



# Strategic Engagement of Policymakers Is Key to Advancing a Children's Health Care Coverage Policy Agenda

## EVALUATION BRIEF

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Insuring America's Children: States Leading the Way (IAC) is a grant program funded by the David and Lucile Packard Foundation. Begun in 2007, IAC includes support (funding, training, policy analysis, and technical assistance with communications and strategy) for state-based advocates working to expand children's health insurance coverage. A separate evaluation component of IAC aims to inform decision makers in states and at the national level about promising coverage strategies and programs. The evaluation component is led by Mathematica Policy Research in collaboration with its subcontractors, the Urban Institute and the Center for Studying Health System Change.

For more information on the IAC project, see [www.packard.org/finishlineproject](http://www.packard.org/finishlineproject). For more information on the evaluation component, including additional research findings, see [www.mathematica-mpr.com/health/iac.asp](http://www.mathematica-mpr.com/health/iac.asp).

*References to legislation and legislative activities are provided for context. No Packard Foundation grant funds were used in any legislative activities.*

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*Policymakers can be critically important allies of children's advocates. As part of an evaluation of the David and Lucile Packard Foundation's Insuring America's Children: States Leading the Way grant-making strategy, site visits conducted to seven states—Arkansas, Colorado, Iowa, Ohio, Rhode Island, Texas, and Washington—found that the establishment of strong relationships between advocacy organizations and policymakers is central not only to moving children's health care coverage agendas forward, but also to preserving previous coverage gains. Understanding states' unique political environments is an important first step for advocates in developing effective strategies to engage policymakers and gain their support. Common strategies include identifying, nurturing, and supporting political champions; creating strategic linkages between grassroots organizations and policy advocacy groups; using effective messaging that appeals to policymakers; establishing advocacy organizations as the "go-to" resource for reliable data and information; and sharing ownership of agendas and successes. How advocates in the seven states have used these strategies provides useful lessons for other advocates pursuing expansions in health insurance coverage.*

### State-Based Advocates Pursue Universal Coverage for Children

The David and Lucile Packard Foundation—through its *Insuring America's Children: States Leading the Way* grant-making strategy—provides financial and technical support to state-based advocacy organizations to promote health care coverage for all children. In February 2008, advocacy organizations in eight states received multiyear Finish Line grants because they were judged particularly well positioned to make significant progress toward the goal of universal children's coverage. Finish Line grantees also received intense and individualized technical assistance in both communications and policy strategies. Subsequently site visits were conducted to seven of these states—Arkansas, Colorado, Iowa, Ohio, Texas, Rhode Island, and Washington—and in-depth case studies were developed to determine how grantees were pursuing and the extent to which they were achieving their objectives. Indeed, the case studies revealed that the Finish Line states made impressive strides in the past two years. Highlights of their accomplishments include the following:

- Arkansas (implementation pending) and Colorado expanded Medicaid/Children's Health Insurance Program (CHIP) eligibility to include children in families with incomes up to 250 percent of the federal poverty level (FPL).
- Iowa, Washington, and Ohio (implementation pending) expanded Medicaid/CHIP eligibility to include children in families with incomes up to 300 percent of the FPL.

- Colorado adopted a buy-in program for families with incomes up to 400 percent of the FPL that have children with special health care needs.
- Iowa expanded coverage to immigrant children and Arkansas plans to do the same.
- Rhode Island restored coverage that had been lost in 2007 for lawfully residing immigrant children.
- Texas and each of the other six states adopted an impressive range of strategies to simplify Medicaid/CHIP enrollment and renewal for children, including 12-month continuous eligibility, online or telephone enrollment and renewal, express lane eligibility, and reduced verification requirements, among others.

The case studies identified a number of advocacy strategies that were critical in achieving these gains. This issue brief highlights one particular set of strategies—those related to engaging policymakers. Strong relationships between state-based advocacy organizations and policymakers not only are central to efforts to expand health care coverage for children, but also, as recent economic challenges have demonstrated, are critical in preserving previous coverage gains. The key lessons learned from the Finish Line grantees’ efforts to build relationships with policymakers might be useful to other advocates pursuing universal coverage for children or others.

### Understanding States’ Unique Political Environments

To engage policymakers, advocates must first understand their state’s political environment. Among the seven Finish Line states visited, the political environments vary on a number of dimensions, including the tenure of state legislators (term limits), their level of obligation (full- versus part-time status), and the locus of power and influence in state government. Table 1 illustrates the variation in the political environments of the seven states included in this analysis. Grantees worked to gain an in-depth

**Table 1. States’ Varying Political Environments**

| State        | Term Limits <sup>a</sup> | Part-Time Legislature <sup>b</sup> | Governor Party Affiliation | Legislature Majority Party Affiliation |
|--------------|--------------------------|------------------------------------|----------------------------|--|
| Arkansas     | Yes                      | Yes                                | Democrat                   | Democrat                               |
| Colorado     | Yes                      | Yes                                | Democrat                   | Democrat                               |
| Iowa         | No                       | Yes                                | Democrat                   | Democrat                               |
| Ohio         | Yes                      | No                                 | Democrat                   | Split <sup>c</sup>                     |
| Rhode Island | No                       | Yes                                | Republican                 | Democrat                               |
| Texas        | No                       | Yes                                | Republican                 | Republican                             |
| Washington   | No                       | Yes                                | Democrat                   | Democrat                               |

Note: Information presented as of the conclusion of the 2008–2009 legislative session.

<sup>a</sup>Arkansas legislators are subject to “lifetime” term limits after a specified number of years and are prohibited from running for the same elected office again. Colorado and Ohio legislators are subject to “consecutive” limits—after a specified amount of time out of office, the counting of years toward term limits resets.

<sup>b</sup>Legislators in “full-time” legislatures spend the time equivalent of a full-time job—40 hours a week—performing legislative work. Legislators in “part-time” legislatures spend less than the time equivalent of a full-time job performing legislative work.

<sup>c</sup>The Ohio state legislature is composed of a Republican-majority Senate and a Democrat-majority House of Representatives.

understanding of their individual states' political environments as a critical first step in developing a strategic plan to engage policymakers effectively and gain their support.

**Term Limits.** Term limits can significantly influence the ways in which state-based advocacy organizations engage policymakers. In the study states with term limits—Arkansas, Colorado, and Ohio—as much as one-third of the legislature can turn over every election cycle, Arkansas, for example, has lifetime term limits for legislators, which restrict their service to three two-year terms in the House of Representatives and two four-year terms in the Senate. As one Arkansas respondent discussed, “The problem with term limits is that as soon as we get a key champion, they’re gone. It used to be you had the champions who really stood out, and now, it’s getting harder and harder to identify those people quickly enough.” The constant turnover of legislators also means that institutional knowledge about public programs such as Medicaid and CHIP is often lost.

**Full- versus Part-time Legislatures.** Legislators' level of obligation varies across the seven Finish Line states, ranging from “full-time” legislatures that meet throughout the calendar year with “professional” legislators to “part-time” legislatures that meet for only portions of the year with “citizen” legislators who typically maintain careers outside of their elected offices. Whether a state has a professional or citizen legislature can directly affect advocates' efforts to establish and cultivate relationships with policymakers: in most of the Finish Line states, the legislature meets only occasionally, so the amount of time advocates have to push for children's coverage expansions is severely constrained. In Texas, where the legislature meets for only six months every two years, respondents noted the significant challenge of getting legislators to focus on children's issues.

**Locus of Power and Influence.** The Finish Line states also varied in political makeup, having either Democratic or Republican majorities in both the state legislature and governor's office or a mix of majority party affiliations. Within this context, advocacy organizations' understanding of where the locus of power and influence lies is critically important. In Arkansas, for example, power over the state policy agenda was reportedly centralized in the executive branch; site visit respondents noted that Governor Mike Beebe, who previously had served as a state senator and sponsored legislation creating the ARKids First Program (the state's Medicaid/CHIP program), maintains a strong influence in the state legislature. During the site visit, legislators were focused on Governor Beebe's policy priorities of economic development and education, rather than children's health coverage expansions.

## **Developing and Pursuing Relationship-Building Strategies**

Grantees considered the unique features of their respective states' political environments while developing and pursuing strategies to build strong relationships with policymakers. Commonly used strategies included identifying, nurturing, and supporting political champions; creating strategic linkages between grassroots organizations and policy advocacy groups; using effective messaging that appeals to policymakers; establishing grantees' organizations as the go-to resource for reliable data and information; and sharing ownership of agendas and successes.

Grantees shape the mix and emphasis among these strategies to adapt to their particular political environment. In states with term limits, for example, the need for continuous education of legislators through information dissemination and more frequent direct outreach becomes particularly important.

***Identifying, Nurturing, and Supporting Political Champions.*** Grantees uniformly attributed a large portion of their success in achieving child health care coverage expansions to having well-respected champions who could “carry the torch” for these efforts. Respondents acknowledged that identifying, nurturing, and supporting political champions are part of a critical strategy, noting that the types of champions to target can vary by state. In states with part-time legislators, trying to garner the support of the governor, who serves continuously, appears particularly important. However, grantees also consider where the locus of power lies and where political support is more likely. For example, whereas grantees in Colorado and Ohio noted the strong leadership of their governors in children’s coverage, the grantee in Rhode Island found that focusing on legislative members was more fruitful. Also, grantees in states with term limits and part-time legislatures must consider those limitations in identifying champions; as an interview respondent in Rhode Island explained, “The Senate is your best chance of finding advocates because they are the longest tenured legislators.”

In Ohio, most site visit respondents regarded Governor Ted Strickland as a champion for children’s health care coverage, noting that upon taking office in 2007 he declared children’s coverage expansions one of his top priorities. Governor Strickland reportedly made an uncharacteristic move when he reached across the aisle to meet openly with leaders of the opposition-controlled Senate to actively seek its support in moving the children’s health care coverage agenda forward. The grantee, Voices for Ohio’s Children, submitted a list of its policy priorities to the governor’s office and supported Governor Strickland’s expansion agenda via its statewide network of more than 100 partner organizations. Although Ohio passed several coverage expansions during the 2008 legislative session, budget constraints have since delayed their implementation.

In other states, political champions are state legislators. In Iowa, for example, respondents repeatedly named State Senator Jack Hatch as a key supporter of children’s health care coverage expansions. One Iowa respondent commented, “If we didn’t have him, we’d have no movement on health care [reform].” The grantee, the Child and Family Policy Center, played a key leadership role on the 2008 Iowa Choice Health Care Coverage and Advisory Council, created through legislation sponsored by Senator Hatch to develop recommendations for the design and implementation of a state comprehensive health care coverage plan. Many of the council’s policy recommendations for children’s coverage were eventually incorporated into state health care reform legislation, which passed during the 2009 legislative session.

Political champions can also be found in the state programs responsible for administering children’s health programs, such as Medicaid and CHIP. In Colorado, the state’s grantee, All Kids Covered, worked with Joan Henneberry, the director of the Department of Health Care Policy and Finance (HCPF), to identify and address administrative problems through an Eligibility Modernization Project (EMP). When the

state budget deficit precluded EMP implementation, the All Kids Covered leadership team worked with HCPF to develop ideas for a federal State Health Access Program Grant proposal. The department was awarded \$42.9 million to modernize eligibility and enrollment systems in Colorado.

***Creating Critical Links Between Grassroots Advocacy and Policymakers.*** Grantees are often the intermediaries—the coalescing force—that provide the critical link between grassroots advocates and policymakers. An important strategy used by grantees is building strong coalitions to help advance their children’s health care coverage agendas. Respondents discussed the need for broad-based, statewide coalitions that strategically include a range of stakeholder perspectives to gain policymakers’ attention, including those of advocates, Medicaid and CHIP officials, providers, insurers, the business community, faith-based organizations, and others. These numerous and diverse voices can then be channeled by advocates and used to help shape the policy process. As one Arkansas respondent noted, “Every community is different. Who has credibility is different. So we really need to find folks who are able to lend their voices to this; particularly as they’re talking to folks out in their communities.” Broad coalitions appear particularly important in Arkansas and other states with term limits because relationships with individual policymakers are not as enduring as in states without term limits, such as Rhode Island. Still, a Rhode Island respondent added, “People who are identified as key power holders are [usually] part of a coalition. They are interacting with others in lots of different ways, so it’s the right formula for success.”

Grantees have worked proactively to manage coalition members’ particular strengths and perspectives and to present a unified front. For example, the leadership team of the Colorado All Kids Covered coalition has effectively combined the individual strengths of each of its four member organizations under one cohesive coalition brand. In Texas, where three groups partnered in the Finish Line effort, one group (Children’s Defense Fund of Texas) was praised for its collaboration-building skills and leadership; whereas another (Center for Public Policy Priorities) was uniformly cited as a respected source of objective, thorough policy analysis; and the third (Texans Care for Children) was known for its broad, statewide network of community partners. The grantee in Washington State, the Children’s Alliance, staffs the state’s long-standing Health Coalition for Children and Youth and has been particularly effective in capitalizing on the strengths and differences of its more than 40 organizational members to push for and help achieve children’s health care coverage expansions. As a Washington respondent stated, “The value of unity in the coalition has been enormous. There were times when coalition members didn’t agree on policy solutions and we didn’t win in those years. Two years ago, we intentionally sat down with the leadership of the coalition and said, ‘If we can’t agree, the policymakers will never go as far as we want them to.’ The value of unity and consensus at the level of legislative advocacy has been priceless.”

Bringing in outside experts to learn from best practices in other states is another strategy that grantees use to help link grassroots and policy. In Iowa, the Child and Family Policy Center jointly sponsored a one-day summit with the state’s Department

of Human Services (DHS), which administers the Medicaid and CHIP programs. The summit included a presentation by a CHIP director from another state seen as having been particularly successful in developing effective enrollment and renewal processes. The summit also fulfilled a legislative requirement that DHS collaborate with stakeholders. According to one Iowa respondent, “[The summit] opened a lot of eyes ... and it benefited legislators as well as DHS employees.” Colorado’s All Kids Covered team employed a similar strategy.

**Using Effective Messages to Appeal to Policymakers.** Another key strategy of grantees is developing effective messages to advocate for children’s health care coverage expansions in ways that appeal to policymakers. Respondents stressed the importance of messages being short, clear, and consistent. In Ohio, for example, the grantees’ messages include “We need to cover kids” and “We need to cover poorer kids first.” Respondents suggested using a variety of messages crafted around the following arguments:

- **Moral Imperative and Fairness.** Covering children is the right thing to do; children do not have their own voice and are not at fault for the decisions of their parents.
- **Near Universal Coverage Is Attainable.** Especially in states that have made significant progress in expanding coverage for children, advocates remind policymakers of the progress made and stress the importance of “finishing what we’ve started.”
- **Public Health.** Covering children carries important public health protections; parents “don’t want [a sick child] without health insurance sitting next to their kid in school.”
- **Education.** Unhealthy children face more learning challenges.
- **Cost.** Children are relatively inexpensive to cover compared with adults; it is a “wise [policy] investment” to prevent avoidable visits to the emergency room and more costly medical conditions down the road.
- **Economy.** Sick children may prevent their parents from working; healthy, educated children become productive workers.

Further, the grantees have adopted more positive messaging strategies, often guided by technical assistance received from a communications group chosen to support Finish Line states, Spitfire Strategies. For example, grantees’ messaging often stresses the progress being made in children’s coverage and that further strides can be made to cover more children, rather than criticizing policymakers’ lack of progress. A particularly noticeable shift occurred in Texas—a conservative state with relatively limited children’s coverage programs—where advocates have worked to shed pessimistic messages that suggested “We’re last [among states], we’re shameful” to instead embracing a more “can do” attitude about the ability to increase enrollment.


Grantees reported trying to tailor their messages further to respond to different political environments. In Republican-controlled states, grantees particularly focus on the economic and cost arguments. In states in which political leaders make education a top priority, grantees try to link health and education in their messaging. To respond to the considerable variation in political leanings across the state, Voices for Ohio’s Children rebranded its messages to better address the numerous county-run Medicaid

offices that are involved in outreach and enrollment. Because extending coverage to immigrants can be a political hot button across states, respondents suggested avoiding explicit references to immigrants in favor of focusing on the importance of covering *all* children. Successful messaging also involves the development of effective responses by grantees to common arguments to “provide political cover” to policymakers who may generally support the idea but might be hesitant to provide full support because of potential negative ramifications from certain constituents.

***Establishing State-Based Advocacy as Go-To Organizations for Policymakers.*** To build good relationships with policymakers, grantees recognized the need to establish a reputation for generating accurate, objective, accessible, and timely data about children’s health care coverage. Collecting and reporting data on not only measures of health care coverage (such as uninsured rates and the number of eligible but unenrolled children) but also on the financial impact of covering more children are vital. As an Arkansas respondent urged, “Do your homework. Develop an economic feasibility strategy [to answer the questions about] how much does it cost? How much will it save?” In fact, when revenue from a \$0.56 tobacco tax became available in Arkansas, Governor Beebe—aided by the support and information provided by the grantee, Arkansas Advocates for Children and Families—worked with the legislature to expand eligibility for children’s health coverage. Many Rhode Island respondents remarked on the annual Rhode Island KIDS COUNT Factbook and other materials as helpful in highlighting the state program’s success in achieving a high insured rate, improved access to health care, and outcomes and cost savings.

Grantees use a variety of methods to develop and disseminate information and position themselves as the go-to organization to educate policymakers and provide them information on children’s health care coverage issues. These include one-on-one interactions with policymakers; press conferences; testifying at legislative hearings; and written materials such as email alerts, op-eds in newspapers, and policy briefs. As a respondent in Iowa noted, “The briefs [the Iowa grantee] distributed and the email updates have been key for us in trying to understand a complicated process.” Grantees in states with term limits for legislators increase the frequency of their educational efforts to ensure that new legislators are brought up to speed on children’s coverage issues and the advocates’ work in this area. Some grantees also collaborate with other state organizations to disseminate children’s coverage information to policymakers and their staffs. In Colorado, for example, the grantee has partnered with the Colorado Health Institute, a nonpartisan health data and policy analysis organization, to develop briefs on uninsured children in the state and provide children’s coverage data for an annual pre-session legislative briefing for policymakers.

***Sharing Ownership of Agendas and Successes with Policymakers.*** Sharing ownership of children’s health agendas also was identified by grantees as an important strategy for establishing collaborative partnerships with policymakers. Policymakers in several Finish Line states played an integral role in developing children’s health policy priorities. In Arkansas, for example, policymakers have an “open door” policy with advocacy organizations that helps establish a collaborative agenda between them. Following the passage of the Children’s Health Insurance Program Reauthorization Act (CHIPRA),



for example, the grantee, Arkansas Advocates for Children and Families, informed Governor Beebe's staff of several state-level policy opportunities created by the legislation. Governor Beebe quickly indicated interest in removing the five-year waiting period for ARKids coverage affecting legally residing immigrant children. This change has not yet been implemented.

Grantees have also shared successes expanding children's health care coverage with policymakers. After health care reform legislation passed in Iowa, the grantee developed messages to thank legislators and ask for their continued support as the legislation is implemented. The Washington grantee recognizes its Champions for Children twice a year at a spring Voices for Children luncheon and Breakfast with Champions held in the fall. The celebrants are lawmakers who provided significant leadership during the previous legislative session to preserve, protect, or advance state policies or investments that improve the well-being of children in Washington. Similarly, the Rhode Island grantee uses its annual Celebration of Children's Health luncheon as a public forum to thank policymakers for their continued support of the RIteCare program (Rhode Island's Medicaid/CHIP program).

### **Conclusions**

Findings from site visits to seven Finish Line states underscore the importance of developing and building strong relationships with policymakers; these relationships are core to expanding health care coverage for children. Understanding and capitalizing on the uniqueness of individual states' political environments is an important first step in developing an effective strategic plan to engage policymakers and gain their support. Although the strategies discussed in this issue brief have been effective for many of the grantees in the seven Finish Line states visited, there likely are other strategies that might also prove effective if tailored to states' unique political environments. Reaching the finish line of health care coverage for all children remains a work in progress, and so is the development of strategies that effectively engage policymakers and garner their support.



## Methods

Recognizing that effective advocacy in states is essential to expanding health care coverage to more children, the David and Lucile Packard Foundation developed a grant-making strategy—Insuring America’s Children (IAC): States Leading the Way—to provide financial and technical support to state-based advocacy organizations with the ultimate goal of health care coverage for all children. The Packard Foundation engaged Mathematica Policy Research, in collaboration with the Urban Institute and the Center for Studying Health System Change, to conduct the research and evaluation component of the IAC initiative. As part of the evaluation, the study team conducted site visits to seven of the Finish Line states between March 2008 and June 2009. The seven states and their respective Finish Line grantees follow:

- **Arkansas:** Arkansas Advocates for Children and Families
- **Colorado:** All Kids Covered Colorado leadership team (Coalition for the Medically Underserved, in partnership with Colorado Children’s Campaign, Covering Kids and Families, and Metro Organizations of People)
- **Iowa:** Child and Family Policy Center
- **Ohio:** Voices for Ohio’s Children
- **Rhode Island:** Rhode Island KIDS COUNT
- **Texas:** Children’s Defense Fund of Texas (in partnership with Center for Public Policy Priorities and Texans Care for Children)
- **Washington:** Children’s Alliance

The site visits included a total of 139 interviews of knowledgeable respondents to obtain their insights and perspectives on grantees’ agendas for children’s health care coverage and the environment for expansion in their respective states. Each site visit was conducted by a pair of two-person interview teams—one team focused on policymakers and program officials, the other on advocates (including grantees) and other key stakeholders involved in and/or knowledgeable about children’s coverage issues, including safety net providers, academic institutions, foundations, and the news media. Relevant findings from the site visits were used to inform this issue brief.