

Service-Providing Nonprofits Working in Coalition to Advocate for Policy Change

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ABSTRACT

Nonprofit organizations that primarily provide social or health services can play an important role in policy advocacy, as indicated by recent research. Less is known about how and why they participate in policy advocacy, and concerns remain that their advocacy is overly self-interested. This case study of an urban immigrant health policy advocacy coalition made up primarily of service-providing nonprofits in New York City – suggests that: (1) service-providing nonprofits' insights as daily case-level advocates for their clients generate unique contributions to policy change agendas, particularly at the policy implementation level rather than at the legislative level; (2) these organizations do not necessarily see a conflict between their organizational survival imperatives and social change objectives, nor between case-level and higher level advocacy; and (3) a coalition structure, leadership by an experienced advocacy organization, and dedicated foundation funding can elevate case advocacy concerns into a higher level and more sustained advocacy agenda.

KEY WORDS: nonprofit organizations, policy advocacy, coalitions, immigrants, urban policy, health policy

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INTRODUCTION

Local nonprofit organizations that provide social, health or other human services can play an important role in policy advocacy, despite their principal focus on delivering services to clients (Almog-Bar & Schmid, 2014; Mosley, 2010). Given that their resources and attention are overwhelmingly directed at serving clients in their local communities, it is unclear how they can achieve any significant impact in policy arenas. Tracing this process over six years using a participant-observer method, this article examines how an urban New York City-based immigrant health policy advocacy coalition, made up primarily of service-providing nonprofits that regard policy advocacy as only a minor part of their missions, was able to influence policy in ways that led to greater healthcare access for their client populations.

This case study suggests that, when service-providing nonprofits engage in policy advocacy, they draw on their day-to-day case advocacy and client-level concerns and frustrations to develop policy advocacy objectives. As a result, their policy advocacy work tends to be strongest at policy implementation or administrative levels, where they work through “insider” channels (e.g., as advisory committee members or grantees of government agencies) to promote apparently small and detailed but at the same time consequential changes to service bureaucracies that can significantly alter clients’ access to needed services and benefits. Service-providing nonprofits are uniquely attuned to these smaller-scale concerns, which may be opaque to legislators, higher level government agency officials, and advocacy groups that seek legislative change by using “outsider” tactics (e.g., public protests, boycotts) (Mosley, 2011). Rather than treating service-providing nonprofits as adversaries, policy makers may seek out the grounded knowledge that service providers hold about vulnerable populations.

Specific conditions can help to develop service-providing nonprofits’ immediate, day-to-

day concerns into a broader and more sustained advocacy agenda, a process that can take several years, which may be at odds with funders' demands for tangible, short-term outcomes. In this case study, leadership by an experienced organization with an explicit policy advocacy mission was a key factor in anchoring the coalition through changes in the group's financial support. Dedicated private foundation funding was also important in overcoming time and resource barriers to policy advocacy involvement. The lead organization and the foundation both served as "intermediary organizations," whose role in promoting advocacy has been studied in a variety of policy sectors, including public health, education and community development (Anheier & List, 2005; DeBray, Scott, Lubienski, & Jabbar, 2014; Liou & Stroh, 1998; Minkler, Blackwell, Thompson, & Tamir, 2003).

Failing to understand local service-providing nonprofits' role in social policy creates a substantial policy blind spot. These organizations receive large amounts of government funding (Brooks, 2004), in many sectors surpassing government in the volume of services provided (Salamon, 1999, 112), largely as a result of government's contracting out to nonprofits to provide health and human services (Grønbjerg, 2010; Smith & Lipsky, 1993). Although U.S. tax records indicate that only about 1 to 2 percent of 501(c)(3) nonprofit organizations engage in tax code-defined lobbying activities (Boris & Krehely, 2002; Suárez & Hwang, 2008), survey research defining policy advocacy more broadly has found participation rates closer to fifty percent in some metropolitan areas (MacIndoe & Whalen, 2013; Mosley, 2010).

Service-providing nonprofits' engagement in policy advocacy may be desirable for several reasons. Because government agencies have largely withdrawn from direct provision of social and health services, service-providing nonprofits have unique knowledge about the vulnerable and under-served populations they serve (Evans & Shields, 2014; Fyall & McGuire,

2015; Minkoff, 2002; Brodtkin, 2010). These organizations play the role of privatized “street-level bureaucrats” (Lipsky, 1980) who not only interpret policy on the ground but also can anticipate potentially problematic elements of new policies. From a participatory perspective (Barber, 2003; Benhabib, 1996), involvement of service-providing nonprofits makes decision-making processes more inclusive of the citizenry. The daily preoccupations of service-providing nonprofits can add a missing dimension to policy advocacy agendas, complementing a top-down approach with attention to smaller details that can nevertheless make a substantial difference in clients’ ability to acquire essential services.

Previous studies have suggested that studies of local organizations would help to correct a bias that has favored the study of national nonprofit advocacy organizations (Andrews & Edwards, 2004); that qualitative longitudinal case studies would be helpful in furthering understanding of why service-providing nonprofits choose certain tactics, what they advocate for (Mosley, 2011), and how they achieve influence (Andrews & Edwards, 2004); and that more research is needed on the important role of coalitions in supporting local nonprofits’ participation in policy advocacy (Balassiano & Chandler, 2009; Bass, Arons, Guinane, Carter, & Rees, 2007; Fyall & McGuire, 2015; Suárez & Hwang, 2008). To help fill these gaps in the literature, this paper presents a longitudinal qualitative case study of the Coalition for Health Access to Reach Greater Equity (Project CHARGE) – a New York City-based immigrant health policy advocacy coalition made up primarily of nonprofit organizations that provide social and health services to Asian immigrant communities.

THEORETICAL FRAMEWORK: HOW AND WHY SERVICE-PROVIDING NONPROFITS PARTICIPATE IN POLICY ADVOCACY

Recent studies have found that service-providing nonprofits have a robust presence in policy advocacy (Bass et al., 2007; Chaves, Stephens, & Galaskiewicz, 2004; Child & Grønbjerg, 2007; MacIndoe & Whalen, 2013; Mosley, 2010; Neumayr, Schneider, & Meyer, 2015). Questions remain about how and at what level service-providing nonprofits engage in policy advocacy and why they do so (i.e., their motives).

Lack of clarity about how and at what level they engage in advocacy may arise because frameworks developed to understand national social movement or policy advocacy organizations are not able to account for the more incremental, service-based approaches that service-providing nonprofits use to influence policy. Deconstructing the policy process into its components may allow for a greater understanding of service-providing nonprofits' role. Andrews and Edwards (2004) provide a framework that encompasses an expansive understanding of the forms that policy influence can take, including: "(a) agenda setting, (b) [gaining] access to decision-making arenas, (c) achieving favorable policies, (d) monitoring and shaping implementation, and (e) shifting the long-term priorities and resources of political institutions" (p. 492). Service-providing nonprofits' policy influence may occur at intermediate levels of implementation, such as when they monitor and advise state and local government agencies during roll-outs of new policies (Jenkins, 2006), often through participation in governmental policy-making and planning bodies (Weiss-Gal & Gal, 2014; Chin, 2009). They may also influence policy implementation at lower levels as direct providers of the services resulting from new policies. Their advocacy work will often be incremental and focused on bureaucratic agency activities rather than on legislation, and more often at the state and local rather than national levels

(Buffardi, Pekkanen, & Smith, 2015).

Unlike the adversarial dynamic often seen with social movement organizations, the relationship between local nonprofit service-providing organizations and state and local governments may be more cooperative and interdependent (Evans & Shields, 2014; Nyland, 1995). Through regular meetings, informal consultations, and movement of staff between the governmental and nonprofit sectors (Smith & Lipsky, 1993), government and nonprofit staff working in the same issue area become members of a collaborative multisectoral policy network (DeLeon & Varda, 2009) or “issue network” (Hecl, 1978), where all members have a common goal of maintaining the service system. Within these issue networks, nonprofit service providers may work best as policy advocates in collaborative, insider working relationships with government staff.

These softer approaches have often been viewed as peripheral or on the “wrong” side of conceptual dichotomies; however, Fyall and McGuire (2015) question the utility of imposing binary distinctions between insider and outsider strategies. Brodtkin (2010, p. 62) has noted that the “politics of practice” typically engaged in by service-providing nonprofits during their daily work, which “mediat[es] between individuals and the state,” can be difficult to discern. Service-providing nonprofits may not often play highly visible roles in legislative advocacy, but recent scholars have noted that incremental policy change can lay the groundwork for more rapid and far-reaching policy change at strategic moments (Mintrom & Norman, 2009; Rabe, 2004).

In addition to questions about how and where service-providing nonprofits engage in policy advocacy, questions remain about why they engage in advocacy. Scholars have questioned whether their motives may be primarily instrumental and self-interested or rather in the service of a “progressive advocacy practice” (Donaldson, 2008), in other words, whether

their advocacy aims for “organizational benefits” or for “social benefits” (Garrow & Hasenfeld, 2014). Even if they seek systemic policy change, they may have limited capacity to do so because “case advocacy” (Almog-Bar & Schmid, 2014; Kimberlin, 2010; Mosley, 2010) – the day-to-day work of connecting clients to services and benefits – monopolizes their attention. Moreover, dependence on government funding may make service-providing nonprofits’ reluctant to engage in advocacy that may antagonize government officials and jeopardize their funding (Evans & Shields, 2014; Fainstein & Fainsten, 1991; Mollenkopf, 1992; Piven & Cloward, 1977), although some studies suggest that this dynamic is complex. For example, government’s dependence on nonprofits to provide services may provide nonprofits with leverage in making demands of government (Gates & Hill, 1995; Smith & Lipsky, 1993).

A number of scholars have written about service-providing nonprofits’ instrumental advocacy motives, for example, to acquire funding (Mosley, 2012), better contract terms (Smith & Lipsky, 1993), or political leverage (Marwell, 2004). These studies were consistent with political science theory on interest group politics, which strongly critiqued the traditional pluralist view that the interests of competing actors would approach a reasonably beneficial equilibrium through deliberations in the policy-making process (Loomis & Cigler, 1995; Lowi, 1979; Morone, 1998; Schattschneider, 1956). Lowi (1979) was particularly critical of the community-based infrastructures that grew out of the federal War on Poverty programs in the late 1960s and early 1970s, arguing that community leaders had abandoned social change principles in favor of narrow self-interested gain.

Less explored are service-providing nonprofits’ moral or value-based motives for advocacy (Aguilera, Rupp, Williams, & Ganapathi, 2007). Political science research and theory highlighting altruistic motivations for policy involvement offered a counter-argument to critics

of self-interested policy actors (Mansbridge, 1983, 1990). Similarly, within organizational studies, stewardship theory suggests that organizational actions are guided in part by individuals' morality-based values (Davis, Schoorman, & Donaldson, 1997). For many service-providing nonprofits, such values may be influenced by organizations' origins in social movements (Suárez & Hwang, 2008); organizations that are mostly run by and serve specific racial, ethnic, gender or sexual orientation groups often grew out of identity-based social movements (Chambre, 2006; Espiritu, 1992; Estrada, Garcia, Macias, & Maldonado, 1981; Lune, 2007). Staff of service-providing nonprofits are frequently members of the communities they serve or may have experienced challenges similar to those faced by their clients (Foreman, 1995; Smith & Lipsky, 1993). Moreover, staff are likely to have been exposed to professional ethics of social diversity, non-discrimination, and political engagement promoted in human service professional training programs (National Association of Social Workers, 2008), and research has found evidence for the existence of a nonprofit ethic among nonprofit managers (Suarez, 2010).

With limited availability of funding for policy advocacy activities specifically (Deutsch, 2008; Masters & Osborn, 2010), moral or value-based motives may support advocacy engagement beyond a level that would be possible if only instrumental motives were operational. Such distinctions, however, may not be relevant to service providing-nonprofits (Fyall & McGuire, 2015). As Minkoff (2002) points out, any provision of services to under-served or marginalized populations can be a social change strategy. In this sense, service providers may see instrumental advocacy to garner funding as being closely linked to morally-based, progressive advocacy for social benefits.

METHODS

Study findings are based on six years of participant-observation of Project CHARGE from January 2008 through January 2014. As part of program evaluation activities, the study was exempt from IRB review. The subject matter was approached as a qualitative case study, which allowed for an understanding of detailed organizational processes (Hartley, 2004). The author took extensive field notes during 120 hours of field observation at 60 Project CHARGE monthly coalition meetings and at other coalition meetings and events during the six-year observation period. As a supplement to the field observations, from December 2010 through February 2011, two 90-minute focus groups were conducted with 10 of the 14 member organizations at the time; individual hour-long semi-structured qualitative interviews were conducted with three organizational representatives who could not attend the focus groups; and one hour-long interview was conducted with the coalition coordinator, an employee of the lead organization. Detailed notes taken during multiple reviews of the focus group and interview recordings were used to supplement field notes in developing and analyzing this case study.

The coalition did not keep regular minutes of its monthly meetings; however, minutes of annual planning retreats, funding proposals, and public information materials were reviewed. In addition, the author monitored the coalition's active e-mail communications that occurred through a Google group.

Following an inductive approach, which is well-suited to analyzing participant-observation and other qualitative data (Jorgensen, 1989; Waddington, 2004), analysis involved multiple readings of field, interview, and focus group notes to identify emergent themes related to questions in the scholarly literature regarding service-providing nonprofits' role in policy advocacy. To manage the review of six years of data, and to guard against being "unduly

influenced by particularly vivid, unusual or interesting data” (Hartley, 2004, 329), the author first organized coalition developments and activities chronologically, providing perspective on the full observation period. Similar or related observations were then grouped together, forming thematic threads. Field and interview notes were then reviewed again for confirming and disconfirming events and to expand on and further assess the validity and meaning of each theme. The author further validated and refined study findings by presenting a draft of the analysis to the coalition to solicit feedback and counter-interpretations.

PROJECT CHARGE BACKGROUND

During the study period, one in eight Asian Americans in New York City went without health insurance annually, with the majority of those uninsured being foreign-born (83% or 65,000 people) (New York City Department of Health and Mental Hygiene, 2009). Healthcare access problems are exacerbated in Asian immigrant communities by undocumented immigration status, language barriers, cultural stigmas regarding use of public benefits, and high rates of employment in small businesses not offering health insurance (Bateman, Abesamis-Mendoza, & Ho-Asjoe, 2009; Kim & Keefe, 2010; Trinh-Shevrin, Islam, & Rey, 2009). Remedying these healthcare access problems requires policy or systems change, and Asian Americans have been routinely left out of policymaking processes that might address their concerns (Chen, 2013; Lien, 2001).

In January 2008, New York City-based Project CHARGE became one of twelve grantees funded by a US\$16.5 million national initiative, administered by a national Asian American health policy organization on behalf of a major private foundation that ranked in the top 25 largest U.S. foundations (by total giving) in 2014, with almost US\$300 million in giving and

more than US\$8 billion in assets (Foundation Center, 2016). The initiative supported local community-based policy advocacy projects aimed at reducing health disparities and increasing access to care for Asian Americans. Project CHARGE was formed to respond to this funding announcement, starting as a coalition of 14 New York City-based organizations, all of which were tax-exempt 501(c)(3) organizations or had fiscal sponsors with this designation. The coalition's proposal was successful, resulting in a US\$600,000 four-year grant award. As outlined in its originating funding proposal and subsequent written materials, the coalition's policy change objectives included: ensuring that government agencies and healthcare settings develop language access plans for interpretation and translation; promoting consumer voice; protecting the social and economic safety net; and creating options for the remaining uninsured (e.g., undocumented immigrants) not covered under the Patient Protection and Affordable Care Act of 2010 (also known as the Affordable Care Act [ACA] or "Obamacare").

In New York City, few local organizations existed that focused specifically on policy advocacy for Asian American communities. Except for the lead organization, none of the coalition member organizations had missions that were policy advocacy-focused; their missions were primarily oriented towards providing direct services to clients. The organizations ranged in size from 1 to 400 paid staff (counting only the functional unit actively involved in the coalition for two university-based programs) and provided services in a number of areas to a variety of Asian ethnic groups (see Table 1). The lead organization, selected by the other member organizations by consensus, was a small (11 staff members) local policy advocacy organization committed to the well-being of Asian American children and families.

TABLE 1—Project CHARGE Member Organizations

Organization Name	Specialty/Service Sector	Targeted Client Population ^a
Asian Americans for Equality	Community development, housing	Chinese
Asian and Pacific Islander Coalition on HIV/AIDS	HIV/AIDS prevention education, social services and HIV primary care	Multiple Asian ethnic groups
Charles B. Wang Community Health Center	Primary medical care and health education	Chinese, Korean
Child Center of New York, Asian Outreach Program	Mental health and substance use services	Multiple Asian ethnic groups
Chinese-American Planning Council	Family/child/senior, HIV/AIDS and housing services	Chinese
Coalition for Asian American Children and Families (CACF) ^b	Policy advocacy and capacity-building to promote the well-being of children and families	Multiple Asian ethnic groups
Family Health Project	HIV/AIDS prevention education	Multiple Asian ethnic groups
Henry Street Settlement	Social service, arts and healthcare programs	Chinese
Kalusugan Coalition	Community health education, screening and referrals	Filipino
Korean Community Services	Social services, health education	Korean
MAAWS for Global Welfare	Education and training for economically disadvantaged communities; health education and social services	Bangladeshi
New York Asian Women's Center	Domestic violence services	Multiple Asian ethnic groups
New York University School of Medicine, Center for the Study of Asian American Health	Health research, outreach and training	Multiple Asian ethnic groups
New York University School of Medicine, South Asian Health Initiative	Health education, outreach and research	South Asian (e.g., Indian, Pakistani, Bangladeshi)

CHARGE = Coalition for Health Access to Reach Greater Equity; CACF = Coalition for Asian American Children and Families; MAAWS = The Munshi Atar Ali Welfare Society.

^a "Multiple Asian ethnic groups" means that the organization targeted more than three Asian sub-ethnic groups.

^b CACF also served as the lead agency for Project CHARGE, which involved administering the grant and providing staff support to the coalition.

AWAY FROM SERVICES AND BACK AGAIN

Project CHARGE's early challenges involved building the mostly service-focused members' capacity to engage in policy advocacy, particularly beyond the local level. Moving beyond the local level was especially important at this time given the ambitious federal-level healthcare reform initiative undertaken by the new Obama administration. An important early step in the coalition's development in this direction was organizing and training for legislative visits during a state advocacy day. About the advocacy day experience, one focus group participant said, "you have [coalition members] who are suddenly sort of awake... I think people stepped out of their shells." However, after successful passage of the federal ACA and end of the coalition's original grant support, the group's focus moved back to the state level, and ultimately back to local service provision, as discussed in more detail below.

Federal Level Focus

After President Obama took office in January 2009, participating in the new administration's national health care reform activities became the gravitational center for health policy advocates at all levels. With the support of the national health policy organization that administered Project CHARGE's foundation funding, the coalition decided to expand from a state and local focus to include a focus on national healthcare reform. Half of the member organizations were represented during legislative visits to members of Congress in Washington, D.C., in June 2009. However, even as it engaged at the federal level, the coalition grounded its arguments in the local voices of community members. In late 2009, several months before the passage of House and Senate healthcare reform bills – which would become the Affordable Care Act – the coalition held a series of "Community Healthcare Chats" with member organizations' clients and published the results in a glossy booklet targeted to members of Congress.

Foregrounding the voices of community members, the report outlined how healthcare reform bills being proposed failed to meet key needs in Asian immigrant communities, particularly with regard to language access and healthcare for undocumented immigrants.

After passage of the Affordable Care Act in March 2010, the coalition shifted most of its attention back to the state and local levels but maintained some federal level activity. For example, in March 2011, the coalition participated in a national campaign to celebrate the one-year anniversary of the Affordable Care Act by paying visits to New York State's Congressional delegates and presenting them with information packets and over-sized ACA birthday cards. This activity was supplemented by a social media campaign via Facebook, Twitter, and email, through which photos from the visits were disseminated.

The coalition's brief foray into national policy advocacy – which included a focus on large-scale federal legislation and use of outsider tactics (e.g., legislative visits and an independently published report) – illustrates exceptions to the theoretical framework presented earlier. The coalition's unexpected federal-level legislative focus was made possible by private foundation funding dedicated to supporting policy advocacy, during a period when groundbreaking federal healthcare legislation was being pursued. The local lead agency, which was experienced in policy advocacy, and the national policy advocacy organization that administered the coalition's grant also played important intermediary roles that enabled Project CHARGE's participation in federal level advocacy.

Moving Back to the State Level

The passage of the Affordable Care Act spurred a flurry of activity by New York State to set up the health insurance exchange required under the ACA, and also to prepare for Medicaid expansion, another major provision of the ACA. During this time, Project CHARGE's work

again became more focused on the state and local level and also more incremental, insider, and concerned with monitoring and shaping policy implementation.

Advisory Board Membership

One of Project CHARGE's primary insider tactics was to seek representation on key state-level advisory bodies. Advisory body membership helped to translate general advocacy demands into concrete policy changes at the level of internal agency implementation policy, which can have substantial street-level impact. For example, in 2011, Project CHARGE's coordinator was appointed to serve on the Health Disparities Task Force of the New York State Medicaid Redesign Team, which was guiding the overhaul of the state's Medicaid system (New York State Department of Health, 2011; Ray, 2012). Project CHARGE used its seat on the task force to advocate for its recommendations on linguistic accessibility of services and improved data collection standards that would better account for the Asian immigrant experience (e.g., more detailed measures of English proficiency). These proposed recommendations were included in the task force's final recommendations and were eventually included in the governor's Fiscal Year 2013 budget.

Leveraging Existing Policies

In line with its overall state and local, incremental, insider, and policy implementation focus, Project CHARGE also leveraged existing policies to further its advocacy agenda. Working with a legal intern, the coalition conducted a policy review that outlined numerous existing laws, executive orders and other policies at the local, state and federal levels that required language interpretation and translated written materials at hospitals and other service settings (Abesamis-Mendoza & Lee, 2012). The legal analysis found, for example, that Title VI of the Civil Rights Act of 1964 had been used successfully to pursue national origin

discrimination cases for failure to provide linguistically appropriate services. Directly referencing Title VI, the Affordable Care Act required summaries of insurance coverage and benefits to be provided in language that is culturally and linguistically appropriate and could be understood by the average plan enrollee.

After identifying relevant existing policies, the coalition scheduled formal meetings with state agency staff to draw their attention to those policies. Emphasizing collaboration rather than confrontation, Project CHARGE was able to characterize its demands for linguistic accessibility of healthcare as objectives that officials were already required to pursue under existing policies that they may have overlooked. In this way, the coalition's leveraging of existing policies could be perceived as information-sharing rather than as making demands, fitting within a professional or bureaucratic framework that was familiar to officials. In some regards, officials were grateful to Project CHARGE for helping to ensure that they remained in compliance with legal mandates. Project CHARGE's assistance extended a step even further, however, when the coalition began directly providing services to linguistically isolated immigrant communities under a state grant, as discussed below.

Returning to Services

With its originating advocacy grant having expired in 2011, and no grant support in 2012, the coalition actively sought funding that could sustain its collaborative work. Without external support for policy advocacy involvement, the coalition gravitated back towards client services, for which funding was more plentiful. In 2013, Project CHARGE received a \$4 million "Navigator" grant from New York State to hire multi-lingual staff to assist community members with enrolling in health insurance made available through the Affordable Care Act.

Despite this shift to more service-focused activities, the coalition's broadly stated mission

“to address health care access for Asian Americans in New York City” remained unchanged since it could accommodate a wide variety of activities, from service provision to policy advocacy. In written materials, the shift was more evident in the coalition’s annual advocacy objectives, although the change in language was sometimes subtle. For example, after the award of the state Navigator grant, an additional objective was added: to “develop opportunities to get feedback and integrate consumer concerns in the implementation and evaluation process of” New York State’s health insurance exchange. This objective reflected the coalition’s desire to find avenues for addressing the many complaints and barriers that the member organizations faced when enrolling clients in health insurance, a concern arising out of a case-level advocacy focus. The group’s 2014 one-page fact sheet about its work, intended for public distribution, also reflected the shift of attention towards services in that half of the document was devoted to describing its client-level health insurance enrollment work.

Issues related to implementing the state-funded navigator services began to dominate advocacy planning discussions during coalition meetings. Discussions seemed to represent what critics have argued – that the details of service provision can overwhelm more visionary advocacy plans. Coalition members expressed frustrations about New York State’s health insurance enrollment website and the process for assisting clients with it: the website was not able to handle individuals with no middle name (which characterizes many Asian immigrants); and navigators did not have clearance under the Health Insurance Portability and Accountability Act (HIPAA), which protects individuals’ private information, and therefore were technically barred from directly helping non-English-speaking clients to complete the personal information the website required. To get clearance, a four-way call needed to be arranged with the client, a New York State representative, the bilingual navigator, and a second independent interpreter to

verify that the client truly consented.

Clearly the group's attention had been diverted by the new grant. However, working in coalition, members' client-level concerns regarding health insurance enrollment developed into a larger advocacy agenda. As a coalition, rather than as individual organizations acting separately, the group had more leverage to meet with state agency staff and demand system-level fixes to their individual frustrations as service providers. Another method for channeling these frustrations into system changes was by informing the work of several seasoned advocacy organizations, which recognized service-providing nonprofits unique perspective on the roll-out of the ACA. For example, two state-level advocacy organizations – the New York Immigration Coalition (NYIC) and New York Lawyers for the Public Interest (NYLPI) – initiated surveys of individuals serving as health insurance navigators as part of their assessment of immigrants' access to the new insurance marketplace. The survey results were to be used to make recommendations to the state health department. Shortly after, a national advocacy organization – the Coalition for Immigrant Equity in Health Care (CIEH), coordinated by the National Immigration Law Center – distributed a similar survey to support its advocacy efforts with the U.S. Department of Health and Human Services.

Project CHARGE's acquisition of the state Navigator grant signified the coalition's advocacy work coming full circle, culminating in concrete benefits for community members in the form of services that would help them obtain health insurance. By providing direct services, for which funding was allocated in part as a result of CHARGE members' own policy advocacy work, these nonprofit-based "street-level bureaucrats" (Lipsky, 1980) ensured that their advocacy efforts would make a difference in the everyday lives of the communities they served. Coalition members had identified problems in New York State's Affordable Care Act rollout

from their unique perspective as service providers, asked for measures to ensure that Asian immigrants would be included in new efforts, and then presented themselves as a solution. The advocates became the solution for government's compliance with existing rules, regulations and political mandates regarding immigrants' access to health care.

THE INSEPARABILITY OF INSTRUMENTAL AND MORAL MOTIVES FOR SERVICE-PROVIDING NONPROFITS

Motives speak to an advocate's propensity to pursue objectives that are in the public interest, or at least in the best interest of the clients the advocate aims to serve, which Garrow and Hasenfeld (2014) refer to as advocacy for "social benefits," in contrast to advocacy for "organizational benefits." Research on corporate social responsibility has similarly differentiated between moral and instrumental motives to explain organizational choices (Aguilera et al., 2007). In Project CHARGE's case, both moral and instrumental motives appeared to be operational, and consistent with Fyall and McGuire (2015), were not necessarily in conflict with each other. Service-providing nonprofits may understand both types of motives to be intertwined in that they view organizational survival as a necessary step for providing services that redress inequities. A coalition structure in which service-providing nonprofits work collectively to identify systemic barriers for their clients can further link advocacy for social benefits (morally motivated) with advocacy for organizational benefits (instrumentally motivated) and also with client-level case advocacy.

Instrumental Motives

Instrumental motives were an important factor in Project CHARGE's founding as the coalition was formed specifically to apply for the funds that supported the coalition's first four

years. Instrumental motives were also encouraged by some managers of coalition member organizations, who questioned whether the coalition's activities provided direct instrumental benefits to their organizations, especially since each member organization was provided with only \$4,000 each year to support its participation. One focus group participant was concerned that, from her supervisor's perspective, the coalition accomplished very little. This participant noted the difficulty in documenting Project CHARGE's effectiveness, saying that its advocacy work "can't be seen right, it's not like services or counseling," and could not be quantified as easily as direct services. When the coalition produced visible products or quantifiable outcomes, support from executive staff increased. One representative stated, "I like the report that we did; that was a concrete part that I could show the executive staff [and say] 'this is what Project CHARGE did.'" Similarly, regarding Project CHARGE's gaining a seat on a key state advisory committee, one representative said, "they [executive-level staff] saw that was a good outcome ... Once there was something happening, I think it was much easier [to get their support]."

Even if participants did not see instrumental motives as their primary reason for coalition involvement, time and funding constraints were commonly viewed as basic barriers to greater participation. One representative stated it simply: "sometimes our organization can't afford to have someone to go and participate" in Project CHARGE meetings. Another representative's explanation was more nuanced: "ultimately it's not as formulaic in my organization, but if my salary is coming from various funders, then the expectation is that I devote a certain amount of time to each project, ... and I felt it was hard to justify" devoting so much time to Project CHARGE. Another representative provided a similar response: "Project CHARGE often gets put on the back burner... It's not because we don't care about the project, we just don't have the capacity for it."

Moral Motives

Although coalition discussions and activities often suggested the importance of instrumental motives, moral concerns were important in framing and sustaining coalition involvement. As one participant simply explained, “[we] feel good that there is a group advocating for Asian American health.” Another participant expressed seeing inherent value in the ethnic solidarity the coalition fostered: “just the fact that we have different [Asian] ethnicities sitting around the table, that’s a huge win.” Collectively aiming for objectives beyond instrumental returns for individual organizations helped members set aside historical inter-organizational antagonisms and competition. One participant shared, “we could really rip each other apart on a lot of things, but that has been put to the side” in the service of a larger goal. Moral motives also mitigated the instrumental barriers posed by lack of time and material resources. According to one participant, “it’s not only just the money, but it is also your own social commitment as a group” that drives continued participation. Similarly, another participant said, “I’m not getting paid to be here at the table, but our agency believes in it and what we’re doing; ...that’s why I’m here.” Coalition activity can further foster moral motives through cultivating identification with the group. Describing state advocacy day, one participant recalled, “this [was] the first time that I really, really felt ownership over the work that we’re doing, and I think that [members] really understood – we’re a part of this larger coalition and we’re not just talking about our one organization.”

Member organizations did not necessarily distinguish between instrumental and moral motives because they saw pursuing funding to support their organizations’ direct services to clients as morally motivated. Coalition members felt that their proclivity for case advocacy (serving clients directly) provided them with legitimacy as progressive policy advocates. They

differentiated themselves from more traditional national advocacy groups, agreeing with some scholars that those organizations can be disconnected from their check-writing base (Putnam, 2001). During a discussion about advocacy priorities, only a few members felt that the coalition should focus strictly on policy advocacy, while most members wanted the coalition to engage in more community education about accessing the benefits available through the ACA. One member argued:

“I think Project CHARGE’s credibility is going to depend somewhat on its ability to say that it is ... able to touch the community. Otherwise we will be another professional advocacy group, which would be fine, but...we describe ourselves as a community-based advocacy group and that really means touching base with your community.”

Coalition members saw their commitment to case advocacy as a better indicator of being morally motivated than having a more single-minded focus on pure policy advocacy.

DISCUSSION: THE CONTEXT OF ADVOCACY FUNDING SCARCITY

This case study illustrates how and why local service-providing nonprofits, whose main concern is delivering social and health services to clients, worked in coalition to participate in policy advocacy activities at the state and local levels, with incremental objectives, reliant on insider tactics (e.g., advisory board membership, leveraging existing policies), and focused on policy implementation. External financial support, leadership by a policy advocacy-focused organization, and major developments in the policy context (e.g., passage of the ACA) expanded the coalition’s focus for a brief period to the federal, legislative level. Major themes arising from this case study, as well as relevant coalition activities, are summarized in Table 2.

TABLE 2— Project CHARGE’s Policy Advocacy: Major Themes and Activities

Themes	Coalition Activities
Short-term federal-level advocacy precipitated by federal healthcare reform initiatives	As it became clear that healthcare reform would be a major priority of the new Obama administration, the coalition focused its activities on influencing the proposed federal legislation that eventually became the historic Affordable Care Act of 2010. These activities included the production of a report, based on the coalition’s “Community Healthcare Chats,” to educate members of Congress; and sending information packets and ACA “birthday cards” to members of Congress and visiting their offices to mark ACA’s one-year anniversary.
Incremental and insider state- and local-level advocacy	As provisions of the ACA rolled out in New York State, the coalition sought out membership on key state advisory boards and met with state and local agency officials, drawing their attention to existing policies mandating language interpretation and translation of written materials at hospitals and other service settings.
Changes in grant support prompting a return to a service focus	With the end of the private foundation advocacy grant and the award of the state Navigator grant, the coalition shifted its focus to the logistics of providing services, the primary expertise of the mostly service-providing coalition members.
Program implementation advocacy	As coalition members began providing ACA insurance enrollment services under the new state Navigator grant, they collectively addressed client-level ACA implementation problems, including the enrollment website’s inability to handle individuals with no middle name and legal barriers to providing language interpretation.
Instrumental vs. moral motives for coalition participation	Instrumental realities of funding shaped coalition members’ level of coalition participation in terms of time devoted to the group. Moral motives helped to ease intra-coalition antagonisms and to support continued participation through declines in coalition funding.
Case-level advocacy as policy advocacy	Coalition members viewed their expertise in providing direct services to community members as legitimizing their policy advocacy role. Acquisition of the state Navigator grant and providing the services the grant called for were viewed as an integral part, rather than separate from, the coalition’s policy advocacy work.
Leadership by and alliances with experienced advocacy organizations connecting case-level advocacy with higher level policy advocacy	The coalition’s lead organization, an experienced advocacy organization, helped to channel coalition members’ case-level concerns into a collective effort to improve the service system. This effort was aided by partnerships with larger state and national advocacy organizations, which sought out service providers’ accounts of day-to-day problems they confronted in serving clients during the ACA rollout; these accounts from frontline service providers helped to inform larger advocacy agendas.

Although the coalition was able to contribute to advocacy at the federal level, its most important contributions were made at the state and local levels after the ACA's passage. It was during the ACA implementation phase that member organizations' expertise as service providers was most indispensable. The concerns that coalition members raised – such as the insurance marketplace website's inability to handle a person with no middle name and legal barriers to providing interpretation for non-English-speaking clients – were problems that only service providers working closely with immigrant populations would have encountered. Day-to-day, intimate contact with community members and the safety net programs they relied on gave service-providing coalition members an immediate view of important gaps in the system. These details were all but invisible to policy makers at higher levels, but they were nevertheless potentially far-reaching.

Having an existing coalition helped the group to respond quickly to the call for proposals for the state Navigator funding and then, after acquiring the funding and delivering the funded services, to develop a collective approach to resolving frustrations with the service system. Moving from the case advocacy frustrations of front-line staff to a collective systems-level response was further aided by guidance from the coalition's lead organization and by state and national advocacy organizations that sought out service providers' experiences with the ACA roll-out to press for system changes. This sort of productive collaboration between organizations engaged in different forms of advocacy is similar to the division of labor found between formal and informal organizations in studies of social movements, where formal national organizations translate the energies and frustrations of local, grassroots groups into legislative change (Castells, 1983; Halpern, 1995; Morris, 1984; Staggenborg, 1988).

Project CHARGE's existence points to the importance of external funding dedicated to

supporting policy advocacy engagement. The coalition got off to a promising start in early 2008 with a grant that provided \$150,000 per year for four years to support engagement in policy advocacy, allowing member organizations to move away from business as usual and dedicate time to advocacy, not just at state and local levels, but also at the federal level. The expiration of that funding and the appearance of new service funding relevant to the coalition's work (the state Navigator grant) were pivotal in drawing the coalition back to services and away from advocacy. Additionally, by late in the third year of the advocacy grant, the funder announced a change of direction at the annual grantees' meeting, asking the grantees to re-focus their objectives more narrowly on children's health to match the foundation's new mission more closely. The coalition's leaders described this change as confusing and demotivating since they had framed their work in terms of immigrant health more broadly. Just as they were experiencing some advocacy successes and building visibility for their work in immigrant health, they felt their past work remained unacknowledged by the funder and pressured to change course for the remainder of the funding period. Project CHARGE's experience illustrates the mismatch between the norm of short-term commitments by foundations and the lengthy investment required to develop organizations' advocacy capacity (Masters & Osborn, 2010) and achieve changes in social policy (Garrow, Danziger, & Tillotson, 2015).

Unlike social movement organizations and social change organizations, service-providing nonprofits may see funding – or the near-term promise of funding – as a determining requirement for participation in policy advocacy. This reality may be one of the bases for critics' concern over service-providing nonprofits' ability to advocate for social benefits. Being driven by funding concerns makes these organizations appear overly self-interested. An alternative interpretation is that funding concerns are barriers that need to be overcome before service-

providing nonprofits' moral motives for participating in policy advocacy can be fully expressed. Moral motives were important for shaping advocacy priorities and for sustaining activity during times of low funding; however, instrumental motives were important in defining the limits of the coalition's policy advocacy engagement.

Except in a limited number of issue areas, foundation funding to support policy advocacy appears to be scarce (Deutsch, 2008; Masters & Osborn, 2010), especially for locally focused advocacy efforts (Bass et al., 2007). Bass, et al.'s (2007) national study found lack of funding to be by far the primary barrier to nonprofits' participation in policy advocacy. Funding opportunities that encourage service-providing nonprofits to participate in policy advocacy would increase the likelihood that they can bring their unique and considerable expertise to policy-making activities more consistently at multiple levels.

As noted earlier, service-providing nonprofits may not themselves necessarily see a conflict between instrumental and moral motives. As argued by Minkoff (2002), any provision of services to under-served or marginalized populations can be a social change strategy, and in this way, coalition participants understood instrumental and moral motives to be inseparable. From this perspective, the absence of funding devoted particularly to advocacy was not a major concern to most of the coalition members as long as other sources of funding to support the coalition's collaborative work, such as the state Navigator grant, were available. In fact, as described earlier, they saw their role as service providers as lending legitimacy to their role as policy advocates. They did, nevertheless, understand that there were differences between case advocacy and higher level policy advocacy. For example, in one discussion, they expressed an ongoing commitment to more fundamental change, such as better healthcare access for undocumented immigrants, who were excluded from the ACA; however, understanding that the

achievement of this goal could be a long way off and a “heavier lift,” they wanted to make the most of the newfound leverage afforded to them by the ACA to improve healthcare access for the documented immigrants covered by the new legislation. In the end, they favored practical and more immediate benefits for their client populations, leaving leadership in pursuit of longer-term goals to larger state and national advocacy organizations. Had dedicated advocacy funding been more available for a longer period of time, Project CHARGE may have been able to take on the heavier lift more directly.

CONCLUSION

This study adds further insights into how and why service-providing nonprofits engage in policy advocacy, as well as the important roles of a coalition structure, leadership by an experienced advocacy organization, and external funding in supporting service-providing nonprofits’ policy advocacy engagement. The study also illuminates these organizations’ unique contributions to policy advocacy, drawn from their daily interactions with clients and the service bureaucracy, as well as their use of insider channels to promote apparently small and detailed but at the same time consequential changes to service bureaucracies. Additionally, the analysis provides support for previous studies that have argued for a more fluid, less binary understanding of the boundaries between case-level and higher level advocacy, organizational and social benefits, and instrumental and moral motives.

Because Project CHARGE represents one case, the insights gained from it are different from those that might be gained from a quantitative survey of a representative sample of service-providing organizations. Furthermore, there may be some advocacy dynamics that are unique to health policy since healthcare is central to most people’s lives and can evoke a strong emotional

response. The coalition's activities also occurred in a unique historical moment in the health policy arena, during and right after the passage of the Affordable Care Act. The strengths of this case study lie in delineating the unique perspectives that service-providing nonprofits bring to policy advocacy, from where their strengths and weaknesses as advocates derive, and their motives for engaging in policy advocacy. This information can help us to understand how best to incorporate service-providing nonprofits into policy advocacy activities and the larger project of improving the social safety net for communities in need.

Future research might further examine the role of coalition structures and member composition. Although Project CHARGE was made up primarily of service-providing nonprofits, it was led by a relatively small, advocacy focused organization. Leadership by a large service-providing organization, which could compete with member organizations for service dollars outside of the coalition, may have resulted in more inter-organizational competition. Studies of inter-coalition activities would also be helpful to understand how coalitions or organizations that are more purely advocacy-focused and those that are service-focused interact in pursuit of larger policy change efforts. Finally, more research can be done on the role of private foundation funding in support of policy advocacy. Successful inclusion of service-providing nonprofits in policy-making would ensure that the accumulated front-line insights and expertise of this very large and relevant sector can inform policy improvements both at the legislative level and at street-level implementation.

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