

*Learning brief:*

# Health Policy & Advocacy Landscape

Building a robust, inclusive, and effective advocacy ecosystem in  
Greater Cincinnati | Ohio | Kentucky | Indiana

October 2023

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# Understanding the health policy and advocacy ecosystem

**At [Interact for Health](#), we believe that people deserve a just opportunity to live their healthiest lives, regardless of who they are or where they live. To achieve lasting impact requires changing the policies that affect people's health, well-being and quality of life.**

In the Spring 2023, Interact for Health commissioned a study to better understand the current landscape of health policy and advocacy at the local-level in [Greater Cincinnati](#) as well as at the state-level in Ohio, Indiana, and Kentucky – with the ultimate goal of working together to cultivate a robust, inclusive, and effective health policy and advocacy ecosystem.

The survey was conducted by [Innovation Network](#). Key data and insights are shared in this learning brief. All data and detailed findings can be found [here](#). A glossary of relevant terms can be found in the Appendix.

The power of understanding the ecosystem lies in a variety of perspectives, particularly of the people and partners that constitute it. We invite you to join us in dialogue around two key learning questions:

1

**How do the findings align with your experience of the ecosystem?**

2

**What will it take to build a robust, inclusive, and effective health advocacy and policy ecosystem across Ohio, Kentucky, Indiana and in Greater Cincinnati?**

# About this study

**Sample:** Innovation Network sent the survey to a snowball sample of **317 organizations**. A total of **93 unique\* responses** were received. Interact for Health also participated in the survey. Not all respondents completed the entire survey; the number of respondents (N) is included for each finding presented.

**Analysis:** Data shared in this learning brief were analyzed to look at:

- 1. Trends across all respondents** – presented in the data visuals and titles
- 2. Differences by organizations' key characteristics** – presented in the “IN DETAIL” call-out boxes

**Limitations:** While many organizations across the ecosystem completed the survey, this study represents **only part of the larger ecosystem**. It was also fielded at a **point in time** (April – May 2023), and we know that the ecosystem is fluid and constantly evolving.

\*Respondents were asked if they work at the local-level in 1) Greater Cincinnati and/or at the state-level in 2) Ohio, 3) Kentucky and/or 4) Indiana. Nine respondents reported working across these geographies – either at the local-level in multiple counties as well as at the state-level (e.g., organization X works in Franklin County, IN as well as Indiana statewide) or in multiple states (e.g., organization Y works in Ohio and Kentucky state-wide). Responses were analyzed overall and by each of the four main geographic areas. In analyses by main geographic areas, these organizations are counted in each geographic area. In the overall analysis, they are counted once.

# About the respondents:

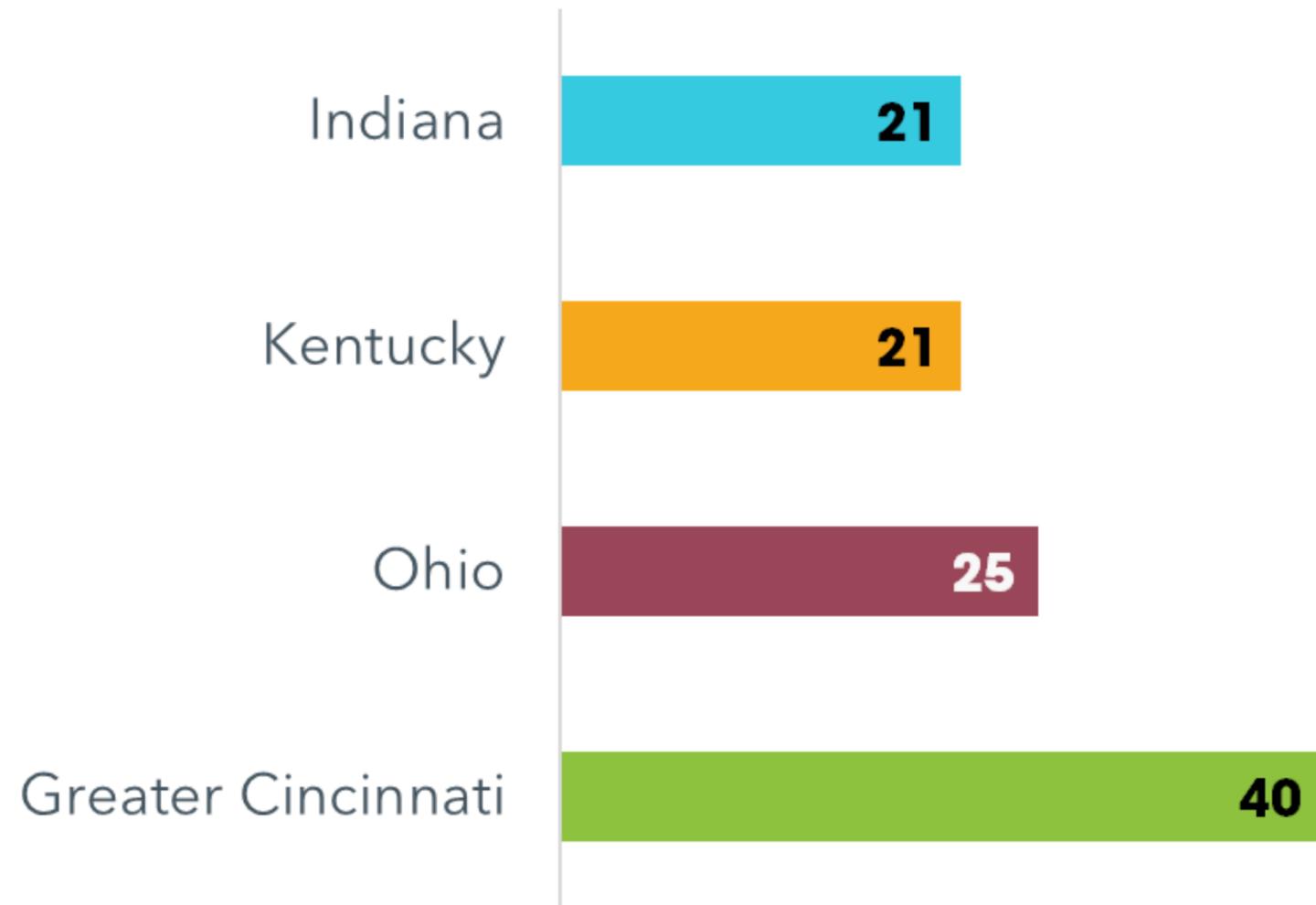
## *Who is in the ecosystem?*

*Pursuing multiple strategies to achieve social change requires people and groups with diverse skills, capacities and focuses, from those that directly influence decision-makers to those that inform and organize communities and people who experience the greatest injustices in health outcomes.*

# Almost half of respondents operate in Greater Cincinnati.

**Respondents' geographic focus:** The 93 unique respondents\* work in the following geographies:

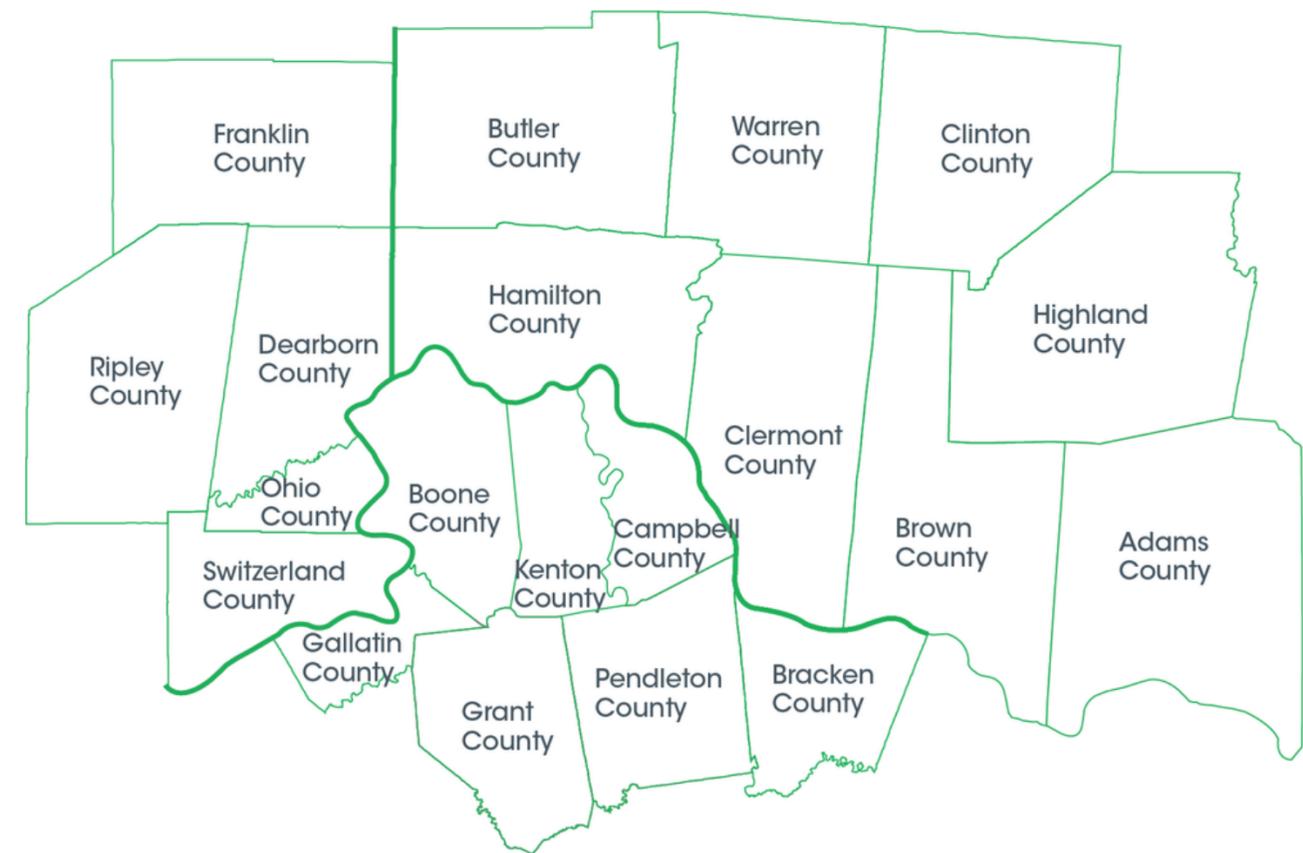
Fig 1. Geographic area of focus  
(N = 93)



\*Nine respondents reported working across these geographies. Please see slide 4 for more information.

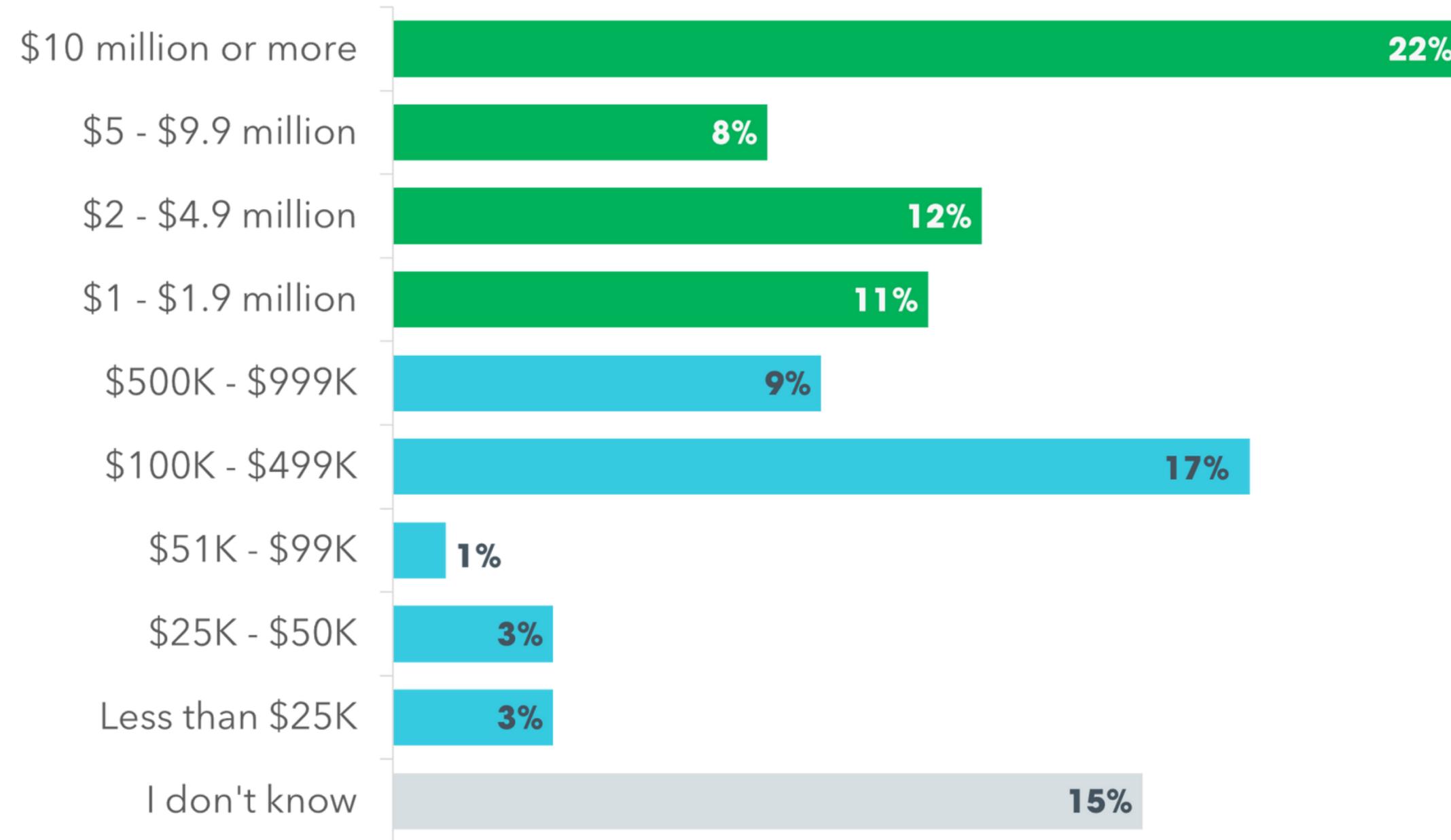
**Greater Cincinnati:** Greater Cincinnati was defined as an area surrounding Cincinnati that includes 20 counties:

- Ohio: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren County
- Kentucky: Boone, Bracken, Campbell, Gallatin, Grant, Kenton, and Pendleton County
- Indiana: Dearborn, Franklin, Ohio, Ripley, and Switzerland County



# Over half of organizations have an annual budget of \$1M or more.

Fig 2. Annual budget  
(N = 93)



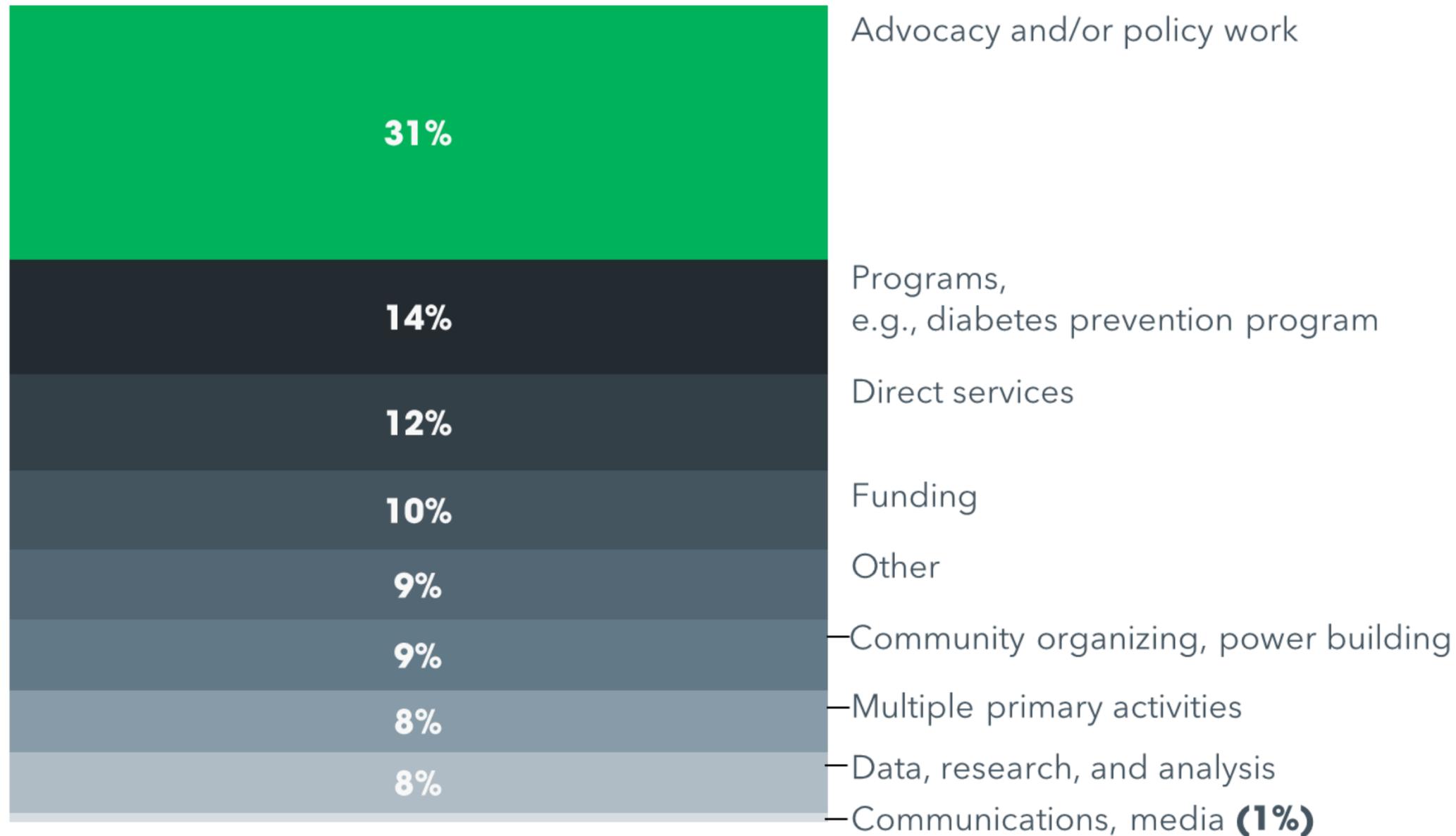
## IN DETAIL

Organizations with more financial resources (annual budget > \$1M) are:

- Less likely to engage in advocacy and policy work as their primary activity (25%) compared to those with less financial resources (55%).
- Less likely to dedicate three-quarters or more of their resources to advocacy and policy work (9%) compared to those with less financial resources (32%).

# A third of organizations engage in advocacy and/or policy work as their primary activity.

Fig 3. Primary activity  
(N = 93)



## IN DETAIL

Organizations working at the local-level in Greater Cincinnati are:

- Less likely to engage in advocacy, policy work, and/or community organizing as their primary activity (23%) compared to those working at the state-level (OH: 48%; KY: 43%; IN: 38%).
- Less likely to dedicate at least a quarter of their resources to advocacy and/or policy work (33%) compared to those working at the state-level (OH: 64%; KY: 71%; IN: 81%).

# Only about a quarter (26%) of organizations spend more than half of their resources on advocacy and/or policy work.

Fig 4. Percent of organizational resources (including staff time, resources for contract or outsourcing work) dedicated to advocacy and/or policy work.

(N = 93)



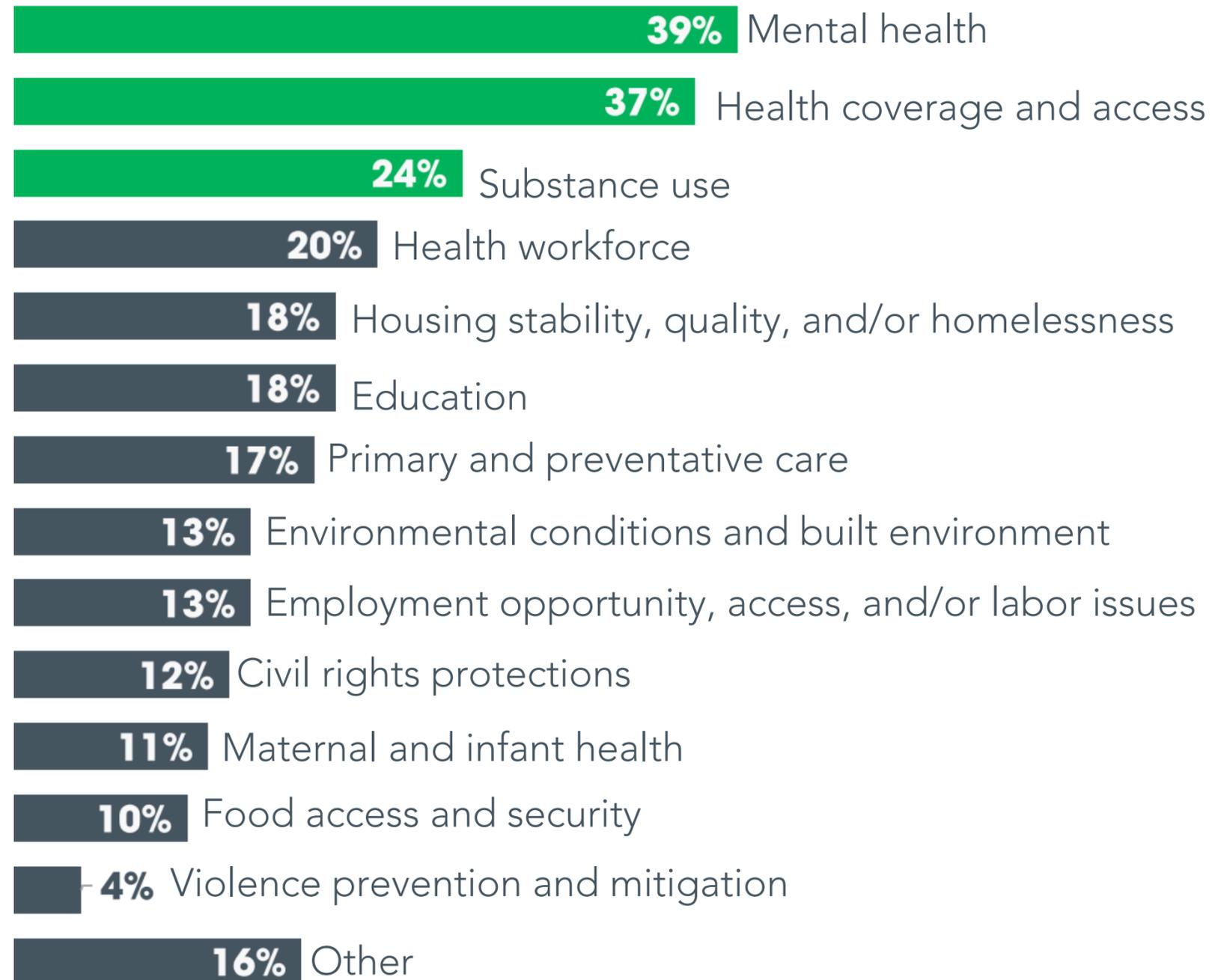
## IN DETAIL

The reported focus of organizations on advocacy and policy efforts as their primary activity does not always align with the level of resources spent on those activities.

- Of organizations who engage in advocacy, policy work, and/or community organizing as a primary activity, only 57% dedicate more than half their resources to advocacy and policy efforts.

# Organizations most frequently focus on three issues: mental health, health coverage and access, and substance use.

Fig 5. Issue areas of focus\*  
(N = 90)



## IN DETAIL

Organizations that dedicate a quarter or more of their resources to advocacy and/or policy work are more likely to focus on health coverage and access (45%) than those who dedicate less resources to advocacy and/or policy work (24%).

\*Respondents could select up to 3 issue areas among those listed.



# Reflection questions



How, if at all, does your organization engage in advocacy and/or policy work?



What resources and conditions would your organization need to lean more into advocacy and/or policy work?



How do structures, culture, and history influence your organization's advocacy and/or policy work? How do they impact the broader advocacy and policy ecosystem?

*"We need to build more capacity, so we are about to build more support for comprehensive health policy."*

# Priority populations:

## *How does the ecosystem engage communities and populations?*

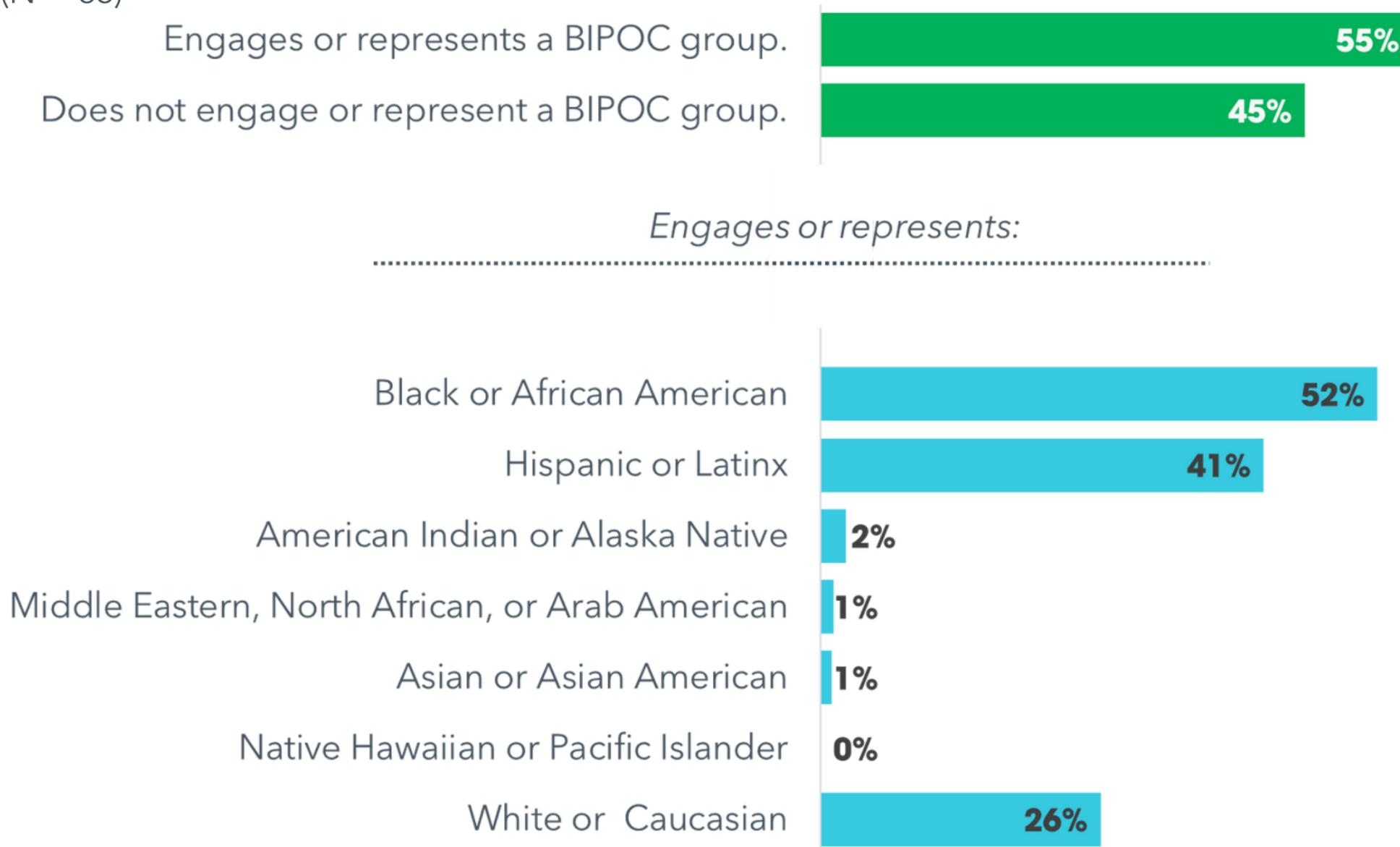
*Advocacy and policy efforts that center communities and people who experience the greatest injustices in health outcomes are more likely to tackle the root causes of inequities that lead to long-lasting change and build community power.*

### **Key takeaways**

- Just over half of organizations engage and/or represent populations that are racially and ethnically diverse – and they are less likely to focus on and use their resources for advocacy and policy efforts.
- Three-quarters of organizations report that < 50% of their leadership is racially and ethnically diverse.
- Organizations most frequently engage and/or represent three groups with lived experience: people with low incomes, children and youth, and people who live with a substance use condition.

# Just over half of organizations engage and/or represent people who identify as Black, Indigenous, and People of Color (BIPOC).\*

Fig 6. Racial/ethnic groups that organizations engage and/or represent\*\*  
(N = 85)



## IN DETAIL

Organizations that engage and/or represent people who identify as BIPOC are:

- Less likely to focus on advocacy, policy work, and/or community organizing as their primary activity (30%) compared to organizations who do not engage and/or represent these groups (55%).
- Less likely to use more than half of their resources on advocacy and/or policy work (17%) compared to organizations who do not engage/represent these groups (42%).
- Just as well-resourced overall as organizations who do not engage and/or represent these groups.

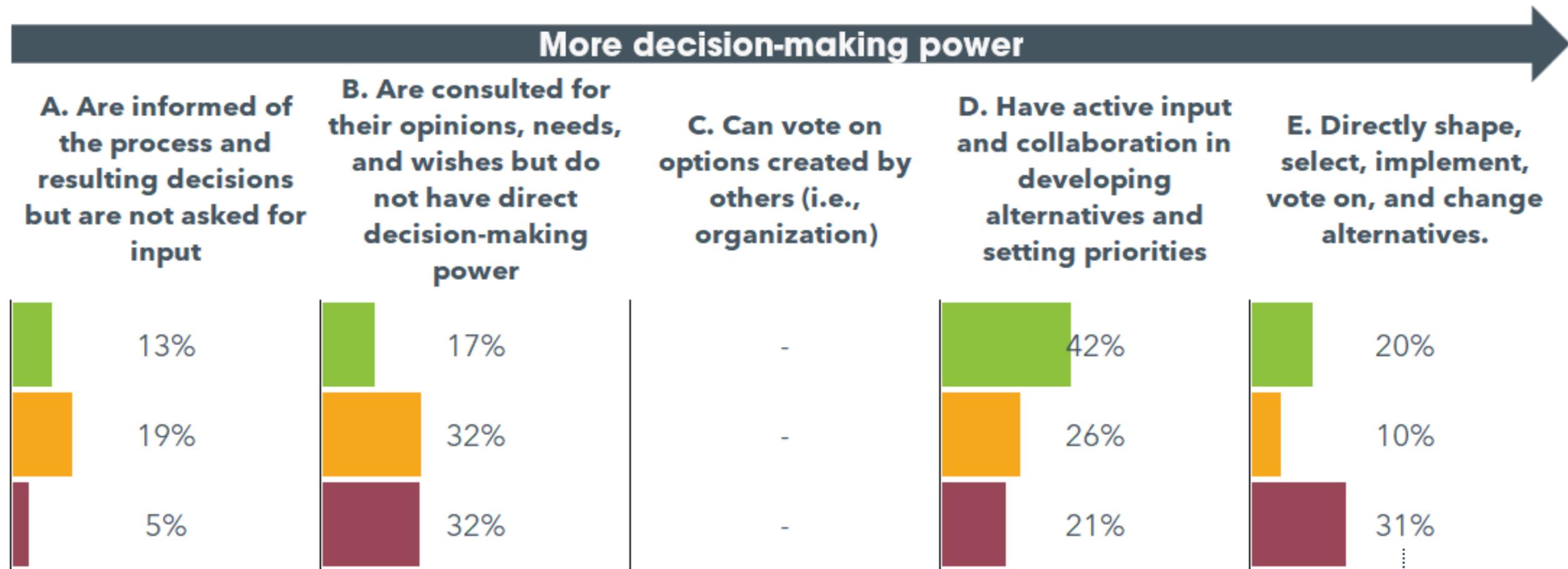
\*We use the term BIPOC to indicate the following racial and ethnic groups: 1) Black or African American, 2) Hispanic or Latinx, 3) American Indian or Alaska native, 4) Middle Eastern, North African, or Arab American, 5) Asian or Asian American, and 6) Native Hawaiian or Pacific islander.

\*\*Respondents could select all the groups they engage and/or represent, among those listed. "Other" responses were recoded to the most relevant group.

# Organizations vary in the extent to which they defer decision-making power to the racial and/or ethnic groups they engage and/or represent.

Fig 7. Ways organizations include racial/ethnic groups they engage and/or represent in strategic decision-making (i.e., agenda setting, governance) (1) (N = 43\*)

*"[We] work with local partners and the community on hospital antiracism initiatives and community members decide on outcomes and strategies."*



\* Only organizations who engage and/or represent a specific racial and/or ethnic group answered this question.

Responses for the other racial and ethnic groups are not displayed in the chart due to very low Ns. Ns and responses for these groups: as follows: American Indian or Alaska Native: N=2, responses A = 1, D = 1; Asian or Asian American: N=1, responses: D=1; Middle Eastern, North African, or Arab American: N=1, responses: I don't know = 1.

The "I don't know" option was selected by respondents in the following proportions: Black or African-American = 8%; Hispanic or Latinx = 13%; White or Caucasian = 11%.

People who are white are more frequently given direct decision-making power than other groups.

# Three-quarters of organizations report that < 50% of their leadership is BIPOC.

Fig 8. Organizational leadership (CEO/executive director and other senior executives/C-suite) racial/ethnic diversity (N = 43\*)

% of leadership	Black or African-American (N = 40)	Hispanic or Latinx (N = 30)	White or Caucasian (N = 20)
0% 	20%	43%	10%
<25% 	27%	44%	0%
25% - 50% 	22%	0%	10%
51% - 75% 	3%	0%	20%
76% - 100% 	20%	3%	55%
Don't know	8%	10%	5%

## IN DETAIL

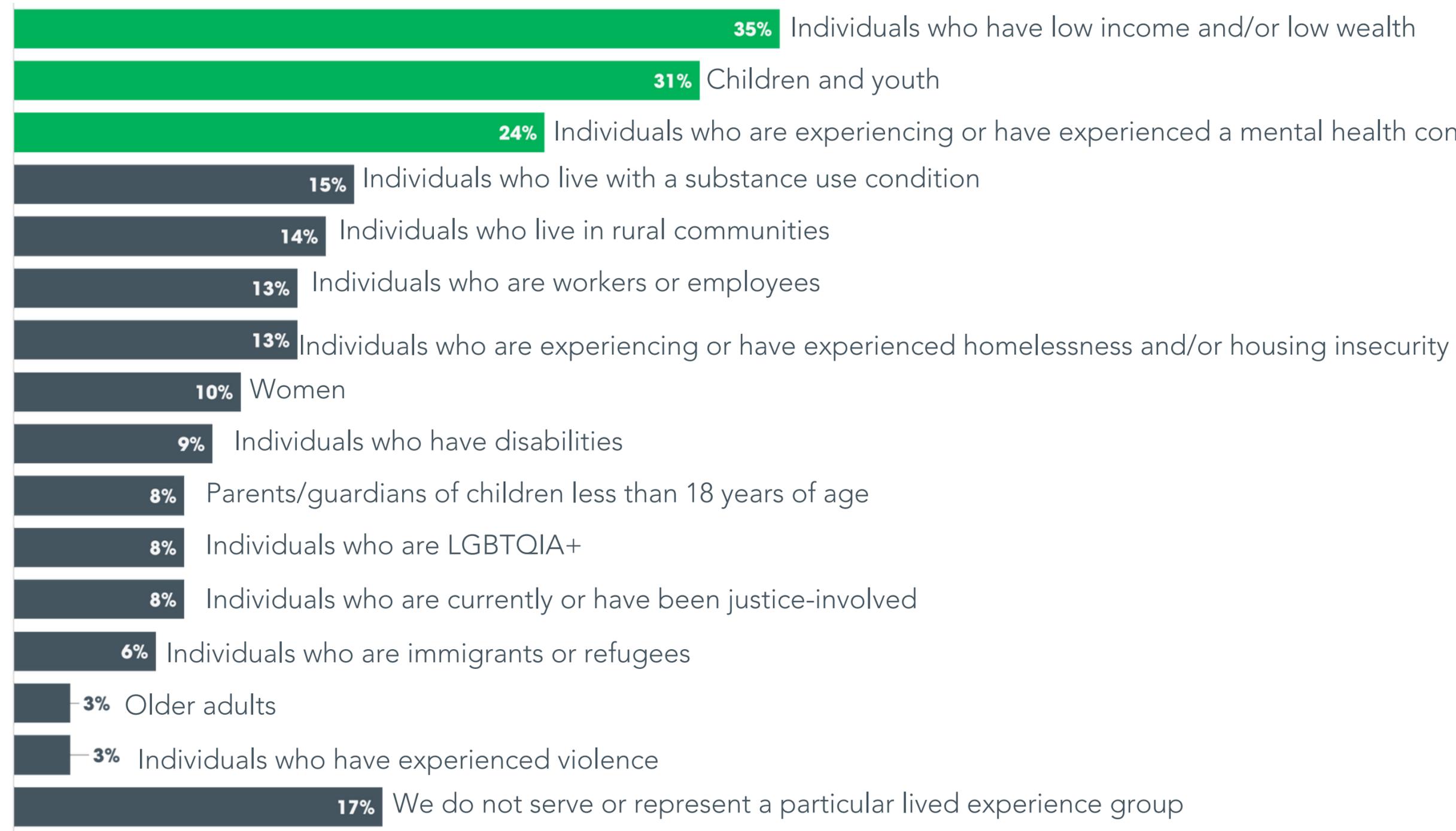
- Almost half of organizations that engage and/or represent people who are Black or African American report at least a quarter of their leadership is Black or African American.
- Organizations that engage in advocacy, policy work, and/or community organizing work as their primary activity and engage and/or represent BIPOC populations are less likely to have a quarter or more BIPOC leadership (31%) compared to organizations that engage and/or represent BIPOC populations but do not primarily focus on advocacy and/or policy work (54%).

Responses for the other racial and ethnic groups are not displayed in the chart due to very low Ns. Ns and responses for these groups: as follows: American Indian or Alaska Native: N=2, responses <25% = 1, I don't know = 1; Asian or Asian American: N=1, responses: D=1; Middle Eastern, North African, or Arab American: N=1, responses: 0% = 1.

*\*Only organizations who engage and/or represent a specific racial and/or ethnic group answered this question.*

# Organizations most frequently engage and/or represent three groups with lived experience: people with low incomes, children and youth, and people who live with a mental health condition.

Fig 9. Lived experience groups that organizations engage and/or represent\*  
(N = 81)



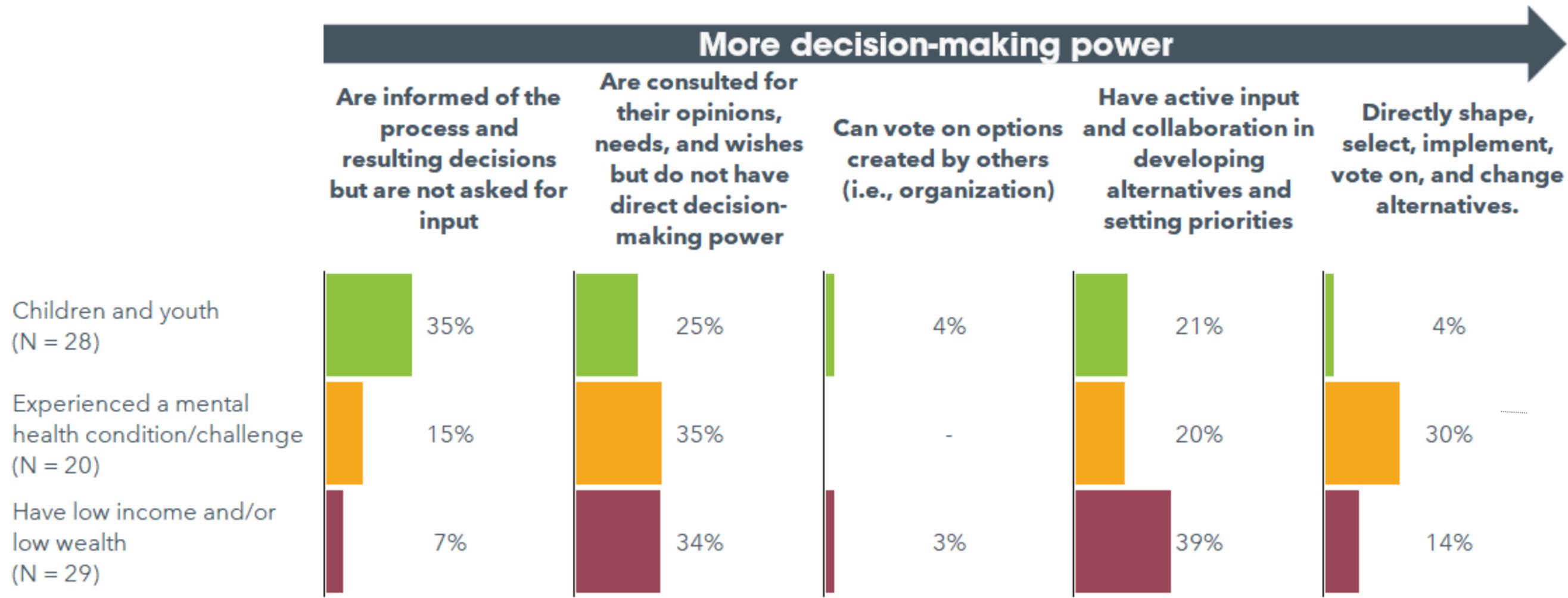
## IN DETAIL

Organizations that engage and/or represent people with low incomes spend less resources on advocacy and/or policy work (17%) than those who do not focus on this population (36%).

\*Respondents could select up to 3 groups among those listed. "Other" responses were recoded to the most relevant group.

# Organizations defer less decision-making power to children and youth.

Fig 10. Ways organizations include people with lived experience they engage and/or represent in strategic decision-making (i.e., agenda setting, governance) (1)  
(N = 66\*)



*"We are a member-led organization. Our members who are directly impacted people shape our policy priorities, strategies, and lead public events through chapter meetings and campaign meetings."*

\*Only organizations who engage and/or represent a specific lived experience group answered this question.



# Reflection questions



Who does your organization engage and/or represent? How are these groups involved in strategic decision-making?



What would it take for your organization to defer more decision-making power to the groups you engage and/or represent?



How does your organization recognize, challenge and/or work against oppression on a systemic level?

*"[We need] engage more people with lived experiences and their families, caregivers, providers and advocates to reach out to policy-makers in Frankfort."*

# Advocacy tactics and targets:

## *How does the ecosystem work?*

*A robust advocacy and public policy ecosystem thrives when diverse partners are skilled in a broad spectrum of strategies and tactics needed to make progress on a wide variety of policy issues across all stages of the policy process – from base building to passing, implementing and sustaining a policy win.*

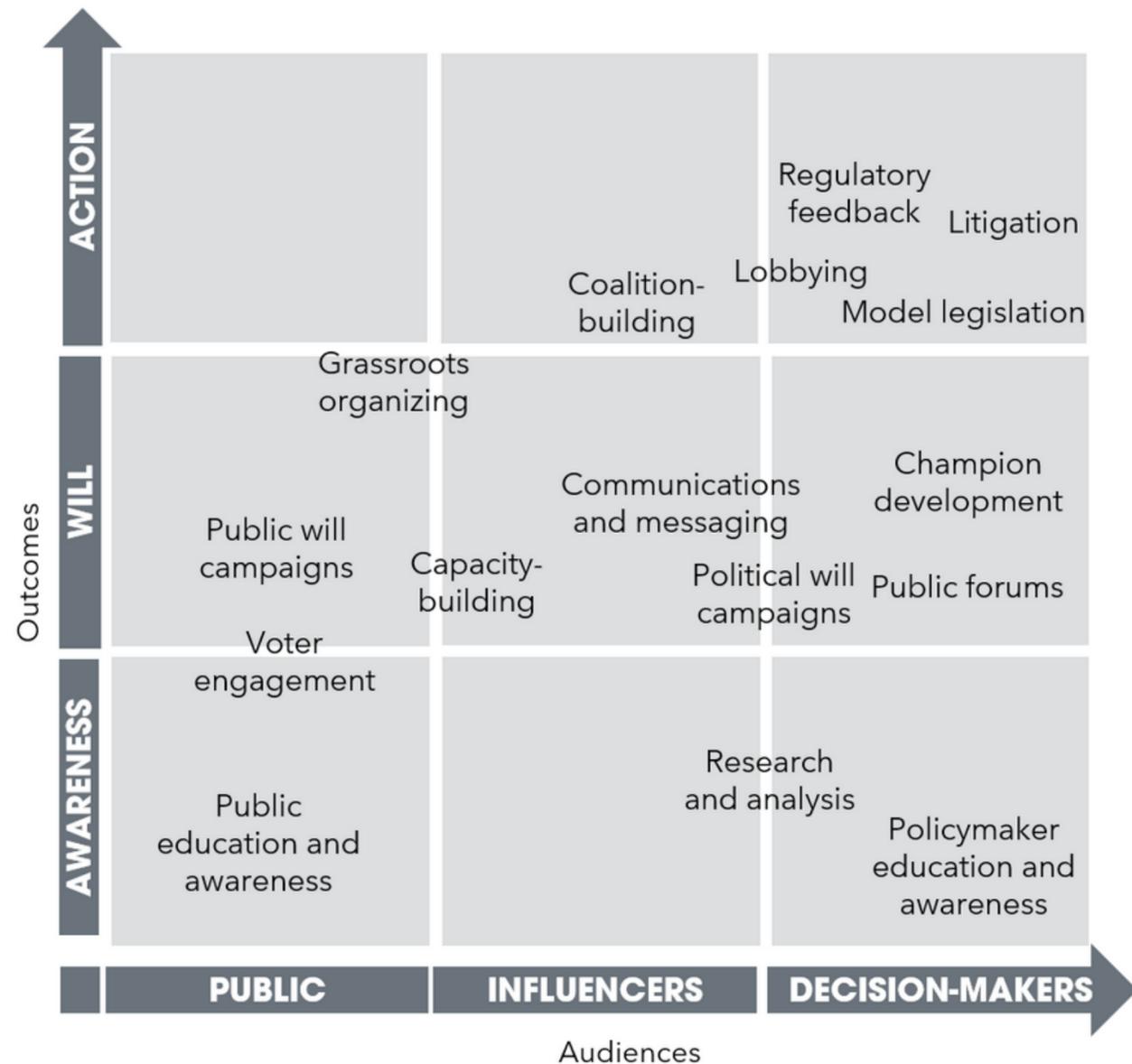
### **Key takeaways**

- All advocacy tactics are used across the ecosystem and across geographies. Top three: 1) communications and messaging, 2) public education, and 3) coalition-building.
- Organizations most frequently target local and state legislatures. Those working in Ohio have less focus on ballot measures relative to other branches of government.
- Organizations that engage/represent populations that are racially and ethnically diverse are less likely to use advocacy tactics targeting decision-makers and more likely to target local branches of government.

# Understanding advocacy and policy efforts

Advocacy and policy work are complex and multi-faceted. We find the frameworks below helpful in contextualizing this study findings related to the ecosystem's advocacy approaches and targets.

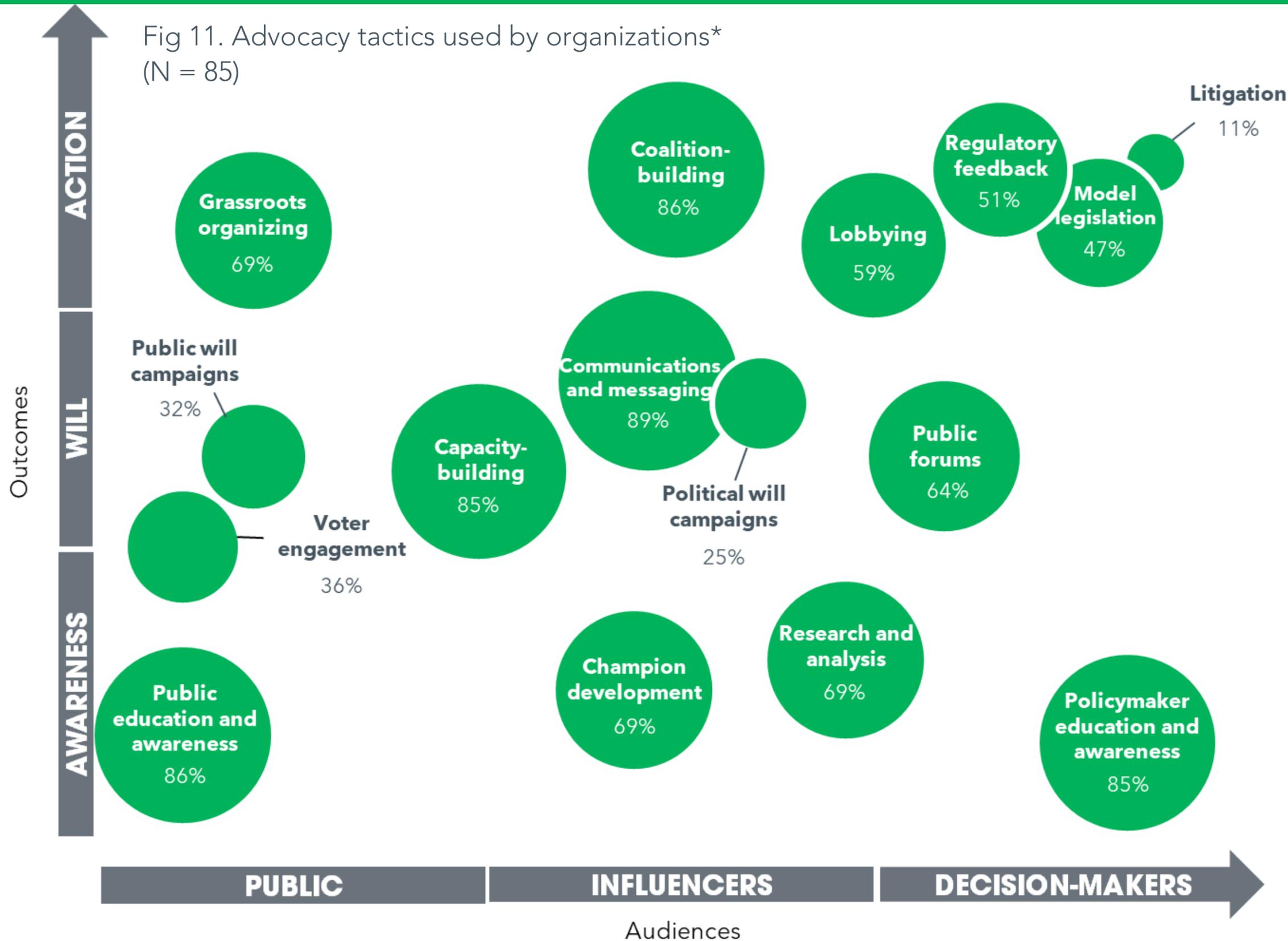
**Advocacy strategy framework** (2). This framework illustrates what an advocacy strategy is set to achieve by clarifying the audiences it targets (on the x-axis) and outcomes it seeks to obtain (on the y-axis). The chart below shows an adapted version of the framework we used for this study.



**Policy strategy continuum** (3). While 'passing a policy' is often what comes to mind when thinking about advocacy and policy work, the policy strategy continuum outlines key strategies that are all important to ensuring best practice, equitable policies are developed, adopted, and maintained and their long-term impact realized.



# All advocacy tactics are used across the ecosystem, although organizations vary in the extent to which they use some tactics.



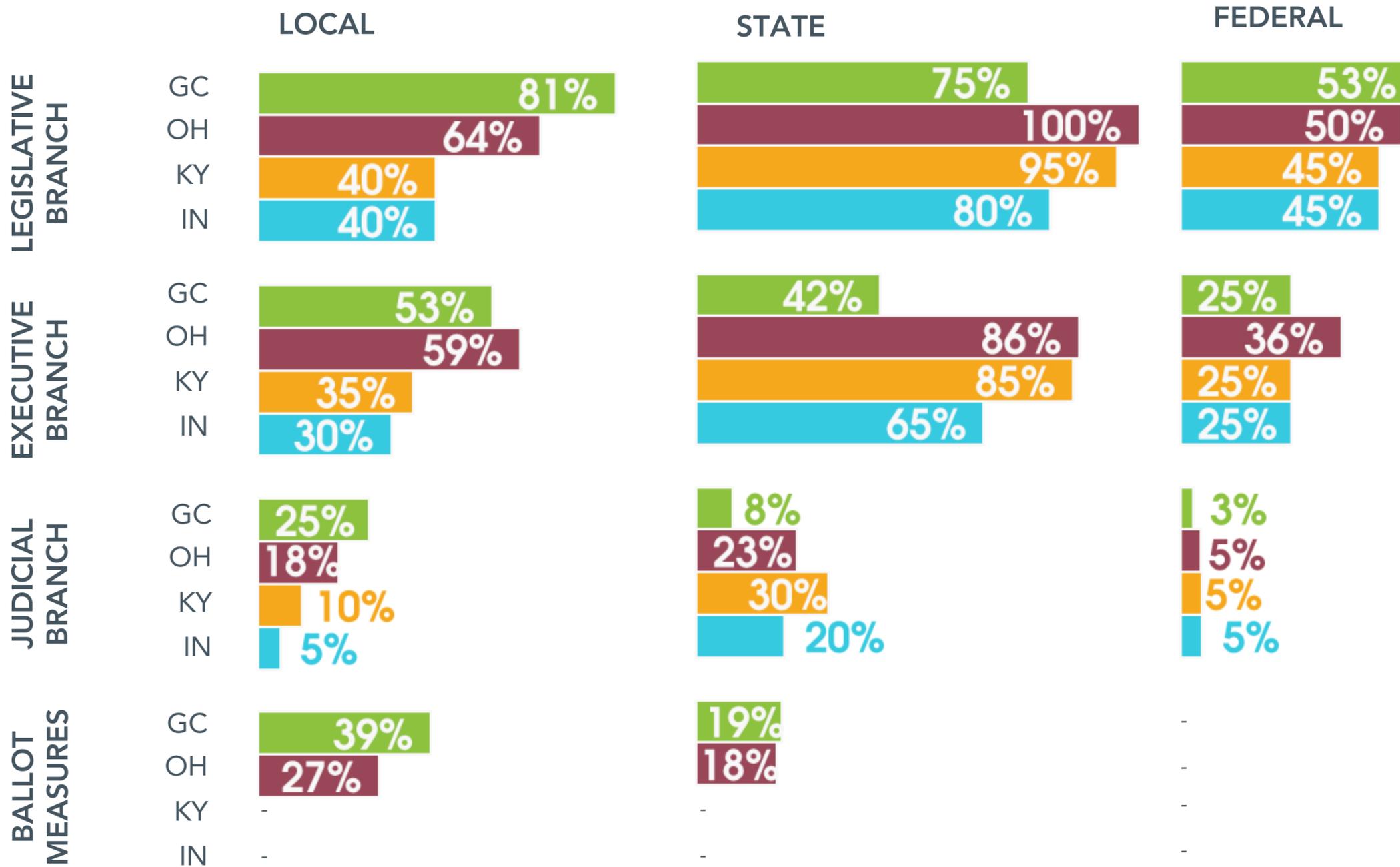
## IN DETAIL

- The three most common advocacy tactics are: communications and messaging, public education, and coalition-building.
- The use of advocacy tactics is similar across geographies (Ohio, Kentucky, Indiana, and Greater Cincinnati).
- Organizations that engage and/or represent BIPOC populations are less likely to use advocacy tactics targeting decision-makers (e.g., lobbying, political will campaigns, model legislation).

\*Respondents could select all the tactics they engaged in. "Other" responses were recoded to the most relevant tactic.

# Organizations most frequently target local and state legislatures.

Fig 12. Targets of organizational advocacy efforts by branch of government\*  
(N = 83)



## IN DETAIL

Organizations that engage in advocacy, policy work, and/or community organizing as their primary activity more frequently target state legislative (94%) and executive (77%) branches compared to organizations with other primary activities (state legislative: 76%, state executive: 54%).

\*Kentucky and Indiana do not have local or state ballot measures. There are also no ballot measures at the federal level.



# Reflection questions



What advocacy tactics/targets is your organization strongest at? How are you putting them into action?



What advocacy tactics/targets would your organization like to develop more? What would it take for you to develop them?



What advocacy tactics/targets does your organization lean on partners for? What advocacy tactics/targets do partners lean on your organization for? How does your partnership further your individual and shared goals?



*"[The most important needs that must be met to strengthen the health advocacy and/or policy field are] increased coordination across groups and improved resources for lobbying and public education."*

# Relationships and partnerships:

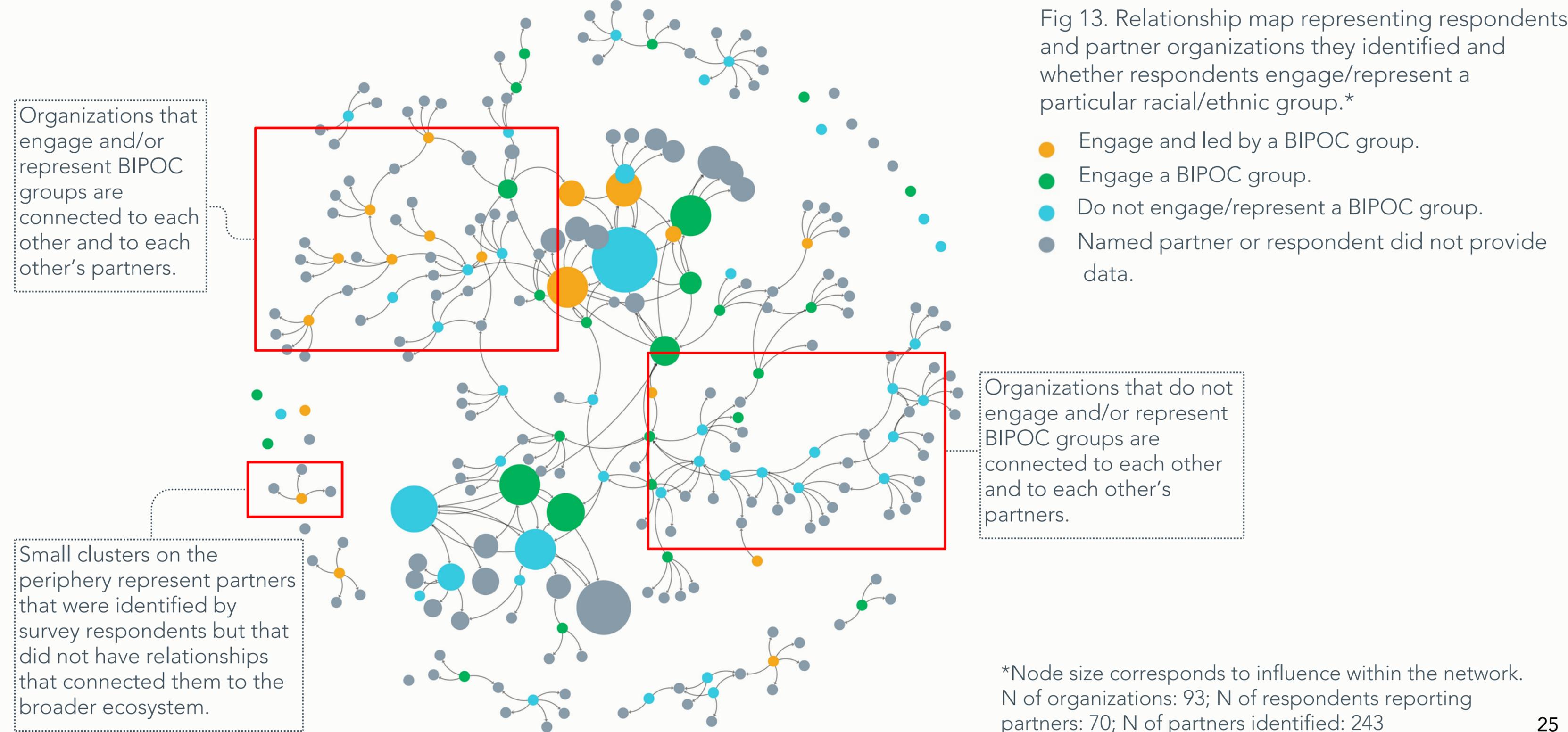
## *How does the ecosystem work together?*

*No one individual or organization can do this alone. Collaboration and coordination in the advocacy and policy ecosystem can make efforts more effective, strategic, and sustainable. It's crucial for those working in these spaces to identify and engage with partners and allies, build relationships, share information, and coordinate and collaborate on actions.*

### Key takeaways

- Organizations are generally connected to other like-organizations – those that engage/represent or are led by a particular racial ethnic group are connected to each other.
- Please contact Kelley Adcock ([kadcock@interactforhealth.org](mailto:kadcock@interactforhealth.org)) for a database of survey respondents.

Organizations are generally connected to other like-organizations – those that engage and/or represent or are led by a particular racial and/or ethnic group are connected to each other.





# Reflection questions



How does this visual map reflect your reality? How might the network represented need to change or evolve to strengthen the overall ecosystem?



Who is your organization connected or not connected to? How does that impact your work?



Which organizations would your organization like to be more connected with? What would it take to foster or strengthen these connections?



*"[We need more] cross-sector partnerships between health organizations and sectors beyond health to advocate for improvements to community conditions."*

# Appendix

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*For more information, check out the:*

- [\*Detailed findings\*](#): Data and detailed findings, including for each geographic area (Ohio, Kentucky, Indiana, and Greater Cincinnati)
  - Please contact Kelley Adcock ([kadcock@interactforhealth.org](mailto:kadcock@interactforhealth.org)) for a database of survey respondents.
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# References

- (1) Guo, C., Saxton, G. D. (2010). Voice-In, Voice-Out: Constituent Participation and Nonprofit Advocacy. *Nonprofit Policy Forum*, 1(1). <https://doi.org/10.2202/2154-3348.1000>
- (2) Coffman, J., Beer, T. (2015). The Advocacy Strategy Framework. Center for Evaluation Innovation. Retrieved from: <https://www.evaluationinnovation.org/wp-content/uploads/2015/03/Adocacy-StrategyFramework.pdf>
- (3) Gardner, A., Brindis, C. (2017). *Advocacy and Policy Change Evaluation: Theory and Practice* (1st ed.). Stanford Business Books. <https://doi.org/10.1515/9781503602335>

# Glossary

**Health justice:** Health justice is achieved when a person's health is no longer determined by who they are or where they live, and there are no unnecessary, avoidable, unfair, unjust or systemically-caused differences in health status.

**Advocacy:** The act of promoting a cause, idea or policy to influence people's opinions or actions on matters of policy concern. Advocacy tactics can be used to advance or protect public policies at each level (local, state and federal) and branch (legislative, executive and judicial) of government.

**Policy:** The act of promoting public policy efforts at each level (local, state and federal) and branch (legislative, executive and judicial) of government that may lead to long-term changes in social and physical lives and conditions. These include not only the 'passing of policies', but strategies along a continuum of efforts (i.e., building capacity, education, policy implementation and enforcement, and evaluating impact).

**Ecosystem:** The range of organizations, coalitions, and other groups (not only "advocates") working towards change in Ohio, Kentucky, Indiana and Greater Cincinnati.

## About Interact for Health

Interact for Health partners to ensure that people in our region have a just opportunity to live their healthiest lives, regardless of who they are or where they live. We advance health justice through grantmaking, collaboration, learning, convening and engagement. Interact for Health is an independent foundation that works in 20 counties in Ohio, Kentucky and Indiana. More information is available at [www.interactforhealth.org](http://www.interactforhealth.org).

## About Innovation Network

Innovation Network is a 501(c)(3) consulting firm that provides research, evaluation, and learning support to organizations working for equitable social change. For more information, please visit [www.innonet.org](http://www.innonet.org).

# Thank you!

*How to cite this study:*

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