MATHEMATICA Policy Research

IssueBRIEF

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On the Road to Universal Children's Coverage: A Final 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). When KidsWell began in 2011, 7.5 percent of children nationwide were uninsured. This brief looks at the KidsWell Campaign, a multilevel effort designed to ensure access to health insurance for all children. It first reviews children's coverage trends before and during the KidsWell grant period and then summarizes (1) state policy leaders' views on the role of KidsWell advocates in shaping children's health coverage policies, (2) KidsWell grantees' effectiveness at various advocacy activities, (3) the ways in which KidsWell enhanced grantees' work, and (4) sustainability following the end of the grant.

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 try to achieve universal children's health care coverage, as well as to support an enduring infrastructure that would remain after Atlantic's funding ended. The primary goal of the KidsWell Campaign was 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 to coordinate state and federal advocacy efforts by national and state children's health advocates. 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

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support to strengthen advocacy campaigns in these seven states, disseminate information and resources to support campaigns in 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.

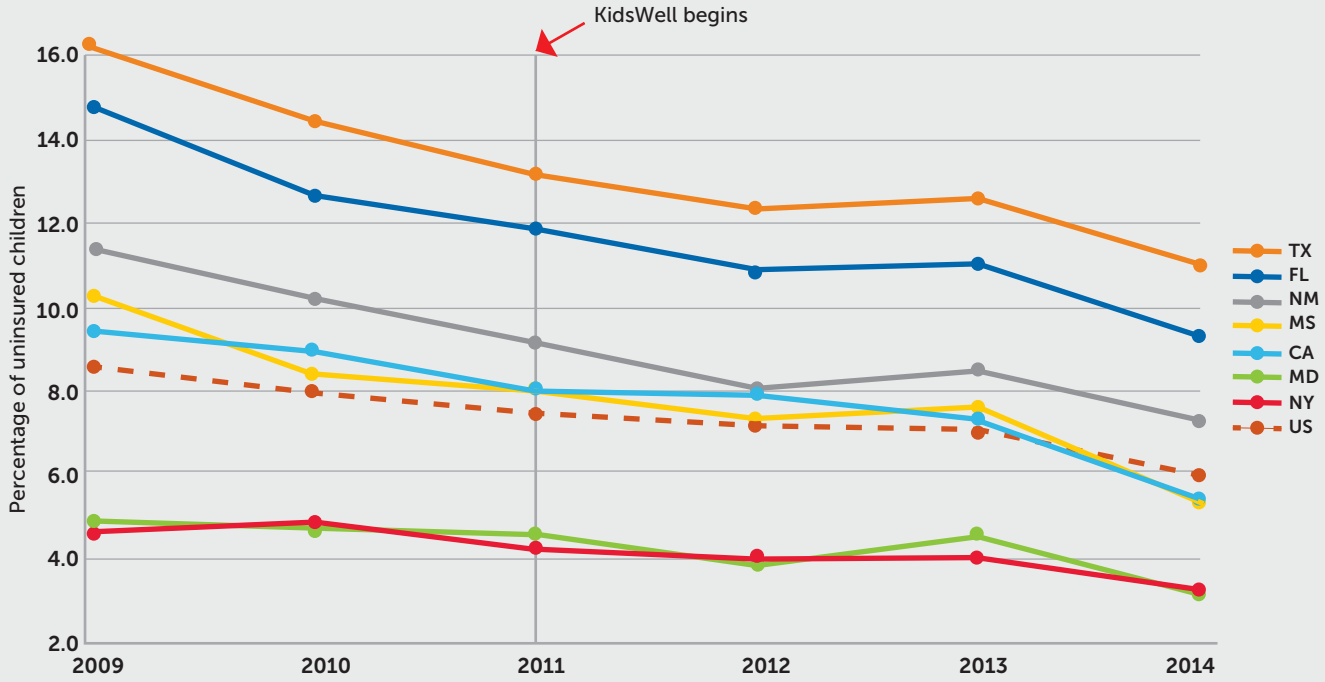
Evaluating KidsWell. Atlantic contracted with Mathematica Policy Research in 2013 to evaluate the KidsWell campaign. Evaluators used a mix of analytic methods and data sources; key sources included a series of interviews with state policy leaders, staff from state and national KidsWell grantees, and review of program documents and independent sources of information on state policy developments and children's coverage statistics.

FINDINGS

Key findings from the final assessment include:

Children's coverage rates reached an all-time high in 2014, the year in which the key coverage expansions authorized by the ACA took effect; 94 percent of children had some form of health insurance. Although the number and rate of uninsured children in the United States have declined each year since 2009, the decline from 2013 to 2014 was greater than in any previous year (Figure 1); this suggests that the ACA is serving an important mechanism for improving children's coverage (Alker and Chester 2015). Many children gained insurance through Medicaid and CHIP: by 2014, Medicaid and CHIP participation rates among eligible children reached more than 90 percent in 32 states and approximately 80 percent participation in all states (Kenney et al. 2016). The KidsWell states were purposely chosen because of their high rates of uninsured children; since 2011 when KidsWell began, the rate of uninsured children dropped 29 percent on average in the KidsWell states.

Rate of uninsured children in KidsWell states and the United States, 2009–2014



Source: Mathematica analysis of American Community Survey data, 2009–2014.

Figure 1

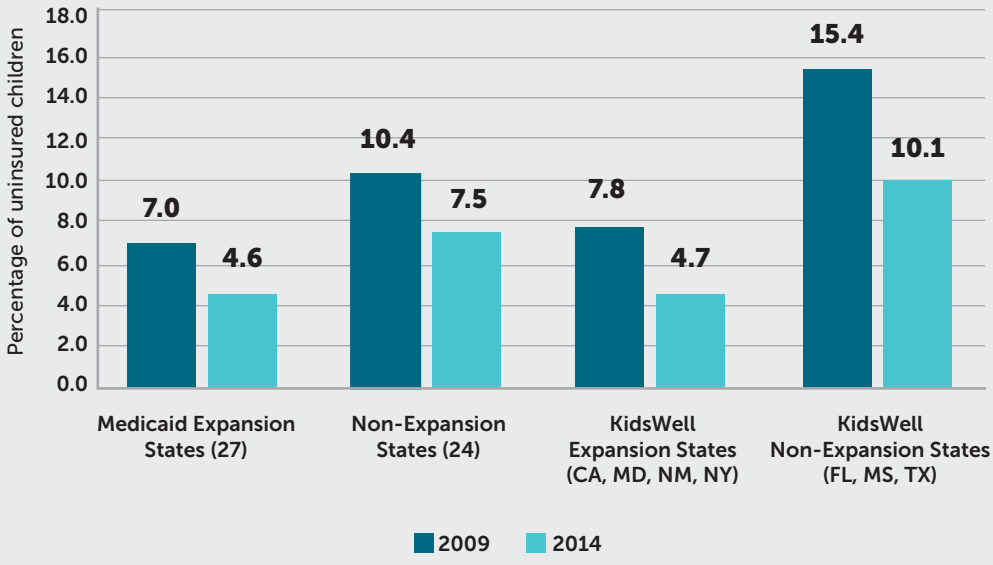
"I think it's really important that there is a strong consumer advocacy base in this state that can serve as a rudder and help guide some of these policy issues, and make sure that the consumer perspective is at the forefront."

—Maryland policymaker

States that expanded Medicaid coverage to low-income adults showed greater gains in children's coverage compared to states that did not expand Medicaid coverage, but even non-expansion states made important strides in improving children's coverage. On average, gains in Medicaid and CHIP participation between 2013 and 2014 were larger in the 27 states that expanded Medicaid under the ACA (3.0 percent) compared with non-expansion states (1.8 percent) (data not shown). KidsWell states showed patterns in coverage gains similar to national trends. The rate of uninsured children in all seven KidsWell states declined each year, with the steepest drop occurring between 2013 and 2014 (Figure 2). KidsWell states that expanded Medicaid coverage—California, Maryland, New Mexico, and New York—had a 40 percent decrease in children's uninsurance rates (7.8 percent in 2009 to 4.7 percent in 2014), while those not adopting the expansion—Florida, Mississippi, and Texas—experienced a 34 percent decrease in children's uninsurance rates (15.4 percent in 2009 to 10.1 percent in 2014) (Figure 2).

More than three-quarters of state policy leaders interviewed agreed that the KidsWell grantees are credible, but they had varied opinions about the degree to which KidsWell grantees influenced policy decisions on coverage. To understand how the KidsWell advocates are perceived in their respective states, we interviewed knowledgeable health policy leaders in each state (such as governors' advisors, state Medicaid or insurance agency directors, and legislators serving on state budget and health policy committees, among others; in all, we interviewed 40 respondents, 6 in each state except in Florida and Texas, where only 5 respondents participated). In Florida, New York, and Texas, half or more of the policy leaders interviewed noted that the KidsWell advocates had a "big influence" on the particular policy we inquired about (the policy state grantees reported focusing on most during their KidsWell advocacy campaigns). More often, policy leaders said grantees had a moderate influence on policy changes, or said they could not tease out the degree of

Children's uninsurance rates in Medicaid expansion states and non-expansion states, 2009 and 2014, total United States and KidsWell states



Source: Mathematica analysis of American Community Survey data, 2009–2014.

Figure 2

influence grantees had on a particular policy. In all states, policy leaders noted that many other factors beyond the KidsWell groups' advocacy efforts affected policy decisions, such as legislative backing and state budget pressures.

"[These advocates] are looking at the data and the facts realistically and not from an ideological political spectrum."

—Mississippi policymaker

Policy leaders in all seven KidsWell states agreed that the KidsWell groups play important roles in mitigating challenges to children's health care coverage primarily by providing credible information to state officials and serving as a voice for underserved constituencies. Policy leaders credited the KidsWell advocates for organizing strong coalitions and developing strong relationships with key stakeholders to promote children's health coverage priorities. Several policy leaders commented that advocates help keep children's health care issues "front and center," conducting analyses about potential impacts to coverage or budgets that sometimes no one else is providing. In six of the seven states, policy leaders also emphasized that the KidsWell advocates are skilled at consensus building and leveraging the expertise of members within their coalitions to promote children's health issues.

"I can't even imagine what coverage would be like in Texas or what Medicaid would be like in Texas if these three [KidsWell grantee] organizations were not involved. They give testimony. They hold educational sessions. They provide data and research for members or for people throughout the state of Texas. Anyone throughout the state of Texas that has an issue or concern about Medicaid or CHIP, these three organizations will provide them support and information and coaching and training on advocacy and everything else to help people get their voices heard."

—Texas policymaker

Policy leaders also believe grantees are effective at conducting various advocacy activities. Atlantic sought to maximize its KidsWell investment by intentionally funding capable children's advocacy organizations with different strengths that could partner to advance policy changes within the target states. To understand how the KidsWell advocates are perceived externally, we asked policy leaders to rate each KidsWell grantee's effectiveness in carrying out six key advocacy activities. On average, policy leaders reported that at least one grantee within each state was very or moderately effective at each activity we asked about, with one exception (in New Mexico, the majority of respondents said they did not know whether or not either grantee was effective at grassroots organizing). Policy leaders most often reported grantees' greatest strengths were coalition building and policy analysis. These findings corroborated findings from a 2014 survey of grantees, in which they rated their greatest strengths as coalition building, allowable lobbying, policy or legal analysis, communications/media, and relationships with elected officials (Hoag et al. 2015). Taken together, grantees' and policy leaders' views suggest that Atlantic's approach to grantee selection was effective, and that the grantees selected in the states were capable at undertaking advocacy campaigns.

Grantees attributed their successes in KidsWell to two prominent features of Atlantic's grant-making approach: (1) providing multiyear funding and (2) trusting the grantees to deploy campaigns that would work in each state environment, rather than taking a prescriptive approach to advocacy campaigns. Half of the national and state grantees interviewed mentioned the benefits of multiyear KidsWell funding, such as giving groups the confidence to hire new staff and alleviating the burden of annual grant writing. A majority of grantees also cited Atlantic's flexible approach to the grant, letting grantees decide which policies to target and campaign strategies to use, as long as they aligned with KidsWell's overall goal of improving children's coverage. That meant that grantees in each state had leeway to identify the policy priorities that they believed would improve children's coverage and could be achieved in their state.

An important legacy of the project is that grantees expect the within-state networks built through KidsWell to continue after the grants end, although at a lesser intensity because few have identified new funds to support this work. In a 2014 survey, the state grantees cited the most important contribution of KidsWell support as giving them the resources to build strategic partnerships with KidsWell partners and others within their states. In the 2016 interviews, all grantees in the seven states expect their within-state KidsWell partnerships to continue, which will help support continuing efforts needed to maximize coverage.

However, grantees reported that due to funding constraints, the coalitions will not necessarily operate at the same intensity or level of interaction, despite strategic efforts by Atlantic to help the grantees focus on sustainability before the grant ended. For example, midway through the grant period, Atlantic organized "funder roundtables" in each of the seven states to engage local funders directly. These one- to two-day in-person meetings reviewed children's coverage trends, focusing on changes in the rate of uninsured children since implementation of the ACA; the benefits of coverage to children,

"Multiyear funding is a gift. It means we can spent time on real policy work."

—State KidsWell grantee

parents, and communities; the accomplishments of the KidsWell grantees; and the key policy issues in each state. While the KidsWell state grantees all reported that these meetings provided helpful introductions to local funders, to date, only the Texas grantees said these meetings helped them secure new funds. By the spring of 2016, only one national grantee and five state grantees had secured any additional funding for their children's coverage advocacy work. Consequently, grantee partners in Florida, Maryland, and Mississippi said they would continue advocacy on children's coverage issues, but at a lower level of activity. In New Mexico, the grantees expect to collaborate but shift their focus to labor issues. The groups in California, New York, and Texas report their coalitions will be sustained, at least in the short term. While state and national groups expect to work together in the future, they also believe that with less funding, they will have less capacity to collaborate and organize coordinated advocacy campaigns.

DISCUSSION AND IMPLICATIONS

"Atlantic took a very hands-off approach, and trusted the groups they were investing in. That's not very common. I appreciated that it allowed us to do the work in the way we know it has to be done."

—State KidsWell grantee

Through this evaluation, we assessed the KidsWell groups using a variety of metrics, all of which suggest that the Atlantic Philanthropies' investment in KidsWell over an extended period has been successful in achieving policy changes and increasing coverage rates. Grantees also developed strong state advocacy networks and strengthened their capacity to undertake advocacy campaigns. With support from the national grantees and staff at Atlantic, grantees closely collaborated, leveraging partners' strengths in order to mount advocacy campaigns during the period when critical state decisions about ACA implementation were being made. In six of seven KidsWell states, pro-child and family coverage policies and procedures have been adopted and implemented at least in part from grantee efforts. Most important, nearly 600,000 more children gained coverage in the seven KidsWell states since KidsWell began in 2011.

Policy leaders corroborated grantees' assessments that the KidsWell groups are needed and effective at most advocacy activities. In our interviews, policy leaders consistently told us that they value how the KidsWell advocates do the ground work necessary to provide the context needed to inform decisions and conduct unbiased analyses; this makes them credible and trustworthy partners. The grantees have formed coalitions that speak with one voice, coordinating their strategies and messages, and leveraging each group's strengths; by doing so, they can amplify findings and implications drawn from solid policy analyses, often using social media channels to widen their reach. Finally, policy leaders credited the grantees for their long-term investments in relationship building with elected and administrative officials, which is critical to getting those officials engaged and involved in the issues. Although these findings are not new, they are important reminders to advocates in other states about capacities that warrant ongoing improvement and strengthening. While many policy leaders cited factors such as legislative backing and state budget pressures as having played a large part in policy decisions, more than half of the policy leaders interviewed credit KidsWell grantees with influencing policy wins to either a moderate or large degree.

While progress over the past five years on coverage policies has been impressive, children's health coverage advocates still have a full agenda, with 4.5 million children without coverage in 2014, 62 percent of whom were eligible for Medicaid or CHIP but not enrolled (Kenney et al. 2016). Tightening state budgets in combination with the upcoming decrease in the enhanced federal match rates for CHIP programs will pose challenges to maintaining current coverage levels in many states. At the national level, the most pressing issue for children's coverage is whether CHIP will be funded past 2017; if Congress does not reauthorize funding for CHIP, millions could lose coverage, jeopardizing hard-won gains.

This means that grantees as well as funders' groups (such as the Council on Foundations; Bolder Advocacy, an initiative of the Alliance for Justice; and other funders committed to supporting children, youth, and families) need to redouble efforts to educate the larger foundation field about the type of advocacy that can legally be supported by funders, the gains in children's coverage achieved in part with such support, and what remains at stake for children's coverage. While other funders may not be able to make investments as big or as long as Atlantic's was in KidsWell, there are numerous benefits to maintaining a strong network ready to advance the work; moreover, the amount required to keep making an impact now may be lower. Children's advocacy networks and capacities

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have already been built. Valuable knowledge and experience have been gained. Funders could target future investment to states and activities needing a short-term boost to exploit windows of political opportunity or to fight threats to children's coverage. Such support is still needed to continue momentum toward universal health coverage for all children, and to focus on new issues that accompany coverage, such as access, utilization, and equity.

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The authors all work in the Health Division of Mathematica Policy Research. Victoria Peebles and Michaella Morzuch are research analysts; Sheila Hoag and Linda Barterian are senior researchers; and Debra Lipson is a senior fellow.

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