014, 94). These findings provide support for choosing nonprofit health coalitions as the focus of my research. Yet, one could argue that health organizations are disproportionately driven by business motives given the competitive context in which they operate. To address this concern, I chose a sample of health coalitions in each state that vary by purpose, size, policy issues and level of competition. The three policy issues I consider are: Medicaid expansion, domestic violence prevention and community health provision. I provide a brief overview of each issue below and explain why they are particularly relevant for this research.
**Issue 1: Medicaid Expansion**

With the passage and implementation of the Affordable Care Act (ACA), the landscape of healthcare is changing across the country. Over the past few decades, the responsibility for designing, administering, and partially funding a number of government health programs has fallen to the states. The largest of them include: Medicare, Medicaid, Children’s Health Insurance Program (CHIP), and Temporary Assistance to Needy Families (TANF). While TANF was restructured into block grants to states in 1996, Medicaid and CHIP remain separately funded programs with significantly higher federal funding. Medicaid is a program jointly funded by the federal government and the states that provides health insurance to eligible low-income people. Still, due to the requirements of state matching funding, Medicaid is typically one of the largest expenditures in a state’s budget and therefore highly contentious politically.

Each state operates its own Medicaid program and has considerable flexibility in determining eligibility criteria. In 2010 Medicaid enrollment was 975,437 in Maryland, 2,417,096 in Pennsylvania and 1,027,075 in Virginia (Kaiser Family Foundation 2014). Since the Supreme Court held in *National Federation of Independent Business (NFIB) v. Sebelius* that the ACA mandate for states to expand Medicaid was unconstitutional, each state must decide whether or not to approve the expanded coverage. To incentivize states to expand, the federal government is offering much higher rates of funding for the newly admitted Medicaid recipients, covering 100 percent of costs through 2016, which will gradually fall to 90 percent in 2020 (CEA 2014, 7). The federal government’s share of Medicaid costs is generally much lower, averaging 57 percent.
The Council of Economic Advisors (CEA) notes that eligibility would expand to include “all non-elderly individuals in families with incomes below 133 percent of the Federal Poverty Level” (2014, 2). This expansion will primarily affect low-income adults who cannot receive coverage through the Health Insurance Marketplaces. The CEA argues that Medicaid expansion will directly result in “improved access to health care, greater financial security, and better health outcomes” (CEA 2014, 3). Expanding Medicaid will also benefit state economies by pulling in additional federal funding and generating new health sector jobs (CEA 2014, 5). To date, 31 states and the District of Columbia have expanded Medicaid. Still, there is an ongoing debate as to the benefits and drawbacks of Medicaid expansion, even in states where expansion has been approved.

Medicaid expansion is an important issue to include in this research because it requires policy revision that challenges the status quo and must be determined at the state level. The costs associated with Medicaid expansion overtime make it a salient topic for state governments. It is also highly political, making the state political context an important variable to consider. Finally, because Medicaid expansion serves the needs of low-income adults, it has the potential to bring the voices of the underrepresented into the policy arena.

Issue 2: Domestic Violence Prevention

Advocacy on behalf of victims of domestic violence grew out of the women’s rights movement. Legislation and services to address domestic violence were first developed at the state level and then eventually best practices were codified at the federal level and additional government funding was provided. Since coalitions against domestic violence had gained expertise at the state level, when the federal legislation drafting began, they played an
unprecedented role in helping write the Violence Against Women Act. As explained by the Office of Violence Against Women,

In 1994 Congress passed the Violence Against Women Act (VAWA) in recognition of the severity of crimes associated with domestic violence, sexual assault, and stalking. This Act emerged from the efforts of a broad, grassroots coalition of advocates and survivors who informed the work of Congress. In the two decades prior to VAWA, a movement had grown within the United States to respond appropriately to violent crimes against women. Rape crisis centers and women’s shelters were established in localities, and state and local laws had changed. However, the progress had been uneven around the country. VAWA was borne out of the need for a national solution. (Office of Violence Against Women, About the Office 2015)

The goals of VAWA were “to increase services and protection for victims, and increase perpetrator accountability” (Orloff 2015). The original VAWA included protections for immigrant victims. Over time, VAWA has expanded to address issues including immigrant victims of sexual assault, human trafficking and other criminal activities, stalking, dating violence, the role of immigration status, and campus sexual assault.

Domestic violence continues to be a pressing issue today. The 2014 National Census of Domestic Violence Services found 67,646 victims served in one day and “10,871 unmet requests for services in one day, of which 56% (6,126) were for housing” (NNEDV 2015).

Statistics for each state are:

- Maryland: 1,085 victims served, 160 requests were unmet;
- Pennsylvania: 2,498 victims, 252 requests were unmet; and
- Virginia: 1,412 victims, 281 requests were unmet. (NNEDV 2015)

Due to funding cuts from both federal and private sources, “1,392 staff positions were eliminated in the past year. Most of these positions (76%) were direct service providers, such as shelter staff or legal advocates” (NNEDV 2015). Most of the funding for victim services comes from the federal government through the Violence Against Women Act (VAWA) programs, the Family Violence Prevention and Services Act (FVPSA) and the Victims of Crime Act (VOCA)
Fund. This funding, however, is funneled through state governments, and in certain states, through the coalitions against domestic violence. Furthermore, all of the 50 states and six territories develop their own domestic violence laws, even the criminal statutes. Thus, the large majority of domestic violence policy making occurs at the state level.

Domestic violence is an important issue to include in this research because it encompasses a number of intersecting fields including sexual health, mental health, law enforcement, criminal justice, immigration, and affordable housing. Due to the multifaceted nature of the issue, there is a diverse set of players attempting to address domestic violence. This diversity limits the amount of direct competition between the players. Attracting attention to the issue of domestic violence, however, can be more difficult because it is an ongoing problem that is difficult to frame as “urgent.” Fortunately, domestic violence is now considered to be a bi-partisan issue, so the state political context should not prevent coalitions against domestic violence from impacting public policy. Finally, nonprofit coalitions have the potential to raise up the voices of domestic violence survivors, who are currently underrepresented in the policy arena.

**Issue 3: Community Health Provision**

Officially established in the 1960s, community health centers began as a War on Poverty demonstration program (Taylor 2004). “Consistent with the community empowerment philosophy, federal funds for neighborhood health centers flowed directly to nonprofit, community-level organizations, bypassing state governments. The original centers were designed and administered with significant community involvement to ensure they remained responsive to community needs” (Taylor 3, 2004). Today,
Community, Migrant, Homeless, and Public Housing Health Centers, also known as Federally-Qualified Health Centers (FQHCs), are non-profit, providers of high-quality, affordable primary and preventive care serving low income and medically underserved communities. Every one of these organizations is a patient democracy, governed by a community board with a patient majority. Currently, 1,200 health centers deliver care through over 8,000 service delivery sites in every major state and territory. Health centers save the health care system $24 billion annually in reduced emergency, hospital and specialty care costs. (NACHC 2013)

Nationwide, FQHCs serve 22 million people, 8 million of whom are uninsured, and they care for 1 out of every 7 Medicaid beneficiaries (NACHC 2013 and 2012).

The majority of funding for community health centers comes directly from the federal Health Resources and Services Administration (HRSA), while state governments provide some additional funding through Medicaid reimbursements. FQHC’s operate in a competitive marketplace for health provision and are concerned with state regulations that may disadvantage them compared to other healthcare providers. Due to the large amount of funding that FQHC’s receive, they typically have little difficulty attracting political attention to their issue. This creates the potential for associations of community health centers to bring the voices of underserved populations to the policy arena.

All three issues address healthcare concerns and provide variation on the variables of research interest. By comparing coalitions of nonprofits that work on these issues across three different state political contexts, hypotheses can be tested that will help explain if and how these coalitions help nonprofits overcome barriers to collective action and impact public policy. Furthermore, by researching issues and coalitions that exhibit such variation, conclusions are more likely to be generalizable beyond the selected cases. A more in-depth discussion of the variables and cases is provided in Chapter 2.
Plan of the Dissertation

The dissertation research is presented as follows. Chapter 2 begins by considering prior theories used to explain engagement in the public policy process and shows how these theories fail to adequately account for the role of nonprofit coalitions. I then present a revised theory that explains the impact of nonprofit coalition advocacy. The hypotheses to be tested are enumerated and the independent and dependent variables are defined. Finally, I discuss the research design and case selection for the dissertation.

Chapter 3 explains how external funding impacts the founding, purpose and membership of nonprofit coalitions. Nonprofit coalitions differ from previously studied interest groups in that external funding comprises a large majority of their budgets. The sources of funding—either private foundations or government agencies—differently influence the purpose the coalitions pursue and the size and diversity of the members they attract. A coalition’s purpose can change over time, often in response to changes in funder priorities. Thus, while prior research shows that member preferences impact the purpose of interest groups, my research indicates that member preferences play a more limited role in shaping the purpose of nonprofit coalitions.

Chapter 4 considers how nonprofit coalitions set their advocacy priorities. Previous literature focused on interest groups argues that member benefits are directly related to advocacy priorities because both reflect member preferences. While member preferences and decision-making structures are important, nonprofit coalitions are also influenced by external variables, including the state political context and market competition. Chapter 4 explains when nonprofit coalitions will pursue advocacy priorities that benefit the clients served by their members and when they will pursue priorities that benefit their member organizations. Those
that focus on the former increase political pluralism by bringing voices of the underrepresented to the policy making process. Those that focus on the latter can look and act very much like previously studied interest groups that have organizational members.

Chapter 5 explains the factors that make it more likely for nonprofit coalitions to impact public policy. Specifically, nonprofit coalitions are more likely to have an impact when they are able to align their purpose, advocacy strategies and sources influence. Unlike interest groups that derive their influence from monetary contributions to candidates, nonprofit coalitions must utilize either member mobilization or expertise. The conditions that allow for the alignment of these factors and those that prevent alignment are considered and tested. The state political context—polarization, unified government, and opposition—can prevent success, even when alignment is achieved. Despite these challenges, nonprofit coalitions may have significant influence on the formation of public policies and regulations, even when strong opposition exists.

Chapter 6 provides a summary of the dissertation findings and highlights the contributions of the research to the field of political science. I conclude with a list of policy recommendation and discuss opportunities for future research related to nonprofit coalitions.
CHAPTER 2

Theory of Nonprofit Coalitions’ Advocacy Impact

Nonprofit coalitions are conspicuously missing from political science theories of collective action and interest groups. This is partially due to their only recent growth in response to the devolution of service provision to nonprofits and the accompanying demands of the government contracting regime. It also results from the fact that many nonprofit coalitions are fleeting, created for a specific advocacy fight and disbanded once the fight concludes or proves unwinnable. Finally, nonprofit coalitions receive little attention because they do not fit naturally within either collective action or interest group theories.

I argue that nonprofit coalitions help smaller nonprofits overcome barriers to collective action, rather than perpetuating the challenges. Additionally, nonprofit coalitions differ from traditional interest groups by having mission-driven not profit-driven members and members that are organizations not individuals. My research considers whether or not nonprofit coalitions serve to dampen or strengthen the voices of social service clients, who do not have the resources to engage in advocacy on their own behalf. Nonprofit coalitions may play an important role in enhancing democratic pluralism, but they may also fall victim to pressures of the contracting regime, which force them to focus on conforming to service provision standards rather than engaging in the public policy process. I begin this chapter with a review of the political science research on pluralism, collective action and interest groups, all of which have bearing on the understanding of nonprofit coalitions. I then develop a theory to explain how nonprofit coalitions engage in advocacy, with the goal of addressing the shortcomings of previous theories.
Pluralist Theory

Pluralism is important to our democratic system—a foundational element emphasized by our founder fathers. In essay No. 10 of The Federalist, James Madison acknowledged the potential threat of factions to a popular government (1787). Rather than suppress the activity of factions, however, Madison’s solution was to create a government “that could deal with the views of all, producing policies that would be in the common good” (Berry and Wilcox 2009, 3). For Madison, the ideal was “groups freely participating in the policymaking process, none becoming too powerful because of the natural conflict of interests, and government acting as a synthesizer of competing interests” (Berry and Wilcox 2009, 4). This is the basis of pluralist theory.

Pluralist theory is grounded in the beliefs that interest groups “arise on the basis of common interests, that they are maintained through member support of group policies, and that group policies are an expression of underlying common interests” (Moe 1980, 2). This theory of interest groups mirrors Tocqueville’s account of the spontaneous development of associations in America. Similarly, Truman suggests that interest group formation is a “response to feelings of common interest among individuals who are experiencing some form of deprivation or frustration” (1951, 390). Once interest groups are formed, the group’s advocacy goals will reflect member preferences “because members are presumed to join and quit on the basis of their agreement with group goals” (Moe 1980, 73). Thus, interest groups play an important role in our democracy by forming a “layer of intermediate organizations between the individual and the state retard[ing] the centralization and bureaucratization of government administration. . . [They act] as a bulwark against the tyranny of the majority” (Knoke 1990, 10).
Yet, Baumgartner et al. find an agenda bias within interest groups, with a “relative paucity of [groups focusing on] issues relating to the poor and to the economic security of working-class Americans” (2009, 255). They observed “no efforts to expand benefits to the unemployed, raise the minimum wage, improve social or educational services in disadvantaged neighborhoods, or promote other issues where one could easily argue that substantial social needs exist” (Baumgartner et al. 2009, 256). Thus, interest groups may reflect the narrow common interests of their members, but fail to represent the needs of the marginalized who lack the resources to start their own groups. It is telling that Baumgartner et al. found, “At the time of our research, the top public concerns were crime, the economy, international affairs, education, health and social welfare. The top issues our lobbyists were working on are, by contrast, health, environment, transportation, banking, defense, science and telecommunications, and foreign trade” (2009, 257). This lack of representation may result in tyranny of a resource-rich and self-interested minority.

This elite domination is compounded by the fact that the poor are less engaged in politics in general. As found in the research of Brady, Verba, and Schlozman (1995), “the resources of time, money, and skills are . . . powerful predictors of political participation in America” (1995, 285), resources which the poor generally lack. Some argue that nonprofits can counter this elite domination. DiMaggio and Anheier (1990) suggest that nonprofits “contribute to pluralism by creating centers of influence outside the state and provide vehicles through which disenfranchised groups may organize” (1990, 151). “Social-service organizations in particular are thought to serve as a public voice for their clientele, many of whom lack access to political institutions or do not have the requisite knowledge or skills to participate in politics on their own” (LeRoux 2007, 411). As mission-driven organizations, nonprofits are created for the
purpose of advancing the broader public interest. Thus, nonprofits have the potential to increase pluralism and reduce elite domination. Berry and Arons go as far to claim that “the only way that the voice of the disadvantaged in American society will be raised is if nonprofits do it” (2003, 151). Yet, nonprofits must also contend with the incentives to act in their own self-interest. For example, “Some organizations might be interested in ‘doing well while doing good’ by eliminating competition or expanding organizational resources, outcomes that may or may not prove beneficial to the public” (Suarez and Hwang 2008, 108). In Chapter 4, I will consider whether nonprofit coalitions are pursuing advocacy in their clients’ interest, or the interest of their members.

**Collective Action Theory**

Mancur Olson applies economic theories of rational choice to the analysis of interest groups. He argues that “unless the number of individuals in a group is quite small, or unless there is coercion or some other special device to make individuals act in their common interest, rational, self-interested individuals will not act to achieve their common or group interests” (1965, 2). Olson’s theory is based on the concept of collective goods, which once provided, benefit every member of a group regardless of the resources each member invested in obtaining them (1965, 21). “Though all of the members of the group therefore have a common interest in obtaining this collective benefit, they have no common interest in paying the cost of providing that collective good” (Olson 1965, 21). Thus, individuals will attempt to “free ride”, by obtaining the benefit, but paying none of the cost. The free rider problem gets worse the larger the group with a common interest as it is harder to monitor the contributions of each of the participants. A coalition can suffer from the free rider problem when nonprofits decide not to
join, but still benefit from the increased budgets and changes in policy the coalition’s advocacy achieves. Alternatively, nonprofits may choose to join, but not contribute money, time, or expertise to the coalition’s endeavors.

Olson suggests that the only way to prevent free riding is to provide selective incentives that only benefit “those individuals who support action in the common interest and [do not benefit] those who do not” (Olson 1965, 61). Some examples of selective incentives provided by interest groups include: social rewards, access to information and education, insurance provision, legal support, and technical assistance. “In general, social pressure and social incentives operate only in groups of smaller size, in the groups so small that the members can have face-to-face contact with one another” (Olson 1965, 62). Thus, other more tangible selective incentives are typically utilized.

It is not clear, however, how well Olson’s theory of collective action pertains to nonprofit coalitions. He acknowledges that it may not accurately describe lobbying for non-economic purposes. He notes, “The theory is not at all sufficient where philanthropic lobbies, that is, lobbies that voice concern about some group other than the group that supports the lobby, or religious lobbies, are concerned” (Olson 1965, 160). As will be shown below, Wilson (1973), Moe (1980) and Hula (1999) test the limits of Olson’s theory by expanding the incentives potential members may have for joining interest groups. They find that by relaxing the assumptions of economic self-interest and perfect information, non-economic interest groups can be better explained.
Collective Action Theory Revised

Olson’s research has been revised by a number of academics, based on observed changes in the context in which interests groups operate and the different incentive structures of voluntary associations. Changes in the political environment—decentralization of government, the expansion of the subcommittee system, and the increase in multiple referrals of bills—have made advocacy more difficult for interest groups by generating additional work to contact the relevant decision makers on a given policy issue (Hula 1999). Furthermore, “group proliferation, atomization and policy domains with hollow cores have a common effect. Without core actors to coordinate political action within a policy domain, the use of coalitions has become more important to lobbyists” (Hula 1999, 5). Schlozman and Tierney’s research shows the growing importance of coalitions. They find that “sixty-seven percent of our respondents indicated that their organizations had increased their commitment to coalitional activity over the past decade. In terms of increasing use by Washington organizations, entering into coalitions ranks second on the list of 27 techniques of influence” (Schlozman and Tierney 1986, 279).

In 1973, Wilson considered the implications of Olson’s theory for voluntary associations. While voluntary associations differ from coalitions, in that they have individual rather than organizational members, they have many similarities, including some of the incentives they use to attract members. Wilson suggests, “The normal tendency of formal organizations to resist coalition formation, except on an ad hoc basis, can be overcome if the existing level of resources and autonomy for all prospective members can be significantly threatened (a crisis) or enhanced (an opportunity)” (1973, 275). Furthermore, once formed, Wilson’s assumes that “organizations seek to maintain themselves” (1973, 263) and “few
organizations seek oblivion even when they have accomplished their task or found their goal unattainable” (1973, 30). This assumption may not apply well to nonprofit coalitions, many of which are ad-hoc and only form for the purpose of engaging in one advocacy battle. Nonprofit coalitions may be more flexible than Wilson’s voluntary associations and willing to go dormant or cease to exist after an advocacy fight is won or lost.

The objective of organizational maintenance “requires, in turn, that associations be able to lay claim to a more or less stable supply of resources—members, money, issues, causes, and privileged access to governmental and other relevant institutions” (Wilson 1973, 263). Wilson focuses on how voluntary organizations build and maintain their membership by providing incentives that range from material to purposive. Material incentives “are tangible rewards: money, or things and services readily priced in monetary terms” (Wilson 1973, 33). These incentives can be offered as individual benefits or the promise to pursue the attainment of shared benefits. In contrast, purposive incentives are “tangible rewards that derive from the sense of satisfaction of having contributed to the attainment of a worthwhile cause” (Wilson 1973, 34). “A purposive organization is one that works explicitly for the benefit of some larger public or the society as a whole and not one that works chiefly for the benefit of members” (Wilson 1973, 46). Nonprofit coalitions can provide both material and purposive incentives to attract nonprofit organization members.

Wilson suggests that the type of incentives offered by a voluntary association influences the engagement of the members. In associations offering material incentives, “the chief source of conflict will be over the distribution of incentives” and members will have little interest in the pursuit of extra-organizational purposes (Wilson 1973, 39). In contrast, in purposive associations, members often “display little flexibility about their [purposive] objectives or, if the
objectives are changed, the transformation exacts a heavy price in associational conflict and personal tensions, often resulting in factionalism” (Wilson 1973, 47). Despite this clear theoretical distinction, in reality, the differences between material and purposive associations are not as stark. Voluntary associations “often rely on more than one inducement, partly because the appeal of certain incentives varies over time and among different groupings” (Wilson 1973, 51).

In 1980, Moe further elaborated on the concept of purposive incentives, which he defines as “various kinds of intangible benefits that accrue to a person by virtue of his support of causes, value systems, principles, or ends that he considers to be worthwhile” (1980, 117). These types of benefits allow an interest group to attract support because of the political goals it pursues, rather than having to purchase member support through material incentives (Moe 1980, 126). Purposive motivations can also drive members to “perform a variety of political services at low material cost” making it less expensive to build an interest group and pursue its goals (Moe 1980, 127). The downside of purposive incentives, however, is that when policy disputes arise within the interest group, members who disagree with the outcome are likely to “reduce their contributions, to drop out, or to participate negatively” (Moe 1980, 137). Thus, purpose driven interest groups tend to be smaller and more unstable, because heterogeneity in political goals will increase with size. Yet, these coalitions, while less stable, can operate on smaller budgets due to the members’ greater drive to contribute money, time, and expertise (Moe 1980). When material incentives are singularly relied upon to attract membership, Moe argues that political activities then become “by-products” of the provision of selective incentives (Moe 1980). In such a case, “leaders of latent groups may pursue any collective goods they wish without fear of losing member ‘support,’ since contributions are independent of
political considerations” (Moe 1980, 74). I consider how well these findings apply to nonprofit coalitions.

Almost two decades after Moe, Hula identifies three types of selective benefits that encourage interest groups to join coalitions, which help in limiting free riders (1999). The first type is strategic benefits, which improve the likelihood of successful lobbying outcomes. For interest groups that are already engaged in lobbying, joining a coalition enables the workload to be spread out and target a number of different institutional access points (Hula 1999). In addition, due to the proliferation of organizations, there is more pressure for groups to work out their differences outside of the legislative process, with government officials giving preference to coalitions over individual interest groups. “In fact, committee chairs, congressional staffers, the Office of Public Liaison in the White House, and individual agencies all resort to initiating coalitions themselves” (Hula 1999, 28). Finally, working in broad coalitions can create an aura of legitimacy, helping organizations avoid looking like “special interests,” an image government officials try to avoid. According to this logic, nonprofit coalitions can attract small nonprofit members by helping them overcome the costs and expertise requirements of engaging in the public policy process. Nonprofit coalitions can similarly attract large nonprofits that are looking for partners to share the workload and appear legitimate to policy makers.

The second type of selective benefit is access to information. Such access is particularly important for smaller organizations with limited staff and resources and larger organizations with a broad focus and inability to maintain expertise in each issue domain (Hula 1999). Information is also a determining factor in successful advocacy (Hula 1999). Berry and Arons find that research capacity has a significant positive impact on the effectiveness of nonprofit advocates (2003), especially at the state and local levels, where government agencies have
limited ability to collect and analyze their own data. Coalitions can also serve as early warning systems for developing issues that individual lobbyists had not been following, adding to each organization’s capacity (Hula 1999).

The third type of selective benefit is symbolic. Hula finds that joining coalitions can signal to a boss, funder or membership base that an organization is on top of an issue, even if their resources are invested elsewhere (1999). Olson might consider this to be a form of “cheap-riding”, in which members pay the limited membership dues, but do not invest time or expertise in the coalition efforts. In sum, Olson, Wilson, Moe and Hula all provide theories that partially apply to nonprofit coalitions, however, none were developed specifically for the purpose of explaining coalitions with mission-driven organizational members, as shown in Table 2-1. I build off of these theories and focus on the gaps that they do not comprehensively address, namely: how external funding influences nonprofit coalitions’ advocacy and the size and diversity of their membership, how the state political context and market competition influence nonprofit coalitions’ advocacy priorities, and the sources of influence that nonprofit coalitions can utilize to impact public policy.

Table 2-1: Interest Group and Coalition Terminology

<table>
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<th>Author</th>
<th>Group</th>
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<td>Individuals</td>
<td>Material only</td>
</tr>
<tr>
<td>Wilson 1973</td>
<td>Voluntary association</td>
<td>Individuals</td>
<td>Material and Purposive</td>
</tr>
<tr>
<td>Moe 1980</td>
<td>Interest group</td>
<td>Individuals</td>
<td>Material and Purposive</td>
</tr>
<tr>
<td>Hula 1999</td>
<td>Coalition</td>
<td>Organizations (interest groups)</td>
<td>Material and Purposive</td>
</tr>
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<td>Boyarski 2016</td>
<td>Coalition</td>
<td>Organizations (nonprofits)</td>
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</table>
Theory of Nonprofit Coalition Advocacy

My theory rests on the assumption that nonprofit coalitions are created for the purpose of helping their members overcome the barriers to acting collectively, whether it is for purposes of advocacy or service provision. Merely joining in coalition, however, does not ensure that coalition members will be jointly successful in policy advocacy. I develop a theory of nonprofit coalitions to provide a more systematic understanding of their engagement in the public policy process. I argue, as shown in Figure 2-1, that a coalition’s funding sources determine the coalition’s purpose, with private funding supporting policy revision and government funding supporting policy implementation. Additionally, a coalition’s funding sources help determine the diversity of members a coalition attracts. A coalition that relies primarily on funding from foundations will have a more diverse membership because foundation funding can eliminate the need to charge membership fees. Furthermore, foundations tend to fund coalitions pursuing policy revision, which requires a diverse membership in order to influence decision makers. In comparison, a coalition relying primarily on government funding will have a more narrow membership. Government funding can act as a material incentive to attract members to a coalition, but the funding also defines member boundaries, limiting the number and diversity of members a coalition can attract. I argue that the source of a nonprofit coalition’s external funding has an important impact on the coalition’s membership, which is not addressed by interest group theories.

In the next section of the causal model, a coalition’s member diversity and its external market and state political context influence the advocacy priorities set by the coalition. A diverse membership makes it more likely that advocacy priorities will benefit underrepresented clients, while market competition makes it more likely that advocacy priorities will benefit
coalition members. While Kingdon (1984) theorizes about the impact of the “political stream” on setting the advocacy agenda, I apply his concepts to more clearly explain how government ideology can constrain advocacy priorities, or at minimum, affect how policy solutions are framed.

**Figure 2-1: Causal Model**

Finally, a nonprofit coalition’s impact on public policy can be explained through the alignment of the coalition’s purpose, advocacy strategies and influence. Nonprofit coalitions can have influence in the public policy process by either mobilizing their membership or serving as issue experts. I illustrate how access to pre-established statewide networks is necessary for mobilization. I also consider the challenges issue expert coalitions face in balancing their roles as advocates and service providers. Even when the necessary variables align, however, the political context can limit advocacy impact. Thus, the purpose of this research is to determine which variables help a coalition impact public policy, and which hinder
Determining Nonprofit Coalition Purpose and Membership: The Impact of External Funding

The purpose for creating nonprofit coalitions is related to the role they play in the policy making process. While some nonprofit coalitions are formed solely to coordinate service provision among members, the scope of my research is limited to nonprofit coalitions that engage in policy advocacy as at least part of their purpose. John Kingdon describes public policy making as a set of processes “including at least (1) the setting of the agenda, (2) the specification of alternatives from which a choice is to be made, (3) an authoritative choice among those specified alternatives, as in a legislative vote or a presidential decision, and (4) the implementation of the decision” (Kingdon 1984, 3). Nonprofit coalitions play roles in agenda setting, solution specification, and implementation.

First, nonprofit coalitions may influence the setting of the policy agenda. They can help raise the saliency of their issue and frame the problem that must be addressed. Since the “American public attention [and likewise the attention of their political representatives] rarely remains sharply focused upon any one domestic issue for very long—even if it involves a continuing problem of crucial importance to society” (Downs 1972, 38), nonprofit organizations face a difficult challenge in influencing the policy agenda. Bringing attention to an issue can be costly, requiring time and money to meet with government officials, attract media attention and mobilize citizens. Working in coalition and pooling resources can make carrying out these activities more feasible.

Second, nonprofit coalitions may advance a policy solution to a previously set policy agenda. Coalitions can identify policy solutions based on the expertise of their members and
attempt to get the solution adopted by government officials, either in the legislative or executive branches. In this stage of the process, coalitions spend more time operating behind the scenes, lobbying government officials and helping draft legislation. Finally, coalitions may implement policies that have already been approved. Implementation is an important part of policy making, which is often underappreciated. Coalitions can help ensure that policies are carried out in the way policy makers intended. Overtime, they may also work to incrementally revise procedures and regulations in order to ensure effective and efficient service provision.

Most nonprofit coalitions fulfill more than one of these roles and may, over their lifecycle, fulfill all of them. In my research, I differentiate between coalitions that focus on policy revision versus those working on policy implementation. Policy revision coalitions work on setting the policy agenda and often also advance a specific policy solution. Coalitions working on policy implementation focus on execution, but also advance policy solutions at times. Since nonprofit coalitions operate with limited resources, they must choose one purpose, as each purpose requires different advocacy strategies and sources of influence.

The funding that a coalition receives influences which purpose the coalition pursues. I argue that coalitions receiving private funding are more likely to focus on legislative policy revision, while coalitions receiving government funding are more likely to focus on policy implementation, which can include incremental changes to laws, regulations and procedures. While many coalitions spend at least their first couple of years reliant on membership dues and in-kind staff support to operate, I argue that member incentives play a minimal role in nonprofit coalitions when the majority of coalition funding comes from either foundations or the government. In these cases, membership dues, as a funding source, have little impact on the purposes pursued by the nonprofit coalitions.
One main source of nonprofit coalition funding comes from private foundations. There has been a large increase over the past few decades in private donors’ willingness to fund the pursuit of policy change. A significant portion of this funding has been funneled through political action committees to directly influence the electoral process. Additional support has been given to advocacy organizations and think tanks. Finally, private donors, particularly foundations, have begun supporting nonprofit coalitions. Foundation funding can play an important role in supporting coalitions due to the funding constraints and limited capacities of many nonprofit organizations. Not only do few nonprofits have excess profit to spend on coalition dues payments, but also they often lack staff with the skills and expertise to engage in advocacy on their own. Foundation funding can be used to support nonprofit coalitions, reducing or eliminating the need for the coalitions to charge membership dues. This lowers the barrier for nonprofit participation, making it possible for smaller nonprofits with limited resources to join coalitions. Foundations can also pay for the professionalization of coalitions, including the hiring of consultants or staff with political expertise, when coalition members lack the required skills or can only make limited time commitments. By funding coalition capacity building, foundations can lower the barrier for the participation of nonprofits with little advocacy experience.

Since foundations have limited funding, they must determine where they can have the greatest impact. Typically, the foundations that choose to support advocacy believe their role should be in altering systems that provide services, rather than funding service provision directly. While foundations cannot lobby themselves, they can help create organizational structures that facilitate the lobbying of nonprofits. Foundations choose to subsidize coalitions that either have policy goals that align with those of the foundation, or can be persuaded to
adopt specific goals in return for funding. Yet, little research has focused on how foundation funding impacts the nonprofit coalitions’ advocacy.

Another source of financial support for coalitions comes from the government. As the government relies more heavily on nonprofits to provide essential services, government agencies find it necessary to develop structures that ensure the nonprofits are providing services as effectively, efficiently and equitably as possible. Government agencies are much less likely than foundations to directly fund nonprofit coalition advocacy, due to the legal restrictions on using government funding to lobby. Yet, government agencies do fund other services provided by a coalition, such as capacity-building trainings and technical assistance. This funding can be critically important in paying for a coalition’s operating expenses, allowing the coalition to keep its doors open. Thus, most government-funded coalitions are primarily focused on service provision implementation, with advancing policy solutions a secondary priority.

Most research has analyzed the impact of government funding on individual nonprofit’s advocacy finding mixed results, which are often due to the specifications of the variables and statistical models. Older research suggests that the risk of losing government funding forces voluntary organizations to deemphasize their advocacy role (Beck 1970; Kramer 1985; Wolch 1990). However, more recent empirical work shows that organizations receiving government funding are more likely to engage in advocacy (Berry and Arons 2003; Chaves, Stephens, and Galaskiewicz 2004; Child and Gronbjerg 2007; Mosley 2010; Salamon and Geller 2008). In her research of reproductive health providers, Nicholson-Crotty found that “government grants and contracts are actually positively related to the likelihood that an organization will become politically active” (2006, 1050-1051).
Despite the burden of having to address the interests of their funders, external funding is an important option for nonprofit coalitions, “especially in the early period of group formation when the hazards and uncertainties are the greatest” (Moe 1980, 64). Early external funding can aid in attracting members, as it reduces the cost of member involvement—either by eliminating or reducing dues payments, or funding full-time staff to relieve burdens of contributing time and expertise. Walker’s research shows that “group leaders learned how to cope with the public goods dilemma not by inducing large numbers of new members to join their groups through the manipulation of selective benefits, but by locating important new sources of funds outside the immediate membership” (1983, 397).

If the funder changes priorities, a coalition may have to determine whether to change its focus, find other funding sources, or dissolve. Additionally, after coalitions achieve success in policy revision, they reach a critical pivot point when they must choose to work on implementation, or pursue a new area of advocacy. Coalitions that fail to achieve policy revision must choose to either shift their advocacy strategy or fold. In comparison, coalitions working on policy implementation move seamlessly between service provision and advocacy. Because they are constantly pursuing different avenues for change—policy, regulatory and procedural—a failure in one avenue does not preclude success in another. Thus, policy implementation coalitions rarely reach significant pivot points, unless their majority funder changes priorities.

H1: Nonprofit coalitions that receive the majority of their funding from foundations will pursue policy revision, while coalitions that receive the majority of their funding from government sources will pursue policy implementation. This hypothesis rests on the assumption that coalitions will adjust their purpose to match the purpose of their primary
funder. Since foundations that fund advocacy primarily seek to change the system, they are more likely to support policy revision coalitions. In comparison, government funders are more concerned with service provision and therefore are more likely to fund policy implementation coalitions. Thus, the purpose of coalitions can be determined based on the main source of their funding. This hypothesis will be tested by collecting information on each coalition’s purpose through interviews with coalition leaders and reviews of coalition documents. The budgets of each coalition will be obtained through their 990s to determine their sources of funding. The causal direction of the relationship will be determined by tracing the process of each coalition’s development.

Funder Influence on Coalition Membership

Much of the research on interest groups focuses on the incentives provided to encourage members to join. The incentives are believed to help members overcome problems of collective action. Nonprofits choose whether or not to join coalitions based on a cost-benefit analysis. Coalitions can attract members by pursuing desired advocacy goals, however, coalitions can also provide material incentives to attract members. Like interest groups, material incentives can include access to conferences and trainings, technical assistance, group purchasing plans, and networking opportunities. However, unlike interest groups, nonprofit coalitions may also be able to lower the barriers for members to join, by not charging membership fees. Foundations often provide funding to make this possible and some foundations even pay nonprofits to join coalitions, in order to cover the cost of their commitments of time and expertise. As a result, coalitions receiving foundation funding tend to have more members. Furthermore, there are not frequently restrictions on the types of organizations that can join...
foundation-funded coalitions, as long as the members agree with the purpose the coalition is advancing. Thus, these coalitions also tend to have a greater diversity of members.

In comparison, government funding tends to circumscribe which organizations can join a nonprofit coalition. As noted above, government funding focuses on a specific type of service provision and provides funding for coalitions to provide material incentives, including technical assistance, capacity building workshops and conferences. As a result, nonprofit coalitions that primarily receive government funding often only attract nonprofit service providers that can benefit from their specific services. This limits both the size and diversity of membership.

Another way that government funding influences coalition membership is through the use of pass-through grants. Some government agencies have determined that it is more efficient to give funding to nonprofit coalitions and have them distribute it to the nonprofit service providers. This creates a unique relationship between the coalition and members, that of funder and recipient. Pass-through grants can be considered the ultimate material incentive, where coalitions in effect “pay” their members to join. Conventional wisdom would suggest that these monetary incentives would lead to more members rather than fewer. The reasons this is not often the case are 1) that the funding is specified for specific types of service provision organizations and 2) that coalition members will create barriers to entry, limiting the number of organizations they have to compete with for funding. Thus, even though government funding leads to the provision of material incentives, coalitions receiving the funding are limited in the type of organizations they can serve, thus narrowing the size and diversity of their membership.

H2: Nonprofit coalitions that receive the majority of their funding from foundations are more likely to have larger and more diverse memberships, while coalitions that receive the majority of their funding from government sources are more likely to have smaller and less
Setting Advocacy Priorities: Determining when Coalitions Prioritize Client Interests versus Member Interests

While external funding can influence the size and diversity of a coalition’s membership, it does not directly impact the advocacy priorities set by the coalition. Instead, state government ideology can limit which advocacy priorities are likely to succeed, while member diversity and market competition influence whether the advocacy priorities benefit underrepresented clients or coalition members. Government ideology has been defined as the ideological “center of gravity” of a state’s elected governmental institutions on a liberal-conservative continuum (Berry et al. 1998). The ideology of a state government influences which policy solutions a nonprofit coalition prioritizes particularly when the solutions are closely aligned with a specific ideology. Thus, when conservatives are in power, “liberal” issues are unlikely to be considered and vice versa (Baumgartner et al. 2009). I hypothesize that nonprofit coalitions will choose to advance policy solutions that align with the ideology of the state legislature. Moral foundations of fairness/reciprocity and harm/care have been shown to be more highly favored by liberals compared to conservatives (Graham, Haidt, and Nosek 2009). Thus, when the legislature is more conservative, policy solutions will have an economic, rather than equality or safety, frame compared to when the legislature is more liberal. When it is not possible to align a policy frame with the government ideology, that policy solution will not be advanced by the coalition.

H3: Nonprofit coalitions operating in states with more conservative legislatures are more likely to advance policy solutions that have an economic frame rather than an equality or safety
frame. Government ideology will be determined using Boris Shor’s (2014) updated measure for state legislatures, which allows for comparison across states. A media analysis for each of the coalitions will determine the frames used.

One of the reasons nonprofit coalitions are interesting players in the public policy process is that they can represent the needs and amplify the voices of the most vulnerable. Thus, it may be a concern if only the voices of the most powerful nonprofits are represented in the coalition. Wilson argues, when the relative value of a member’s contributions is easily established, authority will “thus be vested in, or at least members will defer to, those making the crucial contributions” (Wilson 1973, 243). This can result in a power imbalance, with larger contributors having greater influence over advocacy decisions than smaller contributors.

However, engagement and influence can take place at a number of levels within a coalition – in the board, in the advocacy committee, and speaking for the coalition to government officials or the public. This allows for members with different strengths to participate in complementary ways. Thus, organizations that have in-house lobbyists can provide expertise on the advocacy committee, while smaller organizations can speak to their local legislators, providing stories of the needs of their constituents. While coalitions can always do a better job of engaging all of their members, biased engagement should not be a major concern unless certain members are prevented from engaging at all. It is, however, important for coalitions to speak with one voice in order to influence public policy. To achieve this unity, coalitions either must spend significant time coming to consensus, or they must limit those who can participate in the decision making process. Since policy revision coalitions are

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6 Shor measures ideology through roll call voting data for all state legislatures from the mid-1990s onward. He also uses a recurring survey of state legislative candidates to enable comparisons across time, chambers, and states as well as with the U.S. Congress.
the most diverse, they are also most likely to have less inclusive decision-making processes, in order to achieve agreement.

H4: Policy revision coalitions will have less inclusive decision-making processes, while policy implementation coalitions will have more inclusive decision-making processes. I analyze the advocacy decision-making processes of the nonprofit coalitions through my interviews and observations of coalition meetings.

Finally, while large member bias is unlikely to influence the content of advocacy priorities, member diversity and market competition are. When there is diversity in the types of organizations that join a coalition, it is less likely that they will have the same organizational needs, making it difficult to reach consensus on pursuing advocacy that serves the interests of the majority of organization members. Instead, they are more likely to have in common the desire to help their underrepresented constituents. Conversely, those nonprofit coalitions that have members with similar organizational needs are more likely to prioritize advocacy solutions that serve the members’ interests. This is particularly the case when the coalition members operate in a competitive marketplace and fear losing funding and clients.

H5: Nonprofit coalitions whose membership is not diverse and whose members operate in a competitive environment are most likely to advance policies that benefit the self-interest of the members, rather than the interests of their clients. This hypothesis will be tested by measuring the member diversity within each coalition and categorizing each as not diverse, somewhat diverse, and highly diverse. Similarly, competition within each market environment will be measured as not competitive, somewhat competitive, and highly competitive.
Public Policy Impact: Aligning Advocacy Strategies and Sources of Influence

Despite the limitations nonprofit coalitions face, including lobbying restrictions and limited funding, many are able to impact public policy, whether through policy revision or policy implementation. Impact is more likely when coalitions are able to align their purpose with the proper advocacy strategies and sources of influence. Unlike for-profit interest groups, nonprofit coalitions cannot use money to influence public policy. For-profit interest groups can contribute directly to the electoral campaigns of assembly members and governors who support their policy goals. Additionally, interest groups often have large budgets to pay for media campaigns in support of their issues. In comparison, nonprofit coalitions are forbidden from electioneering and have budgets far too small to pay for extensive media coverage. Thus, nonprofit coalitions must rely on other sources of influence.

Nonprofit coalitions that seek policy revision are typically fighting against an entrenched status quo bias both in the public and in the general assembly. This bias comes from the fact that certain groups are benefitting from the current system and are scared that any changes will upset the current balance of power. The status quo bias of politics influences coalition advocacy strategies. When a coalition is challenging the status quo, it must often use outsider tactics that increase its visibility (Baumgartner et al. 2009, 126). “Because powerful forces—both social and institutional—protect the status quo, it takes an even more powerful set of pressures to produce change” (Baumgartner et al. 2009, 26).

In order for policy revision coalitions to wield the influence necessary to change the status quo, they must have a broad membership that represents different types of organizations and different geographic locations in order to illustrate wide support for the policy solution they are advocating. Yet, merely having a large and diverse membership list is not enough.
Mobilization is critical. These coalitions need their members to help both change public opinion within their communities, as well as meet with their local legislators to ask for support. Thus, coalitions fighting for policy revision will only be successful if they are able to mobilize a diverse membership to help them implement both outsider and insider advocacy strategies.

In comparison, nonprofit coalitions that pursue policy implementation often shy away from outsider advocacy strategies for fear of attracting too much attention, including opposition, to an issue. “In some instances—especially when the change that is sought is small—operating under the radar may be more beneficial” favoring insider tactics (Baumgartner et al. 2009, 126). Policy implementation coalitions spend significant effort in developing deep relationships with legislators and government agency staff that work on their causes and therefore worry about using outsider tactics that might be viewed as confrontational. These coalitions wield influence by providing expertise that stems from the direct assistance they provide to their nonprofit members. As coalitions provide capacity building and technical assistance, they learn of the challenges their members face in providing services and their clients’ needs that are not being addressed. Government officials do not have the staff time or the capacity to develop expertise in every issue or directly collect information on the needs of all of their constituents. Thus, nonprofit coalitions serve to not only aggregate data on the needs that exist, but they can also provide policy solutions on how to improve or expand services to address unmet needs.

The major challenge coalitions working on policy implementation face is balancing their service and advocacy work. Coalitions may become so involved in implementing programs that they do not devote substantial time to advocacy. While it can be argued that coalitions will go through cycles where they spend more time on implementation, followed by greater efforts to address inefficient policies and procedures, I argue that there is a tipping point at which
coalitions spend so little time and resources on advocacy that they lose their ability to use expertise as an influence. These coalitions may still be viewed as experts, but they are unable to wield their influence in the policy arena. Thus, nonprofit coalitions working on incremental change will only be successful if they can align credible expertise with the pursuit of insider advocacy strategies.

H6: Nonprofit coalitions pursuing policy revision will only have an impact when they 1) combine insider and outsider advocacy strategies and 2) mobilize a diverse membership, while coalitions pursuing policy implementation will only have an impact when they 1) focus on insider advocacy strategies and 2) use their expertise for influence. During interviews with coalition leaders, the leaders are asked to rank how important they find different advocacy strategies. The data from the interviews is used to create indices measuring insider vs. outsider advocacy strategies, which allow for comparison across the coalitions. Sources of coalition influence will be measured through an analysis of the past five years of media coverage for each of the coalitions. Findings will be corroborated through interviews with government funders and officials. A coalition’s balance between service and advocacy will be measured by comparing the number of full time staff (FTS) devoted to advocacy to the total FTS in each coalition.

Coalitions’ Adaptation to their State Political Context

Even when nonprofit coalitions effectively align their purpose, strategies and sources of influence, the state political context can inhibit their advocacy impact. Much of the research that considers the impact of the political context on advocacy either focuses on measuring and testing individual variables—such as polarization (McCarty, Poole, and Rosenthal 2006), divided government (Gray et al. 2012), and legislative professionalism (Squire 2007; Hall and
Deardorff 2006)—or emphasizes theory development, without hypothesis testing (Kingdon 1984). As a result, there is no comprehensive theory that comparatively weighs the relative impacts of the state political context variables. I present three variables and related hypotheses below that are based on current theories in the field of state politics. These hypotheses test the impact of the external political environment on nonprofit coalition advocacy and determine when the state context is the limiting factor in impacting public policy.

Our political system is designed with a status quo bias, resulting from its layers of checks and balances. Furthermore, politics is more partisan today, with more individuals identifying with a party than as independents, and is also more polarized, with party ideologies moving further apart and becoming more extreme. The current tenor of our polarized politics, serves to further entrench the status quo. “Major legislation is produced less frequently as polarization increases” accentuating political gridlock (McCarty, Poole, and Rosenthal 2006, 165-166). “The separation of powers and bicameralism require that very large majority coalitions, typically bipartisan, must be formed to pass new laws and revise old ones” (McCarty, Poole, and Rosenthal 2006, 193). Thus, in states with extensive political polarization, successful policy revision will be unlikely.

The availability of windows of opportunity also influences coalitions’ advocacy success or failure. Policy windows are “opportunities for pushing pet proposals or conceptions of problems” (Kingdon 1984, 21). Veto points can also indicate which state governments are more likely to have open policy windows, with unified governments more open to change than divided governments (Gray et al. 2012). Over the past two decades, Maryland only had a divided government for four years, where the governor was a Republican, but the House and Senate remained democratic. In comparison, Pennsylvania had eight divided years and Virginia
seventeen divided years. I hypothesize that nonprofit coalitions are more likely to target the executive in a unified government (Maryland) in order to conserve resources, rather than try to work through multiple members of the legislature. Nonprofit coalitions will also target the executive in divided governments when policy adoption through the legislature has failed. The reason the legislative branch is typically a preferred target is because legislation has greater permanence than agency regulations or executive orders.

H7: Political polarization or unified government opposition to an issue will prevent public policy impact unless a governor from the opposition party champions the issue. State legislative polarization will be measured using Shor’s data set. He defines polarization as “the average ideological distance between the median Democrat and Republican in the state legislature” (Shor 2014). Interviews with coalition leaders will determine whether political polarization influenced their advocacy prioritization. Data on unified and divided governments will also be analyzed.

Another important difference between the state political contexts of Maryland, Pennsylvania and Virginia is the extent of each state’s legislative professionalism. Squire defines legislative professionalism as being “associated with unlimited legislative sessions, superior staff resources, and sufficient pay to allow members to pursue legislative service as their vocation” (2007, 211). His index measures professionalism by comparing state legislators’ base salaries, number of legislative days per year, and total staff during sessions to the same variables measured for the U.S. Congress. Squire finds that in 2003, Pennsylvania was ranked sixth most professional of fifty state legislatures, Maryland eighteenth, and Virginia thirty-fourth (2007). Hall and Deardorff have argued that less professional legislatures rely on lobbying as a legislative subsidy, in which interest organizations provide policy information,
political intelligence, and labor (2006). It is assumed that professional legislatures will have the
time and staff to conduct more of their own research, thereby relying less on interest groups and
advocacy coalitions in their legislative decision making. Assuming this will similarly apply to
nonprofit coalitions, my research should show greater targeting of legislators in Virginia by
nonprofit coalitions and less targeting in Pennsylvania.

H8: Less professional legislatures are more likely to be advocacy targets than more
professional legislatures. This will be measured through Squire’s index as well as through
interviews with coalition leaders.

Despite the fact that nonprofit coalitions are able to influence public policy through
member mobilization and expertise, when they face strong opposition from other interest
groups, advocacy success is less likely. This is particularly the case when the opposition is
protecting the status quo, or is able to use monetary contributions to support specific candidates.
Even if the opposition is not stronger than the nonprofit coalition, the mere disagreement on the
issue may result in legislative uncertainty about which policy solution to support, leading to
inaction. Thus, while opposition may make it more difficult to achieve public policy impact, it
usually does not deter a nonprofit coalition from attempting to pursue its advocacy priorities.

Through research that focuses specifically on nonprofit coalitions and their role in public
policy advocacy, it is clear that nonprofit coalitions differ significantly from previously studied
interest groups. The first important difference is the influence of external funding on the
purpose and membership of nonprofit coalitions. Funders are able to drive nonprofit coalition
purposes by providing needed monetary support, encouraging them to either pursue policy
revision or policy implementation. Furthermore, external funding subsidizes the engagement of
coalition members, making it easier to attract new members and overcome collective action
barriers, but also at times circumscribing who can join. Interest group literature fails to address the impact of external funding.

Nonprofit coalitions also are more likely to pursue policy solutions that benefit their underrepresented clients, than policy solutions that only benefit the coalition’s organizational members. This different focus results from greater member diversity and less market competition. Still, some nonprofit coalitions act very similarly to previously studied interest groups, particularly when their members have the same structures and purposes, and they face significant market competition. Thus, only a subset of nonprofit coalitions bring underrepresented voices to the public policy process, enhancing our pluralist democracy.

Finally, while both interest groups and nonprofit coalitions must wield influence, literature on interest groups does not differentiate between which advocacy strategies and influence are needed at what times. Nonprofit coalitions that are pursuing policy revision are more likely to achieve success when they mobilize their members to engage in both insider and outsider advocacy strategies. In comparison, policy implementation coalitions will be successful when they combine their expertise with insider advocacy strategies. It is important to differentiate between these different approaches, because a mismatch between purpose, strategy and influence can result in a failure to achieve policy impact. In sum, previous interest group research cannot adequately account for the role nonprofit coalitions play in the public policy process, leaving an important research gap that needs to be filled. This dissertation takes a first step in that direction.
Case Selection

I have chosen to study three coalitions from each state, with each coalition addressing one of three health issues: Medicaid expansion, domestic violence, or community health provision. The coalitions focusing on Medicaid expansion and community health provision are comparable using a least similar case comparison, in which the dependent variable (healthcare access) are the same, but the independent variables are different (George and Bennett 2005). The coalitions working on domestic violence focus on state-specific issues leading to different advocacy goals. These cases are more likely to fit a most similar case comparison, in which the cases differ on one independent variable and the dependent variable (George and Bennett 2005).

The cases represent a subset of the universe of nonprofit coalitions described on page 14. The nine coalitions tend to have more external funding than typical nonprofit coalitions, due to their focus on the salient issues of health care and domestic violence, both of which receive dedicated federal funding. Additionally, all of the coalitions engage or have engaged in public policy advocacy. As a result, these coalitions are not fully representative of all nonprofit coalitions, but can provide important insight into when and how nonprofit coalitions that are engaged in advocacy can impact public policy.

I chose the coalitions for my study by creating a list of all of the nonprofit health coalitions in each state. Since there are no comprehensive lists currently available, I utilized both LexisNexis and Google searches to find hits with the words “health,” “name of the state,” and one of the following words: “coalition,” “association,” “alliance,” “network,” or “partnership.” I documented each of the coalitions found through this technique, which resulted in about 70 coalitions within each state—however, Maryland was an outlier with 120
coalitions. I then assessed whether each group fit my definition of a nonprofit coalition based on the information available on their websites. About half of the coalitions from the original lists did not fit the definition as they were either: professional associations with individual members, trade associations with only corporate members, or nonprofit organizations with no members. Appendices 1-3 document the coalitions within each state that fit my definition.

From these lists, I chose three coalitions to study from each state ensuring variation on coalition purpose, size and issues. The coalition leaders were contacted via email and phone to obtain their agreement to participate in the research. The following nine coalitions serve as the case studies for my research. More detailed descriptions of each can be found on pages 60-69.

Medicaid Expansion

Maryland Health Care for All Coalition (MHA): This coalition was a leading supporter of Medicaid expansion in Maryland and has supported affordable health insurance since 1999. It currently has over 750 members working to increase tobacco taxes to provide more funding for health care.

Cover the Commonwealth (CTC): This coalition has 135 members and is a leading supporter of extending health care coverage through the Affordable Care Act's Medicaid expansion in Pennsylvania.

Healthcare for All Virginians Coalition (HAV): This coalition is a leading supporter of Medicaid expansion in Virginia, with 105 members. The coalition’s mission is “to help create and advocate for accessible and affordable quality health care for all Virginians” (HAV Home Page 2014).

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7 This outlier status is due to the fact that one of the Maryland newspapers, The Daily Record, frequently includes lists of professional associations, adding to the number of coalitions resulting from my search. Once the list was culled for coalitions that fit my definition, the final list was comparable in size to Pennsylvania and Maryland.

8 The definition is discussed on page 11.
Domestic Violence

Maryland Network Against Domestic Violence (MNADV): This is a coalition of 20 comprehensive programs that provide services to domestic violence victims across Maryland. It also developed the lethality assessment program, which prevents domestic violence homicides through an easy to administer survey called the Lethality Screen for First Responders. This program has been replicated across the country.

Pennsylvania Coalition Against Domestic Violence (PCADV): This coalition has 58 center members and is one of the oldest domestic violence coalitions in the country. PCADV helped draft VAWA in the early 1990s. It also administers the granting of federal and state funding to its members.

Virginia Sexual Assault and Domestic Violence Action Alliance (VSADV): This coalition was created in 2004 as a merger of the Virginia coalitions on domestic violence and sexual assault. The coalition has 54 center members.

Community Health Centers

Mid-Atlantic Association of Community Health Centers (MACHC): This is a coalition of sixteen community health centers, with 141 sites, and a combined budget of $4.5 billion. Two community health centers in Delaware are also members. The association’s goal is to help its members in “the delivery of accessible, affordable, cost effective, and quality primary health care to those in need” (MACHC 2015).

Pennsylvania Association of Community Health Centers (PACHC): This is a coalition of 43 federally qualified health centers (FQHCs), 5 look alikes, and 15 rural health clinics. The FQHCs cover almost 275 sites. The association’s mission is to provide quality primary care to all.
Virginia Community Health Association (VCHA): This is a coalition of 29 community health centers, with 135 sites. “The Association’s mission is to assure that all Virginians, regardless of geographic location or income, have access to appropriate and affordable primary health care” (VCHA About Us 2015).

Since media coverage was used to identify the nine coalitions for this research, there is a bias toward coalitions that have the capacity to attract media attention, which likely is correlated with their level of advocacy. Previous research has used legislative testimony to identify interest groups to study, which also biases the cases chosen. By utilizing media hits instead of testimony, my selection technique ensures that there is variation in the types of advocacy the coalitions conduct and the levels of their advocacy activity. The research does not consider nonprofit coalitions that do not engage in any public policy advocacy. Rather, it serves to explain the different advocacy impacts of the nine coalitions studied.

Research Design

My research design is a qualitative case comparison of nonprofit coalitions that engage in public policy advocacy. I collect my data through semi-structured interviews, observations of coalition meetings, a media analysis, and a review of coalition documents. The interviews are conducted in person with coalition leaders, staff, funders, and government officials. The purpose of the interviews is to test my hypotheses concerning the purpose, funding, advocacy strategies, and advocacy success of the coalitions. A list of interview questions is provided in Appendix 4.

The purpose of the media analysis is to obtain an external perspective on the types of influence nonprofit coalitions wield. Specifically, I differentiate between the coalitions that rely
more on member mobilization and those that rely more on expertise. Coding of the media articles, as well as interviews with government officials, help confirm the difference between the sources of influence. I also observe coalition meetings to determine who influences the advocacy decision-making process within the coalitions. Finally, I review a variety of coalition documents to collect data on the funding of the coalitions, the number of members, and how the coalitions frame their policy solutions. By using a variety of different research methods, I attempt to provide a more comprehensive understanding of nonprofit coalitions than any one method alone could achieve.
Pluralist theory posits that coalitions form in response to the common interests of their members. Collective action argues instead that selective incentives—social rewards, access to information and education, insurance provision, legal support, and technical assistance—must be used to attract and maintain coalition membership. Yet, neither theory accurately captures the reasons that nonprofit coalitions form, which is a combination of both common purpose and available funding. Furthermore, the reason a nonprofit coalition forms often has little impact on the purpose the coalition pursues today. Terry Moe argues that the incentives an interest group uses to attract members influence the purpose pursued by the group (1980). He differentiates between purposive interest groups, which attract members through the political goals they pursue, and material interest groups, which purchase member support through the provision of material incentives (Moe 1980). While some of Moe’s descriptions of purpose driven interest groups can help explain nonprofit coalitions, his overall distinction between purposive and material groups does not apply to the nonprofit coalitions in this study. This is partially due to the fact that by definition all of the coalitions studied conduct advocacy, and thus provide some purposive incentives, leaving no coalitions that only offer material incentives. Another reason Moe’s theory does not apply is that nonprofit coalitions must account for more than the interests of their members when determining their purpose.

The nonprofit coalitions I study primarily receive their funding from external grants and contributions rather than through membership dues, which varies greatly from that of previously studied interest groups. I argue that there are two types of nonprofit coalitions that pursue advocacy, those coalitions that pursue policy revision and those that pursue policy
implementation. The former focuses on policy change that disrupts the status quo, while the latter addresses incremental changes to policies that already exist. Nonprofit coalitions adjust their purpose to align with the purpose of their primary funders, whether foundations or government.

Some prior theories suggest that nonprofit coalitions are more flexible than interest groups and are more likely to hibernate or fold after an advocacy fight is won or lost. James Wilson, however, suggests that organizations seek to maintain themselves and “few organizations seek oblivion even when they have accomplished their task or found their goal unattainable” (1973, 30). Wilson’s assumption holds for the nine coalitions studied, which have found that available external funding and the social capital and trust developed among members provide compelling reasons to continue their operations in some way. However, as the interests of funders change over time, nonprofit coalitions must adapt their purposes to align with their funders or find new sources of support.

The variables that influence the membership of nonprofit coalitions also differ from that of interest groups. Terry Moe argues that the types of incentives offered to members determine the size of the interest group (1980). He posits that purpose driven interest groups tend to be smaller and more unstable, because they can only accommodate a certain number of different political goals (Moe 1980). In comparison, when interest groups use material incentives to attract members, they can attract more individuals because their decision to join is independent of political considerations (Moe 1980, 74). In the case of nonprofit coalitions, however, member incentives have little impact on coalition size. Furthermore, the purely purpose-driven coalitions tend to be the largest, while the coalitions focused primarily on material incentives are often the smallest. External funding is the main determinant of a nonprofit coalition’s size
and diversity. Previous research on interest groups and voluntary associations pays little attention to the impact of external funding. This chapter fills this gap by explaining the initial founding of the nine nonprofit coalitions studied and tests how the interests of external funders influence each coalition’s purpose and membership.

Nonprofit Coalition Founding

Wilson argues that, “the normal tendency of formal organizations to resist coalition formation, except on an ad hoc basis, can be overcome if the existing level of resources and autonomy for all prospective members can be significantly threatened (a crisis) or enhanced (an opportunity)” (Wilson 1973, 275). This tendency accurately describes the reasons that nonprofit coalitions formed over the past four decades. In many cases, newly available resources were the driving force to bring nonprofit organizations together. In others, however, nonprofits came together based on common interest, either for mutual support or to exploit a political window of opportunity to pass legislation. Thus, nonprofit coalitions are founded for diverse purposes, however, their goals eventually gel around those of their primary funding source. Of the nine coalitions reviewed in this study, the coalitions working to end domestic violence were all founded in the late 1970s, the associations of community health centers formed in the early 1980s and the Medicaid expansion coalitions started work in the 2000s.

Domestic Violence Prevention

The coalitions working to end domestic violence formed as an outgrowth of the civil rights and women’s rights movements. The nation’s first domestic violence coalition was the Pennsylvania Coalition Against Domestic Violence (PCADV), which began when a few people came around the founder’s kitchen table in 1976 to write a grant proposal. Their initial goal
was to have a shelter within 50 miles of any battered woman, which was achieved in the late 1980s (Dierkers 2015). The coalition has grown from an initial nine member organizations to 58 members today, which serve 100,000 victims of domestic violence each year. Twenty of these member organizations hold leadership positions within the coalition (Dierkers 2015). The membership of PCADV is limited to community-based domestic violence centers and only two centers in Pennsylvania are not members of the coalition. The coalition charges members a $100 fee each year.

Executive Director, Peg Dierkers, explains that the coalition has always had the goal of “changing the cultural norms and social change” (Dierkers 2015). To do this, the coalition supports and advocates on behalf of victims “through intervention services that are provided free of charge and include 24 hour hotlines, crisis centers, individual and group counseling/support, shelter, assistance in filing PFA petitions, court accompaniment, children's programs, and referrals to other community resources” (PCADV 2015). PCADV also collects data on domestic violence-related deaths since the state has no central database tracking this information. Finally, PCADV serves as a pass-through grant maker, distributing funding from the state and federal government to its members. The annual budget of PCADV in 2012 was $24,927,136, with $21,066,461 of that amount distributed to its member organizations. The remaining $3,860,675 supports the work of the coalition’s 40 staff, the largest staff of all of the nine coalitions studied.

The Maryland Network Against Domestic Violence (MNADV) was formed in 1980 and was “very public policy and advocacy-oriented from the outset” (Cohen 2015). Today, the coalition has on average 30 service provider and organizational members that pay dues based on the size of their budgets. Dues range from $200 to $400 a year (MNADV 2015). The coalition
has always had a very diverse board of directors, with representatives from domestic violence programs and allied service providers, health care providers, law enforcement and prosecution, survivors, and advocates.

The coalition operated solely on volunteer support from 1980 until the mid-1990s, when it received its first private and government funding. In fiscal year 2015, MNADV’s budget was $1,454,334, with 90 percent coming from government sources. MNADV receives federal funding designated for domestic violence coalitions, but it also has federal and state government grants that fund specific programs, including its pioneering Lethality Assessment Program, which the MNADV developed in Maryland and has now been adopted in jurisdictions across the country. “The MNADV also works in partnership with many other groups to achieve its goals, including the Maryland Health Care Coalition Against Domestic Violence, which currently includes 10 hospital-based domestic violence programs in Maryland, which is very unique” (Cohen 2015). By partnering with other organizations, MNADV is able to have a greater impact than its 13 member staff could have alone.

The Virginia coalition began as two separate coalitions focused on domestic violence and sexual assault founded in 1980 and 1981 respectively. The coalitions were founded by “some savvy women who saw that in order to impact the law and in order to access any funding, they would do better to come together to form a network to do that” (VanAudenhove 2015). “Each agency that was part of the network kicked in money to help it get started” (VanAudenhove 2015). In 2004, the coalitions merged into the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA) because they were doing “very much the same work for very similar constituencies and, in Virginia, three-quarters of the agencies are dual agencies” (VanAudenhove 2015).
Today, the coalition has 54 sexual domestic violence agency members and 30 affiliate members (VanAudenhove 2015). The agencies are primarily nonprofits, however, some counties have agencies that are part of the local county government. The coalition has tiered membership dues ranging from $100 to $2,000 per organization, per year, significantly higher than the dues of the other two domestic violence coalitions. VSDVAA’s annual budget in 2013 was $1,952,398, with 15 percent coming from non-government sources—foundations, membership dues or earned income. Unlike PCADV, VSDVAA intentionally chose not to serve as an administrator of state funds, with the board of directors deciding “that it would really muddy the waters in terms of being the advocates for agencies when we were also their funders” (VanAudenhove 2015). The coalition’s work focuses in three areas, public policy advocacy, serving victims through its hotline, and technical assistance for its members.

In sum, the domestic violence coalitions studied receive the large majority of their funding from federal and state governments, have medium-sized memberships, and comparatively large staffs. The staff is primarily engaged in carrying out government grant-funded programs, and in the case of PCADV, distributing government funding to its members. With roots in the women’s rights movement, all three of the coalitions consider advocacy to be one of their two top priorities, however, only PCADV has a full-time staff position dedicated to public policy.

*Community Health Centers*

Many of the state associations of community health centers were founded in response to available government funding. The Virginia Community Healthcare Association (VCHA) was different. Sixteen organizational members came together in 1980 with no external funding. “Each one kicked in a few dollars in dues, did an annual conference, and things like that. It was
not until 1984 that we had the first staff person. Then in the early 1990s, the federal government actually put out an association grant, which we received and continue to receive” (Graham 2015). Since then, VCHA has greatly diversified its revenue streams to include “federal and state dollars, foundation dollars, corporate dollars, membership dues, and program revenue” (Graham 2015). In 2013, the association’s revenue was $4,622,028 and Graham estimates it at $9 million in 2015. $3.4 million of that is pass-through funding distributed back out to its Federally Qualified Health Center (FQHC) members. Another significant portion was raised in order for VCHA to purchase its own office building. Finally, member organizations are required to pay dues based on a sliding scale, which are capped for the largest organizations at $15,000 per year.

Today, VCHA has 29 organizational members, with nine serving on an appointed board of directors. The organization is registered as a 501(c)6 membership organization, requiring it to generally promote the business interests of its members and giving it more leeway for lobbying expenditures. The primary focus of VCHA is providing “training and technical assistance services to CHCs [Community Health Centers] in areas such as clinical/staff development, recruitment and retention services, board and executive development and financial training” (VCHA 2015). VCHA also helps develop organizations that plan to become community health centers. It was not until the current CEO, Neal Graham, came in 2001 that the association began to focus on advocacy and it hired a full-time Director of Government Affairs in 2002. According to Graham, VHCA has four major purposes, “education and training, joint purchasing, community development and advocacy” (Graham 2015), which are carried out by 13 full-time staff members.
The Pennsylvania Association of Community Health Centers was founded in 1981 in response to available federal government funding from the Health Resources and Services Administration (HRSA). The association’s mission is “improving access to quality affordable primary health care” (Rinehart 2015). It recently decided to expand its membership to include nonprofit rural health clinics and like mission providers, in addition to community health centers. Currently, the association has 63 member organizations, significantly more than VCHA and MACHC. President and CEO, Cheri Rinehart, notes that the main benefits the association provides to its members are communication, advocacy, education and training (2015). In 2013, PACHC’s budget was $2,227,433 with funding still primarily coming from HRSA, and additional streams of state grants, foundation funding, and membership dues. The association has 12 staff, with one full-time position dedicated to public policy.

The Mid-Atlantic Association of Community Health Centers (MACHC) was formed in 1982 also in response to funding from HRSA. The main focus of the association early on was advocacy, because members recognized the need to be represented at state government meetings (Taylor 2015). Since then, the association has “morphed considerably to be more around technical assistance and training . . . and we’ve progressively gone into data and analytics” (Taylor 2015). The association underwent some tumultuous years in the early 2000s, during which half of the centers in the state of Maryland were not members of the association, due to leadership clashes. Today, all of the 16 centers are back under the MACHC roof, with and additional two centers from Delaware.

MACHC had a budget of $1,371,049 in 2012, with approximately 80 percent coming from the federal government. Ten percent of the budget is comprised of government and foundation grants for specific projects including cultural competency, emergency preparedness,
and workforce development. MACHC’s remaining funding comes from corporate sponsorships and membership dues. Membership dues used to be $4,500 for each center, however, the association is introducing a tiered system soon. MACHC is the smallest of the associations of community health centers studied, with a staff of eight and no full-time position focused on public policy.

Overall, the associations of community health centers have larger budgets than the other coalitions, but their staff sizes are smaller than the domestic violence coalitions. This is due to the fact that the associations receive a larger allocation of federal government funding to provide technical assistance to their members, while domestic violence coalitions receive much smaller allocations and therefore rely on supplemental government grants that require additional staff to provide specific programs and services. Of the coalitions studied, the domestic violence coalitions have on average $82,000 in income per staff person, while the associations of community health centers have $200,000 per staff.

Medicaid Expansion

Finally, the Medicaid expansion coalitions were all formed by organizations that had histories of working together on healthcare. In 1999, Maryland Health Care for All (MHA) formed “to achieve affordable healthcare for all Marylanders” with the support of local foundations (DeMarco 2015). Since then, the coalition has successfully advocated for expanded health coverage and increases in taxes on alcohol and tobacco. In between advocacy campaigns, the coalition works on public education and implementation. For example, after it got the tobacco tax increase in 2007, the coalition “did radio ads with sports figures, we did press conferences, thanked the legislators for supporting it, to let people know about it to make sure it worked” (DeMarco 2015). Today, the coalition has 750 member organizations, which range in
diversity from mom and pop stores to 1199SEIU and the United Methodist Church. A nineteen-member board of directors leads the coalition and the coalition has four full-time staff. With an annual budget of $510,118 in 2012, the coalition received almost all of its funding from national, state and local foundations, including the Abell Foundation, Baltimore Community Foundation, Nathan Cummings Foundation, and the Robert Wood Johnson Foundation.

According to coalition Executive Director, Vincent DeMarco, they have intentionally not asked members to pay dues, because “we ask so much from our coalition partners, I’d rather not ask them for money. I’d rather have them write their legislator, go to a hearing, doing things like that than give us money” (DeMarco 2015).

The Pennsylvania Health Access Network (PHAN) began in 2007 as a “two to three year funded project and the idea was to try and build a permanent consumer voice in Pennsylvania” (Kraus 2015). The initial funding came from the Robert Wood Johnson Foundation project called Consumer Voices for Coverage. Kraus acknowledges that, “obviously money was kind of the incentive to really bring people together on a formal level” (Kraus 2015). Cover the Commonwealth (CTC) is the Medicaid expansion coalition started by PHAN. The coalition has a larger and more diverse membership than PHAN, with 135 members, compared to PHAN’s 55 (Kraus 2015). Originally, PHAN and CTC had no dedicated staff, but quickly, members came to consensus that staff was needed to carry out the day-to-day operations. Antoinette Kraus became the leader of PHAN and CTC. In 2015 the staff has doubled in size from three to six, due to new navigator funding from the federal government. Thus, half of the staff works on advocacy and the other half on enrollment. PHAN’s current budget is $550,000 (Kraus 2015), which comes from both foundation and government support. The neither PHAN nor CTC charge member dues.
In Virginia, when Robert Wood Johnson Foundation (RWJF) funding first became available, organizations that worked together on children’s health and dental health decided to come together to apply for a grant to work on parent eligibility. Healthcare for All Virginians (HAV), however, did not receive the funding because RWJF “apparently wanted to concentrate in states where they thought they could win” (Hanken 2015). Rather than folding, HAV coalition members decided to kick in money—6 organizations provided $10,000 each. The coalition continues to operate off of the $60,000 and volunteer time of lobbyists who are employees of its member organizations. HAV has been able to attract a diverse group of 105 member organizations ranging from AARP to the Hemophilia Association (Hanken 2015). In the past few years, several organizations have received some funding to work on Medicaid expansion, but most HAV supporters have not. This makes it difficult for HAV to keep its members engaged in a sustained advocacy effort. While coalitions can help nonprofits overcome challenges of collective action, they often need full-time staff to do so. Staff helps maintain frequent communication with the membership, ensures members are assigned advocacy engagement tasks, and provides needed support to complete the tasks. Thus, nonprofit collective action is much more difficult without external funding to support coalition capacity building.

The Medicaid expansion coalitions differ from the others in that their primary funding comes either from foundations or from voluntary member contributions. Since private funding for coalition advocacy is limited, the budgets of the Medicaid expansion coalitions are significantly lower than the other coalitions. This results in smaller staffs and greater reliance on members for contributions of time and expertise. In sum, six of the nine coalitions studied formed in response to the “opportunity” of available funding, rather than the “threat” of funding
cuts. Desire for a collective voice to influence public policy was another important reason for the founding of coalitions. Yet, overtime, the funding that the coalitions receive influences the purposes they decide to pursue.

**Defining Coalition Purpose**

At the time this research was conducted in 2015, there were two types of advocacy pursued by the coalitions studied, which I label policy revision and policy implementation. Policy revision coalitions focus on change similar to Jones and Baumgartner’s theory of punctuated equilibrium, which posits “that when conditions are right, change can happen in sudden, large bursts that represent a significant departure from the past” (Stachowiak 2013, 4). Large-scale change is possible when “an issue is defined differently or new dimensions of the issue gain attention, new actors get involved in an issue; or the issue becomes more salient and receives heightened media and broader attention” (Stachowiak 2013, 4). Wilson discussed similarly large changes that “represent major redefinitions of the proper role and powers of government; they were controversial mainly in that people differed importantly over what it was legitimate for government to do” (Wilson 1973, 330). Thus, policy revision coalitions strive to significantly alter the balance of power, or status quo, within a given system during a window of opportunity by focusing on one, or a few, major changes in the law. For example, Medicaid expansion provides healthcare to a new segment of the population that previously was not served, which requires altering both funding and service provision systems. Not all coalitions, however, find themselves in an environment ripe for policy revision. Often they must work to create more favorable conditions, by redefining the issue, mobilizing new actors, and gaining
media attention. When the conditions and influence of the coalition align, “change is exponential, not incremental” (Stachowiak 2013, 4).

In comparison, policy implementation coalitions focus on altering laws and regulations in minor ways, often over time, to improve how services are provided. Coalitions that focus on policy implementation often need expertise in service provision in order to know what needs to be changed and to how best to accomplish it. Coalitions working to end domestic violence and associations of community health centers, in most cases, focus on incremental changes to laws, regulations, and procedures, including: firearm laws for domestic violence perpetrators, campus sexual assault reporting procedures, the Maryland hospital waiver, navigator regulations, and nonprofit property tax exemption. These coalitions will “typically explore and pursue multiple avenues for change, … often simultaneously, to find a route that will bear fruit” (Stachowiak 2013, 9). Policy implementation can be less threatening than policy revision because it typically does not challenge the status quo and can also often be pursued without lobbying, as not everything has a legislative fix. Advocating for changes to regulations and procedures is never defined as lobbying. Providing expertise is not considered lobbying unless it is directed at a specific piece of legislation. Overtime, many incremental changes can add up to significant long-term change. Michaele Cohen, Executive Director of the Maryland Network Against Domestic Violence, notes,

It’s a slow process. It has taken many years to achieve our successes, but we have made substantial progress, getting laws passed in the state, changing policies, and changing attitudes. Since 1980 the MNADV has provided leadership for the passage of 118 different pieces of legislation. Some have been big changes, but many have been incremental. We’ve also made substantial progress in the way law enforcement, the criminal and civil justice system, and the social welfare and health care systems respond to domestic violence. During the last thirty-five years, the cultural conversation about domestic violence has changed substantially. It is no longer a private family matter; it is a significant public policy, public health, and criminal justice issue. (Cohen 2015)
A few of the nine coalitions are attempting to pursue both purposes. VCHA is a founding member of Healthcare for All Virginians and considers Medicaid eligibility expansion to be its top advocacy priority in 2015 in addition to its other incremental advocacy work. PACHC also considers Medicaid expansion to be a top priority, however, it chose not to participate in Pennsylvania’s Cover the Commonwealth Coalition. PACHC instead worked behind the scenes, to carve out specific benefits for its membership in Governor Corbett’s Healthy PA Plan. Finally, Maryland’s Health Care for All Coalition is transitioning from policy revision to policy implementation, due to the current political climate in the state. As will be explained in Chapter 5, coalitions that specialize in one type of advocacy can have difficulty shifting strategies and activating different sources of influence when they try to pursue a different purpose.

Funder Purposes

Funding of the nine coalitions has changed over time, with much of the coalitions’ funding today coming from either private foundations or government agencies, as shown in Table 2. Just like coalition members, foundation and government funders have their own missions and goals, which influence the purpose each coalition pursues. The private foundations interviewed for this study have a preference towards supporting policy revision, rather than the provision of services. Because foundations have limited capital, they often view their role as catalysts for changing who has access to services and where government funding is allocated, rather than funding the services directly. Atlantic Philanthropies states on it’s website “we believe in making large investments to capitalise on significant opportunities to solve urgent problems now, so they are less likely to become larger, more entrenched and more
expensive challenges later” (Atlantic Philanthropies 2015). According to Sara Kay, Head of Advocacy and Health Equity Programmes, “Atlantic has an explicit niche as an advocacy funder” (Kay 2015). Importantly, the advocacy advanced by the foundation helps bring the voices of the underrepresented into the public policy process. Kay explains, “Our founder at Atlantic was very, very focused on underprivileged people. People who just didn’t have the same opportunities as others. So, I think his idea was to put his thumb on the scale a little bit on their behalf. Lift up their voices” (Kay 2015).

Some foundations see their role as helping direct public policy development. Sara Kay explains that when she was directly funding coalitions at the Nathan Cummings Foundation, prior to the passage of the Affordable Care Act, she understood her role to be supporting good models of healthcare expansion at the state-level that would hopefully influence the national discussion (Kay 2015). Additionally, she also supported nonprofit coalitions that were fighting against really bad models that, if adopted, could be precedential in other places (Kay 2015). Thus, she focused on what she calls, “bellwether states” (Kay 2015). In comparison, some foundations have the financial means to fund coalitions across the country. For example, after the Children’s Health Insurance Program (CHIP) was enacted, the Robert Wood Johnson Foundation “made grants to every state in the country and we actually funded them to create coalitions to work on children’s health insurance access and coverage issues” (Grubstein 2015). This investment by the foundation was driven both by a desire to support advocacy, but also by an understanding that the capacity of nonprofits to advocate had to be built. Thus, RWJF helped develop the organizing capacity of the sector by funding the creation of coalitions across the country. Many of the coalitions originally formed to work on CHIP are the ones working on Medicaid expansion today.
Foundations also work to build their own capacity. For example, the Nathan Cummings Foundation developed a philanthropic collaborative to pool the resources of national foundations that wanted to support Medicaid expansion work at the state level. When Sara Kay was Program Officer at Nathan Cummings, she was “funding anywhere from 12 to 14 state-based coalitions at any given time, but it’s a very high touch, demanding, kind of funding to do” (Kay 2015). Kay knew that if she was having trouble, other funders must be as well. So, she “wanted to create a vehicle that could funnel some of that national money into a more localized strategy, since most of us couldn’t do it on our own” (Kay 2015). Additionally, the collaborative was able to convince funders who were not familiar with healthcare policy to get involved. Through a soft match requirement, the collaborative attracted local funders to support the issue. As a result, new relationships developed between the nonprofit coalitions and local foundations. “On a couple of occasions, the national funders flew in and did joint meetings, which is a good way to get the local funders to the table, because they’ll come in to meet with national colleagues” (Kay 2015). Kay summarizes the foundation’s goals, “We’re building the capacity of the foundation world. We’re building the capacity of the national field. And we’re building the sustainability of some of the local groups by helping them develop the funding” (Kay 2015). Thus, foundations have three main goals when they support advocacy, 1) raising up the voices of the underprivileged, 2) influencing public policy, and 3) building the capacity of the nonprofit and philanthropic sectors.

In comparison, government funders of nonprofit coalitions focus on policy implementation, which includes service provision and coordination. The goal of government agencies is to provide services as effectively, efficiently and equitably as possible. Thus, incremental changes in laws, regulations and procedures are often understood to be necessary to
achieve that goal. The Family Violence Prevention and Service’s Act states that it funds coalitions to “provide education, support, and technical assistance to the primary-purpose domestic violence service providers and providers of direct services in the State” and “supports the development of policies, protocols, and procedures to enhance domestic violence intervention and prevention in the State” (FYSB 2015). In comparison, the Health Resources and Services Administration’s (HRSA) mission is “to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs” (HRSA 2015). HRSA’s mission is less focused on developing policies and more focused on service provision. Government agencies also have mandates to help the underserved, those “who are geographically isolated, economically or medically vulnerable” (HRSA 2015). This differs from foundations’ interests in helping the underrepresented. While these are often the same or similar groups of people, the government is more focused on providing services to them, while foundations are more focused on representing their interests.

When nonprofit coalitions receive government funding for service provision, a mutually reliant relationship develops. Since government agencies have been limited over the past few decades in the direct services they can provide, they must depend on nonprofit organizations as service providers. In fact, a lot of government legislation specifies nonprofits as the entities that can receive grants for service provision—community health centers and domestic violence shelters must be nonprofits. This relationship provides coalitions that represent nonprofit service providers with access to government agencies that they would not otherwise have. This access, in turn, allows the coalitions to pursue incremental change by advocating for modifications in laws, regulations and procedures.
I hypothesize that nonprofit coalitions receiving the majority of their funding from foundations will pursue policy revision, while coalitions receiving the majority of their funding from government sources will pursue policy implementation. As shown in Table 3-1, the two coalitions that received the majority of their funding from foundations worked on the issue of Medicaid expansion, which is policy revision. The data comes from 2012 and 2013, the most recent 990 data available for the coalitions. Thus, the hypothesis is confirmed for that timeframe. HAV did not receive foundation support, but did receive contributions from some of its founding members. Since these were one-time contributions, they serve a similar purpose as foundation grants, allowing the coalition to attract additional members without charging them a fee to join. Thus, the example of HAV does not disprove the hypothesis.

Table 3-1: Funding Sources

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<thead>
<tr>
<th></th>
<th>Foundation</th>
<th>Government</th>
<th>Membership Dues</th>
<th>Other</th>
<th>Discretionary (Membership + Other)</th>
<th>Total Budget</th>
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<td>4%</td>
<td>4%</td>
<td>4%</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>MNADV</td>
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<td>90%</td>
<td>.5%</td>
<td>8%</td>
<td>100%</td>
<td>20,000</td>
</tr>
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<td>8.5%</td>
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<td>3%</td>
<td>10%</td>
<td>13%</td>
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</tr>
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<td>5.5%</td>
<td>84%</td>
<td>4.5%</td>
<td>6%</td>
<td>10.5%</td>
<td>1,371,049</td>
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<td>11.5%</td>
<td>10%</td>
<td>21.5%</td>
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<tr>
<td>VCHA</td>
<td>18%</td>
<td>72%</td>
<td>4%</td>
<td>6%</td>
<td>10%</td>
<td>5,555,655</td>
</tr>
</tbody>
</table>

Data from most recently available 990s, 2012 and 2013, and coalition leader interviews.

The six coalitions receiving the large majority of their funding from government sources all pursue policy implementation. Four of the six coalitions were founded with the goal of accessing government funding, which influenced the purpose they pursued. The Maryland Network Against Domestic Violence, however, operated on volunteer support for almost 15 years until it received its first funding. During the early years, the coalition had a strong
advocacy orientation. As Cohen explains, “the Maryland Commission for Women and other women’s advocacy groups were very involved in the beginnings of this coalition, as well as domestic violence advocates. A lot of us were very advocacy-oriented” (Cohen 2015). Yet, once the coalition began to receive government funding in the mid-1990s, the coalition expanded its focus to include more awareness and education, training and technical assistance, and collaboration and coordination.

In fiscal year 2015, the MNADV received 90% of its funding from government sources, none of which can be used for lobbying. However, Cohen notes,

> While our government funding supports important program activities, we use donations and membership dues to continue to underwrite our advocacy efforts during the three months of the Maryland General Assembly Session (January-April) as well as other public policy activities. We also promote systems advocacy by coordinating the efforts of our county-based Domestic Violence Fatality Review Teams (DVFRTs), which make policy recommendations, and our leadership and participation in numerous statewide coalitions and collaborations that work to improve the response to domestic violence. This continues to be an important commitment of time and effort and is central to our mission. (Cohen 2015)

Thus, despite the limits of government funding, MNADV continues to pursue its commitment to social change through a combination of education and training, innovative programs, legislative and systems advocacy, and partnerships and collaborations.

**Funder Limitations on Advocacy**

Previous research by Smith and Lipsky (1993) as well as Bass et al. (2007) has posited that both foundation and government funders limit nonprofit advocacy by restricting how grants can be used. Interviews with foundation and government funders of the nine coalitions confirm that they explicitly forbid coalitions from using their funding for lobbying. HRSA only funds technical assistance and training, but not advocacy or anything political. Lori Grubstein,
Program Officer at the Robert Wood Johnson Foundation, says, “We are just really vigilant about making sure that we don’t fund any lobbying type activities,” but this does not preclude advocacy (2015). This restriction is significant because very large percentages of annual nonprofit coalition income come from either foundation or government sources. Eight of the nine coalitions receive between 80 and 96 percent of their funding from either foundations or the government, which limits the amount of discretionary funding they have to spend on lobbying. Nevertheless, few of the coalitions spend nearly as much discretionary money as they have or that the government allows on lobbying. The Medicaid expansion coalitions are exceptions, as all three have fiscal sponsors. A fiscal sponsor is a nonprofit organization that receives and administers charitable contributions on behalf of an organization without 501(c)3 status (National Council of Nonprofits 2015). Newly formed coalitions, or coalitions that have an anticipated a short lifespan, may seek a fiscal sponsor rather than investing the time and resources necessary to be recognized as an independent tax-exempt entity by the IRS. Fiscal sponsors allow nonprofit coalitions greater leeway in lobbying expenditures, since the coalitions’ budgets are only a small portion of the budgets of their sponsors, and lobbying allowances are determined as a percentage of a sponsor’s overall budget.

What previous research fails to consider, however, is that some foundation and government funders do appreciate the need for and benefit of the lobbying and advocacy in which the coalitions engage. From a private foundation perspective, Grubstein notes, “a lot of those efforts do require lobbying” (2015). Furthermore, some foundations actually fund coalition lobbying, such as Atlantic Philanthropies, which has (c)(4) funding capacity. This means that the grants they make from their (c)(4) pool of money can be used for lobbying. Yet,

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9 More information on lobbying rules can be found on the Bolder Advocacy website: [http://bolderadvocacy.org/navigate-the-rules](http://bolderadvocacy.org/navigate-the-rules)
Atlantic is “very unique because they are actually incorporated in Bermuda, so they don’t have to adhere to the IRS lobbying rules” (Grubstein 2015). Nevertheless, even foundations without (c)(4) capacity can fund advocacy. Kay notes, “I don’t think a lot of funders … really understand how much latitude they actually have to fund advocacy work” (2015).

Additionally, in some cases, government funding can be used for advocacy. In the case of the Violence Against Women Act, advocacy for public policy change is explicitly supported. The formula grant for domestic violence coalitions through the Office of Violence Against Women (OVW) states,

Statewide sexual assault coalitions provide direct support to member rape crisis centers through funding, training and technical assistance, public awareness activities, and public policy advocacy. Statewide domestic violence coalitions provide comparable support to member battered women’s shelters and other domestic violence victim service providers. (OVW 2015)

When asked how this overt support of advocacy came to be included in the law, leaders of the National Network to End Domestic Violence (NNEDV) said, “Because we wrote it!” (2015). Today, a taskforce of 22 organizations has since been formed to work on VAWA and FVPSA reauthorizations, a group that includes NNEDV and other key players that aggregate input from state coalitions across the country to decide which policy revisions to advance. Leslye Orloff, Director of the National Immigrant Women’s Advocacy Project at American University’s Washington College of Law, and member of original drafting taskforce of the Violence Against Women Act (VAWA), explains that VAWA shifted towards a focus on advocacy over time, through a series of changes during reauthorizations. This shift has been possible because of “the relationship that VAWA sets up between victim advocates, law enforcement, prosecutors and the courts” (Orloff 2015). Since VAWA emphasizes collaboration through coordinated community response, change has to be about policies.
“You set policies and protocols for how everybody’s going to work together. So it’s a logical outgrowth that doesn’t exist in the many other contexts” (Orloff 2015).

The coalition funders interviewed for this research, however, are outliers. The large majority of both foundation and government funders are extremely skittish about both lobbying and advocacy. Sara Kay suggests that, “A lot of local funders find it unseemly, especially if they have local people on their board who don’t want to be embarrassed by what the grantees are doing. So there’s a lot of reputational concern. And, you know, it’s not just small funders, it’s also large funders” (Kay 2015). Lori Grubstein attributes foundations’ reluctance to fund advocacy to the challenge of measuring the outcomes. She notes that, “policy work and advocacy work, it’s just harder to see the results right away and how it trickles down to help people on the ground” (Grubstein 2015). Thus, there has been “more of an emphasis on supporting direct service work – those types of program where you could really see the tangible results right before your eyes. So you have to build the evidence base and do the evaluation and research to show that policy advocacy is really a way to make huge impact” (Grubstein 2015). Grubstein is more optimistic, believing that funding advocacy is “becoming more of a given, just taken for granted that it makes a lot of sense” (2015), while Kay believes that there are fewer funders who feel comfortable about funding advocacy (2015).

As suggested by Smith and Lipsky, explicit financial support for advocacy by government agencies is rare, yet, ironically, many government agencies rely on nonprofit coalitions to advocate on their behalf (1993). Joshua Sharfstein, former Secretary of the Maryland Department of Health and Mental Hygiene, describes the relationship between his agency and the Maryland Health Care for All coalition and its leader Vincent DeMarco. “It was very clear that he [DeMarco] was able to do certain things as an advocate that we couldn’t
do. And he knew that we could do things that would be helpful to his advocacy effort. So where it made sense, we worked together” (Sharfstein 2015). Similarly, Pamela Kestner, Special Advisor on Families, Children and Poverty with Virginia’s Office of the Secretary of Health and Human Resources, clearly states that nonprofit coalitions “can do the advocacy work, while we in state government cannot” (2015). For example, in the case of Medicaid expansion in Virginia, the governor relied on Healthcare for All Virginians to distribute messages to some channels that government officials located in Richmond could not reach (Manz 2015). Similarly, Ted Dallas, Pennsylvania Secretary of Human Services, notes that once a coalition forms “a relationship between all of those providers, our ability to get the information out is also much easier. And sometimes it’s better than us saying it” (2015).

The most explicit example of government reliance on coalition advocacy came from PACHC. Coalition CEO, Cheri Rinehart, explained that in Pennsylvania,

The governor’s budget includes a proposed move of the state primary care loan repayment program from the Department of Health to the Pennsylvania Higher Education Assistance Agency (PHEAA), which doesn’t sound like a big deal, plus it comes with more dollars. But the Department of Health, because it is the primary care organization, has worked to make sure the criteria are prioritized by greatest need, and that there is … bias toward safety net providers getting those individuals. We have concerns that in a move to PHEAA, where it’s just a grants administration program, that you lose that. Maybe you get more dollars, but do you get less impact where it’s needed. (Rinehart 2015)

While the Pennsylvania Department of Health cannot advocate on its own behalf to maintain control of the loan repayment program, “they’ve expressed some of their concerns about implementation and then we’ve [PACHC] advocated” (Rinehart 2015).

Yet, government allies stress that the nonprofit coalitions are not co-opted into supporting government goals or strategies. Sharfstein notes that DeMarco was willing to push back and at times would say that his coalition could not take positions on certain issues (2015).
Similarly, Jodi Manz, Policy Advisor, Office of the Secretary of Health and Human Resources of Virginia, explained that, “there was a smaller group of organizations who did tend to get a little more aggressive and went a little rogue. We certainly didn’t try to stop that, but we didn’t do anything to support it” (2015). Furthermore, government officials do try to support their nonprofit coalition allies. For example, Sharfstein wrote thank you letters that Maryland Health Care for All could send to its funders to illustrate its impact (2015). For these reasons, this research project rests on the assumption that neither foundation nor government funding directly inhibits coalition advocacy, even if those specific sources of funding often cannot be used to support lobbying specifically. Interviews with the nine coalition leaders support this assumption, with CEOs reporting that in almost all cases their funders do not influence the coalition’s advocacy. Two exceptions, Cover the Commonwealth and VSDVAA, will be explained in Chapter 4. While funders do not prevent nonprofit coalition advocacy in general, they do influence the advocacy purpose the coalition pursues overtime.

**Coalition Lifecycles**

The concept of coalition lifecycles is based on Wilson’s claim that “organizations seek to maintain themselves. This objective requires, in turn, that associations be able to lay claim to a more or less stable supply of resources—members, money, issues, causes, and privileged access to governmental or other relevant institutions” (1973, 262). Yet, Wilson also argues that “a coalition formed for one issue is hardly likely to remain intact for any other, inasmuch as the resources a coalition member could bring to the new conflict or the payoffs he might expect from this victorious resolution will almost certainly have changed in value” (Wilson 1973, 272). Additionally, “even more severe difficulties confront economically disadvantaged groups in
their efforts to muster the resources necessary to remain active for any extended period of time” (Sabatier and Jenkins-Smith 1993, 29).

I suggest that there are three resources that help coalitions overcome the challenges of collective action: a focusing event, social capital and external funding. A focusing event highlights the importance of an issue and can encourage organizations to work together to find a solution. Once the objective is achieved, however, there is less reason for the coalition members to continue working together. An example of this is the anti-shackling coalition, which formed in Virginia (and in other states) to fight against state policy that required female prisoners to be shackled during childbirth. The policy was so abhorrent to both conservative and liberal organizations that a coalition of unlikely partners formed to get it changed. It was a “broad and diverse coalition representing faith-based organizations, women’s rights advocates, and prison reform groups” including ACLU of Virginia and the pro-life Family Foundation (ACLU of VA 2015). Once the policy was changed, however, these diverse organizations had no common interests to keep them together for continued advocacy.

In some cases, coalitions do stay together after an initial advocacy fight, even when the next advocacy battle has not yet been defined. Much of this staying power is due to the social capital developed between the members, resulting in heightened levels of trust and developed processes for collaboration. The anti-shackling coalition did not develop social capital since the members generally viewed each other as adversaries on most other advocacy issues and they lacked a similar set of values. Social capital, however, was important in forming the three Medicaid expansion coalitions, all of which were built upon the foundation of previously successful nonprofit coalitions. The Maryland “Health Care for All coalition was an immediate successor of the Children’s Health Initiative, an effort to raise the cigarette tax in 1999”
(DeMarco 2015). There were 350 organizations in the Children’s Health Initiative, which expanded to 1,200 during the coalition’s Medicaid expansion work, and has since reduced to 750 members for its current work to increase the cigarette tax by $1 per pack. Similarly, Healthcare for All Virginians was built from the memberships of previous children’s health and dental health coalitions and continues to operate, despite its very limited funding.

Finally, while the Cover the Commonwealth coalition will likely disband with Governor Wolf’s implementation of Medicaid expansion, it’s founding organization, Pennsylvania Health Action Network (PHAN), has the goal of continuing its advocacy work through other coalitions that it has started, including Certified Application Counselors and Navigator network coalitions. PHAN will also convene stakeholders to “see what organizations are working on and maybe set a new health agenda to get organizations to endorse” (Kraus 2015). Thus, there is a desire to continue to utilize the social capital developed in the CTC coalition for future healthcare advocacy. As a result, while nonprofit coalitions do seek to maintain themselves, the goal is often to capitalize on established social capital, rather than for purely economically motivated reasons.

Nevertheless, funding is still the most influential variable in a coalition’s lifecycle. The anti-shackling coalition did not receive any external funding and relied solely on the donated time and expertise of its members. Thus, there was no financial incentive to keep the coalition together. For coalitions that do receive external funding, changes in funding can influence the longevity of a coalition. In the nine coalitions studied, funding has not changed so drastically over the years to result in the disbanding of any of the coalitions. Yet, foundation funding in the area of Medicaid expansion is waning, with foundations shifting priorities to other health initiatives. In the case of RWJF, the foundation has been funding heath care coverage since it
opened in 1972. The foundation’s funding priorities over the past two decades are shown in the following timeline:

1995 RWJF launches Ensuring the Health and Safety of Children in Economically Distressed Urban Areas. This program provided 2-year, $400,000 planning grants to 8 cities, with the purpose of developing “broad-based collaboratives—groups that might include neighborhood organizations, business, city agencies, churches, the media, suburban groups, and, notably, youth—to try to institute state-of-the art interventions chosen locally to improve conditions for the most vulnerable children” (RWJF Annual Report 1995).

1997 Covering Kids Initiative begins in all 50 states and the District of Columbia, funding coalitions in every state.

2001 CKI becomes Covering Kids and Families, which focuses on simplifying the enrollment process for children and adults in health coverage programs.

2008 Consumer Voices for Coverage is launched as a joint initiative with Community Catalyst. It provides grants to state-based advocates to strengthen the consumer voice in health coverage expansion.

2011 RWJF begins to fund ACA implementation in the states and Medicaid expansion. It also funded research to develop and test simple messages that explain the concepts of payment and delivery reform to consumers in ways they can understand and support.

2014 The State Health Reform Assistance Network is created to provide technical assistance to states in order to maximize coverage expansions under the ACA.

RWJF’s goal for the Affordable Care Act implementation was to “step in to get things going and to identify promising models and to try to figure out ways that the work can be sustained and institutionalized” (Grubstein 2015). The foundation has achieved significant success, with 30 states, including Washington D.C., expanding Medicaid and strong coalitions developed that have the capacity to continue representing health consumers. Thus, the foundation sees this as a good point to exit out—a path also being taken by the Nathan Cummings Foundation, which has closed its heath care program. Finally, Atlantic Philanthropies, a spend-down foundation, has given away all of its funding and is closing in 2015.
Due to the shift in foundation funding away from health access, in order for the Medicaid expansion coalitions to continue operating, they must turn to other funding sources, specifically government navigator grants. From one point of view, navigator work by the coalitions makes perfect sense since they have developed statewide networks for advocacy that can now be used to help enroll patients. In fact, all three Medicaid expansion coalitions have been involved in enrollment. The problem with navigator funding, like all other service provision grants, is that it can distract coalitions from their advocacy work. The Pennsylvania coalition first received navigator funding in 2014, which allowed the coalition to double in size, from three to six employees. While growth can be good, State Director, Antoinette Kraus acknowledges, “I think it’s hard to balance. How do we not become just an enrollment organization versus the policy?” (Kraus 2015). Yet, the coalition has worked to integrate its service and advocacy,

The reason we kind of engaged in the navigation piece is to identify policy problems and help advocate to reduce barriers to care. So, our enrollment staff identifies problems. Our community organizers work with them to share stories. Our policy director puts together policy briefs on it. So it actually goes together fairly well. (Kraus 2015, 2)

In comparison, the McAuliffe’s administration was able to get federal funding for enrollment assistance in 2015, which it distributed to members of Healthcare for All Virginians. This allowed the coalition to “carry some of [its] momentum into a similar, but different track” (Manz 2015). The Virginia Poverty Law Center, the fiscal sponsor of HAV, does not integrate its navigator and advocacy work. The organization receives funding for navigator work as well as outreach and education activities related to the ACA, but HAV Director, Jill Hanken notes, “I’ve been very, very sensitive about keeping navigators and other assistors away from lobbying” (Hanken 2015).

Government funding is much less volatile than foundation funding. Wilson explains,
It has been the rapid expansion of government policy that has produced a kind of immobilism to the extent that each new program has acquired, or even created for itself, a client association that makes it difficult to change, and impossible to abandon, the original measure. The competition of interest groups does not, in the long run, make it difficult for the government to start doing things, it only makes it difficult for the government to stop. (Wilson 1973, 341)

For example, the first government programs for domestic violence began in the 1980s at the state-level and 1994 at the federal level. Additionally, community health center programs began in 1965 and the their associations received funding in the 1980s. While there have been fights over funding in the past, for the most part, these programs have had significant staying power, reflecting a status quo bias. Thus, once coalitions begin to receive government support, they are less likely to return to their policy revision roots.

This is the case for the Mid-Atlantic Association of Community Health Centers (MACHC). Originally, the association formed for the purpose of advocacy. Taylor notes that, “we morphed considerably to be more about technical assistance and training, and this is all PCAs around the country. And we’ve progressively gone into data and analytics” (Taylor 2015). Their shift in purpose mirrors their government funder, HRSA’s, shift in focus to data and quality improvement. While MACHC is engaged in advocacy, it is only to a limited degree, illustrated by the fact that advocacy is not featured in the association’s top ten strategic planning priorities. This focus was noted by Sharfstein, who said that his work with MACHC was not around advocacy (2015). In comparison to Maryland Health Care for All, he saw MACHC primarily as a trade association, not a public health advocate (Sharfstein 2015). He attributed MACHC’s lack of advocacy engagement to the fact that most community health centers receive their funding directly from the federal government, giving them less incentive to engage at the state-level (Sharfstein 2015). In comparison, federal funding for domestic
violence coalitions is distributed through state governments, possibly providing greater incentive for these coalitions to engage in advocacy.

While government funding is important in supporting the longevity of the coalitions studied, overtime, it can sway them to a greater emphasis on policy implementation, diminishing their role in policy revision. Vincent DeMarco, however, does not consider this to be a shift in roles. In fact, he argues that most coalitions do not spend enough time on implementation after they achieve an advocacy win. “We spend a lot of time on implementation. Getting the message out about what we have gotten enacted” (DeMarco 2015). After the tobacco tax win in 2007, “we had to let people know about it. We did radio ads with sports figures. We did press conferences, thanked the legislators for supporting it, to let people know about it to make sure it worked” (DeMarco 2015). Thus, it is possible that there is a coalition lifecycle, which begins with policy revision and when advocacy success is achieved, there is a period of time devoted to ensuring the implementation of the success. Yet, in the cases of the coalitions studied, only those that received over 50 percent of their funding from foundations have been able to transition back to policy revision after working on policy implementation.

It is also possible that when internal management problems arise in coalitions, the organizations pause their advocacy engagement until the problems are fixed. For example, MACHC’s lack of advocacy focus could be explained by its need to focus on repairing internal divisions before attempting to wield external influence. When the previous CEO left the association, “it was very divided. Half of the centers in the state of Maryland were part of the association and half were not” (Taylor 2015). Maryland legislators knew about the divisions within the coalition, leading to a lack of credibility. They “knew that health centers were
dysfunctional” (Taylor 2015). Most importantly, the members had developed an extremely adversarial relationship with the Medicaid Director, Chuck Milligan, who was named in eight lawsuits against the state that the member centers filed in a span of four years (Taylor 2015). Thus, Taylor spent a number of years getting all of the centers to work together and speak with a unified voice. This internal management needed to be accomplished before significant advocacy could again be pursued. Similarly, Kristi VanAudenhove notes, “I think we have some years sometimes that are more inward years, where maybe its prompted by turnover in leadership, or maybe it’s prompted by having tackled an issue that was really divisive for our membership. Where we have to put more energy toward internal rebuilding. And then we have more external years” (2015). While internal factors will always have some influence on coalition advocacy, I argue that the external factor of funding has a significant impact on the advocacy purpose the coalition pursues.

**Funder Influence on Coalition Membership**

Coalitions of nonprofit organizations function in some ways like the interest groups described by Moe and the coalitions described by Hula. Members join for either purposive or material incentives and the incentives they are motivated by influence how active they are in the coalition. Hula argues that “coalition members can be divided roughly into three concentric groups: coalition core groups, coalition players, and peripheral groups” (Hula 1999), which apply to nonprofit coalition members as well. Yet, there is an important way that nonprofit coalitions differ in how they attract members. I argue that the funding of the coalition influences the size and diversity of a coalition’s membership. Understanding this dynamic is
important in determining whether or not nonprofit coalitions bring new voices to the policy arena, or merely amplify the voices that already have access.

*Foundation Funding*

Nonprofit coalitions that receive foundation funding often do not charge their members dues. This makes it easier for the coalitions to attract a wide diversity of members, since they do not have to ask them to contribute financially. Often it is most difficult for nonprofit organizations to contribute money, since much of their funding is allocated to specific projects, compared to contributing time and expertise to coalition efforts. Furthermore, time and expertise can be more important to the advocacy success of a coalition. DeMarco articulates, “We ask so much from our coalition partners, I’d rather not ask them for money. I’d rather have them write their legislator, go to a hearing, do things like that than give us money” (2015). For example, when each organization signs on to a Maryland Health Care for All resolution, they also promise to take two actions. First, it [the organization] would inform its members and, where possible the public of its endorsement of the resolution. Second, it would inform the governor, members of the General Assembly, and . . . candidates for state and local offices of its endorsement of the resolution, to the extent permitted by law, and urge its members to do so also.” (Pertschuk 2015, 38)

The Robert Wood Johnson Foundation’s funding of Cover the Commonwealth Coalition (CTC) not only makes it possible for the coalition to not charge membership dues, but also requires that the coalition subcontract with some of its core members. This funding is a strong incentive for organizations that were not active before to join the coalition, as it pays for the organizations’ contributions of staff time and expertise (Kraus 2015, 3). The challenge with subcontracting, however, is that when funding ceases, some of the members will leave.
While Healthcare for All Virginians (HAV) does not receive direct foundation funding, it also does not charge membership dues, like the other Medicaid expansion coalitions. The lack of dues has resulted in larger membership bases for these three coalitions: MHA 750 members, CTC 135 members and HAV 105 members. The member organizations of the three coalitions are also highly diverse. Maryland Health Care for All members “go from pretty small, little mom and pop stores, barbershops, thing like that, to huge organizations like 1199SEIU, the United Methodist Church that has 600 congregations in the area, AARP with 800,000 members. So it ranges from very small, to very, very big” (DeMarco 2015). The Pennsylvania Health Access Network started CTC in order to bring together different stakeholders “that might want to work on Medicaid expansion and no other health policy issue” (Kraus 2015). The coalition currently has big organizations like “SEIU Healthcare PA and then we have small little nonprofits and little health centers” (Kraus 2015). Similarly, Healthcare for All Virginians has a diverse membership including AARP, which represents over one million people in the state, and Delta Sigma Theta sorority, with close to 100 people (Hanken 2015).

The advocacy purpose of these coalitions is still the driver of why organizations join, however, foundation funding helps enable the coalitions to pursue larger, more diverse memberships. When asked, coalition leaders confirm the purposive motivation of their members. DeMarco says the main reason groups join the coalition is “being part of getting something done that they want to get done, number one, that’s the main thing” (2015). For CTC, groups join to get up-to-date information on the advocacy process and get tools to engage (Kraus 2015). And, HAV attracts organizations that want to “join with like-minded organizations to get the job done” as well as stay informed (Hanken 2015). Thus, policy
revision coalitions tend to attract more diverse memberships both due to their purposive incentives and private funding sources.

In comparison, government funding limits coalition membership in two ways. First, government funding is typically constrained to specific types of service providers. The nonprofit service providers either receive grants directly from the government or receive pass-through funding from nonprofit coalitions. While government funding is often directed to the provision of a specific service, many agencies offer a number of different grants for different purposes and types of nonprofits simultaneously that can result in a diverse group of organizations working to address a given social need. For example, the Office of Violence Against Women currently offers four formula grants and fourteen discretionary grant programs, which fund nonprofit victim service providers, nonprofit coalitions, and tribal coalitions working to support many populations, including the underserved, culturally specific communities, Indian women, rural communities, campus victims, and men and boys (OVW 2015). Yet, nonprofit coalitions typically do not have memberships this diverse, unless they are intentional in attracting them.

The main way government funding limits coalition member diversity is by creating competition among members for funding. At one extreme, PCADV provides $21 million in pass-through grants to its members annually, the majority of which come from state government funding. Such a large pool of money provides an incentive to the current coalition members to limit funding access to others. They do this by creating a very burdensome membership application process for new members to join the coalition. Dierkers explains, “I think our application process to become a member is pretty onerous. That’s something the membership feels very committed to, although, I would have streamlined it a bit. But they want to make sure
that the people who join the coalition and have benefits of the training and the policy decision making are very committed and knowledgeable” (2015).

VSDVAA had $21,333 in pass-through grants in 2013 and has administered more in previous years. VanAudenhove explains the challenge of pass-through grants. “Our budget was almost $4 million a year and we were doing all this pass-through funding and we were administering grants. … And it was really debilitating in some ways. It didn’t support us doing our best work” (VanAudenhove 2015). The coalition had the opportunity to take on the responsibility of administering state funds, like PCADV, but “the decision of the board at that time was that it would really muddy the waters in terms of being the advocates for agencies when we were also their funders” (VanAudenhove 2015). Interestingly, VSDVAA’s membership is much more diverse than PCADV’s, with quotas for diversity in its leadership. “Our bylaws say that a third of our governing body members have to come from sexual and domestic violence agencies, a third have to be survivors, and a third have to be representatives of marginalized communities – and from that third, at least half must come from historically oppressed communities” (VanAudenhove 2015). VSDVAA is also a dual coalition, which includes both domestic violence and sexual assault providers, leading to greater diversity. The lack of competition for funding among the members may allow for this more diverse membership base.

Comparing PCADV to VSDVAA and MNADV makes clear that large pass-through grants are one cause of PCADV’s less diverse membership. Furthermore, Dierkers notes, “I have noticed that across the country, if you are a pass through coalition, I think it has a dampening effect on our social change work. I think it is a matter of just capacity. The funds are still limited and you have so much more that you’re responsible for. But it also, again I
think, has kept the coalition and the individual domestic violence centers very much in sync” (2015). As a result, while pass-through funding can be stabilizing for a coalition financially by providing 10-15 percent of the grant funding for coalition overhead expenses, it distracts the coalition from its advocacy role. When the coalition does engage, however, its membership is often in lockstep with it.

In the field of community health, VCHA receives $2.4 million annually from the state “that is disbursed back out to the membership based on their numbers. There’re two parts to it—primarily it’s outreach and access dollars and the other part is pharmacy assistance dollars. They are both appropriated based on the number of uninsured patients that they serve” (Graham 2015). VCHA, as well as MACHC, have chosen to limit their memberships to FQHCs only. Graham explains, “The way you join us, we want to find out do you ever want to become a FQHC when you grow up. We have a lot of organizations that would join us in their infancy. And as they move up the chain and become a FQHC, they’re already members. So we’ll take on associate members, but the premise is they’re moving toward becoming a FQHC” (Graham 2015). In comparison, PACHC chose to interpret its mission—“improving access to quality affordable primary health care” (Rinehart 2015)—as not limited to FQHCs. Pennsylvania has a large rural population “and for some of those rural areas, it’s very hard to sustain the community health center model, but they need access. So for some, a rural health clinic is a better direction to go” (Rinehart 2015). Thus, the association made it possible for rural health clinics and like mission providers to join in the early 2010s. Today the coalition has fifteen rural health centers.

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10 The Rural Health Clinic Act was enacted in 1977 to encourage the utilization of physician assistants and nurse practitioners “by providing reimbursement for services these health professionals provided to Medicare and Medicaid patients, even in the absence of a full-time physician” (HRSA 2006, 6). The Act also “created a cost-based reimbursement mechanism for services when provided at clinics located in underserved rural areas” (HRSA 2006, 6). RHCs were created long before FQHCs started in 1991 and out number them. FQCHs are similar but face additional requirements.
clinic sites and five look alikes.\textsuperscript{11} Thus, PACHC’s membership is slightly more diverse than MACHC and VCHA, with two additional organizational types allowed to be members.

I hypothesize that nonprofit coalitions receiving the majority of their funding from foundations are more likely to have larger and more diverse memberships, while coalitions receiving the majority of their funding from government sources are more likely to have smaller and less diverse memberships than other nonprofit coalitions. As shown in Table 3-2, coalitions receiving the majority of their funding from foundations have larger memberships, averaging 330 members each, and more diverse memberships, with over ten different types of organizations represented. The data also supports the hypothesis that government funding leads to coalitions with smaller, less diverse memberships. None of the coalitions receiving the majority of their funding from the government have highly diverse memberships, nor are they nearly as large as the coalitions funded by foundations.

Table 3-2: Funding Sources and Membership

<table>
<thead>
<tr>
<th></th>
<th>% Private or Foundation Funding</th>
<th>% Government Funding</th>
<th># of member organizations</th>
<th>Diversity of Membership</th>
</tr>
</thead>
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<td>MHA</td>
<td>96%</td>
<td>0%</td>
<td>750</td>
<td>High</td>
</tr>
<tr>
<td>CTC</td>
<td>100%</td>
<td>0%</td>
<td>135</td>
<td>High</td>
</tr>
<tr>
<td>HAV</td>
<td>100%</td>
<td>0%</td>
<td>105</td>
<td>High</td>
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<td>MNADV</td>
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<td>90%</td>
<td>30</td>
<td>Medium</td>
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<td>85.2%</td>
<td>58</td>
<td>Low</td>
</tr>
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<td>VSADVAA</td>
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<td>85.4%</td>
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</tr>
<tr>
<td>PACHC</td>
<td>4.5%</td>
<td>74.2%</td>
<td>63</td>
<td>Low</td>
</tr>
<tr>
<td>VCHA</td>
<td>18%</td>
<td>72%</td>
<td>29</td>
<td>Low</td>
</tr>
</tbody>
</table>

Data from most recently available 990s, 2012 and 2013, coalition leader interviews, and coalitions’ websites.

\textsuperscript{11} Look alikes follow the same requirements of the FQHC program, but do not receive grant funding under Section 330 of the Public Health Services (PHS) Act, which requires the meeting of additional requirements and a competitive application process.
VSDVAA has 84 member organizations, with 30 being affiliate members, including small law enforcement departments, victim witness agencies and campus centers. MNADV has 20 comprehensive programs, with 10 allied organizations. In comparison, PCADV has 58 sexual domestic violence agency members and no affiliates, a limitation likely due to its role as a pass-through grantor. PACHC has the largest membership base of the associations of community health centers, due to its admission of rural health centers and look alikes to its membership. Still, having only three types of organizations, keeps the diversity of PACHC low. As a result, the data shows that government funding does limit coalition size and diversity.

Affiliate membership adds to a coalition’s member diversity and is created by nonprofit coalitions for a two reasons. The first is to engage organizations that support the mission of the coalition and keep them educated about the issue by providing access to trainings and coalition publications. The second is to increase membership revenue. In the case of the Virginia Sexual and Domestic Violence Action Alliance, affiliate members are defined as “agencies, organizations, businesses and units of state or local government agencies” (VSDVAA 2015). The Pennsylvania Association of Community Health Centers has both affiliate members and corporate members. Coalitions differ on whether or not they allow affiliate organizations to participate in membership meetings or vote. Most reserve these benefits for their core members only, the outlier is MNADV, which allows affiliate members to participate and vote. Even when affiliate members cannot vote, they can influence the advocacy issues that the coalition deems important. In comparison, policy revision coalitions do not differentiate between types of membership since they do not charge membership dues.

Both foundation and government funding has intentionally served to control the number of nonprofit coalitions operating in a given field, by limiting funding to one coalition per state.
The purpose of this limitation is to force nonprofit organizations to self-organize, in order to apply for funding. This organization is critical for coalitions to achieve advocacy success, as they are more effective when speaking with one voice. The Medicaid expansion funders collaborative through Community Catalyst will only fund one coalition per state. As explained by Community Catalyst Executive Director, Robert Restuccia, “we’re not going to make decisions about who in a particular state gets funding. … All politics is local on some level and we have a hard time sorting out exactly who to fund in the state” (2015). HRSA also requires self-organization. For example, in Maryland, HRSA demanded that all the community health centers agree on a plan for the interim funding of a closing center. Thus, MACHC had to find a way to bring all the centers back into its fold and reach consensus among them. Maryland Secretary of Health, Joshua Sharfstein, also applied some pressure to achieve consensus. In this way, funders may force a level of collective action beyond the self-organization that results from the incentive of external funding.

**Conclusion**

In conclusion, pluralist and collective action theories fail to account for the influence of external funding on the founding, purpose and membership of collective groups. External funding can incentivize organizations to work together that might not otherwise do so, due to a lack of resources or inability to identify their common interests. Funding also influences the purposes nonprofit coalitions adopt over time, often driving coalitions to change their purpose to mirror the shifting priorities of funders. Government funding is more stable and has a status-quo bias, whereas foundation funding is much more fluid and unpredictable. Thus, nonprofit coalitions receiving government funding tend to attract a well-defined and stable membership
base, where as coalitions that receive foundation funding must often reinvent themselves every three to five years. Both types of coalitions play important roles in the advocacy process, but they have different purposes and operate under different time horizons. Foundation-funded coalitions are more likely to pursue policy revision, while government-funded coalitions pursue policy implementation. Finally, external funding, rather than member incentives, influences the size and diversity of nonprofit coalition memberships. Purpose driven nonprofit coalitions have much larger memberships compared to the purpose driven interest groups described by Moe (1980), a difference that might explain why nonprofit coalitions are able to successfully challenge the status quo, even when they are competing with a well-funded opposition.
CHAPTER 4

Setting Advocacy Priorities: Determining when Coalitions Prioritize Client Interests versus Member Interests

The previous chapter provided evidence that external funding has a significant influence on a nonprofit coalition’s purpose—whether the coalition focuses on policy revision or policy implementation. Yet, a coalition’s purpose does not determine whose interests the coalition will advance, those of its members or those of the clients its members serve. An impetus for this research project is to better understand how coalitions of nonprofits may serve to amplify the voices of the underrepresented. As demonstrated by Baumgartner et al., interest groups primarily represent the concerns of the elite, creating an agenda bias that does not address issues related to the poor or working class (2009). Nonprofits are theorized to be the best counter to elite domination because they provide services to the underrepresented and therefore can most authentically represent their concerns to policy makers, since few nonprofit clients have the resources of time, money or education to participate in public policy advocacy themselves (LeRoux 2007).

Current research, however, fails to determine the variables that differentiate between the nonprofit coalitions that are likely to set advocacy priorities that benefit their underrepresented clients versus those that are likely to prioritize the needs of their member organizations. Wilson focuses on material and purposive incentives to explain the priorities of voluntary associations. He argues that the incentives a voluntary association uses to attract members become the main objective of the membership to maintain. If applied to nonprofit coalitions, his theory suggests that policy revision coalitions, which only offer purposive incentives to join, would prioritize policy solutions that benefit “the larger public or society as a whole” (Wilson 1973, 46). In comparison, policy implementation coalitions, which provide more material than purposive
incentives, are more likely to work “chiefly for the benefit of members” (Wilson 1973, 46). Wilson, however, acknowledges the problem with his own theory—voluntary associations “often rely on more than one inducement” making it difficult to clearly differentiate between types. Furthermore, a number of public policy solutions help both a coalition’s members and the larger public.

Wilson’s theory provides an important first step in understanding how nonprofit coalitions set their advocacy priorities. Yet, there are other important variables that neither Wilson, nor his successors Moe and Hula, consider including the ideology of the government, the market competition that members face, and the diversity of a coalition’s membership. Since nonprofit coalitions have limited resources to invest in advocacy, they must pursue public policies that they are most likely able to impact. Kingdon theorizes that as the “political stream” changes, new policy solutions will rise on the issue agenda (1984, 161). I argue that nonprofit coalitions will prioritize policy solutions that align with the ideology of the state government, making it easier for the solutions to be placed on the agenda.

Competition for resources can also influence a nonprofit coalition’s advocacy priorities. Smith and Lipsky note that “as privatization through contracting continues, businesses may be expected to hunt down the contract dollar” bringing them into competition with nonprofits (1993, 31). Similarly, Cooley and Ron argue that "organizational insecurity, competitive pressures, and fiscal uncertainty" are driving NGOs to "reconcile material pressures with normative motivations . . . often produc[ing] outcomes dramatically at odds with liberal expectations” (2002, 6). Thus, when the members of nonprofit coalitions face significant market competition, they are more likely to prioritize public policy solutions that strengthen their own market position, rather than focus on the needs of their clients.
Finally, coalition membership does matter. Wilson argues that when the relative value of a member’s contributions is easily established, authority will “thus be vested in, or at least members will defer to, those making the crucial contributions” (1973, 243). This differentiation of engagement based on an organization’s contribution is applicable to nonprofit coalitions if “contribution” is defined more broadly to encompass expertise and time, rather than just financial contributions. Those coalition members, who have been working the in field longer or have an interest in advocacy, can have a disproportionate influence on the prioritization of public policy solutions. Yet, the relatively inclusive decision making processes of nonprofit coalitions allow for a more balanced representation of members’ opinions than theorized by Wilson. What does influence a coalition’s advocacy priorities is the diversity of its membership, an important variable not considered by Wilson.

Through a comparison of advocacy priorities across the nine coalitions and three state contexts, I prove that member incentives alone cannot explain whether a coalition’s advocacy priorities are more focused on the interests of their underrepresented and underserved clients or the self-interest of their member organizations. By combining and expanding upon theories from Kingdon and Ron and Cooley, I develop a more comprehensive understanding of how nonprofit coalitions choose their advocacy priorities.

**Limited Influence of Funding**

Foundations and government agencies acknowledge that their funding has some impact on the advocacy nonprofit coalitions pursue. Lori Grubstein, Program Officer at the Robert Wood Johnson Foundation, notes,
I think most of the types of things that we fund these consumer health advocacy coalitions to do, maybe it wouldn’t be their first choice or their top priority, but it’s definitely something they believe in and feel is important. So it’s not like they have to tie themselves into a knot. . . . I’m sure if we asked some of the states right now that we’re funding, “would you chose to be funded for enrollment or Medicaid expansion,” they’d probably say “Medicaid expansion,” some of them. But we made the strategic decision to fund the enrollment. (Grubstein 2015)

Yet, for the most part, foundation and government funders acknowledge that the coalitions are the experts of their own contexts.

We tend to be more agnostic about various approaches and proposals and we try to just stay focused on the end goal of coverage. We recognize there are a lot of different paths and that these folks doing this work need to take into account the political and economic environments that they’re in. So we tend not to say, “this is what we think and this is the only thing that we’ll fund.” We just put out the overall end goal and then let them figure out what the details are. (Grubstein 2015)

Government funders also take a hands-off approach to coalition advocacy. Federal funders believe that state coalitions have unique needs in response to environments that differ from state to state.

It is important to differentiate between a funder’s influence over a nonprofit coalition’s advocacy and a coalition’s programs. Often funders will drive the content and clients of programs they support, but this does not necessarily influence a coalition’s advocacy priorities. Both the Health Resources and Services Administration (HRSA) and the Office of Violence Against Women (OVW) will alter the programs coalitions work on to reflect new trends in the field. At Nathan Cummings Foundation, Sara Kay included benchmarks on her grants related to “the engagement with underserved communities and communities of color” (2015). Similarly, in the Medicaid expansion funder collaborative, one of the funders focuses on LGBT. Thus, grants include “specific benchmarks around engagement with LGBT groups” (Kay 2015). Yet, even in these cases, Kay cautions, “You can absolutely drive it, but you have to be careful, in
my view, not to be too prescriptive. Sometimes it’s suitable to the place and sometimes it’s not” (Kay 2015).

The only case of government funders directly inhibiting advocacy was noted by the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The coalition advocated for a funding increase and also the streamlining of eight separate grant programs into one agency to reduce the administrative burden on its members. This was seen as a threat by the state agencies that administered the grants. Kristi VanAudenhove, CEO of VSDVAA, explains, “We got tremendous pushback from the state agencies. Then we had panic amongst our members because we literally had state agencies sending out emails to their grantees telling them they needed to oppose this bill” (2015). While this was an extreme, isolated case, it does illustrate the potential for funders to get involved when threatened.

It is also possible that funders will help support coalitions in achieving their advocacy priorities once they are set. This was the case for the Cover the Commonwealth coalition, which received support from Community Catalyst, Families USA, and the Center on Budget and Policy Priorities, all of which provided the coalition with funding as well as technical assistance to aid in its advocacy efforts. The funders, however, would follow the lead of CTC, rather than dictating its advocacy direction. Antoinette Kraus, Director of CTC, explains, “Families USA, they looked to us to say, ‘Hey, what’s going on? What’s useful for us to do? It is useful for us to reach out to our contacts at CMS? Is it useful for us to weigh in on this waiver?’” (2015). When Families USA wanted to do a report on the number of jobs that would be created in Pennsylvania as a result of Medicaid expansion, the staff asked Kraus, “Do you want us to do this? Do you want to put your name on it? Do you want our name on it? What’s
the most useful route?” (Kraus 2015). Executive Director of Community Catalyst, Robert Restuccia, explains their support of the coalitions,

   I think our basic approach is to create learning communities among people doing similar work. So we would support those connections, so state advocates in various communities could support each other and trade information. We will do policy analysis. We’ll help them with communications. … We will support them in fundraising. (Restuccia 2015)

Thus, while some funders are involved in aiding coalitions in their advocacy, none of the nonprofit coalition leaders reported that their funders influenced the advocacy priorities of the coalition. The government ideology of the state proves to have a much more significant impact on coalition advocacy prioritization than funders.

State Political Context

   In his seminal book, *Agendas, Alternatives, and Public Policies*, John Kingdon explains how policy problems rise in importance on the political agenda and how changes in the political context can impact this ascendance (1984). In many ways, his theory helps explain which policy solutions nonprofit coalitions choose to prioritize. First, Kingdon notes that conditions come to be seen as problems when indicators show a change in status quo, when dramatic, focusing events attract attention, or when feedback from existing programs suggests that there are problems with implementation (Kingdon 1984). Without any of these conditions, and with limited resources, it is difficult for nonprofit coalitions to attract attention to a policy problem.

   This is particularly the case when an issue already has attracted media attention. In the case of Medicaid expansion, the passage of the Affordable Care Act was a focusing event that created attention at the state-level. After a few years of inertia in Virginia, however, the issue lost salience. Thus, a new focusing event was needed. In 2014 there was a lot of media
attention on the issue of mental health because of the experience of Senator Deeds as well as the release of policy recommendations by the mental health taskforce. The National Alliance of Mental Illness in Virginia (NAMI) knew that it would attract significant attention, and was able to leverage this attention to highlight the need for Medicaid expansion. At a press conference, NAMI provided “data and information about why Medicaid expansion would really be the linchpin in solving a lot of these mental health problems we’re having here in the state” (Manz 2015). Thus, while the Healthcare for All Virginians coalition was an active player, NAMI was viewed as the strongest ally by Governor McAuliffe’s staff in 2014 because it could use a salient bi-partisan issue to focus on and de-politicize the issue of Medicaid expansion.

In the field of domestic violence, advocacy priorities are also chosen when they can be linked to a story in the media. Because domestic violence is a persistent problem, changing indicators and program feedback may not be able to demonstrate the urgency of addressing a specific challenge around policy implementation. Instead, the tragic focusing events of Ray Rice’s domestic violence and the sexual assault at the University of Virginia, both attracted media attention that made it possible for MNADV and VSDVAA respectively to advance new policy solutions. Cohen explains, “You use these high profile cases. You try to do it with some sensitivity and without exploiting the people who are involved because they’re tragedies, whether it’s Ray Rice or somebody who got killed. . . . But you try to use it for a greater purpose” (Cohen 2015).

For community health centers, the focusing event is the state government budget. Many of the issues associations of community health centers work on are related to the budget, which Kingdon argues pushes them higher on the agenda (1984). To put it in perspective, domestic

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12 For more information on the issue, see: http://www.roanoke.com/news/politics/creigh-deeds-new-mental-health-law-is-just-a-start/article_c028ba10-be76-11e3-b827-0017a43b2370.html
violence agencies receive approximately $510 million in federal government funding annually, magnitudes less than the $5.2 billion that community health centers receive annually. Thus, the associations do not have to work very hard to attract legislative attention to their issues, because the amount of money tied to them makes the issues inherently important. Of the policy priorities pursued by the associations of community health centers in 2015, (see Table 4-1) only the navigator bill and provider credentialing did not have large budgetary implications. In the case of nonprofit property tax exemption, it is estimated that the city of Pittsburgh is losing $20 million annually in property tax revenue from the University of Pittsburgh Medical Center alone. Thus, budgets can also serve as focusing events. Focusing events are important in explaining coalition advocacy prioritization, however, they typically cannot be predicted, making theorizing about them more difficult.

Kingdon also discusses how the “political stream” can influence the likelihood that policy solutions will rise on the issue agenda. This typically occurs during the turnover of government officials, which results in new priorities being placed on the agenda (Kingdon 1984, 161). While Kingdon does not state it explicitly, government turnover is important because it usually leads to a change in government ideology. Government ideology is defined as the ideological “center of gravity” of a state’s elected governmental institutions on a liberal-conservative continuum (Berry et al. 1998). The ideology of a state government influences which policy solutions a nonprofit coalition prioritizes, particularly when the solutions are closely aligned with the values of a particular ideology.
### Table 4-1: Advocacy Priorities in 2015

<table>
<thead>
<tr>
<th>Top Advocacy Priorities</th>
<th>Who it benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHA Increasing the cigarette tax</td>
<td>mix</td>
</tr>
<tr>
<td>CTC Medicaid expansion</td>
<td>mix</td>
</tr>
<tr>
<td>HAV Medicaid expansion</td>
<td>mix</td>
</tr>
<tr>
<td>MNADV Protective orders – additional relief</td>
<td>client interest</td>
</tr>
<tr>
<td>MNADV Protective orders – persons eligible for relief</td>
<td>client interest</td>
</tr>
<tr>
<td>PCADV Strangulation</td>
<td>client interest</td>
</tr>
<tr>
<td>PCADV Firearms</td>
<td>client interest</td>
</tr>
<tr>
<td>VSDVAA Campus sexual assault</td>
<td>client interest</td>
</tr>
<tr>
<td>VSDVAA State advisory committee</td>
<td>client interest</td>
</tr>
<tr>
<td>MACHC The budget</td>
<td>member interest</td>
</tr>
<tr>
<td>MACHC The hospital waiver</td>
<td>member interest</td>
</tr>
<tr>
<td>PACHC Healthy PA</td>
<td>member interest</td>
</tr>
<tr>
<td>PACHC Navigator bill</td>
<td>member interest</td>
</tr>
<tr>
<td>PACHC Provider credentialing</td>
<td>member interest</td>
</tr>
<tr>
<td>PACHC Nonprofit property tax exemption</td>
<td>member interest</td>
</tr>
<tr>
<td>VCHA Medicaid eligibility expansion</td>
<td>mix</td>
</tr>
<tr>
<td>VCHA Protecting our funding in the state budget</td>
<td>member interest</td>
</tr>
<tr>
<td>VCHA Nonprofit property tax exemption</td>
<td>member interest</td>
</tr>
<tr>
<td>VCHA Governor’s initiative Healthy VA</td>
<td>mix</td>
</tr>
</tbody>
</table>

This direct correlation between ideology and policy solutions does not apply to the Medicaid expansion coalitions because they have chosen their policy solution, despite the political context. Thus, these coalitions must adapt to government ideology in a different way, by framing the issue using values or core beliefs favored by the dominant party. The theory of framing “is that an issue can be viewed from a variety of perspectives and be construed as having implications for multiple values or considerations” (Chong and Druckman 2007, 104). It has been shown that simply changing how an issue is viewed can drastically alter who supports it. Certain frames have been shown to be favored more by liberals, such as fairness/reciprocity and harm/care (Graham, Haidt, and Nosek 2009), where as conservatives favor economic
frames. George Lakoff, the father of framing, argues that “cognitive science has proved that all of us are programmed to respond to the frames that have been embedded deep in our unconscious minds, and if the facts don't fit the frame, our brains simply reject them” (Bai 2005, 8). Thus, coalitions can use frames to adapt their policy solutions to the dominant government ideology.

I hypothesize that nonprofit coalitions operating in states with more conservative legislatures are more likely to advance policy solutions that have an economic frame rather than an equality or safety frame. Table 4-2 presents Boris Shor’s (2014) updated measure for state legislature ideology, which allows for comparison across states. As shown, over the past decade Maryland has had a very liberal house chamber, with an increasingly liberal senate. In comparison, Pennsylvania had a moderately conservative house and senate, with a few years of democratic control of the house. Virginia’s house is significantly more conservative than Pennsylvania’s, however, its senate has been moderately liberal over the past five years. When this data is compared to a media analysis from the past five years a correlation appears between government ideology and the policy solutions coalitions prioritize and how they are framed.

The Medicaid expansion coalition in Maryland was much more likely to use a frame of saving lives, since it was advocating in a largely democratic state. President of the coalition, Vincent DeMarco, is frequently quoted in the media using safety frames.

“Tens of thousands of low income parents have benefitted from the Medicaid expansion in 2007, and now we'll do that for childless adults,” said DeMarco. “We know from experience that expanded Medicaid saves lives, so we want that to happen more.” (Petersen 2013)

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13 Shor measures ideology through roll call voting data for all state legislatures from the mid-1990s onward. He also uses a recurring survey of state legislative candidates to enable comparisons across time, chambers, and states as well as with the U.S. Congress.
“Over the past decade, three cigarette tax increases in Maryland have reduced smoking by 32 percent (double the national average) and saved 70,000 Marylanders from tobacco caused preventable deaths,” said Vincent DeMarco, President of the Maryland Health Care For All! Coalition. (Bieniek 2012)

In comparison, an economic frame of cost savings was used more often by the coalition in Pennsylvania, a state with a more republican general assembly and, until recently, a republican governor. A report the coalition wrote with Families USA showed that “expanding Medicaid would lead to 41,200 new jobs in 2016, as $3.5 billion more in Medicaid funding would flow into the state to cover as many as 682,000 uninsured low-income Pennsylvanians” (Von Bergen 2013). Coalition leader, Antoinette Kraus, at times combines economic and safety frames in order to appeal to both sides of the aisle, but still emphasizes the cost savings. Kraus said,

Pennsylvania has an unprecedented opportunity to bring coverage and health care security for hundreds of thousands of working Pennsylvanians, all while stimulating our local economy, creating jobs, and saving Pennsylvania taxpayers hundreds of millions of dollars currently spent to treat the uninsured in emergency rooms. We urge our legislators and our Governor to make sure Pennsylvania doesn't leave these new funds, the jobs they would create, and the secure coverage they would provide on the table. (Families USA 2013)

<table>
<thead>
<tr>
<th></th>
<th>Maryland</th>
<th>Pennsylvania</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>House</td>
<td>Senate</td>
<td>House</td>
</tr>
<tr>
<td>2013</td>
<td>-0.894</td>
<td>-0.814</td>
<td>0.367</td>
</tr>
<tr>
<td>2012</td>
<td>-0.892</td>
<td>-0.814</td>
<td>0.364</td>
</tr>
<tr>
<td>2011</td>
<td>-0.892</td>
<td>-0.814</td>
<td>0.369</td>
</tr>
<tr>
<td>2010</td>
<td>-0.918</td>
<td>-0.739</td>
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<tr>
<td>2009</td>
<td>-0.918</td>
<td>-0.739</td>
<td>-0.34</td>
</tr>
<tr>
<td>2008</td>
<td>-0.914</td>
<td>-0.742</td>
<td>-0.201</td>
</tr>
<tr>
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<td>-0.567</td>
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<tr>
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<td>-0.762</td>
<td>-0.437</td>
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</tr>
<tr>
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<td>0.291</td>
</tr>
<tr>
<td>2004</td>
<td>-0.762</td>
<td>-0.437</td>
<td>0.291</td>
</tr>
<tr>
<td>2003</td>
<td>-0.753</td>
<td>-0.437</td>
<td>0.286</td>
</tr>
</tbody>
</table>

Scale: -2 liberal, 0 neutral, 2 conservative
Data from (Shor 2014)
In the case of the Medicaid expansion coalition in Virginia—which had only seven media hits that focused on advocacy over the past five years—an economic frame of saving the state money was used in the majority of the articles, aligning with the conservatism of the state government. A reporter noted, “The health care advocates at Wednesday's press conference said they think the state would save money by expanding Medicaid, which would allow more adults to have health coverage and save them from costly emergency-room visits” (Davis 2013). Thus, the policy revision coalitions in this study do align their issue frames with the ideology of their state governments.

For the coalitions working to end domestic violence, framing was less relevant, but the coalitions were much more likely to change advocacy priorities depending on the dominant government ideology. Dierkers describes it this way, “We always do better funding wise under republican administrations but horrible policy-wise and vice versa under democrats,” which shapes how the coalition sets its advocacy priorities (2015). For VSDVAA, government ideology played a significant role in the coalition’s decision to advocate for streamlining and consolidating domestic violence and sexual assault funding. VanAudenhove explained, “If we had been dealing with a democratic General Assembly, we would have never tried. That’s not a democratic agenda” (2015). Similarly, VSDVAA had to take an approach different from the rest of the country on dating violence protective orders, because “you had to get this bill through the republican dominated house courts committee” (VanAudenhove 2015). Thus, framing seems to be most important for policy revision coalitions that cannot adjust their policy priorities. Ideology alignment is important for domestic violence coalitions, which can choose between a number of different policy solutions to advance in any given year. Finally,
associations of community health centers worry least about alignment, because their issues naturally gain attention from legislators due to the significant budgetary implications.

Kingdon emphasizes, “one of the most powerful turnover effects is a change of administration” (1984, 161). Thus, coalitions are also likely to prioritize policy solutions when they align with the ideology of the governor and administration. In the state of Maryland, the MHA and the O’Malley administration were on the same page, which made it much easier to advance health access policy. Sharfstein notes, “I had a very good relationship with Vinny DeMarco and his coalition, Health Care for All Coalition. I think that it was really clear to both of us we had very similar goals. We wanted to see Maryland move forward in health” (2015).

Yet, due to the change to Hogan’s republican administration in 2015, MHA decided not to heavily engage in advocacy for a tobacco tax increase that year because of the lower likelihood of success. DeMarco explained, “It changes our view of what we have to do. For example, our House of Delegates has 141 members, so 71 is a majority. But now, sometimes we have to think about 85 to override a veto, so it’s a big change” (2015).

As administrations change, avenues of access can also open. In the case of Virginia, Chelyen Davis, Communications Advisor in the Office of the Secretary of Health and Human Resources and former journalist, noted that Governor McDonnell “didn’t really work with pro-expansion stakeholder groups because he didn’t want to expand Medicaid. These groups were off on their own trying to lobby both the governor and the legislature” (2015). Today, however, Neal Graham notes the exceptional access his organization has to Governor McAuliffe. “We know more about this governor and his staff than anybody we’ve ever had, even Kaine and Warner, people that were ‘friends.’ McAuliffe is much more engaged with the people he sees he needs to work with to get his agenda passed” (Graham 2015). Finally, in the case of
Medicaid expansion in Pennsylvania, Kraus notes, “there were a lot of political decisions that might not have happened if we didn’t have an election, if we didn’t think our governor was vulnerable” (2015). Today, Kraus says, “I think now, we have a better relationship with the administration, so it’s a lot more meetings, proactive kind of encounters, than, you know, having to go do a protest in front of the Governor’s Office to move our message” (2015).

Yet, ideology can sometimes be misleading, signaling either support or opposition to an issue when such support or opposition does not exist. Cindy Southworth, Executive Vice President of the National Network to End Domestic Violence (NNEDV), explains how political dynamics can be counterintuitive. She says, “When I was working in Pennsylvania, Governor Tom Ridge, a moderate republican, was excellent on DV [domestic violence] and SA [sexual assault] stuff and he actually gave funding increases. As a republican, he was trying to win over the women voters. Then the democrats came in and Rendell was like, ‘we’ve got the women’” (Southworth 2015). Rendell did not see the political benefit in supporting women’s issues, because the Democratic Party already received a large majority of the female vote. Personal experience can also counteract a politician’s particular ideology. Julie Colpitts, former Director of the Maine Coalition to End Domestic Violence, notes that “one of the reasons we were able to accomplish so much is because I got to [Governor] LePaige early and said, ‘I know what you went through as a child. Make it a major social issue and we’ll make change in the state.’ And he did” (2015). Thus, while the aggregate government ideology in a state influences the policy priorities set by a coalition, coalitions should be wary about making assumptions regarding individual policy makers’ positions based on ideology alone.

One important aspect of turnover, which Kingdon fails to address, is when turnover results in so many new legislators that policy advancement is not possible until they have been
educated on the issues. Often during the year after significant electoral turnover, nonprofit coalitions do not advance policy solutions, but instead rebuild their relationships. Rene Renick, Vice President of Programs and Emerging Issues at NNEDV, notes, “with turnover it makes it more challenging because coalitions work to form relationships and educate. When there’s turnover like that, they’re just having to constantly rebuild those relationships” (2015). This challenge of turnover was noted by all of the coalitions. Jim Willshier, Director of Policy at the Pennsylvania Association of Community Health Centers (PACHC), explains the change in incumbency in Pennsylvania over the past few decades.

We’ve had huge turnover in the last decade. Part of that’s from local politics that had happened. There was what they called the pay raise in 2005 and that started a movement called the clean sweep, where there was a movement among citizen action to try to get a lot of the incumbent legislators out. And since then, there’ve been a number of retirements and more challenges to incumbents that, right now, over the last ten years, there’s predominant majority freshman, or close to freshman. Some of our most senior legislators have only been there since the ‘90s, which compared to 10 years ago, we had people that were in there since the ‘70s. (Willshier 2015)

Maryland saw a similar wave of change during the 2014 election. Duane Taylor, CEO of the Mid-Atlantic Association of Community Health Centers (MACHC), notes that there was “a 60% turnover in the Maryland legislature” so the coalition needs to take time in 2015 to get to know the new delegates (2015). In Virginia, “turnover is extremely high . . . You’ve got twenty new delegates every election. That’s about one-fifth turnover” (Graham 2015). While these turnover estimates may be exaggerated, it is clear that turnover is a challenge that the coalition leaders are trying to figure out how to address. Thus, turnover may limit advocacy in general during the year after a watershed election. Therefore, the impact of turnover is broader and more nuanced than that proposed by Kingdon.
Coalition Decision Making Processes

While nonprofit coalitions take into account the state political context when choosing their advocacy priorities and frames, they must also include their members in the decision making process. As noted in the introductory chapter, one of the concerns with interest group dominance is that these organizations do not bring the voices of the underrepresented to policy makers. Nonprofit coalitions have the ability to fill this void by sharing the needs and challenges of their clients in order to get policies adopted that will help them. Nonprofit coalitions can do this by utilizing their federated structures to raise up the stories of those in need from the grassroots, through their member agencies, to the state government officials who need to hear them.

The first step in the process of advocating for the needs of the underrepresented is ensuring that coalition member organizations have a say in the advocacy priorities advanced by the coalition. Coalitions do this in two ways. In policy revision coalitions, typically the policy priority is chosen in advance and potential members are then asked to join the coalition if they support the priority. This provides a way for all of the members to decide if they agree or disagree with the position, however, only a small subset of the members are asked for input before the policy is chosen. Such a process is often necessary in policy revision coalitions because these coalitions can be quite large, making attaining input from members prior to decision making a burdensome, if not impossible, task.

In policy implementation coalitions, the advocacy priorities typically come from the members through a number of different channels: formal annual surveys, input at annual meetings, participation in the advocacy committee, as well as other less formal avenues. It makes sense that advocacy priorities are developed in this way, because they reflect the
challenges the member organizations are facing in implementing current programs or the needs of the clients they are serving. Once the advocacy priorities are chosen, typically the entire membership is asked to vote on them at the coalition’s annual meeting. Thus, both types of coalitions ensure that their members have at least a chance to vote against the advocacy priorities, whether it is actually by voting, or by choosing to not join the coalition. The decision making process must also ensure that once advocacy priorities are chosen, the members are unified in support of them. More diverse coalitions have to develop a decision making process that allows for the narrowing of priorities before members are asked for input. Otherwise, advocacy priorities and accompanying solutions may never be agreed upon, due to members’ competing interests.

I hypothesize that policy revision coalitions will have less inclusive decision making processes, while policy implementation coalitions will have more inclusive decision making processes. To test this hypothesis, I review the specific advocacy decision-making processes of the nine coalitions studied, which are outlined in Table 4-3. Most of the coalitions have advocacy committees, which allow the coalition to narrow priorities before the full membership is consulted. Yet, neither Maryland Health Care for All (MHA) nor Virginia Community Healthcare Association (VCHA) has advocacy committees. For MHA, the board, comprised of the founding members, decides on the priority for the legislative session. The decision is then brought to the membership through the resolution process. Members can choose to sign the resolution or not. Once the advocacy goal has been set, MHA staff, along with input from DeMarco’s “kitchen cabinet,”14 determines the advocacy strategies. The organizations typically involved in advocacy decision making are “the Hospital Association of Doctors, 1199 SEIU,

14 DeMarco notes that there is no set subgroup or committee that helps make advocacy decisions, but he acknowledges “there are people that I speak with whom are kind of a Kitchen Cabinet with me working together” (DeMarco 2015, 6).
AARP, NAACP, and some of the key faith groups. And when we are working on tobacco taxes, Cancer Society, American Heart Association, Lung Association” (DeMarco 2015).

While this process allows the broad membership to agree or disagree with the advocacy proposal, the coalition does not have a structured way to receive ongoing member input. This process is somewhat necessary due to the large membership of MHA, currently 750 organizations; however, it ensures that the views of the diverse membership are not frequently heard.

**Table 4-3: Advocacy Decision Making Process**

<table>
<thead>
<tr>
<th></th>
<th>Board Mtgs per year</th>
<th>Board decision making process</th>
<th>Full Membership Mtgs per year</th>
<th>Advocacy Committee Mtgs during legislative session</th>
<th># of Advocacy Committee members</th>
<th>Choosing Advocacy Committee Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHA</td>
<td>3</td>
<td>consensus</td>
<td>Resolution process</td>
<td>Periodic calls with kitchen cabinet</td>
<td>10-15 (kitchen cabinet)</td>
<td>NA</td>
</tr>
<tr>
<td>CTC</td>
<td></td>
<td>consensus</td>
<td>1</td>
<td>Once or twice a month</td>
<td>20-85</td>
<td>Open to any member</td>
</tr>
<tr>
<td>HAV</td>
<td>3</td>
<td>consensus</td>
<td>1</td>
<td>Weekly</td>
<td>15</td>
<td>Limited to members with lobbyists at the state capital</td>
</tr>
<tr>
<td>MNADV</td>
<td>12</td>
<td>vote</td>
<td>Every other year</td>
<td>Weekly</td>
<td>14</td>
<td>Open to any member, with some core leaders</td>
</tr>
<tr>
<td>PCADV</td>
<td>5-6</td>
<td>vote</td>
<td>3</td>
<td>5 times a year</td>
<td>varies</td>
<td>Open to any member</td>
</tr>
<tr>
<td>VSDVAA</td>
<td>3</td>
<td>consensus</td>
<td>3</td>
<td>Weekly</td>
<td>12</td>
<td>Open to any member, quotas to ensure diversity</td>
</tr>
<tr>
<td>MACHC</td>
<td>8</td>
<td>consensus</td>
<td>3-5</td>
<td>Weekly</td>
<td>45</td>
<td>Open to any member</td>
</tr>
<tr>
<td>PACHC</td>
<td>4</td>
<td>consensus</td>
<td>2</td>
<td>Every other month</td>
<td>varies</td>
<td>Open to any member</td>
</tr>
<tr>
<td>VCHA</td>
<td>6</td>
<td>vote</td>
<td>3</td>
<td>NA, roll filled by board</td>
<td>9 board members</td>
<td>NA</td>
</tr>
</tbody>
</table>

115
Similarly, Healthcare for All Virginians (HAV) has a decision-making process that limits member engagement. While the membership is engaged once a year on setting advocacy priorities, the advocacy committee that meets weekly is comprised only of lobbyists. Thus, any member organizations without a paid lobbyist at the state capital do not have input into the decision-making around advocacy strategies. In comparison, Cover the Commonwealth has the most inclusive advocacy decision-making process of the three Medicaid expansion coalitions. Advocacy decisions originate in committees of the leadership team and are then shared with the membership for feedback through bi-weekly or monthly phone calls. The leadership team is intentionally diverse. In April 2015, the leadership team included, “SEIU Healthcare PA, because all of their home health workers fell in the Medicaid expansion gap. We have Legal Services because they can help us with the policy analysis. The Budget Policy Center, because they’re a huge policy organization in Harrisburg. Behavioral health groups. We just wanted a wide cross-section of stakeholders that were impacted” (Kraus 2015). Thus, while having a diverse membership list is important to all the Medicaid expansion coalitions, two of the three coalitions limit member engagement in advocacy decision-making. Nevertheless, as will be shown in Chapter 5, members are often engaged in carrying out the advocacy strategies, which allows their voice to be heard. In fact, the members often hold more credibility than coalition staff in the eyes of state legislators.

In the policy implementation coalitions, there were more opportunities for coalition members to engage in the advocacy decision-making process. MACHC has weekly advocacy calls and PACHC has bi-monthly advocacy calls with its membership. While members are on the calls, the calls generally are reports from the coalition’s lobbyists on the status of bills and the needs for member engagement. In the case of PACHC, members were asked to thank
legislators for their recent support of a bill and review white papers on upcoming issues (Advocacy Meeting June 18, 2015). In the case of MACHC, the need to spend the interim period after the legislative session getting to know the new legislators was emphasized (Advocacy Meeting March 31, 2015). In contrast, the Virginia Community Healthcare Association’s process is less inclusive, relying on its nine member representative board to approve the advocacy agenda suggested by Rick Shinn, the coalition’s Director of Government Affairs. The agenda is broad enough to give Shinn latitude to make decisions at the General Assembly, but at times he needs to come back to the board for approval (Graham 2015). This decision making structure puts a lot of power in the hands of the coalition’s staff, rather than in the coalition’s membership.

Some of the most inclusive advocacy decision-making processes were found in the domestic violence coalitions. PCADV’s engagement was the shallowest, with its advocacy committee only meeting four to five times a year. In comparison, VSDVAA’s and MNADV’s advocacy committees meet weekly during the legislative session. The committee members prioritize bills and discuss strategies for engagement. Due to the complexity of domestic violence work, MNADV actively discussed 13 bills and prioritized three of them to advocate for in 2015. VSDVAA similarly consults with its advocacy committee on a variety of bills.

According to VanAudenhove,

As the session gets started, part of what we are doing on those weekly calls is, the first few weeks they are just chaotic because we’re taking all the bills that have been filed and the public policy committee determines is this an A bill, or B bill, or a C bill.

An A bill, we take a position on, for or against. And we work that bill. We show up for those committee hearings. We offer to the sponsor that we’ll help get them votes, or whatever we can do. If we are opposed to it, we let the sponsor know that we are going to be actively opposed.
If it’s a B bill, it means it has a pretty substantial impact, but we’ve decided not to make it part of our legislative agenda. So if we can be there, we will be there, but if we can’t, we can’t. And we’re not rallying our members. We’re doing more work behind the scenes.

And then C bills are ones we decide we need to watch and they either stay on the watch list or move up if something is happening with them. A lot of times they are bills that we think could be really bad, but we don’t think they’re going anywhere. So we’re just watching to see if they do. Because if we don’t have to oppose something, we don’t want to. So if someone else will kill it for us, that’s good. (2015)

In general, the coalitions’ advocacy committees are volunteer-based, with members self-selecting into the group. Olson and Moe argue that only the members that join an interest group for purposive reasons will voluntarily participate in advocacy. The remaining members will free ride, relying on the other members to advocate on their behalf. This theory seems to hold for members of nonprofit coalitions as well. Rinehart comments on the participation in the coalition’s advocacy committee, “I don’t think there’s a typical, like it’s not just the large health centers. It’s a good mix of every size. It’s more the philosophy of leadership on how important advocacy is and staying up to date on it, than anything else” (2015). Engagement is often dictated by the priorities of the members’ executive directors. As explained by Dierkers, “If the executive director understands how interdependent we are. If the person’s more systems or social change oriented versus totally focused on individual direct service, they tend to be more involved” (2015). Thus, there does not seem to be a bias towards larger member organizations dominating coalition advocacy decisions.

It is also possible that member organization can have greater influence depending on who represents them in the advocacy meetings. Olson and Moe do not theorize about which organizational representatives participate in interest groups, because they define interest group members as individuals, not organizational representatives. I suggest that executive directors, or lobbying experts, may have greater influence over advocacy decision making in nonprofit
coalitions. When coalition leaders were asked if any individuals had more influence than others, the answer was yes. Those with greater influence “tend to have more experience . . . People have seen them in leadership positions” (Dierkers 2015). Similarly, Rinehart notes, “there are some that have obviously earned the respect of their peers and may influence by their insights, but not through force” (2015). Thus, while certain individuals may have greater influence in advocacy committee discussions, all of the advocacy committees studied make decisions based on consensus, allowing for every member participating to have an equally powerful voice.

Nonprofit coalition members can also give voice to their underrepresented clients by participating in coalition advocacy activities. Giving testimony and meeting with individual legislators are important ways that nonprofit service providers can express the needs of those they serve. A concern, however, arises when nonprofit coalitions have difficulty engaging their members in advocacy. Moe argues that purposive interest groups can operate on smaller budgets due to the members’ greater drive to contribute money, time and expertise (1980). Thus, members in purposive coalitions should be more likely to engage in coalition advocacy. In comparison, interest groups that utilize material incentives are less likely to have membership active in advocacy, because the members have only joined in order to access the material benefits (Moe 1980, 74). The differences Moe suggests seem to apply to nonprofit coalitions as well, where the policy implementation coalitions, which provide material incentives, were more likely to have trouble engaging members compared to the policy revision coalitions, which only use purposive incentives.

All coalition leaders agreed that the number of members engaged in advocacy is a small minority. Antionette Kraus commented about CTC, “I’d say about 30 percent of our members
are in name only. Probably another 50 percent have taken at least one action. And then you have 20 percent that are engaged in leadership and do almost everything” (2015). Yet only the leaders of the policy implementation coalitions voiced concern over their low member engagement. Some coalition leaders discussed the challenge of encouraging member involvement, especially when the members are busy and do not understand the importance of advocacy. Rick Shinn, Director of Government Affairs of the Virginia Community Healthcare Association explains,

In 2009 we were really pushing to get our members active because we were facing a potential funding cut. . . . We spent about a year trying to get our troops rallied to take action but few members really engaged. When the budget came out for FY2010, we took a $600 million budget cut. As soon as that was announced, the next day I got a call from members, “What should we do? Should I call Congress?” I said, “we’ve been asking you for a year to call Congress. It’s too late now.” “Well, it’s going to impact us. We’re going to have to lay people off.” I said, “let’s talk about your advocacy efforts going into the next year.” (2015)

While coalition members learned the hard lesson of why advocacy was important, the impact was only temporary. Neal Graham, CEO of VCHA, said, “The bad thing about that was, they got off the hook because then the Feds took money out of the trust fund and back filled the deficit cut. So, we just didn’t grow as much as we could have, but they didn’t feel the pain they should have from the budget reductions” (Graham 2015, 11). Michaele Cohen, Executive Director of the Maryland Network Against Domestic Violence, has also been concerned about her members’ involvement. Cohen commented,

We encourage our programs to invite legislators and public officials to their programs and enable them to see, first-hand, their critical work, but a lot of them don’t. Domestic violence program providers often feel overwhelmed by the demand for services, are understaffed and underfunded, are more focused on providing direct services for their clients, or don’t recognize the value of this engagement. We also encourage them to contact legislators during the legislative session, but it’s often easier to defer to the MNADV and not see the critical importance of advocacy from the local level with their legislators. (2015)
It is possible that policy implementation coalitions struggle to make advocacy engagement seem critical, because they do not use outsider tactics that highlight the importance and urgency of the policy issue. Media coverage and press conferences signal to coalition members, as well as the public, that an issue needs attention. When coalitions fail to use these strategies, overtime their members may begin to think that successful advocacy does not require their engagement. Additional research could explore what motivates coalition members to participate in advocacy decision making and implementation or to opt out. In sum, decision-making processes should be designed to maximize the number of members who can voice their opinions, but at the same time reach a unified position. In order to achieve this, policy revision coalitions tend to have less inclusive decision making processes due to their large, diverse memberships and policy implementation coalitions have more inclusive processes.

**Speaking with a Unified Voice**

The decision making process alone cannot ensure agreement among coalition members. In fact, a number of coalition leaders stressed the challenges they faced in speaking with a unified voice. Sometimes disagreements occurred between the members, but other times disagreements arose between the staff and membership. In the first instance, member diversity can increase disagreements within the coalition, particularly when decision making is consensus-based. Cohen explains the challenge within MNADV:

> We’ve split on some issues because our law enforcement and criminal justice people disagree with the advocates. The advocates can be very oriented toward privacy and confidentiality and making sure that victims are not forced to do anything, that they have choices, and of course the criminal justice system wants to prosecute cases and that’s laudable. Both sides have merit. (2015)
VSDVAA also deals with disagreements among coalition members. VanAudenhove notes,

The generalization I could make is that we want to be a social change, social justice organization. We have a large part of our constituency that runs agencies that rely upon the goodwill of the legislature and systems and so there is a deep pragmatic streak as well. So when we find ourselves with a conflict, it most often centers around—this is the best thing to do, this is the achievable thing to do, and are we going to settle for achievable? (2015)

Interestingly, a few of the coalitions noted disagreements between the priorities of the coalition staff and those of the membership. PACHC had a difference of opinion with some of its members on the best position to take on Healthy PA. The members “are people that grew up in the movement and they were very adamant, they wanted Medicaid expansion and there was going to be nothing less. And we had long conversations about: do you go for everything and get nothing, or if we’re about access, how do we say no to a guarantee of something rather than nothing?” (Rinehart 2015). It took the coalition months of discussions to reach a point where the members would not oppose the private coverage option. Included in the discussions were the executive committee, board, and entire membership. This unity was necessary because PACHC wanted to make a deal with the administration to get “every health center who wanted a contract … an in-network contract and get paid PPS.\textsuperscript{15} The give on our part was that we weren’t going to oppose what they were doing” (Rinehart 2015). In this case, the staff was able to convince the membership to follow its lead. Conversely, DeMarco gave an example of when his suggestion was overruled by the coalition’s board.

One time, I thought that we should not introduce our whole Health Care for All proposal, just a small piece of it, so to not upset anyone we didn’t want to upset. And the board overruled me and said no. . . . It was a learning experience for me. I thought it was a better strategy to not put in the whole thing, but the board firmly thought, no, we

\textsuperscript{15} For more information on the Prospective Payment System (PPS) rate, see the National Association of Community Health Centers’ fact sheet: http://www.nachc.com/client/PPS%20Info%20Sheet.pdf
need to do that to keep our commitment to our coalition, that’s what we were going after. (DeMarco 2015)

Thus, there can be tension between staff and members around idealism versus practicality, just as there can be amongst the members. When disagreements occur, it is critical that coalitions resolve them internally before advancing an advocacy priority. If disagreements are not resolved, the lack of coalition unity will threaten the coalition’s credibility, likely making it more difficult to impact public policy, as was the case with the divided MACHC membership that was noted in Chapter 3.

**Client Interest vs. Member Interest**

Merely involving coalition members in advocacy decision making does not ensure that the priorities set will represent the interests of their underrepresented clients. Member organizations have to balance between addressing the needs of their clients and their own organizational needs. When coalitions have limited resources to pursue advocacy, priorities need to be set, often forcing members to choose one interest over the other. Two variables influence who receives preference, the diversity of coalition members and the competitiveness of the market in which the members work. In the case of member diversity, the more diverse the organization types within a coalition, the less likely that they will have common organizational needs. For example, in the Medicaid expansion coalitions, it is unlikely that the SEIU, the Methodist church, and a sorority will be able to agree on policy solutions that will equally help all of their organizations. What they do have in common is a concern for the same underserved constituents, making it easier to prioritize client interests over member interests.

In comparison, nonprofit coalitions, in which member organizations have very similar structures and functions, find it much easier to identify common organizational needs. These
needs often focus on funding, service delivery processes, and regulations. Despite the fact that community health centers and domestic violence coalitions serve similar populations, coalition leaders note the significant differences in client needs within each state. Urban and rural divides are particularly pronounced, often making it more difficult for coalition members to agree on advocacy priorities that will address their clients’ diverse needs.

The second factor is the competitiveness of the environment within which the members work. Community health centers operate in a highly competitive environment, where they compete with for-profit hospitals to provide services. Thus, much of their advocacy is focused on maintaining their share of the healthcare marketplace. In comparison, organizations serving domestic violence victims face limited competition from for-profits. This allows the coalitions to focus more on the interests of their underrepresented clients. Finally, Medicaid expansion coalitions share a similar goal—expanding healthcare access—which combines increases in health access (client interest) and increases in funding (member interest). The two variables, member diversity and marketplace competition, are measured below for each coalition type:

<table>
<thead>
<tr>
<th>Coalition Type</th>
<th>Member Diversity</th>
<th>Market Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Expansion</td>
<td>Highly Diverse</td>
<td>Highly Competitive</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>Somewhat Diverse</td>
<td>Somewhat Competitive</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>Not Diverse</td>
<td>Highly Competitive</td>
</tr>
</tbody>
</table>

I hypothesize that nonprofit coalitions, whose membership is not diverse and whose members operate in a competitive environment, are most likely to advance policies that benefit the self-interest of their members, rather than the interest of their clients. To test this hypothesis, the specific advocacy goals set by each coalition are analyzed. Table 4-1 lists the
coalitions’ advocacy priorities in 2015 and Table 4-4 lists the coalitions’ priorities over the past five years as found through the media analysis.

As hypothesized, associations of community health centers have the least diverse memberships and most competitive markets, resulting in advocacy priorities that are more focused on member interests than client interests. The advocacy priorities focused solely on member interests included issues of funding, taxes, and regulations. A few of the advocacy priorities included a mix of client and member interest, primarily because they would improve client access to health care—Medicaid expansion and navigator regulations. The heavy emphasis of associations of community health centers on member needs was acknowledged by Josh Sharfstein, who viewed MACHC primarily as a trade association. He explained, “MedChi, which is a physician’s association, at times did a better job advocating for public health issues than the community health centers, who were most often advocating for community health centers” (Sharfstein 2015).

In comparison, Medicaid expansion coalitions have diverse memberships, with some of the members operating in competitive markets. The policy solutions advanced by these coalitions balance client and member interests. One reason that Medicaid expansion coalitions can attract a wide diversity of members is precisely because their policy solution balances both client and member needs. Thus, some members will join the coalition because they care more about the clients, while others will join because they care about increased funding for the services they provide.
Table 4-4: Media Analysis

<table>
<thead>
<tr>
<th></th>
<th>Article Focus</th>
<th>Advocacy</th>
<th>Policy Solution</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Media Hits</td>
<td>Advocacy</td>
<td>Expertise</td>
<td>Service</td>
<td>Other</td>
<td>Advance</td>
</tr>
<tr>
<td>MHA, MHCI</td>
<td>87</td>
<td>67.82%</td>
<td>10.34%</td>
<td>4.60%</td>
<td>6.90%</td>
<td>79.66%</td>
</tr>
<tr>
<td>CTC, PHAN</td>
<td>168</td>
<td>53.57%</td>
<td>26.19%</td>
<td>19.05%</td>
<td>1.19%</td>
<td>41.11%</td>
</tr>
<tr>
<td>HAV, VPLC</td>
<td>20</td>
<td>35.00%</td>
<td>15.00%</td>
<td>45.00%</td>
<td>5.00%</td>
<td>85.71%</td>
</tr>
<tr>
<td>MNADV</td>
<td>50</td>
<td>10.00%</td>
<td>50.00%</td>
<td>10.00%</td>
<td>30.00%</td>
<td>60.00%</td>
</tr>
<tr>
<td>PCADV</td>
<td>133</td>
<td>30.83%</td>
<td>42.11%</td>
<td>10.53%</td>
<td>16.54%</td>
<td>56.10%</td>
</tr>
<tr>
<td>VSDVAA</td>
<td>20</td>
<td>60.00%</td>
<td>10.00%</td>
<td>15.00%</td>
<td>15.00%</td>
<td>41.67%</td>
</tr>
<tr>
<td>MACHC</td>
<td>6</td>
<td>0.00%</td>
<td>33.33%</td>
<td>50.00%</td>
<td>16.67%</td>
<td>0.00%</td>
</tr>
<tr>
<td>PACHC</td>
<td>38</td>
<td>28.95%</td>
<td>28.95%</td>
<td>21.05%</td>
<td>21.05%</td>
<td>45.45%</td>
</tr>
<tr>
<td>VCHA</td>
<td>14</td>
<td>21.43%</td>
<td>0.00%</td>
<td>21.43%</td>
<td>57.14%</td>
<td>33.33%</td>
</tr>
</tbody>
</table>

Data from LexisNexis searches from 1/1/2010 to 8/1/2015 of newspaper stories or combined papers referencing each coalition.
Finally, domestic violence coalitions have medium member diversity and currently operate in less competitive markets. This results in the coalitions focusing almost solely on client interests. In 2015, some of the priorities included expanding the coverage of protective orders, designating the crime of strangulation as a felony, requiring the surrender of firearms by those receiving final Protection from Abuse Orders, and trauma-informed campus sexual assault. It is possible that the domestic violence coalitions do not spend much time advocating for additional funding because it is not worth the investment of time and resources. Southworth explains the problem from the perspective of increases in federal funding. “What we get now is we’ll get a $10 million amendment to one bill and split that across 56 states and territories. And so basically it’s cute, it’s fluffy. It’s not even worth the [cost of] administration. You know, $10 million split that far is nothing” (Southworth 2015).

Yet, it is possible that over time the market for domestic violence services will become more competitive, leading to advocacy focusing more on member organizations’ needs. Julie Colpitts reflected that this is the trend she has seen in the “industrialization” of the mental health industry (2015). She observes, “nonprofits do start to look more like some of the interest groups when they’re member associations of large mental health centers who are lobbying for their own interests” (Colpitts 2015). Thus, as market competition changes, it is possible that domestic violence coalitions will become more member-centered than client-centered.

Michaele Cohen has observed increased competition.

The landscape has changed. When we started, the only organizations providing domestic violence services were the local domestic violence programs. Now legal services agencies, hospitals and health care providers, faith-based groups, and many other kinds of organizations offer services to domestic violence survivors and their families. People have recognized that domestic violence is an issue that they need to deal with and they’ve expanded their services to meet these needs. This has significantly expanded the resources and services that are available, but some of the original, community-based domestic violence programs that have worked for so many
years to meet these needs and continue to be underfunded, feel very competitive about the funding. They fear that these other service providers will compete for what is still limited funding. We encourage providers to collaborate and form partnerships, but that’s not how everybody approaches it. Also, not all providers are equally knowledgeable. There have been growing pains as a result of this expanding field of service providers, but it’s also provided more resources for victims. The challenge is to ensure that all providers have the funding they require and the expertise and capacity to meet the needs of survivors. (Cohen 2015)

Thus, the ability for domestic violence coalitions to remain focused on client-interested advocacy will depend on how they approach this increase in competition. Do coalitions embrace these new actors as allies and members, or do they erect barriers to membership, thereby limiting diversity, and likely advocating more for the needs of their member organizations, rather than their clients? This is a question for coalition leaders as well as future research.

Conclusion

In sum, foundation and government funding have limited impact on the advocacy priorities of the nonprofit coalitions studied, while state government ideology, market competition, and membership diversity do influence advocacy priorities. Coalitions choose priorities that reflect the values of the state government ideology and those of the governor. Since coalitions have limited resources, they must strategically choose where to invest them. Policy revision coalitions typically cannot change their priorities, so they must adjust the way they frame them. In comparison, policy implementation coalitions often have multiple advocacy solutions they can pursue, so they will prioritize solutions that best fit current state government ideology.

Moe’s interest group research suggests that large members will have greater influence in advocacy decision making within coalitions than smaller members. This is not apparent in the
nonprofit coalitions studied. Instead, executive director interest is a greater determinant of engagement than organization size. In general, the nonprofit coalitions have inclusive decision making processes that allow for members to voice their opinions, making it unlikely that members will oppose the priorities once they are set. It is clear that coalition leaders understand the importance of speaking with one voice, because they invest more time in gaining member buy-in when there are disagreements between members or between members and staff.

Finally, both Olson and Moe posit that interest groups utilizing purposive incentives will pursue policies that help the general public, while interest groups utilizing material incentives are more likely to advance policies that serve the self-interest of their members. This distinction does not apply to nonprofit coalitions. Both associations of community health centers and coalitions against domestic violence provide a number of material incentives to encourage members to join, yet only the former prioritize policy solutions that promote member interests, while the later advance the interests of their underrepresented clients. Furthermore, the Medicaid expansion coalitions only offer purposive incentives, however, they prioritize policies that serve both member and client interests.

The variables that influence which policy solutions nonprofit coalitions prioritize are member diversity and marketplace competition. Coalitions that have members with similar structures and functions and work in competitive marketplaces are more likely to advocate for policies that benefit their members. Yet, many other nonprofit coalitions do pursue advocacy solutions that benefit their clients, increasing the pluralism in our democratic processes. The important question is whether or not the nonprofit coalitions can impact public policy when they advance client interests. Chapter 5 addresses this question.
CHAPTER 5

Public Policy Impact: Aligning Advocacy Strategies and Sources of Influence

Some nonprofit coalitions pursue policy solutions that benefit the underrepresented, increasing the pluralism of government public policy processes. Yet, not all nonprofit coalitions are successfully able to impact the public policies that they choose. I argue, that to have an impact, nonprofit coalitions must align their policy solutions with the appropriate advocacy strategies and sources of influence. Nonprofit coalitions and other types of interest groups utilize similar advocacy strategies. When a coalition is pursuing policy revision, it must use outside pressure to unseat the “powerful forces—both social and institutional—that protect the status quo” (Baumgartner et al. 2009, 26). In comparison, coalitions pursuing policy implementation often choose to work behind the scenes. Baumgartner et al. note, “In some instances—especially when the change that is sought is small—operating under the radar may be more beneficial” (2009, 126).

Where nonprofit coalitions and previously studied interest groups differ, however, is in the sources of influence they are able to wield. Nonprofit coalitions face a significant barrier to impacting public policy, the inability to make financial contributions to electoral campaigns. While for-profit interest groups can use financial incentives to encourage politicians to support their advocacy priorities, nonprofits must find alternative means of influence. Little research focuses on the sources of influence available to nonprofit coalitions specifically, focusing instead on the characteristics of successful policy entrepreneurs (Kingdon 1984; Moe 1980). I argue that nonprofit coalitions can draw upon two sources of influence, expertise and member mobilization. The type of policy change a coalition seeks will determine which source of influence is more important.
Even when nonprofit coalitions successfully align their purpose, advocacy strategies and sources of influence, public policy impact can be derailed by the state political context. While no comprehensive theory exists regarding the impact of multiple state political context variables, I test the impact of three variables: political polarization, unified governments and legislature professionalism. McCarty, Poole, and Rosenthal argue, “major legislation is produced less frequently as polarization increases,” (2006, 165-166) which can limit the impact of policy revision coalitions. Additionally, veto points, which are limited in unified governments, can also make policy change more difficult (Gray et al. 2012). Finally, Hall and Deardorff argue that less professional legislatures rely on lobbying as a legislative subsidy and therefore coalitions will have greater influence over them than professional legislatures (2006). I find that both political polarization and unified governments have an important influence on a nonprofit coalition’s public policy impact at the state level. Furthermore, nonprofit coalitions are able to impact public policy solutions, even when they face opposition with greater financial resources.

**Advocacy Success**

Advocacy success can be difficult to measure because it can be difficult to define. While the majority of the coalition leaders interviewed define advocacy success as winning policy change, others define it more broadly. Executive Director of the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA), Kristi VanAudenhove, explains, “Success is that we feel like we have done the best possible job that we can do speaking on behalf of survivors and on behalf of our member agencies and on behalf of our long-term mission” (2015). Thus, representation is key for VSDVAA. During the 2015 campus sexual assault
legislation debates, there were so many different factions that VanAudenhove stopped going to the General Assembly every day so she did not get caught up in everything and could “stay focused on what was important to sexual assault survivors, not to campus administration, who were the other big voice” (VanAudenhove 2015).

Neal Graham, CEO of the Virginia Community Healthcare Association, considers two parts to advocacy.

There’s a process part and there’s an outcomes part. The process part is, who did you get engaged? Who did you engage with? What was that process like? Did it meet your needs, and that type of thing. So you work the process. And then the outcomes part. Did you, like Rick said, did we kill the bills we wanted to kill? Did we pass the bills we wanted to pass? Did we get the dollars and cents that we needed when we wanted it? What is the outcome? And so you look at it both ways. Sometimes you can get the outcome without the process. It just falls into your lap. Other times, you can do a great process, like we did with Medicaid expansion, and get no outcome, result. So, you have to evaluate both parts. (Graham 2015)

Given the different perspectives of the coalition leaders and the difficulty of determining when nonprofit coalitions play a decisive role in getting desired laws or regulations passed, this chapter focuses on explaining the factors that lead nonprofit coalitions to have a public policy impact. I argue that impact is most likely when the factors of coalition purpose, advocacy strategies and coalition influence align. Yet, even when the factors align the state political context can either advance or hinder a coalition’s impact. Three aspects are important, particularly when they reinforce each other: 1) government polarization, 2) unified government, and 3) opposition strength. This chapter will illustrate that nonprofit coalitions are able to achieve public policy impact despite their limited resources; however, state political context can be a significant barrier.
Outsider versus Insider Strategies

The two advocacy purposes discussed in Chapter 3, policy revision and policy implementation, require different advocacy strategies. Because policy implementation plays out over the course of many years or decades, relationship building with government officials is fundamental to a coalition’s impact. Relationships are built through insider advocacy strategies, including meetings, testimony, and drafting legislative language. Michaele Cohen, Executive Director of the Maryland Network Against Domestic Violence, explains the coalition’s advocacy strategy. “It’s collaborative and friendly. It is not confrontational. We work behind the scenes and build relationships with public officials and alliances with other advocacy groups. We have found that this practical approach is the most effective way to work with our legislators and policy people” (Cohen 2015). Similarly, the Virginia Community Healthcare Association focuses on relationship building. Shinn notes, “If you do it appropriately, it’s really trying to lay the groundwork way ahead of time, over a period of time, so that when a decision needs to be made that legislator will know when you call them or you meet them what they really want to do” (2015). The coalitions will participate in meetings and taskforces purely to build relationships. In the case of the weekly Monday morning Medicaid meetings organized by Governor McAuliffe’s office, Neal Graham, CEO of VCHA, explains “the reason most of us went to those is not because of what we actually accomplished in the meeting, but was to get to know the people, because he [McAuliffe] would send three or four of his staff people to the meetings. And we got to know those individuals very well. So we can talk to them on a variety of things, because they remember us from those Medicaid meetings” (2015).

Typically, coalitions pursuing policy implementation are more concerned with maintaining open and trusting relationships with government officials than passing a particular
piece of legislation because they will likely need to rely on the officials for funding and support in the future. Cheri Rinehart, President and CEO of the Pennsylvania Association of Community Health Centers (PACHC), explains how relationships help the association be more proactive. She says,

A lot of what we do is prevent bad things from happening and the more they’re [executive branch] aware of you up front, the more likely, when they issue policy, you’re not on the defensive. You’ve already been engaged. They’ve asked for your opinion. They’ve incorporated your suggestions. If you don’t have those relationships . . . you are always on the defense instead of trying to improve things. (Rinehart 2015)

Additionally, when strong relationships exist, legislators can support the advocacy of the association. Jim Willshier, Director of Policy for PACHC explains,

The House Health Committee and the Senate Public Health and Welfare Committee have been great resources for us because even when it came to a regulatory issue, Chairman Matt Baker was a great champion for us. When it comes to the MA issue, Pat Vance really was engaged. When she was having regular briefing meetings, she brought up some of our issues with the administration. (2015)

To maintain these relationships, Rinehart stresses the importance of compromise. “We have to keep the doors open with some of the folks [legislators] that are carrying this [bill] for some much bigger things. So, we work to find the place in the middle where we can agree” (Rinehart 2015). Graham uses a similar line of reasoning when he explains why he is wary to engage with the media. “We have to be fairly careful, because again, we’re going to be here forever. These events are going to come back and we’re going to have to deal with these legislators again and again” (Graham 2015). Developing relationships with government officials is also important because they can open doors. Duane Taylor, CEO of the Mid-Atlantic Association of Community Health Centers, advises, “You always want to get in the door through another person, because when you just blindly introduce yourself, there’s no credibility that comes with
you. When somebody else introduces you, they’re able to tell a little bit of the backstory. Say, ‘This is a good person. They’ll do the right thing’” (2015).

Finally, policy implementation coalitions are often more likely to work on a number of different solutions to a problem simultaneously. Rinehart explains,

We rarely approach an issue with a single solution. Using the credentialing as an example, we are working administratively on that, we’re working to get legislative interest to make change to that, and we’re also working on training and education so that our house is clean and there are good applications being submitted. And we’re also working with the managed care organizations on their processes. And so, rarely is there an issue that we’re saying here is the solution to it, because you’re never sure what is going to stick, what’s going to get momentum. (2015)

Since policy implementation coalitions are working within a longer timeframe, they are more likely to be able to work on multiple advocacy channels simultaneously. Stable government funding also makes this longer-term approach possible. In comparison, policy revision advocacy often operates within a shorter timeframe due to shifts in foundation funder priorities and limited windows of opportunity.

To have an impact, policy revision advocacy requires significant public mobilization, rather than only working behind the scenes. As noted by Wilson,

Many political organizations emphasize influencing public opinion, or important segments of it, as much or more than influencing official behavior. There has probably been a long-term increase in the reliance on grassroots strategies, including advertising, letter writing, financing election campaigns, referenda, and securing favorable media treatment. This is especially true with respect to the initiation of new policies, because of the need to develop legitimacy for a new governmental role, and perhaps most true with respect to those new initiatives that involve major extensions of the welfare state. (Wilson 1973, 338)

Medicaid expansion is a prime example of policy revision advocacy that requires the support of the public in order to overcome the status quo bias. When legislation requires a large shift in power, either by providing access to new populations or allocating significant amounts of funding, external pressure is required to push government officials to act. Legislators are
particularly concerned with re-election, so they are only likely to vote for a policy revision
when it is clear that their constituents overwhelmingly support it. Outsider advocacy strategies
include: holding press conferences, writing editorials or letters to the editor, organizing the
signing of a petition or letter, among other things. Maryland Health Care for All coalition uses
an outsider advocacy strategy that deliberately takes advantage of legislators’ sensitivity to
reelection. As President Vincent DeMarco explains, “What we do that few other people do, that
really is key, is making our issue a top election issue. … We take that resolution that we got
organizations to sign, and we get the candidates to sign. It’s not easy, because they don’t like to
do that. But we kind of mobilize our coalition to make them do it” (2015). While the ultimate
targets of the advocacy are legislators, the coalition spends “a lot of time talking to key media
people, because we want the media engaged and working on this. Both editorials and articles”
(DeMarco 2015). Ted Dallas, former Maryland Secretary of Human Resources, confirms that
DeMarco’s coalitions is “a place that folks know to go to for comments. If there’s a newspaper
article or there’s coverage about something, he is a trusted third source that the press will go to”

Similarly, Cover the Commonwealth coalition (CTC) has a strong relationship with the
media. CTC Director, Antoinette Kraus, says,

We use the media all of the time. We used it to lift up stories of people that were stuck
in the gap. We used it to highlight the problems with the waiver and really combat some
of the messaging. So, for example, the Corbett Administration wanted work
requirements. We went to the media with census data that said 75% of people that are
eligible for Medicaid have at least one full-time worker in their family. So we use it to
combat messaging and also be kind of proactive. (2015)

What made CTC so successful was its proactive approach to engaging the media. “We would
have statements and press stuff ready to go when we thought something was going to happen.
… We did press calls right away when breaking news would happen. We educated reporters,
not just when news was happening, but just so they had background information” (Kraus 2015). Kraus notes that a critical element to media engagement is trust. She believes that the media trusts the coalition because “we have a wide variety of stakeholders. If we do a press call, it might be a health center, it might be someone from labor, it’s a consumer – so they can get that whole, broad picture” (Kraus 2015).

Comparing the advocacy strategies of CTC and PACHC provides an interesting study of contrasting approaches. Rinehart notes that while PACHC wanted Medicaid expansion, it had to be realistic because the Corbett Administration was not going to expand. Thus, PACHC worked behind the scenes “successfully to get all health centers in network who wanted to be, both FQHCs and RHCs, and PPS rate under the private coverage option” (Rinehart 2015). Kraus commented on PACHC’s approach. “They worked really hard to get that in the Healthy PA waiver and they did, so then they took a backseat approach to the advocacy. It was the calculated piece. We understood the health centers got a huge concession from a very conservative republican governor. So, that’s good and they wanted to protect that” (Kraus 2015). Interestingly, Rinehart noted that had CTC been successful in getting Medicaid expansion, they would have applauded because, “we truly believe that was the better way to go” (2015). Thus, even though PACHC was interested in Medicaid expansion, the association still approached it with insider advocacy strategies that focused on getting policies that favored its members into the Healthy PA waiver, rather than using outsider strategies to push for Medicaid expansion that would provide greater benefits to their underserved clients.

An example of less successful outsider advocacy strategies comes from Healthcare for All Virginians (HAV). The coalition is noticeably absent in media coverage of Medicaid expansion in Virginia. While key leading members of the coalition, such as the Virginia
Poverty Law Center (VPLC) and The Commonwealth Institute, are quoted in the news, the coalition is rarely, if ever, mentioned. Hanken noted that because the coalition leaders wear different hats, it can be difficult to get media coverage for the coalition specifically. Yet, she also faulted the media.

When we have a press conference that’s a Healthcare for All Virginian’s press conference, that’s what we’re telling the press and that’s what all the fact sheets say, but then they quote me at VPLC. I don’t think we’ve ever been mentioned in an article by name. Sometimes they say a “coalition of organizations”, but not Healthcare for All Virginians. So that’s a frustration and a problem.” (Hanken 2015)

Despite this lack of media coverage, HAV’s government partners still know the coalition well and respect its work. Jodi Manz, Policy Advisor in the Office of the Secretary of Health and Human Resources of Virginia, notes the important role HAV played in advocating for Medicaid expansion.

They’re spread pretty well throughout the state, so they were able to kind of reach through some channels that we probably wouldn’t have been able to reach from this position here in Richmond. You know that year we weren’t successful getting expansion through, but it wasn’t for lack of trying. The Healthcare for All Virginian’s coalition, in particular, was out there everyday and they were very much in communications particularly with our policy office, the governor’s immediate policy folks. (Manz 2015)

In sum, policy implementation coalitions will have the greatest impact when they are able to build trusting relationships with government officials and use insider strategies to advocate for small changes to policies and regulations. In comparison, policy revision coalitions are working to disrupt the status quo and therefore must utilize outsider advocacy strategies to be successful. Even when political leadership is supportive of the change, they often look to policy revision coalitions to demonstrate to the public that policy change is preferable to the status quo. While policy revision coalitions must also utilize insider advocacy strategies, alone, these will not be enough to overcome opposition to change. For insider and
outsider advocacy strategies to be successful, nonprofit coalitions must also be able to wield influence that is related to the strategies.

**Nonprofit Coalition Influence**

The public policy impact of coalitions relies on their ability to influence legislators and regulators to make the changes they desire. Influence is derived from three sources: monetary contributions, mobilized membership, and issue expertise. Nonprofit coalitions are prohibited by law from electioneering, including making financial contributions to candidate campaigns. Thus, they must rely on a combination of mobilization and expertise to wield influence.

VCHA, which has the largest annual budget of all the nine coalitions studied, still believes it is at a significant disadvantage compared to for-profit interest groups. According to Rick Shinn, Director of Government Affairs,

> We’re a fairly small organization in regards to looking at other organizations that do a lot of advocacy in the state capitol. We also are a relatively poor organization as a nonprofit in that we do not have funding to do a lot of mass marketing, we do no PAC work, we do no donations to candidates, so, we do not have clout in the sense of an organization such as Dominion, which has hundreds of thousands of dollars to throw out there and seed the field, as it were. So, we’ve got to be really strategic with our time and limited resources. And the best way for us to do that generally has been in forming coalitions and working with other groups that have similar interests and looking at achieving the same ends. (2015)

I argue that the source of influence utilized by a coalition depends upon the type of advocacy the coalition is pursuing—policy revision or policy implementation. Coalitions pursuing policy revision are more likely to need a mobilized membership for successful advocacy, where as, coalitions pursuing policy implementation more often need issue expertise to influence legislative and regulatory changes. Thus, proper alignment between the advocacy purpose and means of influence are necessary for a coalition to impact public policy. It is
important to note that nonprofit coalitions in general must wield both sources of influence to be successful, but they tend to emphasize one source of influence over the other. This nuance is explained below.

*Member Mobilization*

One source of a coalition’s influence can be the mobilization of its membership base. In order to achieve policy revision, this mobilization must be broad in order to upset the status quo. DeMarco stresses that, “Neither authoritative testimony nor persuasive lobbying” would make legislators pay attention; “only aroused and mobilized voters would” (Pertschuk 2010, 46). Both MHA and CTC have broad membership bases and were successful in mobilizing their members to participate in their advocacy campaigns. The coalitions, however, did not create their own grassroots base, but utilized the networks of their members. DeMarco’s “most intense organizing effort would be outreach to the leadership of local and state—and sometimes national—organizations. Once these leaders had enlisted, he would rely on them to mobilize their networks of individual members or supporters when action was needed” (Pertschuk 2010, 37). Thus, it is not enough to just have a diverse membership on paper. The members must be engaged in carrying out the advocacy strategies, as well. DeMarco notes, “We are working closely with the members to help us. For example: when we are trying to get these candidates to endorse the candidate resolutions, myself and the staff contact our organizational partners to contact their legislators” (2015).

In a 2011 Washington Post article, DeMarco highlighted five keys to the coalition’s success,

**A broad-based statewide coalition.** Advocates who sought the tax as a way to save lives and reduce alcohol problems connected with those who wanted to put the revenue from the tax to good use in a tight budget year, especially in services for people with disabilities and a variety of health care and public health priorities. This brought
together more than 1,200 faith, labor, small business and nonprofit organizations—more than enough to make a statement in Annapolis.

**Strong public health research.** Two thorough reports, funded by Baltimore’s Abell Foundation and produced by professors at the Johns Hopkins Bloomberg School of Public Health, became a critical tool for convincing any doubters that the tax would save lives, reduce alcohol-related violence, abuse and dependence, and improve productivity.

**Early public opinion polling.** Prior to the 2010 election, the coalition conducted polling that demonstrated that most Marylander citizens were in favor of an alcohol tax increase—and that support increased if it was devoted to the causes espoused by the coalition. They even showed that some voters would cross party lines to support candidates who endorsed the alcohol tax proposal. That caught the attention of anyone running in a tight race.

**Voter education and candidate pledges.** Armed with the research and polling results, the coalition secured pledges from 140 candidates running for the state legislature in 2010 that they would support an alcohol tax increase if elected. All those yes votes would provide a solid foundation to build on after the election.

**Media advocacy.** The coalition continuously worked to generate news coverage throughout 2010 and 2011 to place the issue solidly on the public agenda, emphasizing the public health gains as well as the potential for new revenue. (Jernigan and DeMarco 2011)

CTC also relies on the engagement of its members. Depending on the stage of the campaign, members were asked to “testify at a hearing, participate in our media events, public comment periods, write letters to the editor” (Kraus 2015). Kraus attributes the coalition’s success to “the ability to shape the message with the public and decision makers. And your ability to engage a diverse set of stakeholders that agree to a similar message and strategy” (2015). Often the coalition is quoted in newspaper articles along with some of its members and supporters, highlighting the diversity of organizations that support the issue. For example, in the recent debate on whether or not to enact a state-based exchange, the coalition was joined by the Insurance Federation of Pennsylvania in supporting Governor Wolf’s contingency plan if the Supreme Court ruled against applying tax credits to the federal exchange (Smeltz 2015).
The HAV coalition has had less success in mobilizing its members and is currently revising its advocacy strategy to address this weakness. While HAV membership is broad, and the coalition collaborates with hospitals and chambers of commerce on its advocacy strategy, mobilization statewide has been limited. One possible reason for this is that HAV does not have any coalition members that have statewide networks that are easily engaged. Both Maryland and Pennsylvania coalitions worked closely with SEIU healthcare unions, which represent 10,625 and 25,000 individuals respectively. Unions are known for their ability to get out the vote and, therefore, can be highly influential with legislators. Unions, however, do not hold the same sway in republican-dominated Virginia, which has been a right to work state since 1947.16

Another network that MHA was successfully able to mobilize was the faith community. The Methodist Church was especially important having 600 congregations throughout Maryland. DeMarco notes the critical role of the faith community.

First, faith leaders have moral authority: “Just because they are who they are, policy makers have to listen to them. They can’t ignore them.” If you can mobilize the religious community, “you have the power to get their people to Annapolis. Lawmakers are not comfortable saying no to their religious constituents.” Second, the faith community represents “the grassroots; they are where you find people who are going to write the letters and do all the other volunteer work.” Third, the media love stories of the faith community . . . And fourth, “faith groups—especially the United Methodists—bring real diversity to the movement: racial, economic, religious, political. Incredible diversity. (Pertshuch 2015, 39)

While a few members of the faith community have engaged on the issue of Medicaid expansion in Virginia, large statewide networks of congregations have not. Hanken acknowledged the coalition’s weakness in mobilizing its members, particularly statewide.

We have to figure out a way to make this less Richmond-based, because it is very Richmond-based. Now some of these groups have networks throughout the Commonwealth and they engage them from time to time, but it’s not like they are actively engaged throughout the year, throughout the whole state. … when the legislators are not in Richmond, you need to go see them in their districts. And that can

16 For more information on right to work, see: http://www.nrtw.org/c/vartlaw.htm.
be very powerful to be working with constituents locally. More statewide engagement would really make a difference in the Medicaid expansion fight. (Hanken 2015)

In order to determine its next steps, the HAV coalition surveyed its members to determine their level of commitment. HAV found that, “62 percent are interested in speaking to local legislators with a group of constituents. 59 percent are interested in enlisting members to write letters to the editors/op-eds in local papers. 50 percent are interested in collaborating with other HAV organizations in different parts of Virginia” (HAV Webinar 2015). Based on this feedback, HAV is beginning to form regional teams that will facilitate locally-based advocacy. Specifically, the teams will:

- Show the need/support for closing the coverage gap in their own communities.
- Educate local officials and the public about the facts.
- Help make the issue part of the conversation during the election season. (HAV Webinar 2015)

While HAV is not planning to go as far as MHA and have candidates sign a pledge, it is planning to be more engaged during the fall 2015 elections than it has been previously.

HAV is also re-considering how to best frame its messaging. During its strategic planning webinar with its members, HAV invited experts Lucy Dagneau, from Community Catalyst, and Adam Searing, from Georgetown University’s Center for Children and Families, to discuss messaging data from focus groups in Virginia. The data showed that conservative voters were surprisingly unaware of the issue of Medicaid expansion and were wary of it because it increased federal government spending. Economic arguments, which typically are successful with republicans, had a negative effect because they triggered concerns with federal government spending. The frame that was most likely to trigger empathy focused on explaining who was in the coverage gap and providing stories that put a face to the problem. Thus, moving
forward, it was suggested that HAV focus more on story banking in order to get stories to both the media and legislators.

Coalitions using insider advocacy strategies also have trouble mobilizing their members to engage in advocacy. Cohen notes, “Our struggle is engaging our service providers to see why they need to be involved in the advocacy effort. They tend to let us do it or not see that they also need to make those calls and get to know their legislators” (2015). Burnout is also a problem among members, particularly when there is always another advocacy battle to fight. Graham explains, “We’re getting some people really starting to push back, ‘We’re tired. We’ve done our due diligence. We’ve gone to the hill visits. We’ve called our congressman. We talked to our state senators. We’ve done this. I’m tired.’” (2015). Thus, coalitions must find ways to keep members engaged, but respect their limited time. Coalition members often over rely on coalition staff to advocate on their behalf, rather than build their own capacity. Graham laments, “We would like each board of every member association to have an advocacy committee. We might have five, ten out of the twenty-nine members that actually have one” (2015). The association’s aim is not to lessen its advocacy work, but instead acknowledge the power of a constituent’s voice. “If you take a patient constituent on the board and sit down in a legislator’s office and speak to the needs of the community from their perspective, that speaks volumes more than what Rick or I could possibly do to generate their enthusiasm” (Graham 2015). Thus, insider advocacy does require member engagement, however, it is more important in demonstrating expertise on an issue than in mobilizing statewide networks.

**Expertise**

The program implementation expertise that coalitions derive from their experience, and that of their members, in providing services is invaluable. For nonprofit coalitions, program
implementation can take a number of forms including federal exchange navigator support, technical assistance for members, training of judges and police officers on domestic violence, among many others. It is often through program implementation that coalitions learn about the challenges their members and clients are facing. It is from this direct interaction that coalitions derive their expertise. In addition to training domestic violence providers and allied professionals on a broad diversity of topics, the MNADV acquired and shared its expertise through developing and training others to use the Lethality Assessment Program. Cohen explains, “We started with law enforcement domestic violence trainings and then we were able to come in and introduce the lethality assessment program. Participants recognize our expertise but also know that we understand their experience. I think people look to us as experts” (2015). PACHC believes its credibility comes from its members. According to Director of Policy, Jim Willshier, “The health centers are a trusted resource for their communities because of what they do and I think we’ve done enough to have legislators and a lot of people in the capitol building recognize that amongst our health centers and by default between us working with them . . . we’ve been honest brokers, we’re seen as a trusted resource” (2015). Interestingly, interviews with coalition leaders indicate that expertise is derived less from research and more from practical experience. PACHC does not conduct its own research because “if it’s in-house, it’s questioned” (Rinehart 2015). PACHC is more likely to use external research conducted by a university or impartial organization.

One reason expertise is so important, is that government officials often lack it. Rinehart explains, “They’re limited in how much outside contact and education and training they get, so they often rely on us to be the early warning signal. And that’s why we decided we would share the newsletter with some of the select people, because they don’t know the world outside their
world through no fault of their own, in many circumstances” (2015). Similarly, Southworth notes that government officials,

  don’t have any NGO sector experience. And then even the ones that do, depending how long they’ve been in the government, are hearing government speak all day long and hearing things talked about and framed in such a way that they lose their ability to come up with what is realistic and pragmatic and practical. And so, some of our dearest allies who came out of the NGO sector and went inside, still come up with wacky things. (2015)

Federal funders also benefit from the knowledge of the nonprofit coalitions they support. The associations of community health centers provided important expertise during the development of the ACA’s Navigator Program. Since the associations had been working on enrollment previous to the passage of the ACA, they became the eyes and ears on the ground, sharing information with the Centers for Medicare and Medicaid Services as the program was designed.

  When coalitions are seen as experts, they are often asked to comment on or to help draft legislation at its early stages of development. This allows them to give input before legislation becomes public, often making member mobilization unnecessary. Data collected during the interviews with coalition leaders highlights the difference in importance of legislative drafting between the policy implementation coalitions and the policy revision coalitions. All of the policy revision coalitions find drafting legislative language to be “somewhat important” whereas almost all of the policy implementation coalitions, save PCADV, find the strategy to be “very important” (see Table 5-1). According to VanAudenhove, VSDVAA spends the fall “drafting legislation, finding sponsors, lining up support, finding out what the opposition is going to be” (2015). Similarly, PACHC is often used as a resource as legislation is being developed. Willshier notes that legislative staffers “do call up and ask, ‘This legislation’s being considered, how would it affect you?’ or ‘We’re thinking of doing this, what are your thoughts on that?’” (2015). Coalitions also serve to provide comments once legislation is introduced. State
agencies are required to get constituent comments on any legislation pertaining to the agency. Since the coalitions studied represent constituents, they are often asked for comments and at times for testimony (Graham 2015). Thus, nonprofit coalitions are looked to for expertise throughout the process of developing new laws and regulations.

The challenge for policy implementation coalitions is in maintaining a balance between programming and advocacy. As noted in Chapter 3, funders can significantly influence a coalition’s work by prioritizing certain projects. For example, Rinehart notes that “HRSA drives specific activities, just the way the collaborative agreement application is. I mean, they try to direct you to do certain things” (2015). Thus, while government grants may not explicitly forbid the coalitions from engaging in lobbying and advocacy with their non-government funding, government grants often keep the coalitions so busy running programs that they have very limited time for advocacy. Cohen notes that, although most of MNADV’s funding is tied to specific programs and staff time is concentrated on completing these projects, advocacy continues to be an important focus of the coalition’s work (2015). Finding a balance between the demands of program activities and the importance of advocacy continues to be a challenge for many coalitions.

**Hypothesis Testing**

Data makes it possible to test the alignment between a coalition’s purpose, advocacy strategy, and source of influence. The advocacy strategies used by a coalition are measured through interviews with the coalition leaders. Coalition leaders were asked to rank how important each strategy is on a scale of one to three, with 1 = not important, 2 = somewhat important, and 3 = very important. The data from the interviews is used to create indices measuring insider vs. outsider advocacy strategies, which allow for comparison across the nine
coalitions, as shown in Table 5-1. Sources of coalition influence are measured through an analysis of the past five years of media coverage for each of the coalitions. Each article mentioning the coalition is classified as having an advocacy, expertise, service, or other focus, based on the content of the quote from a coalition leader or information provided about the coalition. By aggregating the data, the coalitions can be classified by their sources of influence, as shown in Table 4-4. Interviews with government officials in all three states corroborate the findings from the media analysis.

It is important to note that because the three Medicaid coalitions have fiscal sponsors, it is often the case their sponsoring organizations are referenced in newspaper articles, rather than the coalition itself. Still, the person quoted in the articles is most often the director of both the coalition and fiscal sponsor, making it important to include these articles in the media analysis. Thus, articles referencing Maryland Health Care for All and Maryland Citizen’s Health Initiative are included, articles referencing Cover the Commonwealth and Pennsylvania Health Access Network are included, and articles referencing Healthcare for All Virginians and its director Jill Hanken are included. The reason articles referencing Jill Hanken are included, but not those that reference the fiscal sponsor Virginia Poverty Law Center (VPLC), is because VPLC works on many different advocacy initiatives, where as Hanken is well known for her work on Medicaid expansion and health access specifically. Including all articles referencing VPLC would lead to the inclusion of articles that had nothing to do with Medicaid expansion. This is not a problem for the MHA and CTC, as their sponsoring organizations only work on health access issues.
### Table 5-1: Advocacy Strategies

<table>
<thead>
<tr>
<th></th>
<th>Medicaid Expansion</th>
<th>Domestic Violence Coalitions</th>
<th>Associations of Community Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHA</td>
<td>CTC</td>
<td>HAV</td>
</tr>
<tr>
<td><strong>Insider Legislative</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Met in person with a legislative representative or their staff</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Provided testimony to elected officials</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sent a letter expressing an opinion to public officials</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drafted legislative language</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Disseminated in-house research to policy makers</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.6</strong></td>
<td><strong>2.4</strong></td>
<td><strong>2.8</strong></td>
</tr>
<tr>
<td><strong>Insider Executive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Met in person with allies in the governor's office</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Met in person with an agency official</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Testified at an agency hearing</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Served on a government commission, committee, or task force</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Participated in development or revision of public regulation</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Submitted written comments to an agency</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.17</strong></td>
<td><strong>2.5</strong></td>
<td><strong>1.8</strong></td>
</tr>
<tr>
<td><strong>Outsider</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issued a report on a public policy issue</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Held a press conference related to a public policy issues</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Wrote an editorial or letter to the editor</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Purchased advertising to influence public policy</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Organized a demonstration/protest</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Organized the signing of a petition or letter</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Hosted or co-hosted a nonpartisan candidate forum</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.29</strong></td>
<td><strong>2.14</strong></td>
<td><strong>2.57</strong></td>
</tr>
</tbody>
</table>

Data from interviews with coalition leaders
I hypothesize that nonprofit coalitions pursuing policy revision will only have an impact when they 1) combine insider and outsider advocacy strategies and 2) mobilize a diverse membership, while coalitions pursuing policy implementation will only have an impact when they 1) focus on insider advocacy strategies and 2) use their expertise for influence. Table 5-1 shows that the Medicaid expansion coalitions find outsider advocacy strategies two-thirds of a point more important than the policy implementation coalitions. This is a very significant difference on a three-point scale. Interestingly, the policy implementation coalitions do find some of the outsider advocacy strategies important, including issuing reports, holding press conferences, and writing letters to the editor, but to a lesser extent than the policy revision coalitions. Furthermore, there are two outsider advocacy strategies that the policy implementation coalitions do not find important, but are utilized by the policy revision coalitions—purchasing of advertising and organizing demonstrations. It is likely that policy implementation coalitions shy away from these advocacy strategies because they seem most overtly political and could be classified as lobbying, where as the strategies they do use could be classified as public education.

It is more difficult to directly measure member mobilization because few coalitions track how many and how often their members are involved in coalition advocacy. Yet, the extent of a coalition’s influence is really based on the perceptions of those they are attempting to influence, thus, I utilize the media analysis and interviews with government officials to determine the importance of member mobilization. The media analysis is able to compare different sources of influence for each coalition: advocacy, expertise, service and other. Since member mobilization is related to advocating for a particular policy, it is assumed that policy revision coalitions are more likely to be quoted or referenced in relation to advocacy. This holds true for MHA and
CTC. Both coalitions have over fifty percent of their articles focused on advocacy. It is also not a surprise that expertise is a secondary focus for both coalitions, as it is an important factor in advocacy credibility. What is most interesting, however, is the percentage of CTC articles focused on service provision. These articles started when PHAN received its first grant to fund navigators for enrollment assistance in the fall of 2014. One could argue that getting the navigator coverage would add to the coalition’s credibility, however, the articles rarely, if ever, connect the service back to related advocacy concerns. Furthermore, these articles were run during important months of the legislative cycle, when PHAN could instead be utilizing the media to proactively influence the legislative agenda and the governor’s budget. Thus, it is possible that the service media coverage made it less likely that PHAN would get advocacy media coverage.

This is precisely the problem faced by the HAV coalition in Virginia. Forty-five percent of HAV’s articles are focused on service, with little or no connection to advocacy. This is problematic when HAV needs to be able to use the media to demonstrate support for Medicaid expansion, particularly in a state where the republican-dominated legislature requires significant public pressure to budge. As noted earlier in the chapter, HAV leader, Jill Hanken, recognizes the problem the coalition faces in attracting media coverage. Without more coverage focused on advocacy, the coalition is unlikely to have an impact.

Government officials corroborate the findings of the media analysis. Joshua Sharfstein, former Maryland Secretary of Health, notes that MHA has influence by having “a broad coalition and one that could really move” (2015). MHA was also able to mobilize the media (Sharfstein 2015). Similarly, Jodi Manz, Policy Advisor at Virginia’s Office of the Secretary of Health & Human Resource, highlights, “One of the things that the HAV coalition did very well
… is galvanizing their constituent groups and organizing them to go and talk to legislators” (2015). Chelyen Davis explained HAV’s influence from the media’s perspective. “You could write about the policy and the numbers all day long, but the best stories have people in them. And so it was the nonprofits and the coalitions that you could go to find actual people being affected by the policy” (Davis 2015).

Policy revision coalitions do not shy away from using confrontational advocacy strategies. Kraus notes that CTC’s advocacy strategies varied depending on the stage of the campaign. “In the beginning you’re more collaborative and then, towards the end, we were more confrontational. And, if you were looking at what’s happening now, we are back to more collaborative with the [Wolf] administration and stakeholders” (Kraus 2015). Thus, CTC adapted its advocacy strategies depending on the position of the administration on Medicaid expansion. Interestingly, Hanken references HAV’s inability to make this adjustment in strategy, acknowledging that the coalition is probably not confrontational enough. … Virginia sort of prides itself on this collegial, kind of gentlemanly way of working. We work hard at developing and maintaining relationships with legislators, because over the years we have found that having those relationships is really key to getting things done. And people need to trust you, respect you, and then they’ll help you. That’s been our traditional approach. On this issue, it has not worked. … even some of our friends say, “Well, I wish I could help you, but leadership says I can’t, and I’m not willing to risk it. … I’m not going to risk my seat.” (2015)

Confrontational strategies, typically involve using outsider tactics to disrupt the status quo. Often, these strategies are necessary for policy revision coalitions to have an impact on public policy.

When asked what made them successful, policy revision coalition leaders acknowledge the importance of message framing and mobilizing their members. DeMarco notes, “We succeed when our coalition is united and working hard” (2015). Also, “the power of our
message. For example, the reason we were able to get the alcohol tax enacted was we had a very simple message ‘alcohol taxes save lives’” (DeMarco 2015). Kraus echoes these same success factors, “the ability to shape the message with the public and decision makers. And your ability to engage diverse stakeholders that agree to a similar message and strategy” (2015). Thus, policy revision coalitions must utilize the media to frame the message to reflect the values of the public and policy makers. They must also mobilize their members to deliver these messages, to demonstrate to legislators that their constituents demand change. In comparison, policy implementation coalitions shy away from these more confrontational, outsider strategies.

Policy implementation coalitions give preference to insider advocacy strategies over outsider advocacy strategies. On average, the coalition leaders found insider legislative strategies one point more important than outsider advocacy strategies (see Table 5-1). This clearly differentiates them from policy revision coalitions, where the difference is less than one third of a point. Insider legislative strategies align with these coalitions’ long-term advocacy approach, which relies on building relationships and trust with legislators. These coalitions find targeting the executive branch to be somewhat less important, but this could be related to who is in the administration. Antoinette Kraus noted the difference by ranking the strategies differently for the Corbett and Wolf administrations. She found meeting with allies in the governor’s office and meeting with agency officials “very important” during the Wolf administration, but “not important” during the Corbett administration (Kraus 2015). She noted that the coalition did meet with the Corbett administration, “but it didn’t mean anything. And then, after a while, people couldn’t get meetings” (Kraus 2015).

In terms of the outsider strategies, there were a number of distinct opinions that policy implementation coalition leaders had for not using them. Many found issuing reports and
holding press conferences time consuming and not worth the effort. Shinn notes, “We generally rely on other organizations to do that [issue reports]. And at the state-level, the Commonwealth Institute does a lot of that work” (2015). Similarly Cohen explains,

While we haven’t initiated many press conferences in recent years, we have participated in several press conferences that other people organized. However, in September 2015, we organized a press briefing that focused on state legislation passed in both 2015 and 2014 that significantly expanded resources and safety for survivors. The key is to have to have something really newsworthy to appeal to the media. (2015)

The outsider strategy that the policy implementation coalitions favored the least was protests. Jim Willshier, who previously worked for the Corbett Administration, gave his perspective from the government side. “The protest provided no feedback, it provided us no real understanding, other than they were upset” (Willshier 2015). The MNADV, Cohen says, Has not needed to use protests for many years. We have relationships with policy makers and are able to work effectively behind the scenes to be successful. I also think legislators, public officials, the media, and the public now understand the importance of the domestic violence issue. It would not be politically acceptable to cut funding for domestic violence programs, and if it were proposed, we would certainly mobilize. (2015)

In order for policy implementation coalitions to have an impact, they must utilize their expertise to push for changes to policies and regulations. The biggest challenge the coalitions face in this regard is balancing the time they devote to service provision versus advocacy. There are a few indicators that suggest an unhealthy balance between service provision and advocacy. The first is the number of full-time staff and lobbyists devoted to advocacy in comparison to a coalition’s total full-time staff. As noted in Table 5-2, the two successful Medicaid expansion coalitions have by far the best lobbyist to staff ratios. The PACHC has the most favorable ratio of the policy implementation coalitions, with the other coalitions having far below one lobbyist to every 10 staff. This ratio, however, is not a perfect measure, because it fails to account for the volunteer lobbying work conducted by coalition members.
Table 5-2: Lobbyist to Staff Ratio

<table>
<thead>
<tr>
<th></th>
<th>Full-time Staff</th>
<th>Staff lobbyist</th>
<th>Hired Lobbyist</th>
<th>Lobbyist to staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHA</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>40.00%</td>
</tr>
<tr>
<td>CTC</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>33.33%</td>
</tr>
<tr>
<td>HAV</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>MNADV</td>
<td>7</td>
<td>0</td>
<td>0.5</td>
<td>7.14%</td>
</tr>
<tr>
<td>PCADV</td>
<td>40</td>
<td>1</td>
<td>0</td>
<td>2.50%</td>
</tr>
<tr>
<td>VSADVAA</td>
<td>32</td>
<td>0</td>
<td>0.5</td>
<td>1.56%</td>
</tr>
<tr>
<td>MACHC</td>
<td>8</td>
<td>0</td>
<td>0.5</td>
<td>6.25%</td>
</tr>
<tr>
<td>PACHC</td>
<td>12</td>
<td>1</td>
<td>0.5</td>
<td>12.50%</td>
</tr>
<tr>
<td>VCHA</td>
<td>19</td>
<td>1</td>
<td>0</td>
<td>5.26%</td>
</tr>
</tbody>
</table>

Data from coalition leader interviews and coalitions’ websites.

Another indicator of the service to advocacy balance is how coalition leaders prioritize the benefits that they provide to member organizations. As shown in Table 5-3, six of the nine coalitions believe that advocacy is one of the top two priorities of their members. This prioritization reflects both the interest of the members, but also the emphasis the coalition leadership places on advocacy. Advocacy is not included in the top four benefits provided by MNADV and MACHC, in fact, it is not even in the top ten strategic goals of MACHC. The lack of emphasis on advocacy is reflected in Sharfstein’s perception of MACHC. He said, “I did work with them, but it was not around advocacy. It was a different relationship because they are health providers. Similar to a trade association” (Sharfstein 2015). Finally, the media analysis suggests that MACHC receives too much media attention for its service provision, compared to its expertise and advocacy. Thus, despite a lack of perfect indicators, it is clear that MACHC does not balance its service (primarily technical assistance for its members) and advocacy, seriously limiting its influence on policy implementation.
Table 5-3: Member Benefit Priorities

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Lobbyist to staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHA</td>
<td></td>
</tr>
<tr>
<td>1. Advocacy</td>
<td>40.00%</td>
</tr>
<tr>
<td>2. Information</td>
<td></td>
</tr>
<tr>
<td>CTC</td>
<td></td>
</tr>
<tr>
<td>1. Information</td>
<td>33.33%</td>
</tr>
<tr>
<td>2. Advocacy</td>
<td></td>
</tr>
<tr>
<td>HAV</td>
<td></td>
</tr>
<tr>
<td>1. Advocacy</td>
<td>0.00%</td>
</tr>
<tr>
<td>2. Information</td>
<td></td>
</tr>
<tr>
<td>MNADV</td>
<td></td>
</tr>
<tr>
<td>1. Trainings/conference</td>
<td>7.14%</td>
</tr>
<tr>
<td>2. Language line</td>
<td></td>
</tr>
<tr>
<td>3. Free brochures</td>
<td></td>
</tr>
<tr>
<td>4. Vote for the board</td>
<td></td>
</tr>
<tr>
<td>PCADV</td>
<td></td>
</tr>
<tr>
<td>1. Training</td>
<td>2.50%</td>
</tr>
<tr>
<td>2. Advocacy</td>
<td></td>
</tr>
<tr>
<td>VSDVAA</td>
<td></td>
</tr>
<tr>
<td>1. Training</td>
<td>1.56%</td>
</tr>
<tr>
<td>2. Advocacy</td>
<td></td>
</tr>
<tr>
<td>MACHC</td>
<td></td>
</tr>
<tr>
<td>1. Technical assistance</td>
<td>6.25%</td>
</tr>
<tr>
<td>PACHC</td>
<td></td>
</tr>
<tr>
<td>1. Information</td>
<td>12.50%</td>
</tr>
<tr>
<td>2. Advocacy</td>
<td></td>
</tr>
<tr>
<td>3. Education and training</td>
<td></td>
</tr>
<tr>
<td>4. Networking</td>
<td></td>
</tr>
<tr>
<td>VCHA</td>
<td></td>
</tr>
<tr>
<td>1. Technical assistance</td>
<td>5.26%</td>
</tr>
<tr>
<td>2. Joint purchasing</td>
<td></td>
</tr>
<tr>
<td>3. Community development</td>
<td></td>
</tr>
<tr>
<td>4. Advocacy</td>
<td></td>
</tr>
</tbody>
</table>

Data from coalition leader interviews.

Overall, policy implementation coalitions describe their advocacy approach as collaborative, willing to compromise. Rinehart explains, we “seek first to understand before being understood, because there is usually a compromise that works” (2015). Cohen stresses that just because they are collaborative and friendly, it does not mean that they have been co-opted by the government. She says, “we stick up for what we believe, and sometimes we say we’re not going to compromise. But I think we’ve seen that the practical, reasonable approach is the way we have to work with our legislators” (Cohen 2015). In order to be successful using
a collaborative approach, the coalition leaders acknowledge the importance of building relationships and trust. VanAudenhove believes that VSDVAA has achieved advocacy success because “we don’t have a lot of turnover in our coalition and so the longevity of relationships, the opportunity to really build them over time. You can build some trust. Get to know each other” (2015). Finally, because relationships are so important to the coalitions, they are often cautious about when they choose to engage, often letting others take the lead. Cohen explains, “You want to use your political capital when you really need to and sometimes, you let other people use their political capital” (2015). Thus, policy implementation coalitions recognize the value of developing and maintaining relationships as part of their long-term strategy for success. They are realistic about the need to negotiate and compromise rather than using confrontational advocacy strategies that may alienate potential supporters and undermine their credibility in the future.

In sum, while the research is based on a limited sample size, the data suggest that seven of the nine coalitions have alignment between their purpose, advocacy strategies and sources of influence. Of the coalitions lacking alignment, HAV has struggled to engage the media as an outsider advocacy strategy and has been unable to mobilize its membership statewide. MACHC has been unable to strike a balance between service and advocacy, resulting in a lack of influence with government officials, who see the coalition as a self-serving trade association, rather than an advocate for the needs of its underserved clients. To illustrate the impact of the nine nonprofit coalitions, I have placed them in the universe of coalitions, which was introduced in Chapter 1. Figure 5-1 shows that seven of the nine coalitions studied are able to impact public policy, however, they do so with different combinations of resources and advocacy. While the alignment between purpose, strategy and influence is important for impacting public
policy, the relationship between the variables can lead to path dependency, making it difficult for coalitions to switch between the different types delineated in the universe of coalitions.

Figure 5-1: Universe of Nonprofit Coalition Cases

<table>
<thead>
<tr>
<th>Advocacy Engagement</th>
<th>Resources (money, time, expertise)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Service Alignment</td>
</tr>
<tr>
<td></td>
<td>No Impact</td>
</tr>
<tr>
<td></td>
<td>MACHC</td>
</tr>
<tr>
<td>Some</td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>MNADV</td>
</tr>
<tr>
<td></td>
<td>PACHC</td>
</tr>
<tr>
<td></td>
<td>PCADV</td>
</tr>
<tr>
<td></td>
<td>VCHA</td>
</tr>
<tr>
<td>A Lot</td>
<td>A Lot</td>
</tr>
<tr>
<td></td>
<td>Medium-Impact</td>
</tr>
<tr>
<td></td>
<td>VSDVAA</td>
</tr>
<tr>
<td></td>
<td>High-Impact</td>
</tr>
<tr>
<td></td>
<td>MHA</td>
</tr>
<tr>
<td></td>
<td>CTC</td>
</tr>
</tbody>
</table>

Relationship Between Advocacy Purposes and Strategies

CTC and PACHC provide interesting comparisons in advocacy strategies—confrontation versus compromise. In the case of Medicaid expansion, CTC decided that if Corbett’s Healthy PA Plan included cuts to the current Medicaid program, the coalition would come out against it. When introduced, the plan did include cuts, so CTC took a more confrontational approach where they, “lift[ed] up the problems with the waiver and then after the election, just come out and sa[id] this is horrible, we want Medicaid expansion” (Kraus 2015). “Towards the end, there were rallies in front of the Governor’s Office and press conferences in the capitol” (Kraus 2015). Kraus explains the success of the coalition’s approach,
We worked really hard to lift up the problems and I think ultimately the Corbett Administration put in 24 waiver requests and they got 4, because we got hundreds of public comments in, both at the state and federal level. We engaged both coalition partners, but also grassroots supporters to really drive home the point to CMS, that we really did not accept this waiver and we wanted them to hold strong and not put in work requirements and premiums and all of that kind of stuff. (2015)

In comparison, PACHC staff, with agreement from coalition members, determined that its priority should be to insure that health centers were included in Healthy PA. According to Rinehart, “The original proposal from the Corbett Administration had all the health centers out of network and did not pay health centers their PPS rate. We were able to advocate successfully to get all health centers in network, who wanted to be, both FQHCs and RHCs, and PPS rate under the private coverage option” (2015). Antoinette Kraus commented on PACHC’s approach. “They worked really hard to get that in the Healthy PA waiver and they succeeded, so then they took a backseat approach to the advocacy. It was a calculated piece. We understood the health centers got a huge concession from a very conservative republican governor. So that’s good and they wanted to protect that” (Kraus 2015). While the coalitions used different advocacy strategies, both claim success in impacting public policy.

The same approaches are evident in the coalitions’ advocacy on navigator regulations. PACHC has compromised on the legislation, fighting to remove the most egregious requirements. Rinehart justifies the approach by saying,

We have to keep the doors open with some of the folks that are carrying this for some much bigger things. So, we work to find the place in the middle where we can agree. . . . And frankly, what’s in it now also every health center is already doing. So, the only add-on would be the state registration fee and do we think it’s necessary? No. But do we think that if it’s going to go forward we want to be sure that they see us as helpful and not just obstructive? Yes. But PHAN is more likely to just say, “We oppose this.” This is the nuance of the difference in approach. (Rinehart 2015)

This comparison may seem to contradict the theory in this chapter that nonprofit coalitions must align their purpose, strategies and influence to impact public policy, because both coalitions are
addressing the same policy. Yet, CTC saw Healthy PA as a policy revision that needed to be prevented because it would hurt the constituents the coalition represented. Thus, CTC used outsider advocacy strategies to combat it. Where as PACHC viewed Healthy PA as new policy that was likely to be adopted and needed to be adjusted to include its members, requiring insider strategies. The advocacy strategies that the coalitions chose fit with their perspectives of the legislation. While Baumgartner et al. (2009) discuss the different strategies an interest group can use to advocate, they do not discuss how interest groups can view a public policy in different ways. This example is not an isolated case of coalitions choosing to address a public policy in a way that utilizes the advocacy strategies in which the coalition excels.

It can be difficult for a coalition to successfully change its advocacy strategies since each strategy requires a certain type of influence to be successful. Yet, a coalition can choose to partner with others that have strengths the coalition is lacking. This was the approach of VCHA to Medicaid expansion. While the association leadership recognized its strengths conducting insider advocacy, it knew that outsider strategies would be necessary for advocacy success. Thus, the association became a founding funder of Healthcare for All Virginians. By participating in HAV, VCHA was able to not only work with other nonprofits that may have greater experience in outsider advocacy, but was also able to gain important access to the governor’s staff. Thus, joining a policy revision coalition helped VCHA build relationships that would aid its own policy implementation advocacy. Furthermore, despite VCHA’s engagement in HAV, it is still seen as an insider advocate by government officials. Manz notes, “Initially they were quieter,” their advocacy “was more through constituent pressure on local politicians” (2015). Even within HAV coalition, VCHA utilizes its strong relationships with politicians, allowing others to lead the outsider advocacy strategies that engage the media and broader
public. Since it seems like coalitions develop particular ways of conducting advocacy, further research should consider whether or not this leads to path dependency, in which the coalitions lose the ability to switch between advocacy strategies and sources of influence over time.

The Medicaid expansion coalitions could be interesting cases for studying this shift in strategies and influence. Due to changes in funding as well as some challenging political contexts, a number of Medicaid expansion coalitions are now moving toward policy implementation. In 2015, MHA is beginning to work on improvements to quality care, rather than trying to advocate for an increase in the tobacco tax, due to the difficult political environment after the 2014 elections. Since the coalition was not going to do advocacy work, it wanted to find a way to keep its members engaged, particularly the faith community. Thus, the coalition is planning to launch a Faith Community Health Network, modeled after one in Memphis, Tennessee. Since the planning is in its initial stages, it is difficult to predict whether or not the coalition will be successful. At one community forum, it was clear that planning for the new network had yet to include all of the relevant stakeholders, as many people asked, “How do we fit in?” (MHA Montgomery County Forum 2015). Thus, the coalition may need to change its internal decision making process in order to include more stakeholder input early on, rather than developing the plan with only a few key organizations and then trying to get others to sign on afterwards. This is a different approach than the coalition is used to, but it may have to relinquish some control in the planning process in order to get the buy-in it needs. Alternatively, the coalition may just be biding its time until a policy window re-opens for it to work on the tobacco tax increase.

The Pennsylvania Health Access Network (PHAN) is trying to develop a model where it can combine policy revision and policy implementation. PHAN was created by a number of
organizations that received funding through the Robert Wood Johnson Foundation project, Consumer Voices for Coverage, to create a health access coalition. Overtime, however, PHAN became an “independent organization that now convenes multiple coalitions. . . . We have Cover the Commonwealth. We have CAC and Navigator network coalitions. So it’s not just one broad health coalition anymore” (Kraus 2015). Kraus explains the strategy for developing Cover the Commonwealth, rather than just advocating as PHAN. “You could do things that wouldn’t necessarily have a lasting impact under a different name. So, obviously people can figure out who’s in charge of it, but it’s Cover the Commonwealth” (Kraus 2015). Having the differentiation became important both as PHAN began to receive funding for Navigator work and as CTC developed a more “grassrootsy, combative type of strategy” (Kraus 2015). This structure allows PHAN to work on policy implementation, while its coalitions work on policy revision. By maintaining a clear line of communications between the entities, this model may allow for a healthy balance between service and advocacy. Thus, while a coalition may achieve advocacy success in one policy battle, maintaining alignment between its advocacy purpose, strategies and influence over time, may be more difficult. Future research could follow the progression of the Medicaid expansion coalitions over time to see if they are successfully able to combine policy revision and policy implementation under one roof, or if they slowly transition to only policy implementation like the domestic violence coalitions did over the course of a few decades.

State Political Context

The state political context can create significant obstacles to impacting public policy, including government polarization, unified government, and opposition. If these obstacles are anticipated, they may influence the priorities that a coalition sets, as described in Chapter 4.
This research, however, shows instead that they tend to lessen nonprofit coalitions’ impact during the advocacy process. Often these variables are intertwined, making it difficult to completely isolate the causal mechanism. Thus, in the case of government polarization, nationwide data will be used to better understand the relationships.

Government polarization creates tension between parties, making it difficult to reach agreement, and often results in gridlock that makes it nearly impossible overcome the status quo bias, particularly when the issue is a position issue rather than a valence issue. Medicaid expansion and healthcare access are perfect examples of “position issues”, which are defined by Stokes as “those that involve advocacy of government actions from a set of alternatives over which a distribution of voter preferences is defined” (1963, 373). Because health access is seen as a safety net, or welfare, issue requiring new government spending, republicans are naturally opposed to it. Medicaid expansion has become a particularly polarizing issue, which Sara Kay believes is all about politics. She says, “If you look at the law . . . it started out as a republican analytic frame. So, to my mind, the fight has never been about health care at all. This is a proxy fight about other things. . . . It’s not really on the merits. . . . It’s gotten to the point where even unassailable, factual studies don’t matter” (Kay 2015). Hanken agrees with Kay’s assessment, describing Virginia as a “toxic political climate” on the issue (2015). She says, “It’s been frustrating and upsetting to continue to hear the misinformation over and over. We realize these guys still don’t understand the Medicaid program” (Hanken 2015).

Additionally, unified governments, where one party controls the legislature and executive branch, can make advocacy success easy, when the party agrees with the policy change. This was the case in Maryland, where the unified government followed Governor O’Malley’s lead to approve Medicaid expansion (see Table 5-4). When the unified government
opposes a policy change, however, advocacy success is highly unlikely. Dierkers notes the importance of finding republican support for a firearms bill the coalition hopes to introduce in 2015. “It matters if it’s republican, because our republican majority won’t often move democrats’ bills” (Dierkers 2015). Thus, even in states that are not highly polarized, a unified opposition government can prevent advocacy success.

Table 5-4: Unified vs. Divided Government

<table>
<thead>
<tr>
<th></th>
<th>Maryland</th>
<th>Pennsylvania</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
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<td>House 141</td>
<td>Senate 47</td>
<td>Gov</td>
</tr>
<tr>
<td>2015</td>
<td>R</td>
<td>D 91</td>
<td>D</td>
</tr>
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<td>D</td>
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<td>D 35</td>
</tr>
<tr>
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<td>D     D R</td>
<td>R R R R</td>
</tr>
<tr>
<td>2012</td>
<td>D</td>
<td>D     D R</td>
<td>R R R R</td>
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<tr>
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<td>D</td>
<td>D     D R</td>
<td>R R R R</td>
</tr>
<tr>
<td>2010</td>
<td>D</td>
<td>D     D R</td>
<td>R R R R</td>
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<tr>
<td>2009</td>
<td>D</td>
<td>D     D R</td>
<td>D R R</td>
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<tr>
<td>2008</td>
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<td>D     D R</td>
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<tr>
<td>2007</td>
<td>D</td>
<td>D     D R</td>
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<tr>
<td>2006</td>
<td>R</td>
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<td>2005</td>
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<td>D     D R</td>
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<td>D     D R</td>
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<td>D     D R</td>
<td>R R R</td>
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<tr>
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<td>D     D R</td>
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</table>

Data from https://ballotpedia.org.

I hypothesize that political polarization or unified government opposition to an issue will prevent a coalition’s public policy impact unless a governor from the opposition party champions the issue. As shown in Table 5-5, of the eighteen states that have not passed Medicaid expansion, sixteen are unified governments with the Republican Party in control. The
two states that do not have unified republican governments, Missouri and Virginia, are highly polarized, making it very difficult for their democratic governors to push expansion through republican dominated legislatures. It is important to note that there have been seven states with unified republican governments that have passed Medicaid expansion. In those cases, three of the states expanded using Medicaid waivers, giving the state governments more power to shape the new law. The other four states expanded because their governors chose to champion the issue, using very clear economic frames to explain the benefits of expansion. The governors were also very careful to voice their continued lack of the support for the ACA in general. This finding aligns with Restuccia’s observation that, “I think obviously the leadership of the Governor is really critical. Very few states have been able to get it through without leadership of the Governor” (2015). Thus, when considering Medicaid expansion across all fifty states, political polarization and unified opposition governments are important barriers to policy revision.

Political polarization can also prevent public policy impact when it leads to the politicization of an issue. This was the case for VSDVAA when they pushed for funding to be streamlined. As described by VanAudenhove,

The republican caucus took it on, unbeknownst to us, at their fall meeting. They decided to make it their number one legislative initiative. Which . . . of course pissed off our democratic sponsor. It made the whole thing partisan and put it in oppositional mode. I think there were people who were trying to do something good and there were people who were trying to get out front and take credit. It was downsizing government and increasing funding for sexual and domestic violence, how can you go wrong? But that raised the profile to the point where we got tremendous pushback from the state agencies. (2015)

Thus, polarization can derail an advocacy campaign, leaving coalitions with little power to prevent it.
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Additionally, I hypothesize that less professional legislatures are more likely to be advocacy targets than more professional legislatures, however my research does not support the hypothesis. While my interviews were only with a small sample of coalitions, they suggest that states with less professional legislatures may compound the problem of polarization because legislators have very little time to understand complex issues, resulting in them following the party line, rather than developing their own positions on the issue. Virginia has the least professional legislature of the three states studied, meeting only 45 days during its short-session years and 60 days during its long-session years (see Table 5-6). From her experience as a reporter covering the legislature, Chelyen Davis observed, “I don’t know how many times I heard lawmakers say about a complicated issue, we don’t have time to deal with this” (2015). The Virginia general assembly considers approximately 2,000 bills that are filed each year, and given its short sessions, it is not a surprise that “the complicated issues often get pushed away” (Davis 2015).

Table 5-6: Legislative Professionalism

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<th>Maryland</th>
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<tr>
<td>Legislator’s base salaries</td>
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<td>$84,012</td>
<td>$18,000 (Senate)</td>
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<td></td>
<td></td>
<td></td>
<td>$17,640 (House)</td>
</tr>
<tr>
<td>Number of legislative days per year</td>
<td>90</td>
<td>Unlimited</td>
<td>60 (even years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>30 (odd years)</td>
</tr>
<tr>
<td>Total staff during sessions (permanent + session only staff)</td>
<td>732</td>
<td>2,919</td>
<td>751</td>
</tr>
</tbody>
</table>

Hanken says that the short legislative session partially explains the problem of educating the new legislators.

On this issue [Medicaid expansion], it was like all the legislators got the republican talking points and that’s all they read and that’s all they said ad nauseam. So it didn’t matter how many fact sheets and chart books and ads that we would put out, they truly just ignored our stuff, which of course was factual and accurate. And so, with a short session . . . they just never got off their own talking points. (Hanken 2015)

In comparison, in Pennsylvania, which has a year-long legislative session, there is more time to educate legislators. The long timeframe, however, may provide too much time for some policies to be reviewed. Kraus explains, “It also means that politics can happen pretty quickly in between. Maybe you have all the support you need at the beginning [of the legislative session], but because it’s so long, there’re opportunities for things to get derailed” (2015). As politicians make deals, alliances may shift, affecting advocacy success.

Additionally, it is possible that shorter legislative sessions allow for more advocacy work to be accomplished. In Virginia, VanAudenhove observes,

Advocacy work doesn’t just happen during the General Assembly session. I think perhaps one great advantage to it is that we have the majority of the year to build relationships, to develop strategy, to draft and redraft . . . So the fact that we have all of this time where there is not a session going on, and they are not as engaged in that wheeling and dealing, we can sit down and have conversations. We can pitch ideas and we can hear their ideas. We can go to the community event that somebody that gave us problems last year is having—see them on different footing. (2015)

Thus, while legislators will still be advocacy targets, they are not any more likely to be contacted because of the professionalization of the legislatures in which they serve.

Furthermore, short legislative sessions may create a barrier to public policy impact, providing little time to educate legislators and lobby them for support, particularly if the coalition is not effective in mobilizing its members in between legislative sessions.
A final barrier to achieving public policy impact is the strength of interest group opponents. Kingdon includes these opponents in the “political stream.” He explains that government officials will try to assess the consensus and conflict among organization interests. While political leaders’ “perception that the balance of support is tilting against a proposal may not necessarily prevent that item from being seriously considered, but it does indicate the price that will be paid for attempting to push the idea forward” (Kingdon 1984, 157). Vincent DeMarco acknowledges the strength of the opposition in his work on alcohol and tobacco tax increases. “There are always powerful vested interest opponents, like the tobacco companies, the alcohol companies. They are very powerful” (DeMarco 2015). CTC also faced opposition from Healthy PA supporters in Pennsylvania, such as the University of Pittsburgh Medical Center and the Pennsylvania Association of Community Health Centers (Nixon 2014). Finally, in Virginia, Manz noted that America’s for Prosperity was “very, very against Medicaid expansion … They were definitely here on the capitol quite often” (2015). Thus, while “legislators are hearing from constituents, they are hearing very, very polar, yet equally impassioned arguments” (Manz 2015). Despite the existence of opposition, however, none of the policy revision coalitions abandoned their advocacy.

The policy implementation coalitions did not mention the challenge of opposing interests, and very few examples were present in the media analysis. One reason for this is that by using insider advocacy strategies, the coalitions are able to prevent mobilization of the opposition. Domestic violence coalitions actually cite this as their strategy. Cindy Southworth, Executive Vice President of the National Network to End Domestic Violence, explains that coalitions use a “behind the scenes strategy, because if we’re taking all the victory laps, then we’re being seen as the creator of everything. We’ll get chopped down pretty quickly” (2015).
Additionally, because domestic violence is a valence issue, there are fewer organizations that
directly oppose it. Rather, when opposition exists, it typically seeks to protect basic rights, like
freedom of information or firearms. In the case of the associations of community health centers,
very little overt opposition existed, beyond legislators and agencies concerned about budget
implications.

While opposition does exist, it tends to be more overt when the status quo is being
challenged by policy revision coalitions, than when smaller changes are advanced by policy
implementation coalitions. Furthermore, opposition does not prevent nonprofit coalitions from
pursuing advocacy priorities. Opposition may make advocacy more costly, in terms of time and
political capital, but on its own does not prevent a coalition from impacting public policy. The
ability of Maryland Health Care for All to get alcohol and tobacco taxes passed in a state with
strong alcohol and tobacco lobbies, is proof that strong opposition does not prevent advocacy
success.

Despite the challenges nonprofit coalitions face in aligning their purpose, advocacy
strategies and influence, they are often successful in impacting public policy. Some of the
coalitions’ past successes include:

MHA   2012 the increase in tax on little cigars in Maryland
CTC   Ensuring that tobacco settlement money continued to fund health programs.
      Rolling back a rate increase in Western Pennsylvania.
HAV   30 percent increase in Medicaid dental reimbursement
MNADV Expanded protective orders to allow judges greater flexibility to address the
       individual needs and circumstances of victims and their families.
PCADV Legislation prohibiting local nuisance ordinances.
      Custody law reform.
VSDVAA    Campus sexual assault legislation that the coalition helped revise.

MACHC    Restoration of eligibility for pregnant women in Medicaid for 250 percent of the poverty rate.
          Restored funding for family planning.

PACHC    Ensured all health centers were in network who wanted to be and received a PPS rate under Healthy PA.

VCHA    Maintained state funding for FQHCs.

Conclusion

In sum, while much of the previous research on nonprofit engagement in advocacy focuses on the barriers that individual organizations face, this chapter makes clear that coalitions of nonprofits can and do impact public policy. Despite the challenges of working within polarized state contexts and at times against formidable opposition, nonprofit coalitions not only have the skills to implement successful advocacy strategies, but they also have the power to influence public policy outcomes. There is an important difference between nonprofit coalitions that pursue policy revision versus those that pursue policy implementation. While both are important in the public policy process, they require different advocacy strategies and different sources of influence to be effective. Thus, it is unlikely to find a coalition that pursues both advocacy purposes equally well at the same time. Acknowledging the diverse approaches needed to achieve the different advocacy purposes is important for coalitions since they must determine the best way to invest their limited resources.

Returning to the universe of nonprofit coalitions described in Figure 1-1, it is clear that the nine nonprofit coalitions studied only represent a subset of that universe. These coalitions are more likely to have a public policy impact due to their greater resources and commitment to
advocacy engagement. As illustrated by MACHC and HAV, when coalitions lack either resources or advocacy engagement, their impact on public policy will suffer.
CHAPTER 6

Conclusion

This research project provides a new theory to explain how nonprofit coalitions help individual organizations overcome barriers to collective action and engage in the public policy advocacy. The theory differs significantly from previous explanations of interest group engagement. First, existing pluralist and collective action theories fail to address the influence of external funding. I address this gap by developing and testing hypotheses about the relationship between external funders and nonprofit coalitions. Through interviews with coalition leaders and foundation and government funders, I find that external funding impacts when a coalition is created, the determination of a coalition’s purpose, and the size and diversity of a coalition’s membership. Funders are aware of the influence they have on the founding and purpose of nonprofit coalitions. What may be less apparent, however, is the influence that external funding has on which organizations join coalitions.

Foundation funding expands the size of a nonprofit coalition’s membership by making it possible for the coalition to not charge membership dues. When dues payments do not factor into a potential member’s cost-benefit analysis of joining a coalition, attracting members is much easier. In comparison, government funding narrows the size of a coalition’s membership by either explicitly defining who the coalitions can serve or providing financial benefits to members, who then choose to limit membership in order to retain more funding. Through their influence on membership make-up, funders of nonprofit coalitions indirectly influence whether or not the coalitions pursue policies that address the needs of their member organizations, or their members’ underrepresented clients. Thus, foundations and government agencies may intentionally or unintentionally impact democratic pluralism through their funding of nonprofit
Second, the impact of a state’s political context on nonprofit advocacy is also under-theorized in the literature. Even though a good deal of research has focused on the barriers that nonprofit organizations face in conducting advocacy, since the research is conducted at the individual organizational level, the broader political context in which nonprofits operate is often forgotten. Furthermore, nonprofit coalitions have limited resources to invest in advocacy, forcing them to be more responsive to their political environment than for-profit interest groups, which can use campaign contributions and expensive media campaigns to attract support. By conducting this research project at the coalition level and comparing similar coalitions across different states, I am able to develop hypotheses regarding the influence of the state political context. I demonstrate that nonprofit coalitions determine their advocacy priorities in response to the ideology of the state government. When coalitions cannot change their priorities, they will reframe them using values that align with the predominant government ideology. Additionally, the state political context can limit a nonprofit coalition’s impact on public policy adoption when the state is highly polarized, but can increase a coalition’s impact when the state is unified behind an ideology that aligns with the policy the coalition is advancing. When government agencies and nonprofit coalitions are pursuing the same policy goal, there is an opportunity for them to collaborate in order to combine their advocacy strengths. Such a relationship existed between the Maryland Health Care for All Coalition (MHA) and the Maryland Department of Health. In Virginia, McAuliffe’s administration is trying to build a similar relationship with Healthcare for All Virginians (HAV); however, their combined caution in response to the state
government’s extreme polarization has limited their willingness to take significant advocacy risks. Thus, state political context has an important influence on the extent to which nonprofit coalitions are able to impact public policy.

Finally, this research introduces a typology of nonprofit coalitions that pursue public policy advocacy. Rather than assuming that all nonprofit coalitions are alike, I test to see whether or not important differences exist between coalitions pursuing policy revision versus those that are pursuing policy implementation. I find that not only are there differences in the purposes of the coalitions, but these purpose are also related to the advocacy strategies and sources of influence a coalition utilizes. Over time, coalitions come to develop expertise in particular advocacy strategies, making it difficult for them to switch back and forth between advocacy purposes. As funding sources shift, however, coalitions must make difficult decisions about changing their purposes and strategies to fit those of their funders. The Medicaid expansion coalitions will be important cases to continue to follow over time in order to better understand how these transitions work. Overall, this dissertation addresses critical gaps in existing research on nonprofit advocacy and collective action and helps explain when and how nonprofit coalitions add to our democratic pluralism.

Determining Coalition Purpose and Membership: The Impact of External Funding

Neither pluralist nor collective action theories accurately explain how nonprofit coalitions determine the purpose they will pursue. Pluralist theory posits that coalitions form in response to the common interests of their members. While nonprofit coalitions may initially form in response to common interest among organizations “who are experiencing some form of deprivation or frustration” (Truman 1951, 390), their purposes change over time in response to
available funding. Alternatively, Terry Moe argues that the incentives an interest group uses to attract members to join influences the purpose pursued by the group (1980). He differentiates between purposive interest groups, which attract members because of the political goals they pursue, and material interest groups, which “purchase” member support through the provision of material incentives (Moe 1980). While nonprofit coalitions utilize both types of incentives, their members have limited influence on the coalitions’ purposes compared to the influence of a coalition’s external funders.

As shown in Chapter 3, unlike interest groups that receive much of their funding from membership dues, external funding significantly influences the purposes of many nonprofit coalitions. Within the nine coalitions studied, coalitions receiving the majority of their funding from foundations pursue policy revision. These are the coalitions working on Medicaid expansion and health access. The remaining coalitions receiving the majority of their funding from government sources pursue policy implementation (see Table 3-1). Since all of the coalitions must rely on external funding to support their work, they must respond to the priorities of their funders. Foundations that fund nonprofit coalition advocacy typically see their role as aiding in policy revision, rather than paying for the provision of services. In contrast, government funders of coalitions see their role as supporting service provision, and thus pay for coalitions to engage in policy implementation. Because membership dues comprise little to none of the nine coalitions’ budgets, coalition members have limited influence on the purpose set by the coalition. Members only have full control over whether or not they join the coalition. For example, the Medicaid expansion coalitions do not have membership dues. Instead, they attract members by asking them to sign on to support a specific policy revision. Even coalitions of community health centers that do charge membership dues still receive a
large majority of their budgets from the Health Resources and Services Administration (HRSA), leading them to pursue a purpose highly influenced by their government funder.

External funding provides incentives for coalitions to keep working, even after an advocacy fight is won or lost. I find evidence for James Wilson’s claim that organizations seek to maintain themselves and “few organizations seek oblivion even when they have accomplished their task or found their goal unattainable” (1973, 30). Coalitions develop social capital and trust among their members, resources that they can use in future collective action. Building new relationships and trust is more difficult and requires greater resources than maintaining the bonds that already exits—an incentive for coalitions to continue operations. Finally, many coalitions are part of a federated structure of organizations working at the local, state and national level, as discussed by Theda Skocpol (2003). Coalitions’ commitments to the broader network also make it more difficult for them to cease operations.

The strong influence of funding is particularly evident over time, as coalitions shift their purpose in response to changes in funding sources. The coalitions against domestic violence all began as outgrowths of the women’s rights movement and were advocating for new policies to serve and protect victims. The coalitions were very active in drafting and getting legislative support for the Violence Against Women Act (VAWA) in the early 1990s. Their successful advocacy resulted in federal government funding to implement a number of policies to address domestic violence. Once stable government funding became available, however, the coalitions shifted their purpose to meet that of the government funder—policy implementation. Today, many of the domestic violence coalitions find it difficult to maintain a balance between service and advocacy because so much of their funding is tied up in implementing projects and meeting the data collection and reporting requirements of funders. As noted by the Executive Vice
President of the National Network to End Domestic Violence, “Our coalitions are being asked to do more and more. …for not more money and sometimes actually cuts” (Southworth 2015).

While government funding tends to be relatively stable once it is codified in the law, foundations typically shift their priorities every three to five years. Coalitions relying on foundation funding must either shift their purposes to align with their funders, or find alternative sources of support. For example, prior to their work on Medicaid expansion, many of the state coalitions had been funded to advocate for children’s access to healthcare through one of the country’s major healthcare funders, the Robert Wood Johnson Foundation (RWJF). RWJF laid the groundwork of building coalitions in every state, so when the issue of Medicaid expansion became salient and funding shifted, the children’s health coalitions changed their focus to work on the new advocacy goal.

In addition to influencing a coalition’s purpose, external funding also influences the size and diversity of a coalition’s membership. Terry Moe argues that the types of incentives offered to interest group members determine the size of the group (1980). He posits that purpose driven interest groups tend to be smaller and more unstable, because they can only accommodate a certain number of different political goals. In comparison, when interest groups use material incentives, they can attract more members because their decisions to join are independent of political considerations (Moe 1980, 74). In the case of nonprofit coalitions, however, member incentives have little impact on coalition size. Furthermore, the purely purpose-driven coalitions tend to be the largest, while the more material-focused coalitions are often the smallest. External funding makes it possible for the development of purpose driven coalitions that have both large and diverse memberships.
Nonprofit coalitions receiving the majority of their funding from foundations are more likely to have larger and more diverse memberships than other nonprofit coalitions (see Table 3-2). These coalitions do not charge their members dues, making it easier to attract a wide variety of member organizations. In comparison, nonprofit coalitions receiving the majority of their funding from the government are more likely to have smaller and less diverse memberships than other nonprofit coalitions. Government funding limits membership in two ways. First, it can directly limit what types of organizations can be members of the coalitions by dictating the purpose of the coalition. In the case of associations of community health centers, HRSA supports them to provide technical assistance to Federally Qualified Health Centers (FQHCs) only. Thus, many associations limit their membership to FQHCs. In comparison, VAWA supports domestic violence coalitions to work with a larger variety of organizations and populations, including the underserved, culturally specific communities, Indian women, rural communities, campus victims, and men and boys (OVW 2015), often resulting in more diverse memberships.

A second way that government funding limits membership is by giving nonprofit coalitions the power to act as pass-through grant makers. When coalitions control significant amounts of funding, their members have the incentive to limit membership in order to decrease the number of organizations competing for the funding. The Pennsylvania Coalition Against Domestic Violence is the extreme example, providing $21 million in pass-through grants to its members annually. The Virginia Community Healthcare Association also provides a significant amount of funding to its members, who are limited to FQHCs. Thus, external funding provides the primary incentive for nonprofits to join coalitions, either by eliminating member dues or by providing access to funding streams. This is an incentive unique to nonprofit coalitions and
limits the influence that other selective incentives play in attracting members, differentiating nonprofit coalitions from prior research on interest groups.

**Setting Advocacy Priorities: The Importance of the State Political Context**

Nonprofits are theorized to be the best counter to elite domination in politics because they provide services to the marginalized and therefore can most authentically represent their concerns to policy makers, since few nonprofit clients have the resources of time, money or education to participate in public policy advocacy themselves (LeRoux 2007). This theory is predicated on the assumption that nonprofit coalitions will prioritize policy solutions that benefit the poor and working class, rather than address the needs of their member organizations. I argue that such an assumption must be tested as both internal and external variables can influence a nonprofit coalition’s priority setting. Wilson argues that that the incentives an association uses to attract members become the main objective of the membership to maintain (1973). The problem with this theory is that most coalitions utilize both purposive and material incentives, making it difficult to differentiate between coalition types. I argue instead that three variables influence nonprofit coalition priority setting: the ideology of the government, the market competition that members face, and the diversity of a coalition’s membership. Interestingly, external funding has limited direct influence on a coalition’s policy priorities, but does have indirect influence through the composition of a coalition’s membership.

As shown in Chapter 4, external funding has a limited impact on the specific advocacy goals each coalition sets because most foundation and government funders do not allow their funding to be used for lobbying. Funders do encourage the coalitions to advocate to advance their purposes and give the coalitions significant leeway in deciding their specific advocacy
priorities. In comparison, the state political context has a greater influence on coalitions’ advocacy goals. Kingdon theorizes that as the “political stream” changes, new policy solutions will rise on the issue agenda (1984, 161). Since coalitions have limited resources to invest in advocacy, they will choose advocacy goals that they believe have the greatest likelihood of adoption. Government ideology, on a liberal-conservative continuum, is the indicator that coalitions consider in choosing their priorities. Previous research shows that certain values are related to each ideology, with liberals favoring fairness/reciprocity and harm/care (Graham, Haidt, and Nosek 2009) and conservatives favoring economic frames.

I find evidence that nonprofit coalitions operating in states with more conservative legislatures are more likely to advance policy solutions that have an economic frame, rather than an equality or safety frame. A media analysis from the past five years shows that the Medicaid expansion coalition in Maryland was much more likely to use a frame of saving lives, since it was advocating in a largely democratic state. In comparison, an economic frame of cost savings was used more often by the coalition in Pennsylvania, a state with a more republican general assembly and, at times, governor. In the case of the Medicaid expansion coalition in Virginia—which had only seven media hits that focused on advocacy over the past five years—an economic frame of saving the state money was used in the majority of the articles, aligning with the conservatism of the state government.

For the coalitions working on policy implementation, framing was less important because the coalitions could change their advocacy priorities to fit the currently dominant government ideology. My interviews illustrate that coalitions against domestic violence set their advocacy goals based on the priorities of those in office as well as the issues that have current attention in the news. Ray Rice’s domestic violence in Maryland and dating violence at
the University of Virginia were both tragic events that the coalitions utilized as catalysts for change. Domestic violence coalitions respond to issues in the media in order to save scarce resources by prioritizing goals that already have public attention. Associations of community health centers, in contrast, do not need to rely on media attention because their advocacy is usually tied to large budgetary decisions, making them inherently important. Thus, the associations do not have to spend a lot of time convincing legislators to pay attention to their issues.

Competition for resources can also influence a nonprofit coalition’s advocacy priorities. Smith and Lipsky note that “as privatization through contracting continues, businesses may be expected to hunt down the contract dollar” bringing them into competition with nonprofits (1993, 31). Similarly, Cooley and Ron argue that "organizational insecurity, competitive pressures, and fiscal uncertainty" are driving NGOs to "reconcile material pressures with normative motivations . . . often produc[ing] outcomes dramatically at odds with liberal expectations” (2002, 6). Thus, when the members of nonprofit coalitions face significant market competition, they are more likely to prioritize public policy solutions that strengthen their own market position, rather than focus on the needs of their clients. This is true for community health centers, which operate in a highly competitive environment, vying with for-profit hospitals for clients. Thus, much of their advocacy is self-interested in order to maintain their share of the healthcare marketplace. In comparison, organizations serving domestic violence victims face limited competition from for-profits. This allows the coalitions to focus more on advocacy that serves the needs of their underrepresented clients. Finally, Medicaid expansion coalitions share a similar goal—expanding healthcare access—which combines increases in health access (client interest) and increases in funding (member interest). The
specific advocacy goals set by each coalition in 2015 are listed in Table 4-1 and the coalitions’
policy solutions over the past five years are shown in the media analysis in Table 4-4. Both sets
of data confirm the influence of the marketplace on whether or not a coalition pursues advocacy
that advances client or member interests.

Finally, coalition membership does matter. Wilson argues that when the relative value
of a member’s contributions is easily established, authority will “thus be vested in, or at least
members will defer to, those making the crucial contributions” (1973, 243). This differentiation
of engagement by organization contribution is applicable to nonprofit coalitions if
“contribution” is defined more broadly to encompass expertise and time, rather than just
financial contributions. Those coalition members, who have been working the in field longer
and have an interest in advocacy, can have a disproportionate influence on the prioritization of
public policy solutions. Yet, the relatively inclusive decision making processes of nonprofit
coalitions allow for a more balanced representation of members’ opinions than theorized by
Wilson. What does influence a coalition’s advocacy priorities is the diversity of its
membership, an important variable not considered by Wilson.

Membership diversity influences whether or not advocacy priorities advance the needs
of coalition members or their underrepresented clients. In nonprofit coalitions with diverse
member organizations, it is more difficult to determine common organizational needs beyond
funding. Instead, these organizations typically share a concern for the same underserved clients,
making it easier for the coalition to prioritize client interests over member interests. In contrast,
coalitions, in which members have very similar structures and functions, find it easier to
identify common organizational needs. These coalitions are more likely to advance member
interests over client interests. The variables of market competition and membership diversity
need to be combined to determine which coalitions will add to our democratic pluralism by advocating for the needs of the underrepresented and underserved. A comparison of Cover the Commonwealth’s (CTC) policy goal of expanding Medicaid with Pennsylvania Association of Community Health Center’s (PACHC) policy goal of increasing member benefits under Healthy PA illustrates how market competition and member diversity combine to result in different priorities. A discussion of how to incentivize nonprofit coalitions to advocate on behalf of their underrepresented clients is discussed below.

**Public Policy Impact: Aligning Advocacy Strategies and Sources of Influence**

While some nonprofit coalitions may prioritize policies that address the needs of their clients, they will not necessarily be able to impact the policies that they choose. I argue, that to have an impact, nonprofit coalitions must align their policy solutions with the appropriate advocacy strategies and sources of influence. Nonprofit coalitions and interest groups utilize similar advocacy strategies. When a coalition is pursuing policy revision, it must use outside pressure, often through the media, to unseat the “powerful forces—both social and institutional—that protect the status quo” (Baumgartner et al. 2009, 26). In comparison, coalitions pursuing policy implementation often choose to work behind the scenes. Baumgartner et al. note, “In some instances—especially when the change that is sought is small—operating under the radar may be more beneficial” (2009, 126). Interviews with coalition leaders confirm that the policy revision coalitions and the policy implementation coalitions utilize the hypothesized advocacy strategies (see Table 5-1).

A media analysis provides further support for the theory that policy revision coalitions must effectively engage in outsider advocacy in order to impact public policy. MHA and CTC,
both successful policy revision coalitions, had significant numbers of media hits with over half of them focused on advocacy, an indication of the strength of their outsider advocacy strategies (see Table 4-4). In comparison, HAV had few media hits, likely due to its limited funding to conduct events, research, or collect stories that would attract media attention. This is one of the reasons that the HAV coalition has not achieved public policy impact. Policy implementation coalitions are less likely to utilize the media for advocacy purposes, because they prefer to work behind the scenes and avoid unnecessary attention from potential opposition. The media can still be useful, however, in building the credibility of these coalitions as issue experts. This is illustrated in Table 4-4, where the data shows that the coalitions to end domestic violence and the associations of community health centers are more likely to be acknowledged for their expertise or service provision than the Medicaid expansion coalitions.

Where nonprofit coalitions and interest groups differ, however, is in the sources of influence they are able to wield. Nonprofit coalitions face a significant barrier to impacting public policy, the inability to make financial contributions to electoral campaigns. While interest groups can use financial incentives to encourage politicians to support their advocacy priorities, nonprofits must find alternative means of influence. Little research focuses on the sources of influence available to nonprofit coalitions specifically, focusing instead on the characteristics of successful policy entrepreneurs (Kingdon 1984). Through interviews with coalition funders and government allies, I find that nonprofit coalitions derive their influence from both mobilizing their members and from the expertise they gain from working with direct service providers. Policy revision coalitions are most influential when they are able to mobilize their memberships to pressure legislators for change. To be successful, these coalitions must have diverse members who can influence politicians across the political spectrum. As discussed
in Chapter 3, all three Medicaid expansion coalitions have diverse memberships. The difference in the coalitions’ public policy impact, however, is partially due to the fact that the HAV coalition has struggled to engage its members in advocacy throughout the state. Both MHA and CTC have coalition members that control large statewide networks that can be easily mobilized. For CTC, the network is Service Employees International Union (SEIU). For MHA, the networks are SEIU and the Methodist church.

In the case of HAV, the coalition is still struggling to develop a statewide network. SEIU is weak in Virginia due to the state’s right to work law, so it has limited influence. AARP does have members throughout the state, but they are not easily mobilized, because few join for advocacy purposes. HAV acknowledges the weakness of its network and, in June 2015, the coalition created six regional teams that they hope will help spread the message throughout the state. The challenge, however, is that each regional team is being led by a different organization, which will require greater coordination than in Maryland and Pennsylvania, whose state-wide networks were led by single organizations. Interviews with government officials in the three states confirm that the influence of the Medicaid expansion coalitions is related to their ability to engage diverse, statewide memberships in the advocacy process.

Policy implementation coalitions derive their influence from the expertise they can bring to policy discussions. This expertise comes from a coalition’s ability to learn about problems on the ground, either through their member organizations or by implementing their own programs. Interviews with coalition leaders, government officials, and an analysis of these coalitions’ media hits, all highlight the importance of a coalition’s expertise. The biggest challenge policy implementation coalitions face, however, is maintaining a balance between advocacy and program implementation. Since these coalitions are primarily funded by the
government, they have limited discretionary funding for advocacy as shown in Table 3-1. This often results in a significant imbalance between the numbers of coalition staff working on advocacy versus programs. The data in Table 5-2 shows how the coalitions’ lobbyist to staff ratios compare. The two successful Medicaid expansion coalitions devote the most staff time to lobbying and advocacy, while the unsuccessful Medicaid expansion coalition in Virginia devotes the least. The policy implementation coalitions have comparatively low percentages of lobbyists to staff. The media analysis, however, shows that the domestic violence coalitions are still more likely to be acknowledged as experts or advocates, rather than merely service providers.

The balance between service and advocacy in the associations of community health centers is less favorable, with a significant number of articles focusing on service provision or other unrelated topics. Because these coalitions are not acknowledged for either their advocacy or expertise, they must find alternative sources of influence if they are to achieve advocacy success. VCHA’s approach is to join other coalitions, thereby reducing the resources it needs to invest in policy advocacy. While this may result in desired policy change, it does not help advance the reputation of the coalition itself as an expert or advocate. PACHC, on the other hand, focuses on working behind the scenes to cut deals for its members. This results in member-interested advocacy, which does not directly represent the association’s underrepresented clients. Finally, MACHC is least engaged in advocacy in general, choosing instead to focus largely on program implementation. Thus, in comparison, domestic violence coalitions are more likely to have a public policy impact that helps their clients, due to their influence as experts, than the associations of community health centers, which are viewed more as technical assistance providers and when they do advocate, they do so to help their
organizational members. As noted by former Maryland Secretary of Health, Joshua Sharfstein, “I would say that the MedChi, which is a physician’s association, did a better job advocating for public health issues than the community health centers, who were mainly just advocating for community health centers” (2015). In sum, for policy revision coalitions to have an impact, they must combine 1) insider and outsider strategies and 2) a diverse and mobilized membership. For policy implementation coalitions to have an impact, they must 1) avoid outsider strategies and 2) have a good balance of program implementation to advocacy.

The state political context can either aid or hinder whether coalitions will be successful in their advocacy pursuits. McCarty, Poole, and Rosenthal argue that, “major legislation is produced less frequently as polarization increases,” (2006, 165-166) which can limit the impact of policy revision coalitions. Additionally, veto points, which are limited in unified governments, can also make policy change more difficult (Gray et al. 2012). By analyzing Medicaid expansion in all fifty states, I find that unified state governments dominated by the opposition and political polarization have the greatest ability to derail an advocacy campaign, as shown in Table 5-5.

Hall and Deardorff argue that less professional legislatures that meet for fewer days each year rely on lobbying as a legislative subsidy and therefore coalitions will have greater influence over them than professional legislatures (2006). Yet, my research does not find support for this hypothesis. While my interviews were only with a small sample of coalitions, they suggest that states with less professional legislatures may compound the problem of polarization because legislators have very little time to understand complex issues, resulting in them following the party line, rather than developing their own positions on the issues. Thus, while legislators will still be advocacy targets, they are not any more likely to be contacted
because of the professionalization of the legislatures in which they serve. Finally, while opposition to nonprofit coalitions may exist, in none of the interviews was it mentioned as the reason an advocacy campaign failed.

In conclusion, nonprofit coalitions have the ability to influence policy change at the state-level, despite their lack of monetary leverage. Members will join coalitions for a number of reasons, but the external funding that the coalitions receive, not member preferences, drives the type of advocacy the coalitions pursue. Nonprofit coalitions will be successful advocates if they are able to align their purpose, advocacy strategies and sources of influence. Media analyses as well as interviews with coalition leaders, funders and government officials indicate that those interviewed believe that policy revision coalitions must utilize the media and mobilize state-wide networks to impact public policy. In comparison, policy implementation coalitions must establish their expertise as well as balance their advocacy and service provision, not allowing one to dominate the other. Competition from for-profit organizations and the state political context can influence the specific goals that coalitions set, with particularly polarizing states blocking the likelihood of any policy revision.

Ultimately, not all nonprofit coalitions pursue advocacy goals that promote the interests of the underrepresented. Rather, many advocacy goals include elements that help both clients and member organizations. A concern for the future is that if funding for nonprofit coalitions becomes more focused on service provision and program implementation and competition from for-profit organizations increases, nonprofit coalition advocacy may become more and more member-interested, limiting the plurality of voices in our public policy process. Thus, funders, both foundation and government, must find ways to structure their support of coalitions that does not overburden them with program implementation and instead recognizes their important
role in building networks between clients, providers, state, and federal government officials. If nonprofit coalitions are today’s version of the federated membership structures that Skocpol laments losing, we must strive to support their continued success in public policy advocacy.

**Policy Recommendations**

Given the significant influence of external funding on the lifecycles and advocacy purposes of nonprofit coalitions, funding policies should be adjusted to make nonprofit coalitions more representative and have greater impact. Based on the best practices and current weaknesses revealed through this research, the following policy improvements are suggested.

*Reduce lobbying limitations*

Foundations must be cognizant of the unnecessary limitations they may be imposing on nonprofit coalition lobbying. According to the Alliance for Justice (AFJ), foundations can fund and should fund nonprofit coalitions through general support grants or specific project grants, which allow flexibility for the coalitions to use the funding for lobbying.

A general support grant is a grant to a public charity that is not earmarked for a particular purpose and specifically is not earmarked to be used in an attempt to influence legislation. . . . Provided there is no agreement between the private foundation and the public charity as to how the money should be spent, the public charity may use the grant funds for any purpose, including lobbying. (AFJ 2004, 13)

A private foundation may make a specific project grant to a public charity for a project that includes lobbying. When making a specific project grant, the foundation must review the grantee’s budget and may give a grant in an amount up to the non-lobbying portion of the budget. (AFJ 2004, 13)

Foundations should refrain from including language in grant agreements that limits grantee lobbying. While funding should not be earmarked for lobbying, “the tax code makes it clear that federal law does not require a foundation to impose lobbying prohibitions on its public
charity grantees” (AFJ 2004, 25). In fact, using such language can unnecessarily restrict the work of the grantees. Bill Roberts, Executive Director of the Beldon Fund, urges other funders to “Never, ever tell an organization it can’t lobby as a condition of your support. It’s their legal and constitutional right to lobby. Why would a foundation want to take that away?” (AFJ 2004, 26). Since government funders prohibit lobbying with their funding, foundations must not place unnecessary limits on lobbying, further handicapping nonprofit coalitions as they compete with well-funded opposition.

*Increase member diversity, limit competition*

Private foundations provide important seed funding for nonprofit coalitions, particularly those working on policy revision. Yet, this funding is not stable over the long term, as foundations shift their priorities every three to five years. In order to prevent nonprofit coalitions from turning to government funding and program implementation for long-term financial stability, foundations must create procedures to help build the fundraising capacities of nonprofit coalitions. This can be accomplished by helping coalitions develop new funding relationships often with local funders, providing technical assistance in grant writing and donor cultivation, and phasing out grant support rather than ending it abruptly. The more nonprofit coalitions are able to rely on private funding for long-term support, the more likely they will be to have diverse memberships and continue to pursue policy revision that advances the needs of the underrepresented and underserved.

Government funders should also encourage their nonprofit coalition grantees to increase the diversity of their members. While government funding can unintentionally lead nonprofit organizations to create barriers to protect their funding from potential competitors, government funders can counter this trend by providing funding for nonprofit coalitions to collaborate with
other government and nonprofit actors. The Violence Against Women Act provides a good example of how this can be done through discretionary grant programs and technical assistance. The more that nonprofit coalitions see themselves as a part of a collaborative network working towards the same goals for their constituents, the less they will see diverse opinions as competition. Advocacy that only helps coalition members maintain favorable funding and regulatory environments can be guarded against by eliminating the perception of competition.

Limit grant demands

While government funding is more stable and consistent than foundation funding, increases in funding are infrequent despite the growing demands placed on nonprofit coalitions. Many coalition leaders noted the difficulty they face in meeting these demands and still finding time to advocate on behalf of their underrepresented clients. Additionally, many government funders have little or no experience in the nonprofit sector, making it hard for them to understand their grantees’ needs. Thus, the best way to make grant demands more realistic is to create formal feedback mechanisms for nonprofit grantees to provide input on their funding needs. Since government agencies rely on nonprofits to provide essential social services, they must allow nonprofit coalitions to share their expertise derived from the service provision to help prioritize the programs and policies the government supports.

Promote advocacy at all levels of government

While the coalitions studied were all part of federated networks collectively working on their issues, not all effectively engaged at all levels of government. In the case of community health centers, federal government funders need to develop processes for engaging...

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17 Robert Restuccia, Executive Director of Community Catalyst, notes “Federated maybe a strong word, it may be more confederated. We don’t view ourselves as a central government” (2015, 7).
state health agencies in the grant relationships with Federally Qualified Health Centers and their coalitions. When state agencies are excluded from the relationship, nonprofit health providers are less responsive to state needs and are more focused on addressing the priorities of their federal funders. The federated structure of the government should be utilized as a communications stream that can raise concerns from the grassroots to the state and ultimately the federal level. Precautions need to be taken, however, to make sure information does not leapfrog over levels, excluding critical areas of policy making and regulation formation.

In sum, foundation and government funders have intentionally supported the development of nonprofit coalitions for purposes of giving voice to the underrepresented and helping the underserved, respectively. These funders must strive to maintain their support of nonprofit coalitions because it is unclear if the coalitions can continue to operate without significant external funding. Coalitions help individual nonprofit organizations overcome the barriers to collective action and have carved out an important role in the public policy process. Without coalitions, nonprofits may return to their previous disengagement, limiting the voice of their clients in policy revision and implementation. While not all coalitions will cease to exist, their capacity to advocate will be severely circumscribed as they focus almost solely on implementing programs for which they can find funding.

**Theory Application and Generalizability**

Since these research findings apply specifically to nonprofit coalitions whose members serve underrepresented populations, they help fill a gap in the current literature on interest groups, which spends little time theorizing about the role of mission-driven coalitions in advancing public policy. Collective action theory argues that the types of incentives offered by
coalitions will determine the size of the group. Unless material incentives are provided, coalitions will have fewer members, who’s commitment to the group is more volatile. This division between material and purposive incentives is too simplistic to explain the size and membership diversity in a nonprofit coalition. External funding is an important driver of nonprofit coalition diversity, with foundation funding increasing member size and diversity and government funding limiting it. External funding specifically plays a role in decisions related to the definition of coalition boundaries, often leading coalition members to constrict the boundaries to protect their funding streams from other organizations. Funding can also encourage the merging of coalitions, as funders (both foundation and government) prefer that coalitions present a unified voice, saving government officials from adjudicating between them. Thus, the goals of coalition funders, coalitions leaders and coalition members do not always align, which can influence a coalition’s advocacy priority setting and public policy impact.

Moe posits that the advocacy priorities of interest groups are related to the purposive and material incentives that coalitions use to attract members. Yet, member incentives have very little correlation with the advocacy purpose or priorities of nonprofit coalitions. Instead, nonprofit coalition members set advocacy priorities that are heavily influenced by the state political context, diversity of their memberships and market competition. Thus, external factors play a much larger role in theories of nonprofit coalition advocacy than in that of interest groups. This is likely the case because for-profit coalitions have both money and resources to influence policy; where as nonprofit coalitions have limited resources and are forbidden from making campaign contributions. Thus, nonprofit coalitions must be very strategic in which advocacy priorities they set, choosing only those where they can unify their members’ interests and find allies in the state government.
The findings of this research also indicate that different concerns around advocacy exist when research is conducted at the coalition, rather than the organizational level. Smith and Lipsky (1993) and Bass et al. (2007) suggest that government funding and lobbying regulations respectively stifle individual nonprofit advocacy. At the coalition-level, however, government funding incentivizes coalitions to form and government officials rely on coalitions to raise-up the challenges faced by clients at the grassroots. The federated structure of coalitions makes this information distribution possible, and technology often makes it happen at the stroke of a button. While government funding cannot be used for lobbying, ironically government allies often rely on coalitions to lobby, since they cannot. Thus, a clear space in the public policy arena has been carved out for nonprofit coalitions, which they embrace, rather than shy away from. The major challenge government funded nonprofit coalitions face is in striking a balance between advocacy and program implementation. Most of the funding coalitions receive is dedicated to implementing specific programs, thus limiting the money and staff time available for advocacy. Coalitions that have little discretionary funding may have to restrict their advocacy priorities to those that are “easy wins” or those that will bring in addition funding. When these constraints exist, policy change will inevitably occur more incrementally and will often be reactionary, rather than proactive.

In sum, this research demonstrates that nonprofit coalitions can and do impact public policy revision and implementation at the state level. The research is generalizable to coalitions engaged in advocacy with nonprofit organizations comprising a majority of their members. It is unlikely, however, that the research findings will apply to nonprofit coalitions that are primarily comprised of individual members, unless these coalitions still receive the majority of their funding from foundations or the government, rather than from member dues. Future research
should focus in two areas. First, a comparison between nonprofit coalitions with organizational members versus nonprofit coalitions with individual members would help determine the differences and similarities and better define the entire nonprofit coalition landscape. Second, research should trace the development of nonprofit coalitions over time to determine how the coalitions react to changes in funding and what conditions cause coalitions to cease operations. Such research would help differentiate coalition lifecycles from organizational lifecycles.

Overall, this research takes an important first step in explaining how nonprofit coalitions overcome the barriers to collective action and impact public policy. Nonprofit coalitions exhibit important differences from interest groups, mainly due to their reliance on external funding and their susceptibility to state political contexts. While nonprofit coalitions often do advocate for the needs of their underrepresented clients, this is not always the case, with certain types of coalitions more likely to advocate for member interests over client interests. Like interest groups, some nonprofit coalitions are susceptible to member influence and market competition. Will nonprofit coalitions become more like their for-profit counterparts? Coalition funders will play a key role in determining the answer to that question.
## APPENDIX A

### Maryland Coalition List

<table>
<thead>
<tr>
<th>Coalition Name</th>
<th>Year Founded</th>
<th># Members</th>
<th># Staff</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association of Baltimore Area Grantmakers</td>
<td>1983</td>
<td>145</td>
<td>6 to 13</td>
<td><a href="http://www.abagrantmakers.org">http://www.abagrantmakers.org</a></td>
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<tr>
<td>Association of Community Services</td>
<td>2010</td>
<td>94</td>
<td>2</td>
<td><a href="http://www.acshoco.org">http://www.acshoco.org</a></td>
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<td>Children's Mental Health Matters Campaign</td>
<td>2008</td>
<td>100 partners, 150 school champions</td>
<td>2</td>
<td><a href="http://www.childrensentertainmenthealthmatters.org/">http://www.childrensentertainmenthealthmatters.org/</a></td>
</tr>
<tr>
<td>Coalition for a Healthy Maryland</td>
<td></td>
<td></td>
<td></td>
<td><a href="http://www.cfahm.org/">http://www.cfahm.org/</a></td>
</tr>
<tr>
<td>Coalition of Geriatric Services</td>
<td>1991</td>
<td>135 orgs</td>
<td>0</td>
<td><a href="http://www.cogsmmd.org">http://www.cogsmmd.org</a></td>
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<tr>
<td>Community Behavioral Health Association of Maryland</td>
<td></td>
<td></td>
<td>3</td>
<td><a href="http://www.mdcbh.org">http://www.mdcbh.org</a></td>
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<tr>
<td>Health Care for All Coalition</td>
<td>1999</td>
<td>over 1,200</td>
<td>4</td>
<td><a href="http://healthcareforall.com/">http://healthcareforall.com/</a></td>
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<tr>
<td>Health Facilities Association of Maryland</td>
<td>1948</td>
<td>150 providers, 70 associated businesses</td>
<td>6</td>
<td><a href="http://www.hfam.org/">http://www.hfam.org/</a></td>
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<td>Healthcare is a Human Right Maryland</td>
<td>2012</td>
<td>8 organizing committees</td>
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<td>Hospice &amp; Palliative Care Network of Maryland</td>
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<td>Latino Providers Network</td>
<td>1992, 2005 incorporation</td>
<td>72</td>
<td>0</td>
<td><a href="http://lpmnd.org">http://lpmnd.org</a></td>
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<td>Lorraine Sheehan Alcohol Tax Coalition</td>
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<td></td>
<td></td>
<td>see Health Care for All</td>
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<td>Maryland Ambulatory Surgery Association</td>
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<td>1</td>
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<td>Maryland Association of Community Services</td>
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<td>5</td>
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<td>Maryland Association of Nonpublic Special Education Facilities</td>
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<td>Year</td>
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<td>Source Code</td>
<td>Source</td>
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<td>--------</td>
<td>---------------------</td>
<td>-------------</td>
<td>----------</td>
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<td>Maryland Association of Resources for Family and Youth</td>
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<td>39</td>
<td>2</td>
<td><a href="http://www.marfy.org">http://www.marfy.org</a></td>
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<tr>
<td>Maryland Breastfeeding Coalition</td>
<td>2002</td>
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<td></td>
<td><a href="http://www.marylandbreastfeedingcoalition.org">http://www.marylandbreastfeedingcoalition.org</a></td>
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<tr>
<td>Maryland Coalition Against Sexual Assault</td>
<td>1982</td>
<td>17 rape crisis and recovery centers</td>
<td>10</td>
<td><a href="http://www.mcasa.org">http://www.mcasa.org</a></td>
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<tr>
<td>Maryland Coalition on Mental Health and Aging</td>
<td>1994</td>
<td>1</td>
<td>1</td>
<td><a href="http://www.mhmd.org/aging">http://www.mhmd.org/aging</a></td>
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<tr>
<td>Maryland Dental Action Coalition</td>
<td>2007</td>
<td>13 organizations, additional individuals</td>
<td>2</td>
<td><a href="http://www.mdac.us/">http://www.mdac.us/</a></td>
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<tr>
<td>Maryland Environmental Health Network</td>
<td></td>
<td>8</td>
<td>3</td>
<td><a href="http://mdehn.org/">http://mdehn.org/</a></td>
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<tr>
<td>Maryland Hospital Association (Health Policy Leadership Alliance - PAC)</td>
<td>1970</td>
<td>64</td>
<td>12</td>
<td><a href="http://mhaonline.org/">http://mhaonline.org/</a></td>
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<tr>
<td>Maryland Maternity Access Coalition</td>
<td>2014</td>
<td></td>
<td></td>
<td><a href="https://www.facebook.com/MarylandMaternityAccess/info?ref=page_internal">https://www.facebook.com/MarylandMaternityAccess/info?ref=page_internal</a></td>
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<td>Maryland Network Against Domestic Violence</td>
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<td></td>
<td></td>
<td><a href="http://mnaadv.org">http://mnaadv.org</a></td>
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<tr>
<td>Maryland State Wide Independent Living Council</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:marylandsilc@gmail.com">marylandsilc@gmail.com</a></td>
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<tr>
<td>Maryland Women’s Coalition for Health Care Reform</td>
<td>2006</td>
<td>67 organizations</td>
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<td><a href="http://www.mdhealthcarereform.org/">http://www.mdhealthcarereform.org/</a></td>
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<td>Mental Health Association of Maryland</td>
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<td>4</td>
<td>15</td>
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<td>Mid-Atlantic Association of Community Health Centers</td>
<td>1982</td>
<td>9</td>
<td>9</td>
<td><a href="http://www.machc.com/">http://www.machc.com/</a></td>
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<tr>
<td>National Alliance on Mental Illness-Maryland</td>
<td></td>
<td>13 local affiliates</td>
<td>4</td>
<td><a href="http://namimmd.org">http://namimmd.org</a></td>
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<tr>
<td>The ARC of Maryland</td>
<td></td>
<td>10</td>
<td>7</td>
<td><a href="http://www.thearcmmd.org">http://www.thearcmmd.org</a></td>
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</tbody>
</table>
| United Seniors of Maryland            | over 30 years ago | 93 | }
## APPENDIX B

### Pennsylvania Coalition List

<table>
<thead>
<tr>
<th>Coalition Name</th>
<th>Year Founded</th>
<th># Members</th>
<th># Staff</th>
<th>Website</th>
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</thead>
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<td>Ambulance Association of Pennsylvania</td>
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<td><a href="http://www.aa-pa.org/">http://www.aa-pa.org/</a></td>
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<td>Anti Shackling Bill 2010</td>
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<td><a href="http://www.newsworks.org/index.php/local/the-pulse/71964-">http://www.newsworks.org/index.php/local/the-pulse/71964-</a></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>pregnant-pa-inmates-continue-to-be-shackled-during-labor-</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>despite-state-law-</td>
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<td>Campaign for What Works</td>
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<td><a href="http://whycutwhatworks.myfastsite.net/">http://whycutwhatworks.myfastsite.net/</a></td>
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<td>Coalition for Health Care Choice</td>
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<td>Coalition for Healthy Families and Workplaces</td>
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<td>Coalition for Personal Care Home Reform</td>
<td>2002</td>
<td>13</td>
<td></td>
<td></td>
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<td>Coalition for the Responsible Closing of State Hospitals</td>
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<td><a href="http://www.citypaper.net/article.php?What-did-we-learn-from-">http://www.citypaper.net/article.php?What-did-we-learn-from-</a></td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>Byberry-15862</td>
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<tr>
<td>Coalition to Preserve Behavioral Health Choices</td>
<td></td>
<td></td>
<td></td>
<td><a href="http://www.mhap.org/.../TheCoalitiontoPreserveBehavioralHealthChoi">www.mhap.org/.../TheCoalitiontoPreserveBehavioralHealthChoi</a></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ces.ppt</td>
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<td>Conference of Allegheny Providers</td>
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<td>Cover the Commonwealth</td>
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<td>Hospital &amp; Healthsystem Association of Pennsylvania</td>
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<td>62</td>
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<td>Hospital Council of Western PA</td>
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<td>Intellectual Disability and Autism Coalition</td>
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<td>LeadingAge PA</td>
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<td>Let Our Voices Be Heard</td>
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<td></td>
<td><a href="http://www.mhaac.net/Files/Admin/Newsletters/lovbhnewsletter.pdf">http://www.mhaac.net/Files/Admin/Newsletters/lovbhnewsletter.pdf</a></td>
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<td>Mental Health Association in Pennsylvania</td>
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<td>Organization</td>
<td>Year</td>
<td>Members</td>
<td>Website</td>
<td></td>
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<td>------------------------------------------------------------------------------</td>
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<td>National Alliance on Mental Illness of Southwestern Pennsylvania</td>
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<td>PA Coalition of Medical Assistance MCOs</td>
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<td>PA Immunization Coalition</td>
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<td>2001</td>
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<td><a href="http://pactonline.org">http://pactonline.org</a></td>
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<td>Pennsylvania Behavioral Health and Aging Coalition</td>
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<td><a href="http://www.olderpa.org">http://www.olderpa.org</a></td>
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<td>Pennsylvania Catholic Health Association</td>
<td>1963</td>
<td>59</td>
<td><a href="http://www.pacatholic.org/about-the-pcc/pcha/">http://www.pacatholic.org/about-the-pcc/pcha/</a></td>
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<td>Pennsylvania Coalition Against Domestic Violence</td>
<td>1976</td>
<td>60</td>
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<td>Pennsylvania Coalition Against Rape</td>
<td>1975</td>
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<td>Pennsylvania Community Providers Association</td>
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<td>Pennsylvania Health Access Network</td>
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<td>Pennsylvania Public Health Association</td>
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<td>Pennsylvanians for Choice</td>
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<td>The ARC of Pennsylvania</td>
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</tbody>
</table>
## APPENDIX C

### Virginia Coalition List

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APPENDIX D

Interview Questions

Coalition Leader Interview Questions

Founding
- Who founded the coalition? What year was it founded?
- What was the primary purpose for starting the coalition?
- Is the purpose for the coalition the same today? If not, how did it change?
- Where did the initial funding for the coalition come from?
- What are the sources of the coalition’s current funding? Can you share your annual budget with me?
- Is there any type or source of funding that you would not accept to support your coalition’s activities?

Longevity
- Over the last 5 years, how active was the coalition on a scale from 1-5
  - 1 = no activity
  - 2 = annual meeting; limited advocacy activity
  - 3 = periodic meetings; lower-level advocacy activity
  - 4 = frequent meetings; medium-level advocacy activity
  - 5 = continuous meetings; high-level advocacy activity
- Why were you more active in year X than Y?
- What happens to the coalition in-between legislative cycles? How about in-between advocacy campaigns?
- Has this group of organizations worked in coalition before? Is there substantially overlapping membership between today’s coalition and the previous coalition?
- Would you say that ups and downs in funding tend to drive activity levels, or vice versa?

Membership
- How do you attract members to join your coalition?
- What kinds of organizations are they? (size, area of activity)
- What benefits do you provide to members? Which do you think are most effective in attracting new members? Which are most effective in retaining members?
- Is there a fee that organizations need to pay to be a member of your coalition (if so, how much)?
- Do you require certain commitments of time, skill, or knowledge from your members? What level of involvement is most common? Why?
- Can you think of any types of organizations you would not want to join your coalition?

Decision making process
- Do you hold meetings with your membership? If so, how often? How many members usually attend the meetings? What are the purposes of the meetings?
• When you meet to discuss advocacy, who participates in the meetings? Which organizations are most heavily involved? Why do you think that is?
• Does the coalition have a formal decision making process for making advocacy decisions? If so, what is it?
• Is the formal decision making process always followed? If not, when is it used? Are there alternative processes used?
• Do you have subgroups or committees that help in the decision making process?
• When there are disagreements between the members, what are the disagreements primarily about?
• Is there any individual or group with the ability to veto a decision? Is it a formal power (acknowledged in your by-laws or other operations manual)?

Issues
• What is the top priority issue your coalition is working on in 2015?
• What is the top priority issue your coalition has worked on in the past five years?
• Are there other issues your coalition works on?
• How are the issues you work on chosen?
• Are there any tensions among your member organizations—say, issues that the group is split on?

Policy solutions
• What policy solutions did the coalition consider for your current top priority issue?
• How did the coalition decide which policy solution to advance?
• Who was part of the decision making process? Who was most influential in the decision making process?

Advocacy targets
• Who or what would you say is the primary target of your advocacy for your top priority issue?
  o legislative, executive, judicial, media, public, etc.
• Why is this individual/group your primary target?
• Do you have other targets as well? How were your target(s) chosen?

State Context (ask questions appropriate for the state where the coalition is located)
• Virginia is known for having a less professional legislature. Do you take this into account when choosing your targets? If so, how does it influence your decision?
• Pennsylvania is known for having a professional legislature. Do you take this into account when choosing your targets? If so, how does it influence your decision?
• Maryland is known for typically having a unified government. Do you take this into account when choosing your targets? If so, how does it influence your decision?
• Are there times when you choose to target the governor? If so, when do you do this?

Advocacy strategies
• What are the advocacy strategies you used to influence your primary target?
What are the advocacy strategies you used to influence your other targets? Do they differ? Why?

How were these advocacy strategies chosen?

Who implements each of the advocacy strategies? Staff, members, clients, etc.?

Which of the following advocacy strategies have you used in the past? How important is each strategy to your overall advocacy on a scale of 1-3? (1 – not important; 2 – somewhat important; 3 – very important)

- **Insider Legislative:**
  - Met in person with a legislative representative or their staff
  - Provided testimony to elected officials at a public hearing
  - Sent a letter expressing an opinion to public officials
  - Drafted legislative language
  - Disseminated in-house research to policy makers

- **Insider Executive:**
  - Met in person with allies in the governor’s office
  - Met in person with an agency official
  - Testified at an agency hearing
  - Served on a government commission, committee, or task force
  - Participated in development or revision of public regulation
  - Submitted written comments to an agency

- **Outsider**
  - Issued a report on a public policy issue
  - Held a press conference related to a public policy issue
  - Wrote and editorial or letter to the editor of a newspaper or magazine
  - Purchased advertising to influence public policy
  - Organized a demonstration/protest
  - Organized the signing of a petition or letter
  - Hosted or cohosted a nonpartisan candidate forum

Of the strategies you mentioned, which are your members typically most involved with? What are they least involved with?

**Advocacy approach**

**Success**
- How do you define advocacy success?
- What factors influence the coalition’s success?

**Challenges**
- What are the major challenges your coalition faces in achieving advocacy success?
- Are there any resources (monetary, skill, knowledge, time, contacts) that you feel your coalition is lacking?

**Improvements**
- If you could improve the coalition in any way, what would that be?
Coalition Funder Interview

Advocacy Funding
- What is your reason for funding nonprofit coalitions in general?
- Why have you supported the [insert name] coalition in particular?
- How long have you funded the coalition?
- How large are your annual grants to the coalition?
- Are the grants general operating support, program support or capacity building support?
- Does anyone within the foundation staff or board not support the funding of coalitions? If so, what are the reasons given?
- How much of your annual grant making goes to support coalition advocacy?
- How much of your annual grant making goes to support the advocacy of individual nonprofits?
- What are the reasons you have heard from other grant makers for not supporting nonprofit advocacy?

Other Support
- Are there any other ways you support the coalition beyond providing grants?
- Do you participate in the coalition in any way? If so, how often, on a scale of 1-3? (1 = never; 2 = sometimes; 3 = frequently)
  - Formal
    - Participate as a member
    - Serve as an observer in advocacy meetings
    - Provide contacts/connections for coalition advocacy
    - Serve as an official spokesperson of the coalition:
      - To other funders
      - To the media
      - To advocacy targets
      - To new members
  - Informal
    - Give informal advice to coalition leader
    - Participate in ad hoc meetings with the coalition
    - Informally promote the coalition’s work:
      - To other funders
      - To the media
      - To advocacy targets
      - To new members

Influencing the Coalition
- How do you think your funding affects the coalition?
- Do you have any influence over the advocacy priorities the coalition sets?
- Have you ever disagreed with the advocacy goals or strategies chosen by a coalition you fund? If so, what did you do?
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COALITION OBSERVATIONS


