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# Enrolling the Eligible: Lessons for Funders

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*Key Points*

- Many social programs have a gap between the number of individuals eligible for services and the number enrolled.
- The Robert Wood Johnson Foundation implemented Covering Kids & Families to increase enrollment in Medicaid and the State Children's Health Insurance Program.
- Grantees sought to increase enrollment by raising awareness among low-income families, simplifying the application process, and coordinating among programs.
- Funders are encouraged to consider the lifecycle of programs and organizations, the skills in coalition-building and working with public officials that are needed, and the need to fit political strategies with the local culture.

## Introduction

Being eligible for social programs does not necessarily translate into receiving social services and/or financial support. Many of those eligible for such benefits as food stamps or public health insurance are not enrolled in the programs that distribute them (Selden, Hudson, & Banthin, 2004; Leftin & Wolkwitz, 2009). Among other reasons, those eligible may not be aware of the program, or they may be daunted by the complexities associated with enrollment. From 1999 through 2007, the Robert Wood Johnson Foundation (RWJF) sought to bridge the gap between eligibility and enrollment in Medicaid and the State Children's Health Insurance Program (SCHIP) through two major national programs: the Covering Kids Initiative (CKI) and its successor, Covering Kids & Families (CKF). This article will explore the lessons that can be drawn from RWJF's experience – lessons that can be useful to other foundations interested in reducing the gap between eligibility and enrollment in public programs and in so doing, ameliorating social problems by extending the reach of *existing* programs. These lessons relate to program design, site selection, program longevity, and the use of evaluation to help improve program operations. The lessons are drawn from the CKF evaluation undertaken by a team of researchers from Mathematica Policy Research, the Urban Institute, and Health Management Associates.[1]

## Background: The CKF Program

Access to health care for children is largely determined by whether or not they have health insurance coverage (Schwartz, Howard, Williams, & Cook, 2009). The lack of health insurance holds significant risks for children. Compared to children with health insurance, those without are less likely to have a medical home, less likely to see a physician or dentist for standard preventive care, and more likely to postpone needed care

[1] Additional analyses from the evaluation can be found at www.rwjf.org

(Schwartz et al., 2009).

To address the large and growing number of uninsured children in the 1990s, Congress enacted SCHIP in 1997 (Rosenbach, 2007). This coverage initiative gave states the ability to expand coverage and also to make innovations in coverage programs (Wooldridge, 2007). To capitalize on this opportunity, in 1997 RWJF began an ambitious, decade-long effort to increase the health insurance coverage of low-income children nationwide (Wooldridge, Ellis, Hill, Stevens, & Trenholm, 2010). First, RWJF implemented CKI in 1999, which provided support to state and local organizations aiming to increase enrollment of children in Medicaid and SCHIP (Wooldridge et al., 2010). The RWJF board originally intended CKI to focus only on Medicaid eligibility, as SCHIP had not yet been legislated when CKI was authorized in July 2007. However, given the excitement generated by SCHIP and the chance to help SCHIP avoid the mistakes of Medicaid, CKI was expanded to focus on both Medicaid and SCHIP (RWJF, 2005).[2]

The Covering Kids Initiative increased Medicaid and SCHIP enrollment and also began changing the culture of many public health insurance programs, making them more consumer friendly and less stigmatizing (RWJF, 2001). In 2002, based on research that showed that offering coverage to parents increased enrollment of eligible children, RWJF expanded the program to include parents and changed the name to Covering Kids & Families. The program's goals also were broadened to include not only the enrollment but also the retention of children and their parents on public insurance rolls. From 2002 to 2007, RWJF distributed $44 million in CKF grants to organizations in 46 states to support efforts toward increasing the numbers of children and parents enrolled in SCHIP and Medicaid (Wooldridge et al., 2010). On average, state CKF grantees received $830,000 (Paxton, Wooldridge, and Stockdale, 2005). Different types of organizations were chosen as state grantees: half were advocacy groups, often with previous Medicaid or SCHIP experience; about a third were social services or health care resource agencies; seven were state government agencies, usually the Medicaid or SCHIP agency in the state; four were universities; and two were providers (Paxton, Wooldridge and Stockdale, 2005). State grantees were required to distribute half of their funds to at least two local CKF grantees; in all, there were 113 local grantees. Local grantees were established in each state to test new strategies to target and enroll eligible individuals and to identify barriers at the local level (Paxton et al., 2005). Local grantees included advocacy groups (20 percent), health care and social services resource agencies (20 percent), providers (20 percent), community services groups (15 percent), county or city government agencies (10 percent), health outreach or education groups (10 percent), universities or school districts (4 percent), and health insurers (2 percent) (Paxton, Wooldridge and Stockdale, 2005).[3] The program was managed by the Southern Institute on Children and Families, a public policy nonprofit organization based in Columbia, SC.

***CKF grantees focused on maximizing the enrollment and retention of children and parents through the use of three strategies: outreach, simplification, and coordination.***

CKF grantees focused on maximizing the enrollment and retention of children and parents through the use of three strategies: (1) outreach to low-income groups to increase their awareness of their eligibility for public health insurance programs, (2) simplification of the state rules governing eligibility and retention in those programs,

[2] In addition, CKI was originally intended to fund 15 state projects; by 1998, RWJF had received applications from 44 states and the District of Columbia. In July 1998, the board tripled funding for the program, from an original $13 million allocation to $43 million, meaning that not only could it focus on SCHIP and Medicaid, but also, every state that applied could participate (RWJF, 2005).

[3] Actual grant amounts were tied to state population and percentage of uninsured children in the state.

and (3) coordination between Medicaid and SCHIP and among eligibility categories within each state program.

***Simplification consisted of efforts to work with state agencies to simplify SCHIP and Medicaid policies and procedures in order to make it easier for families to enroll – and then stay enrolled – in these programs.***

*Outreach* was initially the strategy most actively employed by CKF grantees. Here, CKF organized outreach campaigns intended to raise low-income families' awareness that their children (and in some cases the parents themselves) might be eligible for Medicaid and SCHIP benefits and to provide information on how to apply for those benefits (Grant & Ravenell, 2002). One popular form of outreach was a call to action announcing a resource, such as a toll-free hotline, that eligible families could contact for more information about health insurance coverage. Another was application or renewal assistance, either by phone or in person, in a variety of locations (for example, schools) where income-eligible children and parents might be (Howell & Courtot, 2005). A third form of outreach consisted of specialized activities to reach target populations that were subject to low literacy levels, language barriers, frequent changes of address, or other challenges.

*Simplification* was the second major strategy. It consisted of efforts to work with state agencies to simplify SCHIP and Medicaid policies and procedures in order to make it easier for families to enroll – and then stay enrolled – in these programs (Grant & Ravenell, 2002). Examples of simplification activities included: making applications shorter, reducing the applications' documentation requirements, and allowing mail-in renewal applications.

Establishing formal *coordination* between SCHIP and Medicaid programs was the third strategy. Coordination was intended to ensure that families could transition easily between programs if they applied for the wrong program or their eligibility changed (Grant & Ravenell, 2002). Examples of coordination activities included creating one application for both Medicaid and SCHIP and instituting processes that simultaneously assessed eligibility for both programs.

RWJF used various tactics to pursue these strategies:

1. CKF grantees were asked to enlist and maintain the cooperation of state Medicaid and SCHIP officials. Without that cooperation, the simplification and coordination strategies would not have been feasible.
2. Grantees were asked to form a statewide coalition that included not only state officials but also child-health advocacy groups, community-based organizations, health plans, providers, schools, and others (Ellis, Stevens, & Tang, 2003; Hoag & Stevens, 2008).[4] These coalitions were meant to serve as the common space for the development of consensus on the problem and the solutions, as well as serving as a channel for informing and possibly influencing policymakers. Local grantees also formed coalitions at the local level.
3. Selected CKF projects were trained in the use of process-improvement collaboratives (PICs). Grantees formed teams that included key Medicaid and SCHIP staff, such as eligibility processors or other field staff, who agreed to work with CKF and one another to improve Medicaid and SCHIP processes.[5]
4. RWJF created an extensive "Back to School" communications campaign to inform families that they might be eligible for public health coverage and to encourage parents getting their children ready for school to think about enrolling them in Medicaid or SCHIP (Stock-

[4] RWJF hoped that coalitions would not only support CKF's work on the three strategies during the grant period but would also help build "lasting capacity in states and communities to continue progress toward the initiative's objectives even after the funding period" (RWJF, 2001).
[5] The role of PICs in the CKF program will be described in more detail below.

dale, Howell, & Hill, 2004).

5. Finally, RWJF provided CKF grantees with technical assistance, including consulting services on producing effective communications campaigns, simplification, sustainability, and other specialized topics from a variety of consultants.

## Evaluation Methodology

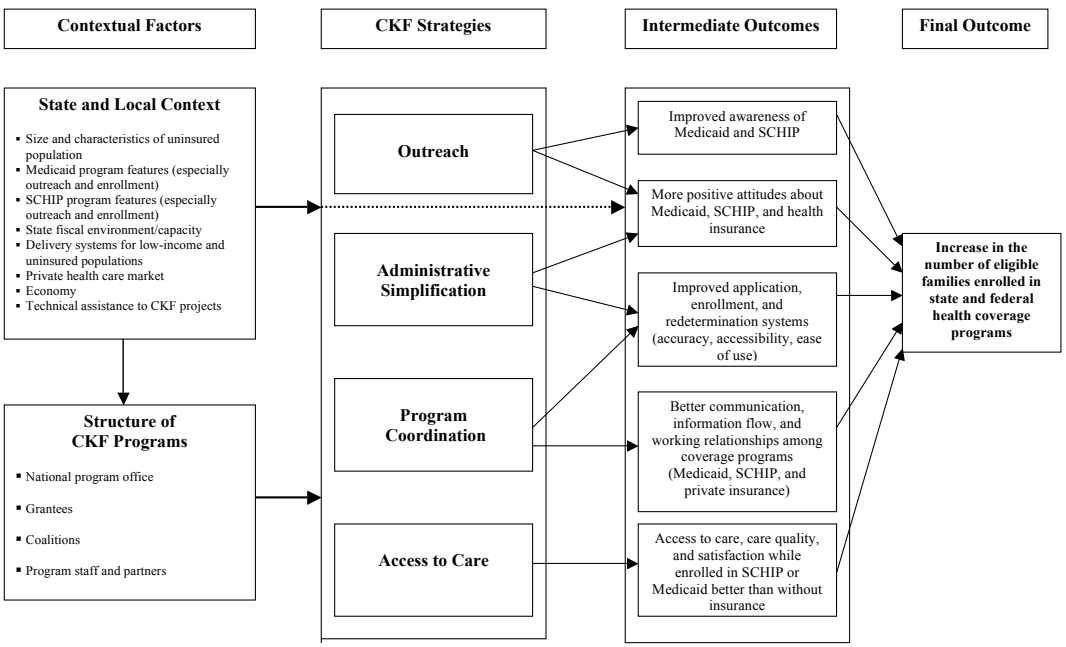
The CKF evaluation was based on a logic model that included the three CKF strategies, the likely environmental influences on the program, and the questions RWJF wanted answered, as shown in Figure 1. Evaluators sought to answer several key questions:

1. What did CKF grantees do?
2. How did the environment affect achievement of program goals?
3. Did CKF change knowledge about or attitudes toward Medicaid and SCHIP?
4. What happened to health insurance coverage?
5. What factors governed changes in enrollment and retention?
6. What role did CKF play in such changes?
7. Has CKF survived beyond the end of RWJF funding?

The broad scope of these questions, combined with the program's breadth, required an innovative evaluation design using multiple methods. Data were collected through a set of Web and telephone surveys, site visits, reverse site visits, process observations, analyses of program reports, and statistical analyses of state-level enrollment data.

First, in order to meet the needs of not only the evaluation but also foundation staff, the national program office, and the communications contractor, the evaluation team designed an online grantee reporting system. This system provided information on the membership of grantee coalitions, their site-specific strategies, and their specific program activities. This reporting system formed a common database that minimized the burden on the grantees and served as the basis for formative feedback provided to the foundation through "highlight memos" reporting on various aspects of CKF operations.

**FIGURE 1** Logic Model for Evaluating Covering Kids & Families (CKF)



Second, to understand the workings of the coalitions, the interactions of CKF staff and coalitions with relevant state officials, and the barriers to the successful implementation of CKF strategies, the evaluation team fielded Web and telephone surveys of CKF program directors, coalition members, state officials, and CKF grantee staff. Many of these were repeated several times during the course of the program.

***A program's life cycle includes three stages:* startup, maturity, *and* perpetuation *or program death, when the end of foundation funding is near and grantees need to prepare for life after the grant.***

Third, in-person meetings with grantees and state staff took place during site visits to 10 states in the course of intense case studies. The implementation component of the evaluation consisted of two "reverse site visits" in which the grantees and the evaluation team met for structured discussions of specific topics, such as strategies to improve retention. Finally, the Centers for Medicaid & Medicare Services (CMS) provided access to Medicaid and SCHIP enrollment data in the Medicaid Statistical Information System (MSIS).

Our summative evaluation synthesized descriptive analyses of enrollment data, surveys, site-visit interviews, documents, and data from the online reporting system. Central to this synthesis were the case studies of 10 CKF states that discussed the trends in new enrollment and retention of children in Medicaid and SCHIP from 1999 through 2005. The analysis focused on the linkage of these trends to major policy changes, especially those associated with the CKF grantees' activities. Ideally, we would have examined such links through a formal impact analysis estimating the effect of individual policy changes on the number of children enrolling or remaining in Medicaid or SCHIP. However, because the CKF program was implemented nationwide simultaneously, we could not use control or comparison groups to assess the program's effects on coverage. Instead, we addressed the challenge of attributing causality by a rigorous synthesis of information across a variety of sources in a case study approach, which combined exploratory data analysis and in-depth interviews with key informants. To this we added the analysis of SCHIP enrollment data found in MSIS to analyze the effect of CKF activities on enrollment in Medicaid and SCHIP. This combined approach allowed us to assess the potential influence that policy changes had on new enrollments and retention. In addition, we compared data across sites to assess the strength of the patterns in promising policies and procedures for increased enrollment and higher retention rates.

## Results of the Evaluation: Lessons Learned From CKF

The results of the evaluation that may be useful to other foundations are best presented within the framework of the program's life cycle. Program activities are likely to vary depending on whether a program is just beginning or is coming to the end of its funding. A program's life cycle includes three stages: (1) *startup,* as the underlying idea for the program is developed, the program's strategies are set, and the grantees are selected and begin implementation; (2) *maturity,* when the grantees have organized themselves and are steadily implementing their plans to reach program goals; and (3) *perpetuation or program death,* when the end of foundation funding is near and grantees need to prepare for life after the grant, either by securing continued funding, reinventing themselves while continuing to pursue program goals, or preparing to terminate their operations (Stevens & Hoag, 2008).[6] Foundations, technical-assistance providers, and evaluators need to match their activities to the appropriate stage of the program's life cycle.

[6] Funders could help grantees in this stage by establishing new organizations that help grantees continue their work even after funding ends. RWJF continued information sharing through a national CKF network, run by state CKF grantees, to sustain their knowledge base (Hoag & Stevens, 2008).

We turn now to explore the lessons that can be drawn from the experience of the CKF program in its various stages. These lessons are divided into two sections. The first discusses how programs can be structured to effectively pursue the goal of enrolling and retaining target populations in social-benefits programs. The second explores how evaluations can be designed so that they provide information that foundations can use to improve such programs.

## *Program Lessons for Funders*

### *Program startup*

1. Assessing the capacity of applicants to alter state policies and procedures is critical to implementation in this type of program; applicants that cannot demonstrate these specific capacities should not be awarded grants.

Potential grantees need a broad set of skills. For CKF, applicants needed two major skill sets: (1) organizing educational and media campaigns for outreach, and (2) working collaboratively with officials of state health insurance agencies to improve SCHIP and Medicaid policies and procedures. Specifically, RWJF needed to assess whether potential grantees had ongoing connections to the state officials relevant to program concerns and/or a history of collaboration between the state government and community groups, skills in coalition building, and the capacity to sustain operations after foundation funding ended.[7]

One of the most critical skills is the ability to build and sustain coalitions. Coalitions are crucial to the success of programs like CKF that are trying to change state policies or procedures. By their very nature, they represent numerous outlets for education and outreach. They provide direct ties to organizations that work with the often difficult-to-reach low-income and communities of color. They also consolidate political pressure on the state government through joint activities of many local organizations. The skills needed to recruit a variety of different types of stakeholders, facilitate useful discussions, maintain the participation of different types of organizations with differing agendas, and generate consensus are not necessarily part of the skill set of all project staff. Some CKF coalition members, for example, complained that project staff (that is, grantee employees) insisted on maintaining control over the activities of the coalition to such a degree that participation declined and CKF program goals were only partially attained.

***RWJF needed to assess whether potential grantees had ongoing connections to the state officials relevant to program concerns and/or a history of collaboration between the state government and community groups, skills in coalition building, and the capacity to sustain operations after foundation funding ended.***

Furthermore, the skills that help coalition members be productive participants are not necessarily held by all. Some CKF coalitions were composed of members that were unaware of who made decisions for the coalition. Twenty-two percent of respondents to a survey of CKF coalition members reported that they only attended coalition meetings because it was part of their job (Ellis & Stevens, 2003). Grantees therefore need some technical assistance to teach them how to create and maintain strong coalitions. For CKF,

[7] Only some of the criteria we suggest were used in the original CKF funding decisions, because the above list was derived from the lessons learned after the CKF program was implemented. To choose CKF sites, the foundation considered whether the site had accomplished some change (such as mobilizing in a crisis) during the previous version of CKF (the Covering Kids Initiative), whether the site had a strong working coalition that had taken some action on an issue, and whether the site was likely to be able to raise funds to sustain activities after the foundation funding ended.

the national program office provided training in building and sustaining coalitions through a series of workshops. Training included fostering leadership, developing coordinating committees, learning processes to develop priorities, conducting resource inventories, and conflict resolution in order to strengthen the basic source of action in the program. CKF grantees without such skills had some problems working effectively toward program goals. In one state, for example, the state Medicaid and SCHIP official reported in a 2005 interview that while the CKF grantee was doing a good job at outreach, CKF had had no influence on policy changes in the state because the coalition was poorly run.

***In some states, there is a rift between community-based organizations (CBOs) and state agencies, with CBOs seen as advocates that make demands on government. The design of the CKF program, with its emphasis on coalitions, was a better fit with those states that had cooperative cultures.***

These experiences suggest that if the application review process reveals otherwise promising applicants that do not possess needed skills, the funder either should award funding to other applicants that do possess these skills or should offer the applicants training to help overcome the skills limitations that might hinder their effectiveness. Program development at RWJF after CKF reflects this lesson; the foundation later used this as a consideration when screening state-level advocacy coalitions as grantees for its Consumer Voices for Coverage (CVC) program.

2. National-scale programs for national-level problems are not automatically the most suitable strategy.

The designers of CKF chose to fund 46 state sites in the hope that the large scope of the program would raise the visibility of the problem of the eligible-but-uninsured and garner support for CKF's solution. With this decision, the foundation locked itself into spreading program resources across both the states that had the capacity and the drive to achieve CKF goals and the states that had less capacity and perhaps less motivation to do so. This design committed CKF to one side of the perennial debate between targeting resources only to grantees that have the capacity to succeed versus providing all possible grantees with the opportunity to make progress on the issue. Some observers of CKF argued that resources were spread too thin, and in some cases provided to those that could not effectively use their grants. The CKF program ultimately mitigated this issue by limiting access to certain program services, such as training for the process improvement collaboratives, to those sites that could demonstrate solid progress.

3. Program strategies intended to influence public policies should fit the local political culture.

Political cultures of states differ (Elazar, 1984). Some states have predominantly cooperative political cultures in which stakeholders work together, form a consensus, and then move together to address an issue. Other states have predominantly competitive political cultures in which stakeholders compete with one another for state funding or the attention of state officials. In some states, there is a rift between community-based organizations (CBOs) and state agencies, with CBOs seen as advocates that make demands on government. The design of the CKF program, with its emphasis on coalitions, was a better fit with those states that had cooperative cultures. In these states it often was easier for CKF coalitions to draw state health officials into active roles in the coalition because CKF fit a familiar pattern. In contrast, CKF coalitions in states with competitive political cultures sometimes had a more dif-

ficult time establishing strong relationships with state officials. Several state CKF grantees encountered state officials who rarely interacted with the CKF coalition; a few others faced numerous policy and personnel changes that compounded the gap.

Funders need to assess whether their program model would be likely to succeed in all environments. Coalition-based strategies, such as those used by CKF, may be better attuned to a cooperative political culture. In states where the political culture has historically been more conflict-oriented, a social-change model or strategy based on the use of advocacy groups pressuring the state government to generate change may be a more effective approach to influence state policies and procedures. Alternatively, the program strategies could be diversified to increase the probabilities of success in varied environments.

4. Incorporating local-level activities into a CKF-like program allows for grassroots information to be transmitted to the relevant state agencies. Foundations interested in influencing state policies and procedures should consider funding local-level grantees to serve this purpose.

Programs that seek to affect government policies benefit from funding grantees on more than one governmental level. The CKF program achieved greater influence because it funded both local- and state-level grantees. Local CKF coalitions provided crucial information and possible solutions to CKF challenges. Several local grantees developed and tested new formats for enrolling eligible applicants, and one tested whether emergency rooms would be an appropriate enrollment setting. Several of these new enrollment formats were subsequently considered and, in a few cases, implemented by the state.

In other instances, local grantees functioned as early-warning systems for the state programs. Many local grantees gathered information on the actual workings of state enrollment efforts on the local level and fed back information on bureaucratic roadblocks or inconsistencies to the state coalition. State officials in the coalition then took that information to their agency colleagues. In several cases, the states changed policies in response to that information. In one state, for example, local grantees helped determine that each county operated differently in terms of application requirements. Working through the coalition with state officials, workers in all counties were retrained so that application requirements were uniformly applied. Funders should consider providing generous funding for such local grants at the beginning of the program, so that they can collect such critical information at the stage in the program when program strategies can still be easily adjusted.

*Program maturity*

1. Funders working on programs to influence government procedures should build mechanisms into the program that allow grantees to adjust to inevitable electoral and budget cycles that affect state governments.

CKF program developers and managers found that grantees often needed to reallocate their resources from one task (such as outreach) to another (such as retention) because of a change in circumstances – for example, the changes in the governing party after an election or changes in funding for the SCHIP or Medicaid agencies because of budget crises or other financial events. In 2003, for example, most CKF grantees encountered forces that made it difficult to continue to emphasize outreach as a means to enrolling low-income children in public insurance programs. That year, state budgets were under stress due to an economic downturn. States were unable to contribute resources to outreach campaigns. They were also restricting eligibility requirements to reduce the cost of the insurance programs. Grantees, in turn, were worried that outreach campaigns would only generate demand for insurance that would not be provided.

In this situation, the CKF national program office relied on the fact that the program had several strategies rather than just one. They recommended that the grantees consider switching

their focus to one of the other ways of addressing coverage. For example, one CKF grantee that had initially planned to focus on outreach shifted to retention when the state froze new SCHIP enrollment. They realized it was critical to help current enrollees remain enrolled, since new enrollment was curtailed by the freeze; if a beneficiary did not retain enrollment, he or she could not get back into the program. In short, CKF built flexibility into its program through the inclusion of several strategies and multiple tactics.

2. Foundation-funded programs that are intended to change government policies or procedures should take actions to become a resource for relevant government officials. Otherwise, the cost of collaboration to the state will outweigh the benefits.

The majority of CKF state grants – 39 out of 46 – went to non-state agencies, typically advocacy or social services resource groups (Paxton et al., 2005).[8] Thus, the majority of grantees were not insiders, but rather outsiders who had to win the cooperation of state officials. The grantees had to provide some incentive to state agencies in order to gain their full collaboration, given the workload and slim resources available to most state governments.

The CKF program built support from state officials in a number of ways. One tactic was to undertake activities that helped the state stretch its program operations beyond its own funding. A number of CKF states undertook much of the outreach activities for state governments during periods where either political disagreements or economic downturns reduced state budgets for outreach for SCHIP. This allowed the states to place their own resources elsewhere. Another tactic used by grantees was to develop streamlined applications, web-based enrollment modules, or outreach materials for special populations and provide them to the state without charge. For example, in one state, the CKF grantee paid to have outreach materials developed and printed in different languages.

[8] Seven state CKF grantees were located within state agencies.

The most effective tactic that led states to see CKF grantees as useful was the establishment of process improvement collaboratives. PICs were teams composed of different stakeholders brought together to diagnose problems in systems and to then devise changes in system processes to improve operations. The teams engaged in the "plan, do, study, act" (PDSA) model of testing changes: planning a process change, implementing the change on a small scale, observing the measurable results, and acting on what is learned, either by starting another PDSA cycle or adopting successful processes in widespread practice (Institute for Healthcare Improvement, 2003). The PICs turned CKF grantees into allies of state and local officials as CKF members worked in teams with officials to identify and resolve problems with the enrollment and renewal processes, rather than acting as advocacy groups pressuring the state for change. This strategy is likely to be quite useful for funders in states that possess competitive political cultures. PICs can help grantees bridge the gap that exists between themselves and state officials. For example, one PIC developed a plan to align Medicaid and food-stamp program renewal dates in order to reduce the number of times families would have to apply for renewal of their benefits (Hoag & Wooldridge, 2007). In another state, the CKF grantee had often been at odds with the state over Medicaid and SCHIP processes; by working together, they streamlined the process from 72 to 16 steps, decreasing the average application-processing time from 22 to three days and saving $28,500 per month in overtime costs. These findings are similar to other studies that have documented the value collaborative participants have found in working together to solve common problems (Gold, Krissik, & Mittler, 2006).

*Program perpetuation or program death*

1. Funders should develop practices for grantees to use to help them maintain the gains that they have made during the program.

Foundation programs rarely last indefinitely. Usually, grant funding ends and the foundation moves on to fund efforts that address other social problems. Given this typical funding, funders should

develop practices that support the progress that grantees have made. Funders can encourage grantees to institutionalize the gains they have made; they can embed these gains within the practices of a member or a stakeholder organization or within a set of public regulations. In the CKF program, the foundation and its national program office encouraged grantees to embed outreach activities within the regular operations of a variety of settings: schools, doctors' offices, clinics, and social services agencies, among others. This helped ensure that outreach for public health insurance programs would continue to be conducted in the locations where routine interactions with potentially eligible families took place.

The simplification and coordination strategies of CKF were naturally suited to preserving gains. CKF grantees focused on ways in which states could change their own internal processes to institutionalize practices that helped to continually address enrollment and retention. For example, one grantee persuaded state officials to accept a forwarding address from the U.S. Postal Service as a valid new address (Hoag & Wooldridge, 2007). Two others began accepting renewals by phone. Another CKF grantee worked closely with the state to create a prepopulated renewal form; enrollees only needed to send the form back if the prepopulated information was incorrect (Uzoigwe & Hoag, 2008). State officials validated the role CKF played in making lasting simplification and coordination improvements. In interviews in 2005, state officials reported that there were 86 simplification or coordination changes that CKF had influenced; in 2008, these same officials reported that 86 percent of these 86 changes were still in effect (Duchon & Ellis, 2009).

2. Funders should encourage grantees to plan for sustainability, although not all grantees need to sustain their activities.

Not all program activities can be embedded in the ongoing operations of stakeholder organizations or in regulations. Nor can all grantees arrange to institutionalize all of their activities within a program's time frame. If foundations would like to have a lasting return on their investment, they will need to encourage grantees to maintain their activities after foundation funding ends. Given its long funding history, RWJF realized the need for CKF grantees to explicitly plan for sustainability in their post-funding future. They therefore required state grantees to raise funds to match 50 percent of the grant amount by the third year of their four-year grants. They also provided technical assistance to grantees on how to do fundraising (Hoag & Stevens, 2008). Those grantees that had organized themselves specifically to win funding from CKF were particularly in need of such training, because they had no experience in post-grant situations. More mature (pre-existing) grantees were less likely to need such training, because they had already demonstrated a capacity for survival.

***Those grantees that experienced difficulties during the CKF grant – such as having weak coalitions, little support from state officials, or no in-kind or financial support from the community – reported having more trouble surviving when the foundation support ended.***

But funders need to set reasonable expectations about sustainability; not all grantees need to survive in the post-grant world, nor will all be able to survive. Those grantees that experienced difficulties during the CKF grant – such as having weak coalitions, little support from state officials, or no in-kind or financial support from the community – reported having more trouble surviving when the foundation support ended. During the CKF grant, one grantee experienced numerous personnel and policy changes that included a switch in both the agency determining eligibility and the agency conducting intake and application processing. Moreover, local philanthropic support was minimal. Not surprisingly, this grantee was

not able to find support to continue beyond the grant. Even some CKF grantees considered "successful" (as measured by the policy and procedural changes they implemented) were sometimes not able to survive. One such grantee closed at the end of RWJF funding; according to a former staff member, finding funds to sustain the work proved too difficult when the state and national economies were in decline.

### *Evaluation Lessons for Funders*

During the life cycle of a program, funders, grantees, and technical-assistance providers need different types of information from the program evaluation. Even prior to program startup, evaluations can be useful. They can be used to explore the characteristics of proposed sites to assess their suitability for the program. Funders can also use evaluations to produce formative feedback that will help the foundation adjust the design of the program (for example, by shifting tactics) and help the grantees adjust program strategies to fit site-specific circumstances. Evaluations can also produce evidence that identifies factors that might increase the likelihood of success, thereby helping funders to set some priorities among possible program activities. Evaluators should organize data-collection systems early on so that grantees know what data they will need to contribute and are able to plan for data collection. Establishing data-collection systems in the startup phase also communicates to the grantees how their progress will be measured and assessed.

For a program's mature phase, evaluations can provide formative feedback to further adjust strategies and can be a vehicle for the identification of best (or most promising) practices.

In the last stage of a program, evaluations can offer summative conclusions that give an overall assessment of the effects of the program, including its impacts. Summative evaluations can also provide funders with lessons for future programs by incorporating the lessons from current programs (as this article attempts to do). Below, we discuss the evaluation lessons that apply to these three program stages, with examples from the CKF evaluation.

1. Rigorous, redundant, multiple methods and data sources are crucial for assessing outcomes when comparison group designs are not possible.

For CKF, with its grantees in 46 states, and for many similar programs, there are no feasible comparison groups. Even in state- or locally focused programs, good comparison states or localities are rare. It is difficult to match cases exactly, given the complexity of trying to effect changes in enrollment and retention in different state governments and with different state programs (states establish their own rules for their Medicaid and SCHIP programs, making each one unique). In such situations, gold-standard randomized treatment-control studies are not possible; creative approaches to analyzing and synthesizing data are required. When RWJF wanted to know how its program affected policy and outcomes but no comparison group was conceivable, we used multiple methods to identify the factors that influenced outcomes. We collected data from respondents with different perspectives, including grantees, state officials, and other stakeholders; and we collected information over time to see what had changed. We also used intensive case studies that combined qualitative data and quantitative methods to assess the alignment of enrollment change with policy change and program interventions, across states and across time, as a way of validating the probability that an outcome was due to specific policy changes that CKF had influenced.

2. The quick turnaround of highlight memos and issue briefs proved to be an effective way of disseminating information to stakeholders early enough in the process that they could adjust their behavior.

Formative feedback from an evaluation allows for information to reach funders in a timely way. The CKF evaluation generated such real-time data by producing a series of highlight memos and issue briefs that supplied information on what was occurring in the CKF states and identified promising practices in time for them to be disseminated throughout the program. For example, early on,

the evaluation reported on promising outreach practices at a time when state budgets were tightening; another early report focused on partnership with schools and providers as a way to institutionalize outreach among other key community members. Still another highlight memo provided RWJF with information on the types of organizations joining the CKF coalitions and the intensity of their participation (Ellis & Stevens, 2003; Ellis, Stevens, & Tang, 2003). Later, the evaluation reported on key elements needed for successful outreach (Wooldridge, 2007) as well as effective and ineffective CKF activities (Hoag, Stockdale, Courtot, Ellis, & Gaber, 2004). The foundation and its national program office adjusted several aspects of the program in response to this evaluation feedback. For example, grantees responded to evaluation reports about the lack of effectiveness and efficiency of doing outreach through health fairs, instead pursuing other avenues of outreach like working with school nurses and with school-based free/reduced price lunch program to identify potentially eligible children and families.

3. Evaluations of a program can be a stepping-stone for future programs as the funder gathers information about what works and what does not, as well as which questions can be answered and which cannot.

Foundations can use evaluation data to develop other programs that focus on the same or similar goals. RWJF developed several new programs to address coverage using the CKF evaluation results. The foundation's Consumer Voices for Coverage program is designed to strengthen state consumer-health advocacy networks in twelve states so that the consumer voice can be heard in current debates over health reform. The foundation considered the capacity of CVC applicants to build coalitions as part of their funding criteria; this specific criterion was based on evaluation findings from the CKF evaluation. Similarly, the Maximizing Enrollment for Kids project funds grantees working to increase the enrollment and retention of eligible children in public health insurance programs. It provides states with funds both to adopt effective CKF strategies and to add new ones. The program developers are building on the CKF evaluation's analyses of effective activities in the CKF program.

## Discussion

CKF offers lessons to funders interested in mounting projects to reach and enroll vulnerable Americans who are eligible for benefits or services provided by various public social programs but who are not enrolled. With the passage of health care reform legislation, funders will likely have numerous opportunities to do outreach to newly eligible Americans. Such efforts need not be limited to expanding enrollment in health insurance programs. Foundations might want to seek to increase the number of beneficiaries in a range of programs, such as state-funded prekindergartens, the food stamp program, nurse home-visiting programs, and programs that aid wounded veterans. Nor do such programs need to be national or prolonged to benefit from this approach. The lessons drawn from CKF can be applied to projects along a continuum of size and complexity.

***The lessons drawn from CKF can be applied to projects along a continuum of size and complexity, and need not be limited to expanding enrollment in health care programs.***

Philanthropic organizations seeking to influence the policies and procedures of public agencies, rather than to fund a social-services delivery program, face distinct challenges. From startup to the last stages of a program's life cycle, such projects require a balancing act. Funders must help grantees find a balance between systematically and faithfully implementing program strategies and retaining the flexibility needed when dealing with a government agency subject to changes in political and budgetary cycles. Funders must design

and implement projects in such a way that their grantees have the wherewithal to deal with these inevitable cycles. In the program's infancy, sites should be chosen on the basis of whether they exhibit that potential adaptability, so that they can pursue other policy or procedural avenues when the environment opposes the changes want to keep their work moving forward. In its mature stage, funders must decide where to place financial and consulting resources to flexibly support grantees coping with the vagaries of working with a public agency. Finally, in the end stage of the program, funders must be flexible in relinquishing control while working with grantees to build a sustainable future to carry on the work. Research, analysis, and discussion within the foundation community is still needed, however, to devise still other ways that funders can build in the flexibility needed when trying to influence public policies.

Programs like CKF expect that their grantees will work to influence government policies and procedures, yet they must balance this expectation with caution so that grantees will avoid lobbying. CKF showed two ways to avoid this. First, CKF demonstrated that grantees could mitigate old conflicts by becoming resources to a state agency, channeling information about the reactions of clients and front-line agency personnel to state officials. Second, CKF demonstrated that the use of PICs could create cooperative relationships, allowing grantee representatives and state agency personnel to learn to value one another as they work to simplify or coordinate eligibility and renewal procedures. These two practices can help funders and grantees influence positive changes in state policies and procedures without direct lobbying. One caveat, however; funders must place some limits on this cooperation in order to ensure that grantees maintain the capacity for objective analyses of the situation and avoid "capture" by the state agency.

The various ways in which CKF succeeded in working with states to increase enrollment and retention of low-income children (and sometimes their parents) on the SCHIP and Medicaid rolls (Wooldridge et. al., 2010) will hopefully inspire funders to address similar issues in other social welfare programs. The lessons of dealing with uncertainty, building an evidence base, and supporting sustainability, among others, could support the success of new programs in new areas of public policy.

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