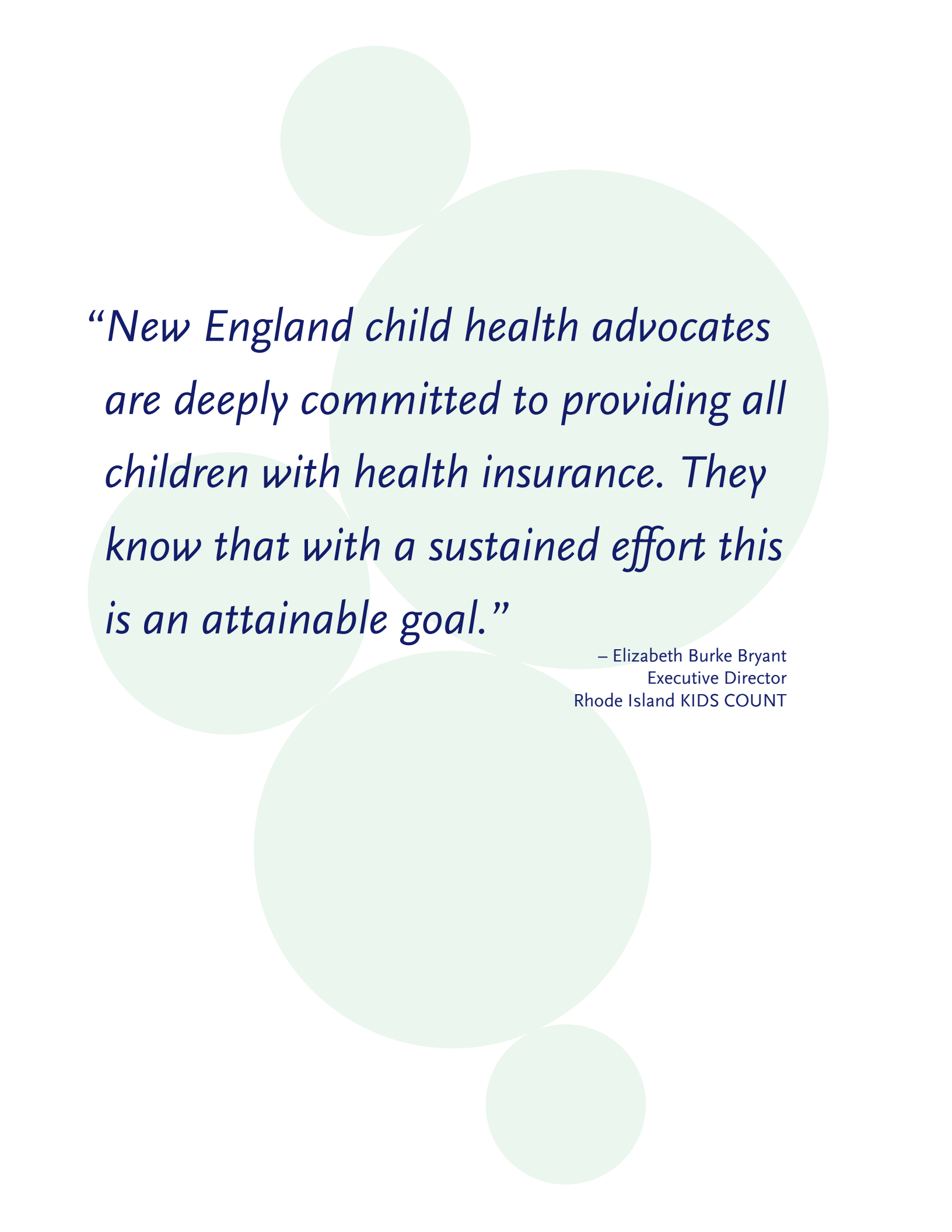




Insuring New England's Children

An Advocacy Success Story

December 2010



“New England child health advocates are deeply committed to providing all children with health insurance. They know that with a sustained effort this is an attainable goal.”

– Elizabeth Burke Bryant
Executive Director
Rhode Island KIDS COUNT

Introduction

The New England states are leaders at providing children with high-quality, affordable health coverage. For more than 10 years, the New England states have increased eligibility levels for Medicaid and the Children’s Health Insurance Program (CHIP). They also implemented program improvements and innovations, leading to significant increases in the number and percentage of insured children in the region.

This report examines why these six states have been so effective in covering children, describing the different tactics and strategies state advocates have used to successfully enact and implement public health insurance expansions. The goal of this document is to share lessons from New England’s successful children’s health coverage campaigns with partners across the country.

The New England Alliance for Children’s Health (NEACH), an initiative of Community Catalyst, created this document after conducting interviews with 35 individuals from across New England who were involved in campaigns to create, improve and expand children’s health insurance programs. NEACH is a regional partnership

launched in September 2006 that works to ensure that all children

in New England have access to high-quality, affordable health

care through proactive policy development, information

sharing, and direct outreach and advocacy. NEACH now

has over 500 coalition members — including clinicians,

advocates, hospital representatives, business leaders,

legal experts, and consumers — from the six New

England states who look to us for information on

current children’s health issues and strategies for

promoting children’s health care advocacy efforts.

Interviewees included members of state advocacy

organizations, children’s hospitals, health plans,

legal services organizations and state govern-

ment. The interviewees talked about children’s

coverage efforts in their states, their role in this work

and why their campaigns were successful.

Production of this report was made possible thanks to the generous support of The David and Lucile Packard Foundation.

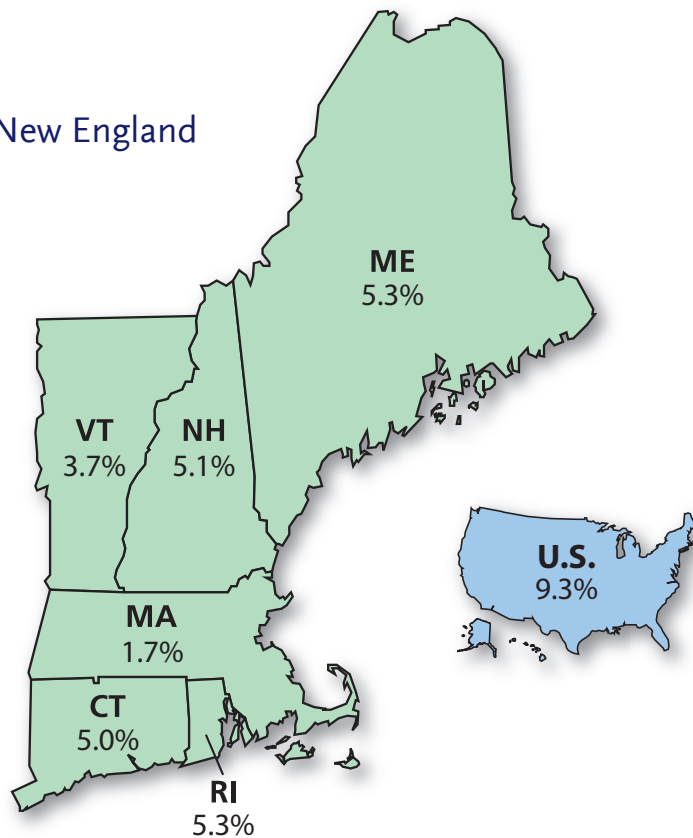
Please note that no Packard Foundation grant funds were used for the legislative activities mentioned in the report. We also thank Spitfire Strategies for their guidance and the interviewees for their time and insights.



The Percentage of Uninsured Children in New England is Lower than in the U.S. as a Whole

NATIONAL RANK

Massachusetts	1st
Vermont	4th
Connecticut.....	7th (tied)
New Hampshire	9th
Maine	10th (tied)
Rhode Island.....	10th (tied)



Source: Urban Institute analysis of American Community Survey 2008 data from the Integrated Public Use Microdata Series of the Minnesota Population Center.

New England's Public Insurance Systems for Children have Unique Features and Capacities

STATE	MEDICAID/CHIP PROGRAM	UNIQUE PROGRAM FEATURE
Connecticut	HUSKY A/HUSKY B	Full premium buy-in program available to children over the income eligibility threshold for HUSKY
Maine	MaineCare	Eligibility levels for pregnant women and parents aligned with those for children
Massachusetts	MassHealth	Unique coverage programs are available for children with disabilities and children who do not qualify for MassHealth
New Hampshire	Healthy Kids Gold/ Healthy Kids Silver	A public-private corporation adept at fostering state and local partnerships
Rhode Island	RIte Care	Premium assistance program maximizes use of employer-based insurance without compromising comprehensive coverage for children and families
Vermont	Dr. Dynasaur	Coverage available to both uninsured and underinsured children up to 300% of the federal poverty level

New England’s Medicaid and CHIP Programs for Children Have High Eligibility Levels

STATE	MEDICAID INCOME ELIGIBILITY BY FEDERAL POVERTY LEVEL	CHIP INCOME ELIGIBILITY BY FEDERAL POVERTY LEVEL
Connecticut	0-19 years: 185%	300%
Maine	0-1 year: 200% 1-19 years : 150%	200%
Massachusetts	0-1 year: 200% 1-19 years: 150%	300%
New Hampshire	0-1 year: 300% 1-19 years: 185%	300%
Rhode Island	0-19 years: 250%	250%
Vermont	0-19 years Uninsured: 225% Underinsured: 300%	300%
United States Minimum Standard	0-5 years: 133% 6-19 years: 100%	N/A

Source: Kaiser Family Foundation State Health Facts. www.statehealthfacts.org. Data as of December 2009.

Note: This table does not account for variations in Medicaid/CHIP program design or describe each state’s complete eligibility criteria.

The Path to Success: Lessons Learned

A number of common themes emerged from our interviews regarding how state advocates supported efforts to expand and improve children’s coverage programs. While state advocates prioritized different issues and policies, they had remarkably similar approaches to advocating for these reforms. Below are the seven strategies advocates consistently used to support their children’s health priorities.

1. Assemble a Core Group of Dedicated Advocates

One of the primary reasons the New England states have been so successful at covering children is that each state has a dedicated group of children’s health advocates leading their Medicaid and CHIP expansion efforts. Jillian Wood, Executive Director of the Connecticut branch of the American Academy of Pediatrics, noted, “There are very serious, thoughtful, well-informed, and



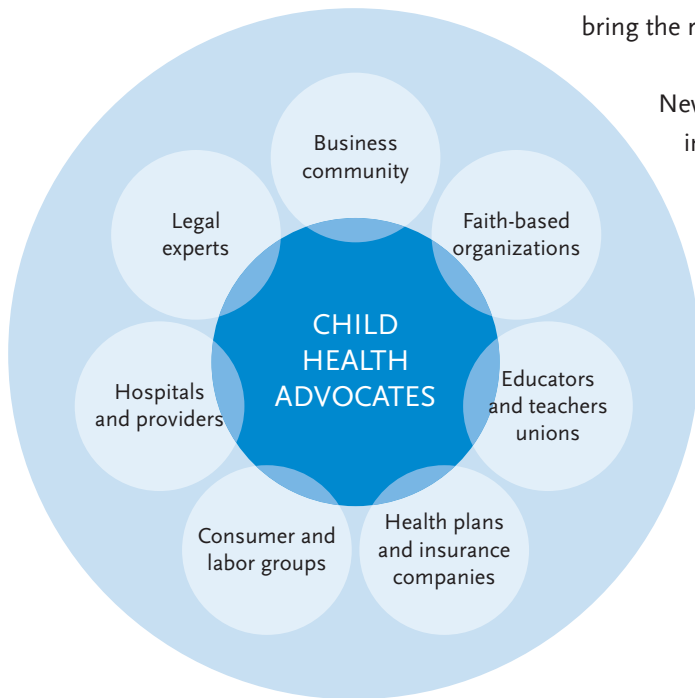
relentless advocates... who are never satisfied.” Connecticut’s committed advocacy network is not unique: similar groups of strong-willed, passionate advocates exist across the region, serving as the foundation of child health advocacy efforts and providing a strong and consistent voice for children.

The New England states’ advocacy leaders include individuals working for children’s or health care advocacy organizations, children’s hospitals and pediatricians, legal services organizations, and health plans. While these advocates may come from a variety of organizations, all have the same underlying dedication to providing children with high quality, affordable health coverage. Elizabeth Burke Bryant from Rhode Island KIDS COUNT suggested that any successful advocacy campaign must stem from advocates’ deep-seated dedication to an issue: “A starting point would be to really be sure that you have a true and long-lasting commitment to the goal of all kids having health insurance.”

Key Take Away: The first step in establishing and carrying out a successful children’s health care campaign is to assemble a core group of passionate, well-informed and committed advocates.

2. Build a Coalition

The advocates we interviewed in New England repeatedly stressed the importance of coalition-building in their advocacy campaigns. According to Jane McNichol, Executive Director of the Legal Assistance Resource Center of Connecticut, “Having a broad coalition is really helpful. One organization by itself... isn’t able to bring the resources and the breadth of experience that you need.”



New England advocates found that the key to establishing an influential and effective coalition is to engage nontraditional partners as well as established allies. “Engaging a diverse and broad set of stakeholders... is much more powerful than having just one organization or only members of the advocacy community on board,” said Lisa Kaplan Howe, Executive Director of New Hampshire Voices for Health.

“You need to be able to work with anybody and you have to agree at times to disagree,” noted Rob Zavoski, M.D., Medical Director of Connecticut’s Department of Social Services.

In Massachusetts, children’s advocates teamed up with seniors’ organizations to support passage of a cigarette tax that would fund both a children’s coverage expansion and a pharmacy program for seniors. According to Neil Cronin, an advocate with Massachusetts Law Reform Institute, “Tying two distinct but powerfully motivating interest groups together was an important reason that [the cigarette tax] passed.”

In Maine, the business community was involved in supporting Medicaid expansions, recognizing that increased coverage would lead to a healthier workforce and would benefit working parents.

The benefits of creating and sustaining a wide coalition of supporters include:

- **Sharing resources, perspectives and expertise**

All organizations have different strengths and weaknesses, as well as various priority areas and constituencies. Establishing broad coalitions enables every organization to specialize in what they do best and rely on others to contribute their unique skills. A 2006 Community Catalyst study, *Consumer Health Advocacy: A View from 16 States*, found that any successful state advocacy network should have the ability to: conduct policy analysis, maintain a strong grassroots base, promote effective communications strategies, build strong coalitions and strategic alliances, implement strategic health policy campaigns, and generate resources.

- **Opening new doors**

A child advocacy organization may not be on a first name basis with a key policymaker, but a local business leader could be, or the head of the state’s Hospital Association, or a senior citizens’ advocacy group. Working with these groups can help connect advocacy organizations to new and powerful partners and policymakers.

- **Building legitimacy and influence**

A big, diverse coalition demonstrates to policymakers the breadth of support for an issue. “You’re not going to succeed if you’re viewed as a narrow base,” said Mark Reynolds, CEO of Neighborhood Health Plan of Rhode Island. The more people on board, especially nontraditional advocates and prominent community leaders, the more influential a coalition will be.



Key Take Away: Establishing a large and diverse coalition of supporters increases a campaign’s chances of success.

WHERE TO SHOWCASE PERSONAL STORIES

- *Press events and rallies*
- *Luncheons and award ceremonies*
- *Online storyboards*
- *Public Hearings*
- *Meetings with legislators and other policymakers*
- *Websites*
- *Brochures and handouts*

3. Collect Personal Stories and Data

New England advocates garnered support for children’s health care campaigns from legislators, the media and the public by combining personal stories with descriptive data. Compelling stories illustrated the problems they were trying to solve — or solutions they were proposing — while data substantiated their messages.

Stories

The New England advocates found personal stories humanized high-level health policy issues and left a strong and lasting impression on policymakers and the public. Interviewees noted the benefit of having a variety of stories to demonstrate the wide array of people who benefit from public insurance coverage. “I think it is really important to show the role that a program plays for many different kinds of families,” said Ana Hicks, Policy Analyst with Maine Equal Justice Partners.

According to Michael Miller, Community Catalyst’s Director of Strategic Policy, personal stories played a role in convincing Massachusetts’ legislators to support children’s health coverage expansions in the 1990s. He noted it was hard for people to be against expanding coverage after they heard stories about children who lacked access to health care. For example, advocates talked about a high school student who could not play football because he was unable to see a physician for a physical. Though not especially heart wrenching or dramatic, this story resonated because people could easily relate to a teenager who simply wanted to play a team sport.

Maine advocates used the story of an employed low-income woman to promote MaineCare, their state’s public insurance program. The woman had health coverage through her job at a bank, but her daughter with special health care needs was not covered by the plan. However, her daughter was eligible for coverage through MaineCare. This story illustrated that public insurance is often available to children of insured and working parents who lack access to comprehensive family policies.

Data

New England advocates also used data to back up their arguments for maintaining or improving insurance programs. “Having solid data on what works to improve children’s health outcomes is vital to making the case,” said Burke Bryant. According to Tricia Brooks, former CEO of New Hampshire Healthy Kids, each year the organization analyzed claims data and reviewed child health measures like access to primary care to better understand how to improve the services they provided children. They also looked at family surveys to identify unmet needs and barriers to getting kids enrolled.



Concrete data also helped advocates convey the negative consequences of limiting access to health insurance programs. Sharon Langer, Senior Policy Fellow at Connecticut Voices for Children, noted that her organization researched the impact of a proposed 2003 coverage rollback. After determining that the rollback could result in 80,000 state residents losing Medicaid coverage, they contacted local media outlets. The story garnered significant media attention and helped lead to the proposal's defeat.

Key Take Away: Combining personal stories and data help make the case for advocacy proposals. Stories provide an emotional connection to the cause while data and policy analysis supply credibility.

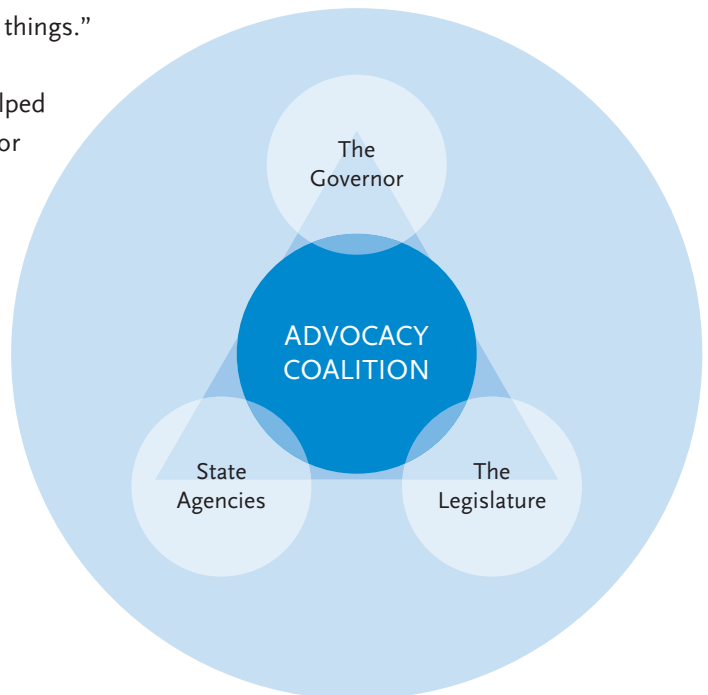
4. Foster Champions in State Government

A number of different interviewees stressed that political champions were key to implementing favorable children's health care reforms. "Very early on you need to find well-placed political champions who are really willing to make [your priority] their number one or number two issue," said Joshua Greenberg, Vice President of Government Relations at Children's Hospital Boston. State government champions can include the governor, legislators and officials from state agencies.

The Governor

New England advocates agreed that having a governor who supported their policy proposals helped them advance their health care agenda. According to Garry Schaedel, EPSDT Director in Vermont's Division of Maternal and Child Health, having a supportive governor was "the foundation for so many things."

In Vermont, Governors Madeleine Kunin and Howard Dean helped launch and expand the state's public insurance program for children, Dr. Dynasaur. Since the program's creation in 1989, both Republican and Democratic governors have remained committed to protecting Dr. Dynasaur and promoting children's health in the state. Rhode Island children's health advocates credit Democratic and Republican governors' support for RItE Care as a primary reason the program remains strong and effective.





In New England states where governors did not prioritize children’s health care issues, advocates still saw the benefit of reaching out and educating them about the importance of strong children’s health care programs.

The Legislature

Legislative champions played a central role in ensuring the passage of health care legislation in many New England states. In Massachusetts, key House and Senate champions rallied the rest of the legislature to pass children’s health coverage expansions. “At any given moment in history, you absolutely need a legislative champion,” said Greenberg.

State Agencies

Advocates also stressed the importance of cultivating relationships with individuals in state agencies. “It’s a whole lot easier to do things well and efficiently when you have some friendly people ‘on the inside’,” said Linda Katz, Policy Director of The Poverty Institute in Rhode Island.

However, establishing these partnerships is not always easy. Lisa Webber, Outreach and Education Coordinator from Consumers for Affordable Health Care, noted that in Maine, it took a long time for state advocacy groups to establish a working relationship with the state Department of Health and Human Services (DHHS). Eventually, the two sides trusted one another and saw the benefit in working together.

Amy Ellrod, New Hampshire Healthy Kids’ Director of Communications and Marketing, credits her organization’s partnership with the state DHHS as one of the main reasons New Hampshire has been so successful at covering kids.

Key Take Away: Fostering relationships with governors, legislative leaders and members of state agencies is a critical component of advancing and implementing health care legislation.

“You never get what you ask for the first time around. But as time goes on, you chip away at it”

Rob Zavoski, M.D., Medical Director of Connecticut’s Department of Social Services

5. Don’t Give Up

Interviewees indicated successful children’s health care advocates share two common qualities: patience and perseverance. All of the New England states’ successes at covering kids took time — sometimes a lot of time — and advocates had to remain committed to their cause.

“I learned that you have to keep on something and be really dogged,” said Sheila Reed, Legislative and Community Advocacy Coordinator at Voices for Vermont’s Children.

“You must have the long-term view,” noted Schaedel.

Brooks summarized the effort to cover children as “a sustained effort that is truly ongoing.”

Advocates also learned they had to take advantage of opportunities. Massachusetts’ children’s health coverage expansion grew out of a major failure: the unsuccessful push for a single-payer bill. As a consolation prize, the state government created a limited primary care program for children up to age six. Advocates organized to expand and enhance the program, and after many small improvements, the program essentially became universal coverage for children. “Incremental wins can really add up over time,” said Miller.

“You never get what you ask for the first time around. But as time goes on, you chip away at it. Challenging times often offer great opportunity for innovation — we’ve been able to do some innovative coverage expansions in Connecticut,” said Zavoski.



Key Take Away: Enacting meaningful children’s health policy changes is an ongoing and long-lasting process that demands perseverance and determination.

6. Focus on Coverage, Not Coverage Policy

The advocates understood that once a law has been passed or a program implemented, their work was far from over.

“Passing a law that provides increased coverage and access... is just the beginning of things; you have to monitor it and be willing to provide data and look at what it means and tweak things along the way,” said Langer. To ensure the greatest number of people possible benefit from a coverage expansion, advocates recognized the importance of implementation and outreach work: getting the word out about the program, enrolling children, and fixing any shortcomings or deficiencies.

Outreach and Education

One of the first things advocates did after a coverage expansion or program change was educate their communities. In addition to creating printed materials, advocates hosted events to inform people about the new program and help sign children up for coverage. Webber noted that her organization hosted a family sign-up day at a hospital that drew more than 1,000 families to apply for CHIP coverage.

EDUCATION TOOLS

- *Fact Sheets*
- *Postcards*
- *Public Service Announcements*
- *Enrollment Events*
- *Web Banners*
- *Posters and Billboards*
- *Newspaper articles*

Training Sessions

A number of advocacy groups around New England hosted training sessions and workshops at hospitals, churches and schools to teach community members about eligibility guidelines and enrollment procedures for the state's public insurance programs. Trainings were especially critical after program changes to help them understand new rules and practices. For example, when Rhode Island re-instated Rlite Care coverage for lawfully residing immigrant children, advocacy groups hosted trainings to inform organizations serving low-income and immigrant families.

Working with Community Partners

A number of New England state advocates actively worked with community partners like schools, clinics and health plans to identify uninsured children, educate families about insurance options, and refer families to enrollment assistance providers.

New Hampshire's "100% School Project" works with school nurses to identify uninsured children and then help families get assistance filling out applications. In Vermont, the state implemented a program that enables schools to ask about students' health coverage status on emergency cards, helping identify uninsured children. Some schools in Vermont also provide parents with a toll-free line to call if their child needs health coverage.

Consumer Assistance

A number of New England states assist consumers by running helplines, providing callers with information about health insurance options and assistance with completing applications. Massachusetts' helpline, run by Health Care for All, helped children enroll in health coverage following program expansions and identified deficiencies in its system, creating a political base for further reforms. Recently, Health Care for All's helpline workers participated in a phone-a-thon to enroll the state's remaining uninsured children in health coverage; they received almost 400 calls in one day.

Key Take Away: Successful state advocacy campaigns do not end with the signing of a new law; advocates must work to ensure the law is properly implemented and the public understands and takes advantage of public insurance programs.



7. Reap Benefits of Regional Collaboration

NEACH's regional model for advocacy has been highly successful at promoting positive children's health policy changes within the New England states, across the region and on the national level. Our regional structure allows us to realize economies of scale in our advocacy efforts, promote cross-state learning and communication, and build capacity within states by sharing and implementing best practices. It also enables our relatively small region to compete more effectively for federal attention and resources.

Since our in launch in 2006, NEACH has coordinated regional advocacy efforts around the reauthorization of CHIP, national health reform and pediatric quality of care issues. We also serve as an intermediary between state advocates and national policymakers — helping both sides better understand and collaborate with one another.

Our partners have consistently stated that they find participating in a regional coalition beneficial. "The work that NEACH has done in bringing us together has been great. All of our states are small, so thinking of New England as a region is very effective for our national legislative advocacy," said Katz.

NEACH's partners especially value the partnership's role in helping states learn from one another: "I think it is always good to learn from the experiences of the other states; what they are working on and what their challenges have been... When we speak with legislators, we let them know what the other New England states are doing," noted Hicks.

A regional coalition also helps the states establish unified goals and messaging. Lila Richardson, an attorney with Vermont Legal Aid, said, "I think it is good to have a coordinated goal and as much as possible keep moving in the same direction."

Key Take Away: The regional model of advocacy can be an effective way to share resources and information, enhance state work, and establish coordinated advocacy strategies.

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*Ana Hicks, Policy Analyst
Maine Equal Justice Partners*

Conclusion

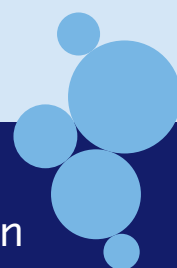
The strategies outlined above enabled state advocates in New England to lead successful campaigns to expand children's health coverage. New England advocates' work, however, is far from over. They continue to fight for children's health care, especially during this difficult budget climate. They are also taking advantage of a variety of new opportunities following the passage of the Children's Health Insurance Program Reauthorization Act in 2009 and the Patient Protection and Affordable Care Act in 2010.

While these strategies pertain specifically to advocacy for child health coverage expansions in New England, they are applicable to other issues and other regions, as is NEACH's regional model of advocacy. Regional collaboration can be an effective advocacy tool across the country.

For more information about successful advocacy strategies, we encourage you to read research briefs from *Insuring America's Children: States Leading the Way*, which highlight advocacy best practices from non-New England states (<http://www.mathematica-mpr.com/Health/iac.asp>). The findings discussed in their briefs are very similar to the lessons outlined in this document. This indicates that a core set of best practice health advocacy strategies exists — and that these strategies can be put into practice anywhere in the country.

If you have questions about this project or would like more information about state advocacy campaigns or strategies, please call the NEACH office at 617-275-2871 or visit our website at www.childrenshealthne.org.





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30 Winter Street, Floor 10
Boston, MA 02108

tel. 617.275.2871
fax. 617.451.5838

www.childrenshealthne.org