Grantmakers In Health Supplement
Political Power as a Tool to Improve the Health of All Americans
By Jake Williams
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Healthier Colorado is that state’s largest health-advocacy organization. By supporting fundamental policy shifts and engaging actors at all levels of policymaking, they are helping create lasting change for Coloradans.

BY JAKE WILLIAMS

America leads the world in the size of our economy and the amount of money we spend on health care, but these variables do not translate into longer lives for Americans. Data just released by the US Centers for Disease Control show that life expectancy has fallen for the past three years. We have not seen American life expectancy decline this much since a century ago, when a flu pandemic swept the country in 1918. So-called deaths of despair, such as suicides, drug overdoses, and alcoholic liver disease, have significantly contributed to our long-term decline in life expectancy vis-à-vis peer nations; there are now at least 30 nations in which people have a longer life expectancy than we do here in the United States. A baby born in America is nearly three times as likely to die in infancy as a baby born in Finland, Japan, Portugal, or Sweden. We also have the highest obesity rate of any wealthy nation in the world.

We aren’t suffering from a mass outbreak of personal irresponsibility. The flaws are not in our character, but rather in our politics and resulting policies. The stark reality is that Americans by and large are not presented with sufficient opportunity to be healthy. Public policy is the only lever with which we can create change at the scale necessary to make a substantial difference. Charitable efforts may be well intentioned, but they fall short of creating a just system for many communities.

Many political actors are focused on health care, but the policy solutions required to improve health in America go well beyond the walls of the doctor’s office. Right now, there are some modest lobbying efforts in state capitols and in Washington, D.C., on health and health-care policy, but they are too often outmatched by other competing interests. In our pay-to-play political system, the interests of population health are at a significant disadvantage versus those of other actors who are less concerned with public health. In Colorado, we are standing up against these actors and for people’s well-being.
HEALTHIER COLORADO AND HEAL

Through lobbying and exerting influence in elections, Healthier Colorado has produced several policy victories on a broad range of issues that influence health, including healthy eating and active living (HEAL). Spending around $1.5 million on elections over the last three years, we succeeded with both health-related ballot measures and political candidate races. Moreover, we did all this by working with Democrats and Republicans alike.

Our approach to HEAL public policy is to mitigate where we must, but put fundamental change first whenever possible. We adopted this approach for a couple of reasons. First, mitigation strategy is essentially the role of most foundations and direct service providers, such as ones who may provide access to nutritious food or physical activity for disadvantaged populations. They aren’t changing the forces that shape our world but are instead confronting the world as it is and trying to make it better for people suffering any ill effects as a result.

Healthier Colorado takes a different tack. Instead of building a playground in a low-income community, for example, we implemented new statewide regulatory standards in 2015 for physical activity, nutrition, and screen time for commercial childcare centers. Instead of just trying to educate the public about the dangers of sugary drinks, we passed the nation’s second-ever voter-approved tax on sugary drinks and directed the resulting revenue toward health programs for the low-income families disproportionately affected by the consumption of those products. Due to political necessity, we sometimes pursue incremental public policy changes that do not necessarily directly address the root cause of a problem, but our long-term strategy is to make fundamental changes via public policy.

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How Our 501(c)(4) and 501(c)(3) Work in Tandem

Healthier Colorado was founded in 2014 as a 501(c)(4) organization and, in 2015, we created a sister 501(c)(3), The Fund for a Healthier Colorado. How do 501(c)(3) organizations and 501(c)(4) organizations compare? First, financial contributions to 501(c)(3) organizations are tax deductible, while those to 501(c)(4)s are not. In addition, 501(c)(3) organizations that are organized as “public charities” can elect to spend a minority portion of their budget on lobbying, but are forbidden from working to influence political candidate elections. Organizations that are 501(c)(4)s are legally allowed to lobby on an unlimited basis and are allowed to work to influence candidate elections.

Consequently, we run all our candidate engagement and most of our lobbying through our 501(c)(4) organization, Healthier Colorado. We created our sister 501(c)(3) organization, The Fund for a Healthier Colorado, for reasons including fundraising, as many donors cannot or will not donate to 501(c)(4) entities. As much of our activity does not need to be paid for by 501(c)(4) dollars, the 501(c)(3) funds allow us to both be better stewards of our 501(c)(4) resources and do even more than we could as a 501(c)(4) alone.

In addition, it has become clear that simply making positive HEAL resources available to people is often not enough for significant population-level health improvement. For example, studies show that workplace wellness programs don’t work very well. Providing financial incentives or additional opportunities for people to make healthier choices tends to work best with people who would make healthier choices anyway, particularly as time and other scarcities pose insurmountable obstacles for so many.

Therefore, although we do support policies geared toward things like improving the food or active transportation infrastructure within a low-income neighborhood, we also apply focus to changing the fundamental economic and lifestyle realities of populations. This has led us to support public policy that expanded broadband internet access in rural areas, for example, as well as public policy that significantly curtailed the predatory activity of payday lenders, who have life-altering negative impacts on the physical and mental health of low-income residents.

PEOPLE, MONEY, AND POLITICAL ACCOUNTABILITY

People and money are what matter most in politics. With about 70,000 members across the state—a number that is steadily growing—we are Colorado’s largest health-advocacy organization. We have members in every state House and Senate district, and we possess the capacity to mobilize a critical mass of grassroots action on every statewide campaign we run. We built this membership through three avenues: online engagement, field activities such as community events and advocacy trainings, and America’s first full-time health-focused field canvassing and fundraising.

As we started with a tiny staff, online engagement was initially our only means of connecting with sizable audiences. We quickly built a large following as we invested in actions that directly put people together with decision makers on a wide array of health issues. Through simple online petitions, thousands of Coloradans added their names and contact information in support of our actions.

We also learned a few important lessons along the way.

It became clear that we did not have to painstakingly explain the broader scientific or public policy contexts for our petitions. Although health policy can be complex and obscure, people have an intuitive understanding of human needs that can be leveraged when asking them to support a policy issue that might be new to them.

In addition, although people have an intuitive understanding of human needs, they do not have an intuitive understanding of the jargon used in health policy circles. For example, in a recent series of voter focus groups we commissioned, not a single participant recognized or understood the phrase “health equity.” Most people thought of “equity” as the value accrued in home ownership. Through both opinion research and online and field experimentation, we honed our language to make it accessible to everyone, regardless of background.

Third, just as we should not silo the many components that influence our health when we address health policy, we don’t have to silo our approach to engaging grassroots
We are proud of what we have achieved so far but are also cognizant that our resources are relatively limited versus those of corporate and other well-heeled stakeholders.