



Lessons Learned from Advocacy to Expand Children's Coverage: A RECIPE FOR SUCCESS

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From 2008 to 2014, the number of uninsured children in the United States fell from 7.3 million to 4.4 million, an astonishing 40 percent drop (Annie E. Casey Foundation 2015). This striking progress toward the goal of universal health insurance coverage of children shows what can be achieved when sufficient resources are marshaled and directed in the right way, at the right time.

Advocates for the health of children and others working to get more children enrolled deserve a moment to bask in the accomplishment. Bringing coverage to nearly 3 million children will yield improvements in their health and well-being in ways that can yield lifelong benefits. And yet the battles to bring coverage to those who have fallen through the cracks of the system, or who are still left out of it entirely, will be at least as difficult as those that have already been won. So it is an opportune moment to reflect on what has been most effective in achieving recent successes, as we look ahead to tackle the outstanding challenges.

The Atlantic Philanthropies created the KidsWell Campaign to accelerate progress in covering children and to build an infrastructure that would endure when the limited-life foundation closes its doors in 2017. Toward that latter goal, The Atlantic Philanthropies set out to inform and inspire future efforts to achieve universal health coverage for children by distilling and sharing lessons learned through the KidsWell initiative.

This publication draws upon the products of stocktaking from the KidsWell Campaign, including an interim evaluation produced for The Atlantic Philanthropies by Mathematica Policy Research that analyzed results from a survey of 20 state grantees (Hoag et al. 2015), cases studies of state efforts produced by Mathematica for The Atlantic Philanthropies, and a series of meetings for grantmakers held in the KidsWell states, organized by Grantmakers In Health and Grantmakers for Children, Youth and Families on behalf of The Atlantic Philanthropies. Those source documents provide a trove of information for grantmakers seeking to step up or redirect their own efforts on behalf of children's coverage.

THE KIDSWELL CAMPAIGN

In 2011, The Atlantic Philanthropies created the KidsWell Campaign to leverage the opportunity created by the Affordable Care Act (ACA) to address shortfalls in health insurance coverage of children. KidsWell included both a national component and a focus on achieving expanded coverage in selected states. Nearly \$10 million in grants went to state-based advocacy organizations in seven states—California, Florida, Maryland, Mississippi, New Mexico, New York, and Texas. Additionally, close to \$19 million went to 10 national organizations to provide support and to strengthen advocacy campaigns in the seven selected states, to disseminate information and resources to support campaigns in other states, and to advocate for federal health policies to promote children's access to health insurance. The KidsWell grants extended for at least three years and for as many as six years in the case of some grantees (Hoag et al. 2015).

WHAT DOES THE KIDSWELL EXPERIENCE TELL US ABOUT EFFECTIVE ADVOCACY TO EXPAND CHILDREN'S COVERAGE?

KidsWell grantees reported that the increased capacity to work collaboratively with state-based partners that was made possible through the grants was key to the achievements made in their states (Hoag et al. 2015).

FUNDERS' REFLECTIONS

Meetings with grantmakers in each of the KidsWell states provided an opportunity to reflect on the implications of health reform for children, examine the best ways to help children and families get coverage, and outline the action steps necessary to build a lasting child advocacy infrastructure for children's health. Highlights from a selection of the meetings follow.

- ▶ **Florida** – On a webinar held in May 2015, Florida grantmakers heard presentations from several experts on the state of children's coverage and advocacy in Florida. They discussed what it will take to achieve political movement on children's coverage issues in the state, with an emphasis on the need to inform and engage the public so as to achieve consensus on policies, thereby raising the bar for decisionmakers.
- ▶ **Maryland** – At a January 2014 meeting in Baltimore, grantmakers identified a number of themes emerging from the presentations and discussion, including:
 - The importance of sharing and learning from each other,
 - The power of personal stories and “flipping the narrative,”
 - The generalizability of lessons, despite cross-state differences in specific policy goals, and
 - Recognition that the public sector, in many cases, serves as the most appropriate source of ongoing, sustainable funding for a successful, replicable initiative.
- ▶ **New York and New Mexico** – Grantmakers attending meetings in New York and New Mexico discussed results from a case study of the KidsWell experience in those two states. Key takeaways included:
 - Advocates need to determine the most effective messages that will resonate in their state and support those key messages with careful policy analysis. In New Mexico and New York, the economic benefits of coverage, demonstrated by thorough policy analysis, made a convincing case to policymakers.
 - Public engagement is critical to drawing policymakers' attention to issues.
 - Given limited resources, funders can maximize their investment by supporting advocates who can forge coalitions with a broad range of stakeholders.
 - Policymakers and administrators view advocates who offer constructive solutions as more effective partners.
 - Funders should avoid the temptation to require grantees to adopt a new label for each new initiative.
 - Advocates will need ongoing financial support to provide the stability needed to maintain momentum and to garner ongoing attention by policymakers to the issues.
- ▶ **Texas** – A meeting held in Austin in June 2014 gave Texas grantmakers the opportunity to connect with those working in the field of children's coverage and learn about the work of other grantmakers engaged in this area. Participating grantmakers emphasized the importance of continuing discussions about opportunities for collaborative funding initiatives.

Sources: Building a Legacy of Healthy Children meeting series; KidsWell Campaign New York and New Mexico case study report.

KidsWell grantees worked together to define and work towards agreed policy priorities for children's health care coverage in their states, including goals to pursue and undesirable outcomes to avoid. The policies identified as important to achieving coverage improvements varied, depending on the political environment, circumstances, and perceived opportunities in the state.

State grantees applied KidsWell resources to enhancement of various types of advocacy capacities. Many state grantees used resources from KidsWell to enhance communications, media, public education and awareness; policy and/or legal analysis; grassroots organizing and mobilization; and coalition building with key constituencies. Less frequently reported were enhancements to lobbying efforts; relationships with state elected officials and/or managers of Medicaid, Children's Health Insurance Program (CHIP), or the health insurance marketplaces. A relatively small share of grantees reported use of resources to enhance fundraising capacities (Hoag et al. 2015).

KidsWell states have seen important advances in children's health coverage since launch of the campaign. Grantees cited achievements including Medicaid expansion in four states (California, Maryland, New Mexico, and New York), the establishment of state-based exchanges in three states (California, Maryland, and New York), and sustaining coverage for children amidst state budget cuts in Texas. Although grantees in Florida and Mississippi did not achieve the policy goals they sought, they reported that the expansions in advocacy capacity and public support for issues may yet result in future steps forward (Hoag et al. 2015).

Findings from the KidsWell interim evaluation suggest that the advocacy activities that worked best in meeting policy goals depended, in part, on the goals themselves, as well as particulars relating to the state and the grantees. Grantees in all of the KidsWell states cited coalition building and direct contact with elected officials as among the most effective ways of achieving their policy priorities. However, grantees in the four states where Medicaid expansion and state exchange sponsorship were under serious consideration more often cited policy analysis as an effective strategy. In the three KidsWell states where lawmakers were firmly opposed to these policies, grantees reported effective use of strategies such as administrative advocacy, grassroots organizing, or public education to work towards goals such as making it easier for eligible children to enroll in and renew Medicaid and CHIP coverage (Hoag et al. 2015).

CONCLUSION

Continued advocacy at both the national and state levels will be required to maintain the great progress that has been made in children's insurance coverage and to close the distance towards the goal of universal coverage. The KidsWell Campaign provides information that can be used to direct and target future resources by health grantmakers that choose to invest in this cause.

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