

The Foundation Review

Volume 4
Issue 1 *Open Access*

2012

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Recommended Citation

Strong, D. A., & Kim, J. Y. (2012). Defining, Building, and Measuring Capacity: Findings From an Advocacy Evaluation. *The Foundation Review*, 4(1). <https://doi.org/10.4087/FOUNDATIONREVIEW-D-11-00028>

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RESULTS

Defining, Building, and Measuring Capacity: Findings From an Advocacy Evaluation

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Keywords: Advocacy evaluation, building capacity, measuring capacity, capacity assessment tool, funding advocacy

Key Points

- Funders often focus their grants to build capacity, recognizing the important roles that leadership, skills, and infrastructure have on an organization's effectiveness in carrying out its mission.
- This article reports on results from Mathematica Policy Research's evaluation of *Consumer Voices for Coverage*, a program funded by the Robert Wood Johnson Foundation to support the role of consumer health advocacy coalitions in 12 states.
- The foundation based the program on a study that identified six core advocacy capacities, and designed it to strengthen these capacities.
- The evaluation found that the level of funding, substantial and targeted technical assistance, and the three-year time frame of the program contributed to the observed increases in five capacities. Fundraising remained the lowest-rated capacity for most of the coalitions and may require different or creative strategies.
- The authors propose that funders need to address three main elements of organizational or coalition capacity: knowledge, infrastructure, and resources. Each requires different types of interventions.

Defining, Building, and Measuring Capacity: Findings From an Advocacy Evaluation

A 2001 report prepared for Venture Philanthropy Partners called attention to the nonprofit sector's inattention to building capacity and the lack of adequate support for it by funders (McKinsey & Company, 2001). It noted that donors

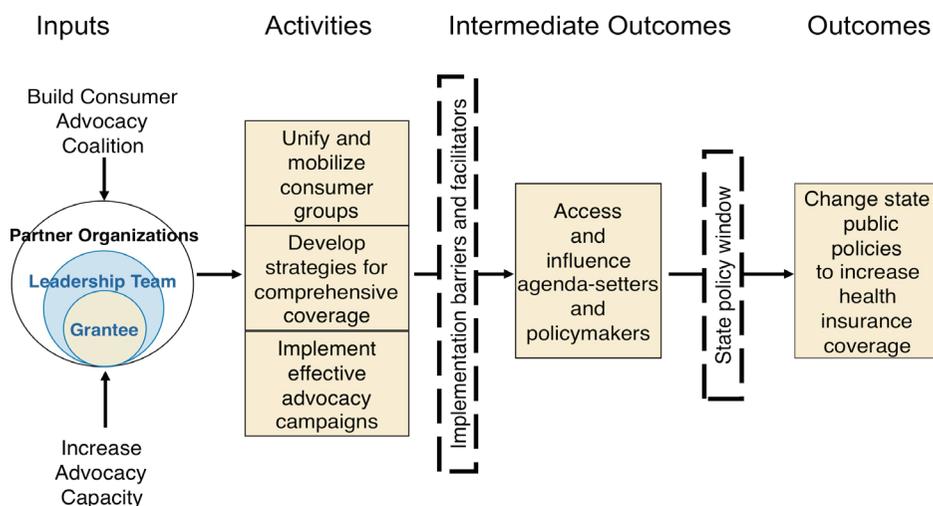
and funders traditionally were more interested in supporting new programs than in strengthening organizations. At the time, interest in capacity building was increasing, yet development of tools and approaches for doing so lagged behind this growing interest (DeVita & Fleming, 2001). These and other authors suggested conceptual models and frameworks that identified needed capacities, which they derived through studies of selected capacity-building efforts or based on theoretical frameworks.

Capacity building is defined as strengthening nonprofit organizations so they can better achieve their missions (Backer, 2001). Capacity building consists of activities designed to increase the competence and effectiveness of individuals and organizations (Stryk, Damon, & Haddaway, 2011). These activities, such as training leaders, assisting with strategic planning and program design, and developing board members (Connolly & York, 2002), are intended to help nonprofits manage their finances and human resources, and also support healthy organizational cultures (Linnell, 2003).

Assessing Capacity and Measuring the Effectiveness of Capacity-Building Efforts

As well as exploring what types of capacities might improve the effectiveness of nonprofit organizations in achieving their missions, funders, researchers, consultants, and groups supporting nonprofit organizations have developed tools to assess these capacities. For example, the McKin-

FIGURE 1 Consumer Voices for Coverage Theory of Change



Source: Mathematica Policy Research

sey Capacity Assessment Grid, available in several forms, is designed to assess general organizational capacities for nonprofits (Weiss, 2005). Others have developed specialized assessments, such as for organizations operating programs for children and youth (Global Fund for Children, 2009) or for international development organizations (Wignaraja, Colville, & Balassanian, 2007).

Few assessment tools are satisfactory as evaluation instruments. They are usually designed as self-assessments, used at a single point in time to identify needs, and/or lack “scientific” measurement properties (Weiss, 2005). Thus in 2004, Light and Hubbard observed that efforts to enhance the organizational capacity and performance of nonprofits had increased, but relatively little research demonstrated the value of non-profit capacity building or linked it to improved program outcomes.

Building Advocacy Capacity: Consumer Voices for Coverage

In 2007, several states appeared to be on the verge of adopting or fully implementing public policies to provide comprehensive health insurance coverage to their residents. To increase the odds that these public-policy changes would take place, support similar trends in other states, and increase the voice and role of consumer advocates in developing public policies affecting health care

and health insurance coverage, the Robert Wood Johnson Foundation launched the Consumer Voices for Coverage grant program.

The program was intended to build a single, integrated consumer health care advocacy coalition in each participating state (see Figure 1). Supported by foundation-provided funds and technical-assistance resources, the coalitions would strengthen their capacities for advocacy, and develop comprehensive coverage strategies, mobilize consumers and unify stakeholders, and implement advocacy campaigns. Through these activities, the coalitions would reach relevant agenda-setters and policymakers and influence them to change public policies in their states so as to increase health insurance coverage.

This strategy was based on a study showing that coalitions of consumer advocates could be effective in changing state health policy if they possessed specific advocacy capacities (Community Catalyst, 2006), which the grant program was designed to enhance. The Robert Wood Johnson Foundation gave Consumer Voices for Coverage grantees in 12 states \$250,000 per year for three years. (See Table 1.)¹

¹ Grantees were not permitted to use any of the Consumer Voices for Coverage funding from the Robert Wood Johnson Foundation to support lobbying activities. The funds were used to support unrestricted policy related activities.

TABLE 1 Consumer Voices for Coverage States, Grantees, and Coalitions

State	Grantee	Coalition Name
California	Health Access Foundation	It's Our Health Care
Colorado	Colorado Consumer Health Initiative	Colorado Voices for Coverage
Illinois	Campaign for Better Health Care	Health Care Justice Campaign – Health Care for All
Maine	Consumers for Affordable Health Care Foundation	Maine Consumer Voices for Coverage
Maryland	Maryland Citizens' Health Initiative Education Fund Inc.	Maryland Health Care for All
Minnesota	TakeAction Minnesota Education Fund	Minnesota Affordable Health Care for All
New Jersey	New Jersey Citizen Action Education Fund	New Jersey Consumer Voices for Coverage
New York	Community Service Society	Health Care for All New York
Ohio	Universal Health Care Action Network of Ohio Inc.	Ohio Consumer Voices for Health Coverage
Oregon	Oregon Health Action Campaign	Consumer Voices for Coverage
Pennsylvania	Philadelphia Unemployment Project/ Unemployment Information Center	Pennsylvania Health Access Network
Washington	Washington Community Action Network Education and Research Fund	Secure Health Care for Washington

Source: Robert Wood Johnson Foundation.

To help design the program, administer it, and provide technical assistance to the grantees and their coalitions, the Robert Wood Johnson Foundation engaged Community Catalyst as the national program office. Community Catalyst is a national advocacy organization that works with foundations, policymakers, and state and local consumer groups on strategies to improve access to high-quality, affordable health care and health coverage in the United States.

The foundation required grantees to establish a leadership team of allied organizations to guide decision-making. The grantee and leadership team organizations formed the Consumer Voices for Coverage coalitions and in most cases shared funds from the grant. The coalitions ranged in size from four to 26 organizations in 2008, and from five to 32 organizations in 2010. Each coalition differed in composition, but they typically included groups advocating for older adults or children and for labor, ethnic or immigrant, faith-based, and some business groups. Organizations representing low-income families or groups with certain diseases also participated. Coalition members had worked together for many years in

some states, while in others their collaborations were new. Coalitions had from 30 to more than 1,000 additional partners, including individual members or organizations that shared some or all of their goals.

The Consumer Voices for Coverage grant program was designed to develop within each coalition six core capacities that had been linked with successful consumer health advocacy by Community Catalyst's 2006 study. The six capacities were:

- coalition building,
- generating grassroots support,
- analyzing health policy proposals,
- designing and implementing health policy campaigns,
- crafting media and communication strategies, and
- fundraising.

To build these capacities, Community Catalyst gave several types of technical assistance to coalitions, tailoring their assistance to each state's health policy environment. They worked one-on-one with coalitions through a process Community

Catalyst described as “strategic coaching.” They provided a tool kit of memos, reports, fact sheets, issue briefs, and web-based tools coalitions could adapt. They also organized group training and peer learning among the 12 coalitions through biweekly telephone conferences, a two-day annual meeting, and a project listserv.

To provide strategic coaching, Community Catalyst assigned two staff members – a field coordinator and a policy analyst – to work with each Consumer Voices for Coverage coalition. These staff, who worked under the supervision of Community Catalyst’s director of consumer health advocacy, were highly experienced in health policy and in organizing and advocacy. They maintained close and frequent contact with the grantees through regular conference calls, site visits, and other communications. They also followed health insurance coverage and other relevant health-policy issues and debates to understand the state’s political and fiscal environments in order to better advise the coalitions with whom they worked.

Their familiarity with state-specific health-policy issues, the policy positions of other stakeholders such as health care providers and health insurance providers, and each state’s advocacy environment enabled Community Catalyst field staff to help coalitions identify priorities for advocacy, analyze proposed policies, develop communications and organizing strategies, and plan campaigns. For example, Community Catalyst helped grantees analyze the affordability of various health insurance policy proposals, so grantees could quickly disseminate information to coalition members.

In addition, if needed by grantees, Community Catalyst provided advice and guidance on governance, management, fiscal solvency, and other issues nonprofit organizations commonly experience. They also helped a few of the coalitions develop decision-making approaches, shared strategies, and trust. Advocacy groups often form temporary alliances to address specific policy options, but collaborating on a larger, shared agenda over time requires a level of trust or more formal governance practices that may be difficult for some coalitions to develop. In addition to the

involvement of field staff, the director of state consumer health advocacy and the deputy director of Community Catalyst worked closely with the grantee project directors, the Robert Wood Johnson Foundation, and other state and national consumer health advocacy groups and advisors.

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The Evaluation

The foundation wanted to know how the advocacy coalitions were structured and how they operated; whether their advocacy capacity increased during the program; and whether, and to what degree, consumers shaped state policy on health insurance coverage. In 2007, just before grantees were selected, the foundation gave Mathematica Policy Research a grant to evaluate Consumer Voices for Coverage. The evaluation used mixed methods to address the foundation’s questions, including a qualitative assessment and social network analysis of coalition member relationships and activities using data collected through a coalition survey, an assessment of coalition advocacy capacity, reviews of each coalition’s advocacy activities, telephone interviews and focus groups with grantees and coalition members, and interviews with state policymakers.

To measure advocacy capacity, Mathematica considered using two existing instruments: the Advocacy Capacity Assessment Tool (Alliance for Justice, 2005) and the Advocacy Core Capacity Assessment Tool (TCC Group, n.d.). However, neither instrument aligned well with the capacities Consumer Voices for Coverage was intended

TABLE 2 Consumer Voices for Coverage Advocacy Assessment: Capacities and Their Individual Elements

Core Capacity	Individual Elements
Building coalitions and maintaining strategic alliances (Coalition building)	<ol style="list-style-type: none"> 1. Leadership team’s ability to work together on health advocacy 2. Ability to engage and include core constituencies in coalition’s efforts 3. Ability to achieve alignment and buy-in among leadership team and other partners around common policy principles 4. Ability to share decision making and reach working consensus 5. Ability to lead, inspire, and keep network members unified 6. Ability to develop working relationships with nontraditional allies
Building strong grassroots base of support (Grassroots support)	<ol style="list-style-type: none"> 1. Leadership team’s ability to organize and mobilize grassroots constituencies 2. Ability to recruit and train consumer advocates 3. Ability to engage grassroots constituencies reflecting the ethnic and demographic diversity of the state 4. Ability to engage grassroots constituencies that represent all geographic areas of the state 5. Ability to obtain and use input from grassroots constituencies in developing policy alternatives 6. Ability to gain visibility and credibility in key communities
Analyzing issues to develop winnable policy alternatives (Policy analysis)	<ol style="list-style-type: none"> 1. Having substantive expertise on legal and policy issues related to health care coverage 2. Ability to monitor emerging legislative, administrative, and legal actions related to health care coverage 3. Ability to analyze emerging legislative, administrative, and legal actions and quickly assess their potential impacts 4. Ability to develop consensus on key health coverage policies or policy issues 5. Ability to gain visibility and credibility with key policymakers 6. Ability to influence the state’s policy agenda
Developing and implementing health policy campaigns (Campaign implementation)	<ol style="list-style-type: none"> 1. Ability to develop coalition vision and health coverage policy goals 2. Ability to plan an advocacy campaign to achieve coalition goals 3. Ability to implement the advocacy campaign 4. Ability to respond nimbly to opportunities or threats affecting policy goals 5. Ability to build and maintain relationships with policymakers across parties and viewpoints 6. Ability to build and maintain relationships with opinion leaders in the state
Designing and implementing media and communication strategies (Media and communications)	<ol style="list-style-type: none"> 1. Ability to develop talking points and messages for each target audience 2. Ability to train messengers and media spokespeople 3. Ability to develop relationships with key media personnel 4. Ability to use appropriate media (print, broadcast, Internet, or other) in an effective way 5. Ability to monitor media coverage and identify advocacy opportunities 6. Ability to convey timely information to grassroots organizations, advocacy organizations, and other supporters
Generating resources from diverse sources to sustain efforts (Fundraising)	<ol style="list-style-type: none"> 1. Ability to raise funds for advocacy from more than one source 2. Ability to raise funds from different types of sources (such as memberships, private contributions, foundations, or other sources) 3. Ability to gain visibility and credibility with potential funding sources 4. Ability to market successes to potential contributors 5. Ability to dedicate staff for fundraising and development

Source: Gerteis, Coffman, Kim, & Marton, 2008.

to strengthen, even though they covered some of the same ground. For example, the Advocacy Core Capacity Assessment Tool breaks capacities into four operational areas: leadership, adaptabil-

ity, management, and technical capacities. Some of the items in each of these four areas overlapped with the Consumer Voices for Coverage capacities, such as building strategic partnerships and

finance and fundraising proficiency. However, Mathematica would have had to pick and choose items rather than using the instrument as-is, and create additional categories such as for media and communications.

The Alliance for Justice instrument addresses media skills and infrastructure but not policy analysis, grassroots organizing, or fundraising. In addition, its content is more appropriate for organizations that are new to advocacy or that conduct advocacy as one component of their mission rather than for organizations having advocacy as a core mission. It asks, for example, whether the respondent organization devotes personnel or financial resources to advocacy. Moreover, three of the five response categories used in the instrument indicate that the respondent currently does not have the capacity but is building or considering it, or does not desire it. Only two response categories – indicating that the capacity is present but either needs strengthening or is functioning well – would have been applicable to most of the Consumer Voices for Coverage coalitions.

For these reasons, Mathematica created an instrument to measure the core advocacy capacities specific to Consumer Voices for Coverage (Gerteis, Coffman, Kim, & Marton, 2008).

The Consumer Voices for Coverage Capacity Instrument

The instrument designed for the evaluation generates two types of measures of each capacity: a single measure of “overall capacity,” and measures of five or six specific elements of each capacity (see Table 2). This approach allowed us to assess the multiple factors that contribute to each capacity, but also capture the contribution of any factors that might be missing from the list.

Each capacity was rated on a scale ranging from one (defined as little or no capacity) to five (very strong capacity). Scores of two, three, and four were not defined. This choice was made to keep the scale simple and consistent across capacities, rather than having to define scores differently for each capacity.²

² For example, if we defined a score of three as “progress

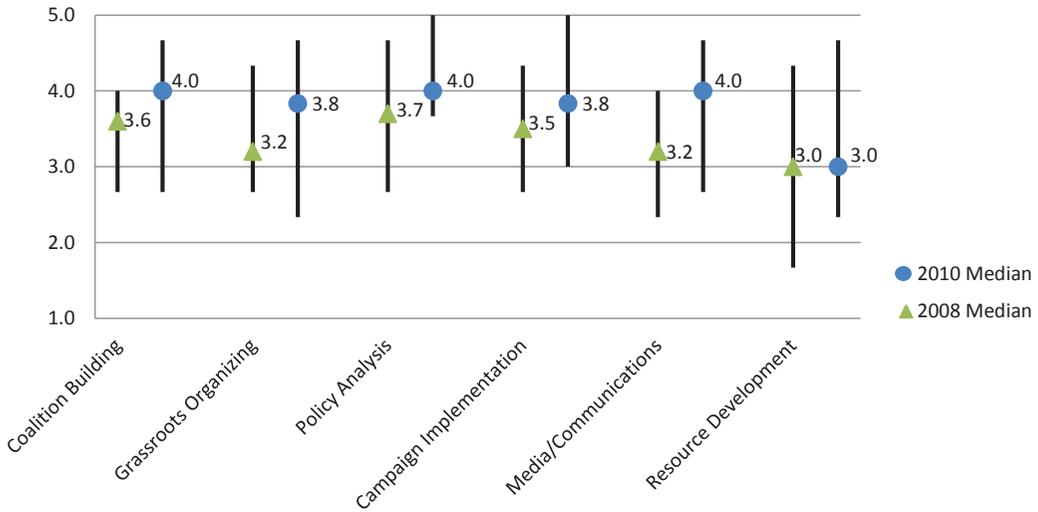
Administering and Analyzing the Assessment

Three respondents familiar with the coalition’s capacities were asked to complete the assessment for each coalition. A representative of the coalition, most often the grantee’s project director for Consumer Voices for Coverage, completed an assessment, either independently or with input from other staff or coalition members. Community Catalyst field coordinators and policy analysts, with input from other Community Catalyst staff members familiar with the coalition, created a second assessment. Members of the Consumer Voices for Coverage evaluation team at Mathematica who served as liaisons to each coalition provided the third assessment. The scores calculated for each capacity for each coalition were averages of these three assessments, resulting in 12 scores for each capacity (one score per coalition) and six capacity scores for each coalition.

We collected data in 2008, the first year of grant funding, to assess capacities at baseline. Results were shared with Community Catalyst and the grantees to identify potential areas to focus capacity-building efforts. We collected data 24 months later to assess changes in the six capacities from 2008 to 2010. We measured changes in the median score for each overall capacity across all Consumer Voices for Coverage coalitions between 2008 and 2010. In order to understand the capacity outcomes and context for the changes, we also used data from the other components of the evaluation, such as focus groups and interviews with policymakers, grantees, and other coalition members. As one way to verify these scores, we assessed whether changes in the distribution of scores for each capacity across coalitions between 2008 and 2010 were statistically significant. We tested the individual scores using

on key issues, but more work needed” for policy analysis or “some communication between collaborative campaigns” for coalition building, these definitions would not have made sense to use for fundraising or communications. We also considered defining the scale in terms of levels of resources or infrastructure development (for example, “moderate resources available, but further development needed” or “some infrastructure in place, but further development needed”), but a separate scale would have been needed to assess level of expertise or knowledge, making the instrument too lengthy.

FIGURE 2 Consumer Voices for Coverage: Range and Median Scores for Overall Advocacy Capacities, 2008 and 2010, Across All Sites



Source: 2008 and 2010 Consumer Voices for Coverage capacity assessment, Mathematica Policy Research

the chi-square test, to confirm the direction of the changes in scores. We did not use this test as the primary analytical method for two reasons: First, assessments from both time periods are correlated because they involve the same organizations and in some cases the same respondent; second, Mathematica did not complete the baseline assessment for two sites. As a result, 34 individual scores were compared using the chi-square test.

Results

- The median scores increased between 2008 and 2010 for all capacities except fundraising (see Figure 2). Media and communications capacity increased by the largest margin (0.8 on a scale of one to five), followed by grassroots organizing (0.6) and coalition building (0.4) (see Table 3).³ Although fundraising capacity scores increased among some coalitions, the median did not change.
- The breadth of coalition capacities expanded. Most coalitions started with high scores in a few capacities in 2008 and by 2010 improved several capacities. In 2008, only one coalition had well-developed capacity (defined as a score

of 4.0 and higher) in three or more capacity areas. By 2010, seven coalitions had three or more well-developed capacities. Of these seven coalitions, five had five or six well-developed capacities. Thus, by the end of the Consumer Voices for Coverage program, the capacities of many of the coalitions were well balanced or better balanced across the six core capacities, after having started with only one or two well-developed capacities.

- Media and communications capacity increased by the greatest margin. Media and communications improved in 11 of 12 coalitions, and the median score increased by the largest margin (0.8 on the scale of one to five). These increases are likely due to several factors. Some grantees used Consumer Voices for Coverage grant funds to hire staff dedicated to communications, which directly increased coalition capacity. Along with providing technical assistance and training in communications and working with media, Community Catalyst required the grantees to develop a communications plan for their coalition, which pushed the coalitions to identify and address potential gaps in these skills or practices (Strong, Hoag, Asheer, & Henderson, 2010). Finally, as Consumer Voices for Coverage grants began in 2008, a deepening economic recession, an upcoming presidential election, and growing state budget

³ Using the chi-square test, we found that increases in scores for every capacity except policy analysis were statistically significant ($p < 0.05$). We used conservative tests; however, the increase in media and communications capacity should be interpreted with caution.

TABLE 3 Increases in Advocacy Capacities Among Consumer Voices for Coverage Coalitions, 2008 to 2010

Advocacy Capacity	2008 Median Score	2010 Median Score	Increase
Coalition Building	3.6	4.0	0.4
Grassroots Support	3.2	3.8	0.6
Policy Analysis	3.7	4.0	0.3
Campaign Implementation	3.5	3.8	0.3
Media and Communications	3.2	4.0	0.8
Fundraising	3.0	3.0	-

Source: 2008 and 2010 Consumer Voices for Coverage capacity assessment, Mathematica Policy Research.

Note: The scores for each capacity for each coalition were created by averaging across the three respondents. We measured changes in the median score for each overall capacity across all Consumer Voices for Coverage coalitions between 2008 and 2010.

deficits heightened public and media attention to health coverage and health care reform. This growing attention motivated advocates to engage with the media and expand other communications efforts in order to shape the emerging public debate in ways that favored expansion of health insurance coverage.

- Despite modest increases in fundraising capacity, it remained low compared with the other capacities. Fundraising was the lowest-rated capacity for six of the 12 Consumer Voices for Coverage coalitions in 2008 and for 10 coalitions in 2010. Fundraising scores for seven of the 12 coalitions increased, but the increases were modest compared with increases in other capacities, and not large enough to raise the median score (3.0) from 2008. Fundraising remained a challenge for several possible reasons. Before receiving their Consumer Voices for Coverage grants, grantees typically relied on membership dues, private donations, small grants through private foundations, and fundraising drives and events to sustain their efforts. These sources shrank during the recession that began in December 2007. Even in a good economic climate, these revenue sources would not have been adequate to replace the dollar amount of the Robert Wood Johnson Foundation grants. Even coalitions with well-developed fundraising capacity found themselves without firm funding commitments or with shortfalls as funders and donors tightened their belts. In addition, while organizations continually assess their individual funding needs, the Consumer Voices for Coverage program technical-assis-

tance activities addressing sustainability of the coalitions did not begin until the third year of the three-year grant. The coalition survey asked coalition members to rank how important their organization’s role is in coalition activities related to the six capacities (Honeycutt, Kim, Strong, & Wooldridge, 2009). Fundraising was the lowest-ranked role, confirming that it was not a focus for coalition members.

- Capacity for building coalitions appears to be a prerequisite for developing other advocacy capacities. The seven coalitions with well-developed capacity for coalition building (defined as a score of 4.0 or higher) had well-developed capacity in at least two additional capacities, or at least three well-developed capacities in total in 2010. Five coalitions with scores for coalition building less than 4.0 had two or fewer well-developed capacities in 2010. Although the median score for coalition building across all coalitions increased between 2008 and 2010, coalition-building capacity declined for two of the coalitions. In both cases, other capacities either declined or increased less than they did for most of the coalitions. Grantee interviews and activity reviews helped explain these results. One of the two coalitions lost a key organization member who provided grassroots organizing, and thus experienced a decrease in that capacity in 2010. Members of the second coalition reported that factions existed within the group, and that members disagreed with each other on how to distribute grant funds and maintain accountability for performance. Both coalitions had lower scores by 2010 for the

abilities to work together on health advocacy; achieve alignment and buy-in among partners around common policy principles; share decision making and reach working consensus; and lead, inspire, and keep network members unified. These elements of coalition building were directly related to the difficulties they experienced.

Limitations

The approach used to measure capacity in the Consumer Voices for Coverage evaluation does have limitations. First, respondents had varied levels of knowledge about the coalitions' capacities, particularly at baseline. Grantees might have been most familiar with their coalition's capacities, while Mathematica had limited contact with the coalitions at the time of the baseline assessment.⁴ However, discrepancies in scores were few. Of the 72 possible scores (six capacities for each of 12 states), discrepancies in scores for overall capacity of three or greater (on a scale of one to five) occurred six times or in 8 percent of responses. In all discrepancies but one, the grantee gave the highest score.

The potential for grantees to overstate capacity is a second limitation of ratings using self-assessments. Community Catalyst and Mathematica scores for overall capacity were lower than the grantee scores about 40 percent of the time in both the baseline and follow-up assessments. Grantees might have been reluctant to give a score that could be perceived to reflect poor or fair performance, particularly at the beginning of a grant when grantees might be more sensitive to make a good impression on the foundation.

Third, respondents might have interpreted the scale in different ways such that the same score reflected different levels of capacity for two different respondents. For example, one grantee might use a score of five to indicate that the coalition has developed the highest level of capacity pos-

sible for their coalition; for another, a score of five might represent the best achievable capacity based on an external benchmark. Looking at high and low scores across capacities for a given coalition can help identify which of their capacities are well-developed and which need attention, despite variations in how the scale was interpreted.

Finally, though our goal was to be able to measure changes in capacities over time in a quantitative fashion, it was beyond the scope of this evaluation to establish reliability and validity of the instrument. However, we took steps to establish confidence in and credibility of the findings.⁵ First, the Community Catalyst and Mathematica teams each met independently to discuss the ratings each field coordinator or site liaison gave each coalition, in order to increase consistency of ratings across respondents. Respondents adjusted some scores as agreed upon in the group discussion. Then, Community Catalyst and Mathematica together discussed scores for coalitions for which there were large discrepancies. We also asked about coalition capacities in other components of the evaluation to gather additional perspectives and to better understand the results. As a last step, we looked at data across all sources when interpreting our findings to verify that the changes in capacities made sense in the context of the other evaluation data. Assessing reliability and validity would be a logical next step before using the instrument more broadly.

Discussion

Three features of the Consumer Voices for Coverage grant program contributed to the increases in capacity achieved by the advocacy coalitions. First, as part of the program, the Robert Wood Johnson Foundation provided a meaningful amount of funding that substantially increased the financial resources available to grantees. This enabled grantees to dedicate or hire more staff for advocacy activities, such as communicating with partners and working with the media, and to conduct more extensive grassroots organizing campaigns.

⁴ At the time of the baseline assessment, Mathematica staff reviewed Consumer Voices for Coverage grant applications and observed the leadership teams during site visits to 10 of the 12 sites early in the grant period. Mathematica did not complete the baseline assessment for the two sites that staff had not visited.

⁵ The concepts of credibility and confidence in findings are described in Golafshani (2003).

Grantees also used the Consumer Voices for Coverage funds to expand and strengthen their consumer coalitions. For example, most grantees made subgrants to organizations on their coalitions. One strategy grantees used was to provide small (\$5,000 to \$10,000) grants to ethnic, cultural, faith-based, or other groups that had not previously addressed health care or coverage issues in an effort to expand the diversity of their coalitions and create new allies with other consumer groups.

Second, in addition to funds, Consumer Voices for Coverage included a substantial technical assistance infrastructure to support and strengthen the funded coalitions. The foundation engaged an experienced advocacy organization, Community Catalyst, which had specific expertise in health care and health insurance coverage policy, to provide technical assistance and policy guidance to the Consumer Voices for Coverage coalitions. Moreover, the foundation provided a level of funding to Community Catalyst that enabled it to assign staff with specialized policy and organizing experience to each coalition, and to allow these staff adequate time to familiarize themselves with the policy environment in the state and maintain frequent and close contact with grantees and coalition members. Although policy analysis was already a strength of the coalitions selected to receive Consumer Voices for Coverage grants, the coalitions did rely on Community Catalyst to provide specialized expertise, such as on technical aspects of alternative health insurance coverage plans or likely impacts of potential budget or program cuts on different groups of consumers (Strong et al., 2010).

In addition to engaging Community Catalyst, the foundation engaged consultants to provide technical assistance to Consumer Voices for Coverage coalitions. For example, we learned through the activity reviews and grantee interviews that one firm helped grantees establish or refresh their coalition's website. Several nationally known health care advocates helped coalitions formulate campaign themes and messages through teleconferences or presentations and workshops at annual grantee conferences held as part of the

Having a reliable source of funding gave coalition leaders breathing room to work out advocacy strategies and develop alliances to expand the coalition and the confidence to commit to organizing and advocating on a larger scale, through more organized approaches or using new methods.

grant program. National communications firms were also on call to advise grantees, though many grantees preferred to obtain communications expertise from state-based organizations more familiar with their unique policy environments and issues (Strong et al., 2010).

Third, the three-year time frame set by the foundation gave Consumer Voices for Coverage grantees time to build their coalitions, and provided time for coalitions to develop a shared agenda and ramp up their advocacy expertise and level of operations. Having a reliable source of funding gave coalition leaders breathing room to work out advocacy strategies and develop alliances to expand the coalition and the confidence to commit to organizing and advocating on a larger scale, through more organized approaches or using new methods. Several grantees, for example, expanded their grassroots organizing efforts into new areas of their states. All grantees collected more stories of people or families affected by the lack of health insurance coverage and disseminated them through the media or by direct contacts with policymakers. Several began using new media, such as adding blogs to their websites and using Twitter, Facebook, SocialVibe, or other social media to alert consumers to policy issues and help organize advocacy events.

In our analysis, combined findings from interviews with state policymakers, grantee inter-

One element that helped the foundation design Consumer Voices for Coverage was basing the program on evidence. With this information in hand, the foundation avoided offering technical assistance that was too diffuse or generic.

views, and the coalition survey indicated that the enhanced advocacy capacities of Consumer Voices for Coverage coalitions helped increase consumer advocates' participation and influence in health reform debates in their states (Strong, Lipson, Honeycutt, & Kim, 2011). Nearly two-thirds of policymakers interviewed for this evaluation said that consumer-advocacy groups were substantially or moderately more involved in health-policy debates and a great deal or moderately more influential in 2010 than they were in 2008. Policymakers ranked consumer advocates in five states as having made a big difference in the policy issue in which the coalition was most involved in 2010. Three of those five coalitions had high scores for building and maintaining relationships with policymakers across parties and viewpoints. Conversely, among states ranked in the bottom third by policymakers, three coalitions had relatively low scores for this element of capacity.

One element that helped the foundation design Consumer Voices for Coverage was basing the program on evidence. The analysis of consumer advocacy conducted by Community Catalyst (2006) gave the foundation some idea of the specific capacities consumer groups would need to achieve their goals. With this information in hand, the foundation avoided offering technical assistance that was too diffuse or generic.

The foundation's focus on already defined capacities also facilitated the evaluation. It allowed evaluators to develop an instrument to measure capacity early enough in the evaluation to collect

baseline data and thus estimate changes over time. Community Catalyst also used the instrument to assess progress midway through the grant period in order to refine and target the technical assistance it provided to each coalition.

The evaluation considered whether the six core capacities are the right ones. For example, over the course of the program, Community Catalyst staff came to believe that leadership may be a seventh core capacity needed for successful consumer health advocacy (Anderson, 2010). Leadership is one of the capacity areas measured in the TCC Group's Advocacy Core Capacity Assessment Tool (n.d.).

However, leadership contributes to the success of all types of endeavors undertaken by nonprofit organizations, rather than being a specialized capacity needed by advocates. Some aspects of leadership that may be unique to advocacy already appear in specific elements related to each capacity as defined by Community Catalyst and as included in the capacity instrument used for the evaluation. The abilities to gain visibility and credibility in key communities and with key policymakers, develop coalition vision and health coverage policy goals, and achieve alignment and buy-in among leadership team and other partners around common policy principles are all included in the Consumer Voices for Coverage capacity instrument. Each is similar to leadership capacities described in the Advocacy Core Capacity Assessment Tool.

On the other hand, some capacities emphasized by Consumer Voices for Coverage may not seem unique to advocacy, but may be applicable to all types of nonprofit organizations. Fundraising may be the best example. However, advocacy groups and coalitions face special challenges to obtaining funds that do not affect nonprofit organizations providing services or operating more traditional types of programs. For example, many foundations remain reluctant to fund advocacy due to worries about the absence of evidence of its effectiveness. This evaluation shows that the effects of advocacy can be measured and advocacy programs can be effective. Foundations also worry that by funding advocacy they will appear

too political or partisan or that funds will be used for lobbying activities that are prohibited by federal tax rules governing private philanthropy (Teles & Schmitt, 2011; Strong et al., 2011). This program took pains to educate grantees about what they could and could not do with the grants.

Advocates may benefit from receiving funding for coalition efforts, rather than for single organizations, because representing a unified voice can advantage consumer groups in their work with policymakers on health care (Strong et al., 2011). Obtaining coalition funding may require different strategies in approaching funders.

To obtain the level of funding that enables advocates to build broad coalitions and fully implement their activities, advocacy groups may need to approach multiple funders and help them create partnerships or other creative strategies to obtain funding on the level provided through Consumer Voices for Coverage. Advocacy organizations may need to add or share development staff who can focus full time on obtaining financial resources to support their work. Feedback from Consumer Voices for Coverage grantees and data from the evaluation's capacity instrument suggest that these factors, rather than a lack of fundraising skills, may be the reason fundraising capacity remained low relative to other capacities.

The bottom line may be that there is no one correct set of capacities needed for advocacy organizations, but funders and technical assistance providers can benefit from being selective and focused in their efforts to boost capacity based on their theory of change rather than spreading their efforts too thin and from considering whether and how advocacy organizations differ from nonprofit organizations more typically supported by foundations.

Conclusion

We propose that organizational capacity – whether needed for advocacy or programs – consists of three main elements: knowledge, infrastructure, and resources. Building each element requires different types of interventions by funders.

Funders and technical-assistance providers can benefit from being selective and focused in their efforts to boost capacity based on their theory of change rather than spreading their efforts too thin and from considering whether and how advocacy organizations differ from nonprofit organizations more typically supported by foundations.

- Knowledge. Organizations (and coalitions, as in the case of Consumer Voices for Coverage) need a mixture of leaders, staff members, and volunteers who together possess the knowledge and skills necessary for accomplishing their missions. Funders can increase this capacity by providing education, training, or outside expertise to some or all these groups.
- Infrastructure. Organizations and coalitions also need the infrastructure to implement good practices. By “infrastructure” we mean the staff, procedures, practices, and any specialized tools or facilities needed to implement or operate activities organizations require for achieving their mission. They include staff members with the requisite knowledge and skills, policies and procedures that implement and help sustain new or expanded practices, and physical facilities and equipment adequate for efficient operations at the scale needed to achieve their goals. Technical assistance providers can work with grantees to develop such infrastructure, and funders can urge or require grantees to use grant funds to formulate or obtain such infrastructure.
- Resources. Knowledge and infrastructure are necessary, but not sufficient, to maintain capacity. Financial resources are necessary to operate an infrastructure. As a simple example, nonprofit organizations need staff members who know how best to train volunteers (knowledge).

They need procedures, plans, and materials in place for training volunteers (infrastructure). Organizations also need enough funding to conduct training. Thus, funding itself is an integral part of capacity.

Funders recognize that capacity will diminish when their funding ends. This is one reason funders emphasize sustainability as a goal for their grantees. To help grantees acquire new support, funders could require them to use some of their existing grant to hire development staff or consultants. Funders could also provide more targeted training and technical assistance on how to develop specific funding plans and approaches, or help identify other foundations with similar goals that may have relevant grants available – and do so early in a capacity-building program.

Sustaining capacity through long-term commitments is a final option, though clearly foundations review and revise their funding goals and strategies from time to time. Regardless of how long advocacy-capacity funding continues, including an evaluation is critical to funders and grantees for learning whether progress is being made and providing evidence of effectiveness for future funding. Teles and Schmitt (2011) suggest funders should think of advocacy efforts as long term and portfolio based. They urge funders to focus evaluation on the long-term adaptability, strategic capacity, and influence of the organizations themselves – implying that funders take a more long-term perspective in their funding strategies as well.

Acknowledgements

We thank Judith Wooldridge for her contributions to this article and Brian Quinn and Lori Grubstein at the Robert Wood Johnson Foundation for their guidance and leadership on the *Consumer Voices for Coverage* evaluation. This research was funded by the Robert Wood Johnson Foundation. Any opinions and conclusions expressed herein are those of the authors and do not necessarily represent the views of the foundation or Mathematica Policy Research.

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