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IssueBRIEF

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On the Road to Universal Children's Health Coverage: An Update on the KidsWell Campaign

KidsWell's premise is that the Affordable Care Act is the most viable near term policy option to cover all children.

The Patient Protection and Affordable Care Act (ACA), enacted in 2010, held great promise for expanding insurance coverage to millions of uninsured Americans. Starting in 2014, it expanded Medicaid eligibility to low-income adults with family income below 138 percent of the federal poverty level. It also offered premium subsidies to people with income up to four times the poverty level so they could purchase private insurance through federal or state health insurance exchanges. While most of those expected to gain insurance coverage for the first time are adults, children stand to gain as well, since children are more likely to have health care coverage when their parents do too (DeVoe et al. 2015). In 2014, about 3.9 million children were estimated to be eligible but not enrolled in Medicaid or the Children's Health Insurance Program (CHIP), representing roughly two-thirds of all uninsured children (Kaiser Family Foundation 2015). This brief looks at the KidsWell Campaign, a multilevel effort designed to ensure access to health insurance for all children. It summarizes evaluation findings on two research questions: (1) to what extent has state grantees' participation in KidsWell strengthened advocacy networks and capacities so far? and (2) which advocacy activities do grantees believe to be most effective in securing policy advances for children's health care coverage?

The KidsWell Campaign. Recognizing the ACA as a crucial opportunity to close the children's coverage gap, the Atlantic Philanthropies created the KidsWell Campaign to ensure access to health insurance for all children, which in turn was expected to lead to improved health outcomes. KidsWell sought to achieve this aim through a two-fold strategy: by protecting and expanding children's health insurance coverage and by building a lasting child advocacy infrastructure to maintain gains in children's health care coverage. Due to the complexity of the ACA, Atlantic believed that effective implementation of its numerous provisions would require careful coordination of ACA implementation efforts with existing public insurance programs for children—Medicaid and CHIP—which are jointly financed and administered by federal and state governments.

KidsWell was therefore designed as a multilevel effort. KidsWell supported two clusters of work: (1) nearly $10 million in grants went to state-based advocacy organizations in seven strategically selected states—California, Florida, Maryland, Mississippi, New Mexico, New York, and Texas; and (2) nearly $19 million in grants went to 10 national organizations to provide support to strengthen advocacy campaigns in these seven states, disseminate information and resources to support campaigns in

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other states, and advocate for federal health policies to ensure access to health insurance for children. Atlantic purposely chose lead organizations in the seven states that had strong advocacy capacities, so that grantees could start on the work immediately. In each state, Atlantic also funded other advocacy and grassroots organizations whose advocacy skills complemented those of the lead grantees. Because ACA reforms would take many years to implement, KidsWell grants extended for at least three and as many as six years.

Evaluating KidsWell. Atlantic contracted with Mathematica Policy Research to evaluate the KidsWell campaign. This brief presents descriptive, interim findings on two evaluation research questions: (1) to what extent has state grantees' participation in KidsWell strengthened advocacy networks and capacities so far? and (2) which advocacy activities do grantees believe to be most effective in securing policy advances for children's health care coverage? Our approach to this evaluation uses a mix of data sources and analytic methods, including review of key program documents and independent sources of information on state health policy developments; thematic analysis of focus groups held during the summer of 2014 with representatives from the state and national grantee organizations; a temporal analysis that assessed the proximity in time of the advocacy campaigns with policy gains reported by grantees and independent sources; and descriptive analysis of a survey of all grantees fielded during the summer of 2014, which asked grantees about their organization and partner organization strengths and weaknesses, children's health policy campaigns and activities used in those campaigns, use and value of the KidsWell grants and resources, and state-national grantee interaction, among other topics.

KidsWell partners leveraged each group's advocacy strengths; as one grantee said, *"It [required] finding out what everyone does best and piecing that together to achieve policy."*

FINDINGS

Key findings from this interim assessment include:

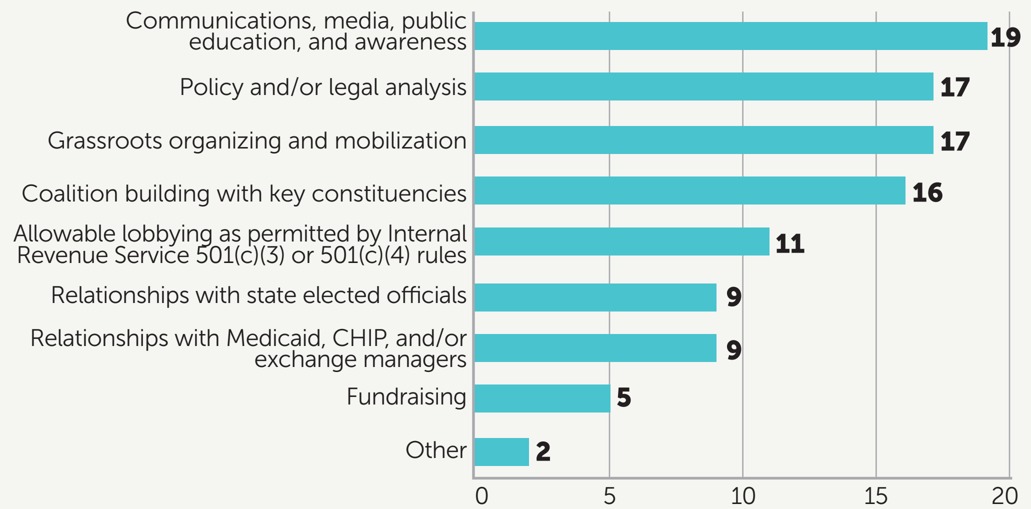
Careful vetting of grantee organizations helped ensure that the organizations given grants were capable of undertaking strong advocacy campaigns and combining their knowledge and skills. Atlantic sought to maximize its investment by intentionally funding capable children's advocacy organizations with different strengths who could partner to advance ACA implementation within the target states. According to grantee representatives, at least one organization in each state reported having strength in each of the core advocacy capacities (listed in Figure 1) with one exception (in one state, neither grantee had a strong relationship with the state Medicaid agency). In a few states, the desire to fund organizations that in combination had all advocacy skills led to "arranged marriages" of partners that had not worked together previously, creating challenges for groups with different approaches to advocacy. Tensions were apparent in a few states at the outset, but over time these strains seem to have abated as groups learned to collaborate and leverage each other's strengths, sometimes with the help of project-provided technical assistance. At the time of the survey in mid-2014, grantees in all states reported consistent policy goals, strategies, wins, losses, and assessment of partner strengths within state coalitions, indicating strong alignment.

Nearly all state grantee respondents believed that KidsWell funding enhanced their organizations' advocacy skills. In the 2014 survey of grantees, all but one of the 29 state grantee respondents reported that KidsWell resources enhanced their organizations' advocacy capacities. Those that were most enhanced included communications and media (19 respondents), policy and/or legal analysis (17 respondents), grassroots organizing and mobilization (17 respondents), and coalition building (16 respondents) (see Figure 1).

KidsWell funding and resources helped grantees develop effective advocacy campaigns by strengthening partnerships within states. Grantees cited the most important contribution of KidsWell support as building strategic partnerships within their states. The KidsWell grants permitted grantees to hire new staff to enhance their own organizations' skills to carry out advocacy; facilitated internal collaborations to help groups leverage and capitalize on members' strengths; and supported information sharing between national and state grantees and across states.

KidsWell created opportunities for national-state collaboration, although the strongest national-state partnerships predated KidsWell. State grantees reported that when they worked with national grantees, the technical assistance they received expanded their

Figure 1: Advocacy capacities enhanced by KidsWell funding or resources



Source: Survey of 20 KidsWell state grantees (N = 29). Respondents could select as many responses as applied.
Note: Other responses included training opportunities and enhanced relationships with business and community leaders.

> One state grantee noted the contribution of national grantees to their work: *"The support from national organizations has truly been valuable.... The national KidsWell grantees share with us what is going on in other parts of the country, letting us know new ways of doing things, which we can then pull down to our coalition to work on."*

skills or knowledge, helping them to become more effective in their work. There was more collaboration between state and national partners who had worked together prior to KidsWell. Nonetheless, state grantees' exposure to national organizations during the KidsWell grant period may enhance future collaboration.

The state grantees together set state-specific policy priorities, some of which directly related to ACA implementation and others related to state policies governing children's health care coverage. Common priorities included defending Medicaid and CHIP from state budget cuts; Medicaid and CHIP enrollment and renewal policies; and, after the ACA Supreme Court decision in 2012, advocating for the adoption of the ACA-authorized expansion of Medicaid eligibility to low-income adults (see details in Table 1). In three states, advocates supported development of state exchanges, rather than letting the federal government manage the exchange for their states' residents, based on the expectation that state exchanges would give advocates a stronger voice in influencing exchange policies and benefits affecting children's health care coverage.

Since 2011, KidsWell state grantees reported important policy wins as well as setbacks for children's health care coverage in their states. Major state policy wins reported by the KidsWell grantees included the establishment of state-based exchanges in California, Maryland, and New York; Medicaid expansion in California, Maryland, New Mexico and New York; and sustaining coverage for children amidst state budget cuts in Texas. KidsWell grantees in Florida and Mississippi saw no state-level policy wins for children, although they reported expanding advocacy capacity and public support for issues that they hope will translate into positive change in the future.

In all seven states, grantees reported coalition building and direct contact with elected officials to be their most effective activities, while administrative advocacy, mass media, and grassroots organizing were viewed as less effective in four states each. More than 70 percent of the 29 state grantee survey respondents reported that coalition building, lobbying, policy analysis, and relationships with elected officials were most effective in securing policy advances to date (see Table 1). However, which advocacy activities work best in any given situation appears to depend on state context and the specific policy goal. For example, where key policymakers were seriously considering Medicaid eligibility expansion and state exchange sponsorship, as in California, Maryland, New Mexico, and New York, policy analysis was more likely to be cited as an important input to the debate. In Florida,

Table 1: Overview of KidsWell states' political environments, grantee policy priorities, and most effective advocacy activities

	CA	FL	MD	MS	NM	NY	TX
State political environment (2012–2014)							
Governor	D	R	D	R	R	D	R
Senate control	D	R	D	R	D	D	R
House control	D	R	D	R	D	R	R
KidsWell grantees' policy priorities							
Policy priorities, 2011-2014	Protecting Medicaid and CHIP budgets, Medicaid eligibility issues, exchange design, Medicaid expansion	Medicaid and CHIP enrollment and renewal, in particular covering children of lawfully residing immigrant residents	Exchange benefit design, Medicaid expansion, avoiding a coverage gap for youth aging out of foster care, open enrollment	Medicaid and CHIP enrollment and renewal, Medicaid eligibility expansion, Medicaid or CHIP outreach and application assistance	Medicaid eligibility expansion, Medicaid/CHIP enrollment and renewal procedures, outreach and application assistance, state budget decisions	State exchange design, Basic Health Program	Medicaid eligibility expansion, outreach, application assistance
KidsWell grantees reports of most effective activities used to achieve a policy win or defend against a policy loss							
Coalition building (N=7)	•	•	•	•	•	•	•
Direct contact with elected officials (N=7)	•	•	•	•	•	•	•
Administrative advocacy (N=4)	•	•		•		•	
Policy analysis (N=3)	•		•		•		
Grassroots organizing/ social media (N=1)				•			
Public education/ mass media (N=1)							•

Source: Survey of 20 KidsWell state grantees (N = 29). Respondents could select as many responses as applied. CA = California; D =Democrat; CHIP = Children's Health Insurance Program; FL = Florida; MD = Maryland; MS = Mississippi; NM = New Mexico; NY = New York; R = Republican; TX = Texas.

Mississippi, and Texas, where state policymakers were overwhelmingly opposed to these policies, advocates focused on trying to make it easier for eligible children to enroll in and renew coverage under existing Medicaid and CHIP programs. Along with coalition building and contact with elected officials, grantees in these states viewed administrative advocacy (in Florida and Mississippi), grassroots organizing (Mississippi) and public media campaigns (Texas) as the most effective strategies to achieving these goals.

DISCUSSION AND NEXT STEPS

When KidsWell began in 2011, there was uncertainty about how federal and state governments would execute all ACA provisions and coordinate those implementation efforts with Medicaid and CHIP. As of early 2015, there has been enormous progress in reducing the number of people without health insurance: states and the federal government have set up exchanges, and despite a rough start with operations of the federal exchange and some state exchanges, over 11 million people have signed up for new coverage

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> Talking about the benefits of working in coalition to achieving the group's goals, one state KidsWell grantee reported, *"We have found that working with partners— both in coalitions and work groups—to produce concise, timely comments that are signed onto by multiple stakeholder groups is a particularly effective strategy for getting policymakers to pay attention to our issues. Collaboration is key!"*

or renewed existing coverage for plans purchased in those exchanges (with subsidies for those who qualify) and another 9 million have gained coverage through expanded Medicaid eligibility in 28 states and the District of Columbia (Rattner 2015). More children have gained coverage in this period as well, with the rate of uninsured children dropping from 7.5 percent in 2011 to 7.1 percent in 2013 (Alker and Chester 2014).

While gains in children's health insurance coverage throughout the last decade are important, the complexity and variability of public insurance programs across states, as well as the future of national policy regarding children's coverage, place these advances at risk. First, the legality of premium subsidies for those who enroll through the federal exchange is in question, as the U.S. Supreme Court prepares to decide King v. Burwell in 2015, and the Department of Health and Human Services has announced it has no backup plan if the ACA premium subsidies are struck down. Second, the ACA authorized funding for CHIP only through September 2015, and while Congress recently preserved and extended CHIP funding through fiscal year 2017, its future is uncertain past this date. Moreover, there is no transition plan for ensuring that CHIP-enrolled children will be covered after 2017 should funding not be reauthorized.

With the policy environment in continued flux, advocacy at both national and state level is needed to ensure that gains in children's coverage are not lost and that progress continues toward insuring all children. Atlantic Philanthropies provided generous funding and technical resources for this advocacy effort over an extended period to try to strengthen grantees' capacities and networks in the hopes of achieving lasting systems change so that universal children's coverage can become a reality. The KidsWell grantees have nearly two years of funding remaining to continue advocating for policies that guarantee health coverage for all children.

In the final report to be issued in 2016, we will compare grantee perceptions with those of key policymakers and other stakeholders in the seven target states regarding the role of consumer advocacy groups in shaping policies for children's health coverage, the effectiveness of the grantees' advocacy activities, and which issues and advocacy activities they expect to be important in the future. The final report also will present overall conclusions about and lessons drawn from the contribution of the KidsWell initiative and discuss what can help to sustain these gains and networks after the end of KidsWell funding.

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