

## Ensuring the Health of America's Children: Progress and Opportunities

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**B**ehind the headlines of a weakened U.S. economy and rising unemployment are two related developments: the transformation of health care coverage into an issue of real salience to working families and the middle class, and the ways in which states have crafted, and will continue to craft, an effective response.

Over the past decade, the number of uninsured Americans has increased to 45 million, as rates of employer-based coverage have stalled or declined. Growth in both Medicaid and the State Children's Health Insurance Program (SCHIP) has helped mitigate this decline, and the rate of uninsurance among children has actually declined over the same period (Kaiser Commission on Medicaid and the Uninsured 2008).

In the face of deteriorating economic conditions, states have continued to move forward in efforts to expand and improve health coverage for children. Over the course of the last year, 19 states provided health coverage for additional uninsured children and families by expanding Medicaid and SCHIP and/or reducing administrative barriers to make enrollment and staying enrolled easier. Since 2005, two-thirds of states have made strong improvements in child or family health coverage programs (Center for Children and Families 2008). Data show that these improvements have resulted in a decline in the number of uninsured children nationally by 500,000.

Although children have generally fared better because the country has made a more significant commitment to cover them through public programs, this progress is at risk because of an overall tightening of resources and increasing demand. At least 44 states face fiscal deficits precisely at the time when resources are needed to support growing demand for Medicaid and SCHIP as states' unemployment rates increase (Center on Budget and Policy Priorities 2008). Declining revenue projections could also hinder the progress and timing of implementation of recent coverage and access policy gains in several states. A general consensus among policymakers, however, seems to be emerging whereby solutions to revitalize the economy and stimulate job creation are pursued in tandem with bolstering safety net programs, including provision of affordable coverage options for uninsured children and adults.

Providing fiscal relief to states in the form of additional

matching funds under Medicaid and reauthorizing SCHIP would enhance proven coverage sources for families and encourage continued progress on coverage expansion efforts. These changes have the potential to significantly bolster state-based activity to cover children and families. Regulatory and administrative barriers must also be closely examined, as well as the level of outreach and enrollment resources that could be made available to facilitate enrollment and retention in Medicaid and SCHIP. In a time of scarce resources, federal and state funding could leverage myriad state-based children's coverage and health reform efforts already underway. Since 2007 several national funders, including The David and Lucile Packard Foundation, the Robert Wood Johnson Foundation, and the Public Welfare Foundation, have expanded support of state-based children's health and consumer health advocacy networks to help foster model solutions and build momentum toward a national coverage program for children and adults. As of early 2009, at least 35 states have active coalitions seeking broader health care reform or health coverage for all children through policy and advocacy efforts, network building, and enhanced strategic communications.

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In February 2007 the Packard Foundation launched its Insuring America's Children strategy, a \$15-million, multiyear investment in grant support, cross-program learning, training, and technical assistance to advocacy organizations in 16 states poised to make strong advances in children's coverage. A key part of the grantmaking strategy is to provide policy and peer-to-peer technical assistance to state child health program administrators and policymakers in over 40 states and U.S. territories that are implementing new coverage initiatives for children. A comprehensive, multistate evaluation is also underway to monitor program progress, impacts, and implementation.

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### OPPORTUNITIES FOR HEALTH FUNDERS

With states setting forth with bold expansions and program streamlining, there are opportunities for grantmakers

to invest in capacity building, network effectiveness, message dissemination, research, and coordination.

- **Build and support strong statewide and regional capacity for advocacy.** With fiscal challenges projected to extend over multiple years, the need for experienced and effective advocacy organizations to monitor and protect proven coverage programs and their sources of financing must not be underestimated. Children's and health advocacy groups need to strengthen linkages to organizations with proven local presence and expertise, thereby bolstering capacity to engage in program and policy decisions. Leading advocacy organizations must also build structures and collaborative relationships that allow them to be nimble and responsive within a fluid policy environment.
- **Expand and assess network engagement and participation.** As statewide and regional coalitions assess what their strengths and gaps are, it is important for them to work through their boards and coalitions to identify key champions in the business, provider, education, and faith communities. A network effectiveness assessment may be very beneficial in identifying how to expand and harness the reach of these groups and others they have access to.
- **Bring and disseminate tailored messaging to policymakers and the media.** As children's coverage and access to care issues are raised on their own or in the context of broader policy reform, message coordination among key organizations within states and with national groups should be encouraged. Successful campaigns highlighting the doability of the policy change, progress on key indicators, and what it will take for meaningful policy solutions to be secured and implemented have taken place in numerous states.
- **Support proven outreach, enrollment, and retention strategies.** A significant range and depth of outreach, enrollment, and retention activity has been underway over the last 10 years. With the possibility of enhanced Medicaid matching rates, along with the broader expansion of public programs to cover more families, investments in reaching, enrolling, and retaining eligible children and families are likely to achieve a high return on investment.
- **Support research and policy analysis.** With more states considering bold expansions, strong academic and philanthropic partnerships are still needed to rigorously examine buy-in programs and coverage and access issues for hard-to-reach populations such as immigrant families and families in rural communities.

## **BROADER HEALTH CARE REFORM AND ENSURING THE HEALTH OF AMERICA'S CHILDREN**

With the prospects of broader health care reform once again burning brighter, the question of whether vulnerable

populations, such as the unemployed, children, or pregnant women, should receive high priority remains an open question. While some of the central issues on broader health care reform pertain to how to assure and pay for expanded coverage, of equal importance are issues of program design, including health benefits offered, mechanisms for paying for services, quality assurance, and the status of services for children with special health care needs.

It may turn out that economic and fiscal conditions ultimately drive a phased-in approach to health care reform. Under a phased-in scenario, covering children as a first step is an attractive option because of strong public sentiment for children, the relative ease in building from existing programmatic and financing mechanisms, and because children's health care is relatively inexpensive. Some of the mechanisms used to cover children could also be extended to reach adult family members, including parents.

It is also important to acknowledge that state efforts to expand coverage for children are not isolated experiments. What is learned from states' experience will be evaluated in the context of both broader health care reform deliberations and budgeting decisions for children's programs more generally. The issue is both what role children's health care should play in general health care reform and what place health care reform will have in a broader children's policy framework.

The time has arrived for all children to have comprehensive health coverage that improves their access to health care and is appropriate to their health and developmental needs, as one of the first steps along the road to broader health care reform. Health philanthropy has played and will continue to play a vital role in helping shape the framework for reform, mobilizing resources and expertise, engaging impacted communities in the formation of workable policy, and bringing new voices to deliberations that reshape the U.S. health care system.

## **SOURCES**

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Center on Budget and Policy Priorities, "States and the Weak Economy," <<http://www.cbpp.org/9-8-08sfp.htm>>, accessed December 28, 2008.

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