

The Finish Line Project

In 2006, the David and Lucile Packard Foundation established the Insuring America's Children (IAC) grantmaking initiative to pursue the goal of securing health care coverage for all children in the United States.

Through the IAC initiative's Finish Line Project (2008–present), the Foundation supports multi-issue children's advocacy organizations that work in states with the potential to significantly advance children's coverage. Finish Line grantees receive financial support and communications- and policy-related technical assistance. Spitfire Strategies and the Center for Children and Families at the Georgetown University Health Policy Institute provide the technical assistance.

Organizations in ten states are participating in Finish Line in 2014; most have done so for several years. They work in Arkansas, California, Colorado, Illinois, Ohio, Pennsylvania, Texas, Utah, Washington, and Wisconsin.

By Grace Anglin, Karina Wagnerman, and Leslie Foster

This issue brief is the second in a series that describes the experiences of the David and Lucile Packard Foundation's state-based Finish Line grantees in 2014, a critical year for Affordable Care Act (ACA) implementation. The brief highlights the communications strategies that the grantees in Colorado, Ohio, and Wisconsin are using to keep children's health coverage on their state's policy agendas.

ACA implementation and Medicaid expansion are unfolding differently in Colorado, Ohio, and Wisconsin. Political and public reactions to the law create different opportunities and challenges for Finish Line grantees as they devise communications strategies to support their goals for children's health care coverage and related issues (Table 1). Other children's advocacy organizations that are developing and improving their communications strategies to advance similar goals can learn from the experiences of the Finish Line grantees. The key messages in this brief are:

- Highlighting the benefits of covering two generations, both children and their parents, and connecting children's well-being to state economic security can help keep children's coverage on crowded policy and implementation agendas.
- Children's advocacy organizations may need to communicate with a range of audiences over the course of a policy's lifecycle. At times, indirect communications channels may be more effective than direct ones, depending on an advocacy organization's relationship with its intended audiences.
- Children's advocacy organizations should strive to be fact-based and solution-focused and share their expertise with stakeholders.

This brief draws information from August 2014 telephone interviews with staff at the Colorado Coalition for the Medically Underserved representing the Colorado All Kids Covered Initiative (AKC), Voices for Ohio's Children (VOC), and the Wisconsin Council on Children and Families (WCCF); and a June 2014 interview with Spitfire Strategies, the communications technical assistance provider for state organizations participating in the Finish Line project. This analysis also draws on materials available on the websites of these organizations.

I. Framing Children's Health Coverage

Grantees in Colorado, Ohio, and Wisconsin frame children's health coverage within the context of other issues that tend to resonate with policymakers and the public. Framing entails selecting the aspects of an issue to highlight and connecting them to other issues in such a way that the final messages capture audience attention and influence how audiences think about the issue. The grantees use several frames to contextualize specific messages (Table 2):

- *Children's health is tied to the health and well being of their parents.* Grantees indicated that connecting child health to family health helps keep or draw attention on children when adult-focused issues monopolize policy agendas. Recently, the adult Medicaid expansion under the ACA has dominated national media coverage of health. In response, grantees communicate that children are more likely to have insurance and

Medicaid Expansion

The Affordable Care Act (ACA), signed by President Obama in 2010, required all states to expand their Medicaid programs to previously ineligible low-income adults by January 2014. However, in June 2012 a U.S. Supreme Court decision about the constitutionality of the ACA made Medicaid expansion optional—not mandatory—for states.

As of September 2014, 27 states and Washington, DC, had expanded Medicaid and 25 states had not; Finish Line grantees are working in both groups of states.

The states highlighted in this brief approached Medicaid expansion in the following ways:

- Colorado expanded Medicaid as envisioned by the ACA on January 1, 2014, with support from a Democratic governor and legislature.
- Ohio expanded Medicaid as envisioned on January 1, but as a result of its Republican governor bypassing the vote of a Republican-controlled legislature; Medicaid expansion remains controversial in the state.
- Wisconsin did not expand Medicaid as envisioned by the ACA. Unlike other non-expansion states, however, Wisconsin (which has a Republican governor and legislature) does not have a coverage gap. In 2014, the state changed its Medicaid rules such that previously ineligible adults below the federal poverty level (FPL) became eligible, while previously eligible adults above the FPL became ineligible. They must now seek coverage in the ACA-established marketplace.

Table 1: Finish Line Grantees' Goals for Children's Health

Grantee	Recent and Current Goals
AKC	<ul style="list-style-type: none">• Increasing children's enrollment in Medicaid and CHIP• Eliminating inefficient Medicaid and CHIP policies, such as enrollment waiting periods
VOC	<ul style="list-style-type: none">• Increasing children's enrollment in Medicaid and CHIP• Expanding presumptive eligibility so children can temporarily receive Medicaid while their applications are under review• Improving access to oral health care• Decreasing infant mortality
WCCF	<ul style="list-style-type: none">• Increasing children's enrollment in Medicaid and CHIP• Expanding Medicaid as called for in the ACA

AKC = Colorado All Kids Covered; VOC = Voices for Ohio's Children; WCCF = Wisconsin Council on Children and Families

seek needed care if their parents or other caregivers also have insurance, in essence promoting access to coverage for two generations. As one grantee explained, "Kids don't raise themselves. They are part of families and communities...We are helping policymakers see that connection."

- *Covering children contributes to a stronger state economy.* As states continue to recover from the "Great Recession," policymakers seek to strengthen fragile state economies. All three grantees set children's coverage in an economic recovery frame. The grantees' messages assert that children's health coverage is a smart long-term investment in the state's economy because healthy children learn more, do better in school, and become thriving adults. In addition, WCCF argues that Medicaid expansion could help reduce Wisconsin's budget shortfalls by bringing enhanced federal matching dollars to the state. The organization also communicates that expanded coverage could reduce reliance on uncompensated emergency department visits.
- *Covering children is a matter of state pride.* While they use this frame less than others, grantees observed that appealing to policymaker or public state pride can help elevate children's health when other topics are gaining more attention. The grantees' messages highlight their states' past successes and encourage policymakers and the public to keep pushing forward. Specifically, AKC suggests that "Kids' coverage was important long before there was an ACA... [and Colorado] can't lose ground." Similarly, WCCF praises the state's historically low rates of uninsured children and calls upon policymakers to demonstrate bi-partisan support for children's health coverage—as policymakers before them had done.

II. Strategically Reaching Audiences

Grantees determine whose attitude or behavior they seek to influence, and whether direct or indirect communication will work best. Advocates for children's health coverage can reach several potential audiences—the governor, state legislators, agency directors, the press, and the general public. However, most policy issues are not relevant to all audiences. The Finish Line grantees use a two-step approach to focus their communication strategy.

1. Selecting the Audience. Grantees first determine whose attitude or behavior they hope to influence. The answer can depend on where a policy issue is in its lifecycle. For example, when grantees are faced with new policy proposals, their focus is educating

Table 2. Framing Children’s Coverage: Illustrative Messages from Grantees’ Communications Materials

Larger frame		Children’s health is tied to the health and well being of their parents
Illustrative Messages	AKC	<ul style="list-style-type: none"> Children live in families and communities that are stronger when adults also have coverage and are healthy, so [coverage expansions] should not be an issue of children versus adults. Families with uninsured children report [their children] often do not have a usual source of care, postpone or forgo care they need because of cost and cannot afford their prescription drugs.
	VOC	<ul style="list-style-type: none"> Coverage helps children and families stay healthy. Ohio’s decision to accept federal funding to cover more uninsured parents directly benefits children. When parents have coverage, kids are four times more likely to receive the health care they need. To stay healthy, children need to have regular checkups, vision and dental care, and get medical attention if they get sick or injured. By preventing serious illnesses, overall family health costs will be lower.
	WCCF	<ul style="list-style-type: none"> Knocking tens of thousands of parents out of BadgerCare has resulted in a sharp drop in enrollment of kids over the poverty level. Many parents who lost their previous BadgerCare coverage are enduring substantial financial hardships to purchase private coverage.
Larger frame		Children’s health is tied to the health and well being of their parents
Illustrative Messages	AKC	<ul style="list-style-type: none"> The economics of health care impact our family budgets and our local, state, and national economy.
	VOC	<ul style="list-style-type: none"> Investing in the well-being of Ohio’s children and families is critical for the long-term health of our communities and economy. Children need to be healthy to reach their full potential.
	WCCF	<ul style="list-style-type: none"> Kids returning to classrooms across Wisconsin this fall need access to quality health care to thrive in school and reach their full potential. Expanding BadgerCare would help the Wisconsin economy and bring a larger share of federal Medicaid funds into the state. Expanding BadgerCare would reduce the number of uninsured and the amount of uncompensated care.
Larger frame		Covering children is a matter of state pride
Illustrative Messages	AKC	<ul style="list-style-type: none"> Colorado has made incredible progress in providing health care coverage to children, but the work is not done. It’s not too much to ask that all of Colorado’s kids have access to the health care they need, when they need it. Colorado has made significant investments to improve health coverage and access for our children. We have improved our public health insurance programs and reduced red tape, making the programs more efficient for families, community agencies and providers.
	VOC	<ul style="list-style-type: none"> If we want more children and families to experience success, we must build on Ohio’s impressive progress covering uninsured children by providing stable coverage for hardworking Ohioans.
	WCCF	<ul style="list-style-type: none"> Although Wisconsin has a relatively low percentage of uninsured children (4.5%) compared to other states, it is still far too many, and a number of states have surpassed ours in recent years in improving access to insurance for children.

Sources: All Kids Covered Colorado (2012); All Kids Covered Colorado (2013); Colorado Coalition for the Medically Underserved (2012); Hammer (2013); Peacock (2013, 2014); Voices for Ohio’s Children (2014)

Note: Illustrative messages are direct quotes from communications materials published by the Finish Line grantees.

AKC = Colorado All Kids Covered; VOC = Voices for Ohio’s Children; WCCF = Wisconsin Council on Children and Families

^a BadgerCare and BadgerCare Plus have historically provided Medicaid coverage for Wisconsin expansion populations including parents, caregivers, and some childless adults with incomes below 200% of the federal poverty level. As of 2014, adults with incomes above the federal poverty line are no longer eligible for BadgerCare.

decision makers. Once policies are in place, however, grantees may shift their attention to policy implementers or even the public. For example, AKC and their coalition partners initially reached out to policymakers to discuss the impact of eliminating the three-month waiting period for CHIP enrollment. After the waiting period was removed, AKC refocused their efforts to encourage state Medicaid and information technology departments to implement the policy effectively. Similarly, VOC worked with the Ohio health department and managed care organizations to encourage them to maintain adequate access to services when legislation increased the proportion of the state's Medicaid population that would be enrolled in managed care services. In addition, VOC reaches out to the public to encourage uptake of programs and services.

2. *Delivering the Message.* After audience selection, grantees consider whether they can best communicate about an issue to the selected audience directly or indirectly. The choice may depend on whether the Finish Line grantees have an established relationship with their audience and whether that relationship is positive or potentially contentious. For example, AKC has collegial relationships with Colorado policymakers in both political parties and is usually able to directly provide them information on the impact of children's policy issues. In contrast, grantees with less access to policymakers may reach them indirectly, via members of the press and/or public, because their opinions matter to policymakers. One grantee said it was helpful to use indirect communication to "get out in front of the issues" and shape public and expert opinion on a given topic. In doing so, the grantee hopes that influential groups in the health care industry, such as hospital associations, or the general public will encourage policymakers to enact positive change for children and families.

III. Implementing the Communications Strategy

Grantees strive to communicate relevant and fact-based messages and maintain trusting relationships with their audiences. Specific communication strategies include:

- *Building messages on facts and data to earn audience trust.* As one grantee described, "A key part of our messaging strategy [is to be] credible and understand the wonky details better than anyone else." Grantees stressed that communication materials (for example, easy-to-read factsheets that distill complex topics and highlight personal stories of those affected by a policy issue) should be based on solid evidence or advocates will lose credibility with stakeholders. One grantee feels their organization remains effective by not ignoring or distorting facts that are less supportive of their arguments. The grantee explained, "[Policymakers] appreciate the fact that we are more objective and more balanced than some of their other critics. They realize that we are also more effective..."
- *Engaging state leaders and decision makers in fact-based solutions.* When dealing with contentious relationships or issues, grantees find it can be more productive to engage in a dialogue about issues or propose solutions to problems rather than publicly criticizing policies or policymakers. While both approaches can raise public awareness, grantees indicated that solution-driven communication strategies can result in more concrete changes in the state. VOC explained, "We always make sure we are basing [our messages] in fact but we also always try to put a positive spin on it. Or, if we can't put a positive spin on it we try to put out suggestions for how we can improve the problem." The organization, for example, publishes policy briefs that outline actionable solutions to addressing Ohio's high infant mortality rate instead of merely drawing attention to the mortality statistics. Likewise, WCCF approached policymakers to discuss decreasing Medicaid enrollment for children in the state before releasing the information publicly. Instead of simply criticizing the health department, the grantee engaged them by asking, "What do you think is going on here? ...We would really like you to look into [the numbers] because we know you are concerned about this as well."

- *Providing valuable services and expertise.* Grantees meet regularly with stakeholder groups and advise them on health-related issues. AKC and VOC, for example, host informational sessions to help policymakers and their staff understand Medicaid and CHIP programmatic details and to educate them on topics of concern. Similarly, WCCF is an expert source for reporters on health care issues, including complex fiscal policy. WCCF meets regularly with reporters, helps them understand stories from different angles, and offers to fact-check articles on health topics. As a byproduct of providing valuable services and expertise, grantees develop strong, trusting relationships with their audiences.
- *Advocating “behind-the-scenes” for Medicaid expansion.* In Colorado and Ohio, grantees provided support to other organizations advocating for Medicaid expansion, but they mostly separated children’s health advocacy efforts from highly politicized topics and discussions. Both organizations indicated that avoiding a negative tone and contentious debate helped them move issues forward. Instead of explicitly advocating for expansions, their messages often focused more generally on the positive aspects of health insurance and the cross-generational benefits of health insurance. VOC, for example, indicated that Ohio children with insured parents are more likely to get needed health care services. A cohort of health care advocates, including AKC, developed a campaign, “Insuring Our Future,” highlighting the important role Medicaid plays in Colorado (for example, the program covered 30 percent of Colorado children in 2011) and encouraged continued improvement and investment in the program. While WCCF has used a behind-the-scenes strategy on some issues, the organization has spoken out publicly on Medicaid expansion in Wisconsin.

IV. Conclusion

Insurance coverage expansion through the ACA’s adult-oriented Medicaid and marketplace provisions has dominated recent health-related media coverage and policy discussions. In the context of highly politicized and sometimes contentious debates around the ACA, the Finish Line grantees in Colorado, Ohio, and Wisconsin applied positive, solutions-focused framing and messaging to keep children’s coverage on their state’s agenda. Grantees carefully consider how to contextualize and raise children’s coverage issues and reach desired audiences. Their decisions are informed by the state political climate, stakeholder relations, other campaign experiences, and the specific knowledge and skills of staff. No matter the context, the grantees’ ground their advocacy approach in facts and engage state leaders to discuss specific strategies for improving child health care.

As children’s advocacy organizations in other states hone their communications strategies, they can look to their counterparts in Colorado, Ohio, and Wisconsin for ideas about developing and maintaining a positive, fact-driven approach to increasing children’s coverage in the current policy environment.

More information about the organizations featured in this brief is available at their websites:

www.allkidscoveredcolorado.org

www.raiseyourvoiceforkids.org

www.wccf.org

www.spitfirestrategies.com

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