Investing in Our Future:

New England Business Leaders' Views on Children's Health Advocacy

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About Community Catalyst

Community Catalyst is a national non-profit advocacy organization dedicated to making quality, affordable health care accessible to everyone. Since 1997, Community Catalyst has worked to build consumer and community leadership to transform the American health system. With the belief that this transformation will happen when consumers are fully engaged and have an organized voice, Community Catalyst works in partnership with national, state and local consumer organizations, policymakers, and foundations, providing leadership and support to change the health care system so it serves everyone – especially vulnerable members of society.

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Executive Summary

This paper presents findings from a series of six focus group discussions held in 2008 with New England business leaders about their perspectives on children's health and their interest in public policies that could improve health outcomes for children. These findings are intended to educate children's health advocates about business leaders' viewpoints and perspectives on children's health care issues. The ultimate goal is for business leaders and children's health advocates to establish productive relationships that pave the way for them to work together on children's health advocacy campaigns.

This document's findings solely reflect the views of the focus group participants and their understanding of children's health issues and public programs; inherent differences of opinion about topics discussed in this paper may exist. Key findings from the focus groups include the following:

- Though many business leaders view children's health as far removed from their everyday activities, they understand that children's health status impacts the workforce, and therefore, directly impacts their businesses.
- The business community representatives are supportive of children's health care initiatives associated with preventing illness and fostering healthy behaviors.
- They perceive the U.S. health care system as dysfunctional and irrational and are somewhat skeptical of public health insurance programs' objectives and results.
- Most of the represented businesses are not willing to pay additional taxes to finance an expansion of health insurance coverage or finance children's health care in general.
- They would like to see more evidence of a connection between health insurance status and health outcomes for children.
- When judging the success or value of children's health programs, the business leaders focus on specific and measurable outcomes.
- Most of the businesses represented believe health care consumers should bear at least some fraction of the cost burden of their coverage.

Introduction

The New England Alliance for Children's Health (NEACH), an initiative of Community Catalyst, began this study after perceiving that local business leaders and child health advocates rarely worked together on efforts to improve children's health. NEACH set out to gauge the business community's interest in participating more actively in federal- and state-level children's health advocacy and better understand why many business leaders have not been engaged in this work. NEACH engaged the New England Council, a well-respected business association, as a partner in this project to help facilitate discussions with selected regional business leaders.

NEACH and the New England Council organized small focus groups in each of the New England states to discuss a range of children's health issues. We worked with either leading state firms or business associations to find business leaders to invite to the sessions. Paul

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Harrington, Ed.D., an economist at the Center for Labor Market Studies at Northeastern University, served as the focus group facilitator.

Since the focus group meetings, NEACH and the New England Council have made great strides in learning more about the perspectives and priorities of the business and advocacy cultures, sharing information and ideas, and engaging one another on issues related to children's health care. The two organizations continue to work together and are discussing ideas for future collaboration.

Background: Business Involvement in Public Policy Issues

The business community plays an important role in the development of public policy on the local, state and national levels. Political researchers have found that the business community exerts the greatest influence on policy outcomes relative to other interest groups at the state level.[1] Thanks to business leaders' political influence and access to resources, advocates for many social policy interventions often seek them as allies. Business leaders' analytic approach to social policy issues is also greatly respected by executive and legislative leaders.

The business community has exerted influence on a number of policy issues that go beyond the traditional business interests of taxation, regulation and government spending. For example, the business community provided leadership in supporting expanded education funding and education reforms that established performance and outcome measures.[2] In the 1970s, concerns about the long-term quality of the labor supply and growing international competitiveness led the business community to first become engaged in the education reform movement. At that time, connections between K-12 education and economic growth were also becoming better established. In addition, the business community was attracted to certain characteristics of the education reform movement, such as:

- A considerable body of convincing evidence had been developed both about the deficiencies of the current education system and strategies to improve outcomes.
- The outcomes of education reform were clear and measured. For example, students' improvement in basic skills was the explicit yardstick used to measure school performance and hold school management accountable.
- There was a strong interest in finding new and better ways to help students learn.[3]

The business community also played a role in supporting and advancing the health care reform measures passed in Massachusetts in 2006. Several leaders from small- and medium-sized businesses across the state joined together to form the Massachusetts Business Leaders for Quality Affordable Health Care. This group became an active member of the Affordable Care Today! (ACT!) Coalition, a broad alliance of organizations that led the fight for the 2006 Massachusetts health care reform law. What's more, the founding chair of the ACT! Coalition is a business leader.

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Findings from Business Focus Groups on Children's Health Care

NEACH and the New England Council conducted focus groups with business leaders in each New England state about the business community's perception of and interest in children's health care advocacy. Seven key findings regarding the business community's perspective on the U.S. health care system and children's health care advocacy emerged.

1. Standing

The issue of standing, a concept that suggests different groups have varying degrees of interest and expertise in a particular area, was a common theme among the business leaders at the focus groups. A number of the business leaders thought the business community had no particular standing on children's health issues, viewing children's health as too far removed from their activities. Focus group participants also stated they had little knowledge about specific children's health issues — such as insurance coverage status or health outcomes — and felt they had little to contribute to, and little to gain from, involvement in children's health advocacy. The only role many saw for themselves in the children's health arena was as a charitable supporter for children's health research efforts such as the Jimmy Fund.

Despite the business leaders' initial assertions that they were far removed from the world of children's health, many nonetheless agreed that children's health *did* affect their businesses because it directly impacted their workforce. For example, focus group participants acknowledged that short-term labor costs are driven up in some labor markets because caretakers miss work to care for ill children. And in the long-term, healthier children are more likely to achieve higher levels of educational attainment and become more productive workers. After acknowledging that the health status of children could affect the viability and profitability of their businesses, some leaders expressed an interest in the role children's health advocacy could play in improving short- and long-term workforce issues.

2. Prevention and Wellness

Many of the business leaders were interested in the idea of children's health care efforts associated with preventing illness and fostering healthy behaviors. Overall, these business leaders were enthusiastic about efforts to prevent and combat chronic illnesses and promote wellness to potentially lower future long-term health costs, both for society as well as their businesses. They expressed a desire for the public sector to put more focus on preventive health care that combats pediatric health issues like childhood obesity, oral health and asthma.

A leader of a statewide company noted, "Business is interested in investing in social issues that will create positive business returns. Business was persuaded to invest in early childhood education because they were interested in creating successful kids who will then become successful adults." Another leader added, "Spending more money upfront on quality care is more cost effective because if patients receive the right care, less money is actually spent in the long run." For this leader, the returns from early health care intervention would occur in the form of reduced future outlays for health care costs in both the private and public sectors.

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An important aspect of preventive pediatric health efforts is the anticipated cost savings to employers and the health care system. One business leader stated, "The idea of preventive health care is appealing because it can be presented as a cost reduction argument." Another indicated, "Business leaders are aware that care for chronic conditions is driving up costs and if these problems are not prevented now, the cost to business for covering employees will increase in the future."

This interest in prevention and wellness strategies is linked to the business leaders' experiences initiating and running wellness programs in their firms. The wellness programs highlighted by employers were wide-ranging in nature (addressing such issues as exercise, diet and smoking), but all contained a common goal of improved lifestyle behavior to reduce the likelihood of illness and injury among the company workforce. The fact that health insurance companies provide insurance discounts to employers who offer wellness programs suggests these programs can effectively reduce the chances of illness and injury among workers. This could lead to lower insurance payouts and reduce worker absenteeism.

It is important to note that wellness programs offered by firms are not offered to children. Since firms do not see a private return on wellness efforts that target children, the business leaders saw merit in government-organized efforts around pediatric wellness and prevention. The question about where such interventions should be made is important. Some of the business leaders thought the elementary and secondary school systems were the natural place to organize prevention and wellness strategies targeted at children. One noted, "Preventive care should be supported for younger kids, before they are school aged. The impact should be more about parent education than about children." Another business leader stated, "Although early intervention is important for the future development of children, the business community is more interested in intervening when kids are closer to the workforce (age of entry)."

3. Issues Concerning the Overall Health Care System

A Dysfunctional Health Care System

A recurrent theme expressed by the business leaders was a belief that the health care payment and delivery system is dysfunctional and ineffective. Employers noted they have seen the cost of employee health insurance rise significantly, yet witnessed little evidence of a gain in positive health outcomes to justify these rising costs. Business leaders in our sessions were also aware of the large share of national income devoted to financing a health care delivery system that, in their view, is neither effective nor focused on outcomes. A participant with a Ph.D. in economics observed, "The overall incentive structure for health care is irrational, as it calls for putting more money into a system that...does not yield very good outcomes."

The business representatives' frustration with the U.S. health care system partially stems from their perception that the health care delivery system wastes its resources. One leader noted that the health care system is reactive, as it largely responds to illness rather than engages in prevention. Other leaders were concerned about sheer waste in the system. A human resources executive commented, "Business recognizes that quality issues are important but tons of money is being wasted on patients receiving the wrong care."

Many of the business leaders believed another problem with the health care system — and particularly the public insurance system — is its lack of accountability. Some of the business leaders contended that public programs do not have clear, meaningful measures to determine

if they are successful. During the focus groups, they argued that few efforts are undertaken to judge public programs' performance, adjust the programs to improve performance, or reduce or eliminate funding if a program proves ineffective.

One business leader saw an "eternal struggle" between the language of accountability and measurement used by businesses and that used by government. Another noted, "When companies make proposals around investment alternatives they develop a prospectus that includes an appraisal of the risks and expected rewards. Yet government doesn't do this... there are no report cards." The business leaders' concern around a dysfunctional and irrational health care system suggests they may be reluctant to spend additional resources on health care services, believing that additional benefits will not justify the costs. One leader described funding health care as "throwing money at a program or system that is broken, irrational and ineffective."

The Cost of Uncompensated Care

According to focus group participants, the issue of uncompensated care as it relates to children's health is an area of contention between the business community and health care advocates. Many health care advocates argue that because hospitals lose millions of dollars each year from providing uncompensated care, employers pay higher insurance costs to cover the losses. These advocates contend that increasing health care coverage rates for children will reduce uninsured children's use of expensive emergency room services, thereby reducing the financial burden on hospitals and those paying health insurance premiums.

Focus group participants, on the other hand, questioned whether hospitals were in fact losing money on these transactions. They seemed largely unaware that hospitals are required to provide care to anyone needing emergency treatment and that certain non-profit hospitals must provide free or reduced-cost services to patients who are low-income and uninsured. One leader stated, "Where does this loss show up on the hospital's balance sheet? Is there a line somewhere that indicates the size of these losses?" Another leader suggested if there were large and recurrent financial losses associated with uncompensated care, then hospitals need to more effectively adjust their business practices to mitigate their losses.

Finally, a business person who worked within the health care system argued that one part of the extensive use of emergency rooms by low-income groups was less associated with lack of health insurance and more associated with convenient hours for working parents who do not want to (or cannot) take time off from work to deal with a child's illness. The 24-hour walk-in availability of emergency rooms makes them a convenient alternative for many parents in low-wage jobs.

Eligibility Determination: Poverty Multiples and Sliding Scales

A key issue for some children's health advocates is determining what the business community sees as a fair or reasonable income ceiling for determining children's eligibility for public insurance programs. Income ceilings used to determine program eligibility are established by each state and are expressed as some multiple of the national poverty rate. In New England, these multiples tend to be around 250 percent to 300 percent of the federal poverty level (FPL) for children.

While the advocacy community commonly speaks of FPL percentages, these terms were meaningless to virtually all of the business leaders in the focus groups. When asked whether the income eligibility ceiling in their state was appropriate, most participants had

no way of interpreting or understanding the percentages. One participant noted, "Business leaders are uneducated about the federal poverty level and what it means." Nearly every business leader with whom we met wanted the FPL percentage to be converted into a dollar value so they could place it in the context of worker wages and family incomes. After they were told the FPL in dollar amounts (for example, 300 percent FPL is $63,300 for a family with one adult and three children), they were able to formulate opinions about whether or not these eligibility levels were reasonable.

Most focus group participants indicated these figures seemed reasonable and were worthy of support, specifically stating that an eligibility ceiling of three times the poverty rate for CHIP was not excessive. Business leaders' support was at least partially based on their understanding that as a family's income increases, so too does its CHIP premium payments. This suggests that employers in the discussion sessions may see CHIP as a form of subsidized insurance rather than an income transfer payment program, at least to the extent that families must contribute some of their own money to participate in the program.

Crowd Out

"Crowd out," the substitution of public health insurance for private coverage, is an important issue for those who want to ensure public dollars target only the neediest families. Crowd out occurs when people enrolled in a private insurance plan are eligible for a public program and drop their private coverage for the less expensive public plan. This issue is especially salient after a coverage expansion, when higher-income individuals newly qualify for public insurance.

Some business leaders were concerned about crowd out because they felt it could raise taxes. There was concern that as more people enroll in public insurance programs, state and the federal governments must spend more money — costs eventually passed on to taxpayers. Some focus group participants raised questions about the family income eligibility ceilings in the context of crowd out, wondering about the degree to which an increase in the income eligibility standard resulted in a decrease in private coverage. Other business leaders, however, expressed tacit support for shifting workers from private to public coverage, stating that small businesses could reduce costs by transferring low-income workers' children onto CHIP.

Public Insurance Programs' Effects on the Economy

Health care policy experts often claim that federal spending on public health insurance programs positively affects a state's overall economic activity, in what has become known as the "multiplier effect." The theory is that an influx of federal money triggers economic activity, as additional dollars injected into state economies are used to conduct business, make purchases and support salaries. The business leaders were highly skeptical of this claim. One company executive plainly noted, "Business leaders don't necessarily buy multiplier arguments." In a similar vein, a business association executive said, "Small businesses are less likely to accept the economic (multiplier) argument made by advocates ... they are unclear about how public insurance program spending affects them and the volume of sales made by their firms." Another leader followed by noting, "Business has a hard time buying multiplier arguments wholesale. There are many political variables that affect the reality of these arguments."

Part of the participants' skepticism of multiplier arguments may stem from a belief that studies promoting these arguments are generally commissioned to gain support for particular policy positions, not to determine unbiased policy choices. Recent studies claiming that spending on green jobs, airports, athletic facilities and higher education will boost local economies have all been produced and financed by the people who have the most to gain from seeing these projects materialize.

4. Business Support and the Economic Climate

In our focus groups, the business community representatives expressed a lack of support for paying additional taxes to finance an expansion of health insurance coverage or to finance children's health care in general. One business leader noted, "The benefits of kid's health are very distant for business, yet the cost [of a program] is immediate." An executive at a leading business association told us, "Advocates need to understand what the appropriate role is for the business community. It should not be assumed that business can always pay for things."

Business leaders from several states warned that the economic recession would sharply reduce the chances of support for new initiatives or the expansion of existing programs. Four of the six New England states (Connecticut, Maine, New Hampshire and Vermont) have a budget shortfall estimated at more than 24 percent of their total FY2011 budget, while Massachusetts and Rhode Island have shortfalls over 9 percent of their FY2011 budgets.[4] Prior to the economic recession, business leaders reported that their states had structural deficits, meaning their annual state budget was balanced by short-term or one-time payments or from state rainy day funds. These leaders expressed that absent these extraordinary funds, regular long-term state revenue sources were inadequate to meet expected expenditures.

Business leaders participating in the focus groups recognized that from the perspective of the state treasury, public insurance programs with a "federal match" are beneficial to the state, as they include subsidies from the federal government. However, they felt that from the perspective of the business tax payer, there is no such subsidy. The business leaders argued that since they pay both federal and state taxes, they are in fact paying the federal portion of the program as well as the state portion. These taxes represented real economic cost to the business leaders, no matter who collected them. They noted the real issue for the business community is how these taxes are used and whether they are getting fair value for them.

Business leaders also expressed a belief that paying higher taxes to support children's health coverage could actually reduce coverage rates, not increase them. These business leaders noted that policies that increase business costs, such as increases in business taxes, might have the perverse impact of reducing overall health care coverage because firms would cover rising costs with reductions in other areas, like employee health insurance. Business leaders in the focus groups suggested the New England states' current low uninsurance rates were largely the result of the business community providing privately financed health insurance.

5. Health Insurance Coverage and Children's Health Outcomes

In general, focus group attendees were uncertain about the connection between health insurance coverage and health outcomes for children. They noted that many factors can

influence children's health outcomes, including child rearing and parenting practices. These business leaders wondered if human behavior and family decisions had greater impact on health outcomes than access to health insurance.

As part of our discussions with New England employers, we asked experts in children's health to describe some of the major features of public programs like CHIP. The presentations to the business leaders in all our sessions began with a review of actual health care insurance coverage rates for children by state. The business leaders' reactions to these presentations often focused on what they saw as ambiguous goals and objectives. Some of the business leaders believed children's health advocates were confusing the process (increasing health insurance coverage of children) with the outcome (improving children's health).

The business leaders also inferred from the presentations that the ultimate goal was 100 percent coverage for all children. The notion that all children should have health insurance was met with two objections by the focus group participants:

First, the business leaders believed increasing health care coverage rates may not be the same as improving children's health, and at some point, coverage rate increases may not change health outcomes for children at all. They argued that if the government's objective changed from providing health care insurance coverage to improving overall health levels of children, the allocation of children's health care resources might change. Indeed, several individuals thought a goal of improving health care outcomes might focus more on the delivery of health services in a school environment through school nurses and dental hygienists.

Second, some business leaders believed that efforts to increase coverage rates to 100 percent are not a good use of resources. The data provided to employers indicated most New England states have child health insurance coverage rates of 90 percent or higher. The business leaders thought the additional costs of raising the coverage rate to 100 percent may exceed the additional benefits. For example, one business leader indicated that a coverage rate of 100 percent may not be possible given the annual rate of turnover of a state's resident child population. Other business leaders believed that a goal of 100 percent health care coverage for children is actually highly *un*desirable. They stated that efforts to raise coverage to 100 percent may make the cost of children's health insurance unacceptably high — reducing overall affordability and undermining the long-term financial viability of the health care coverage system. In short, they believed state government must recognize there is an unfortunate but acceptable level of health care coverage for children below 100 percent.

6. The Need for Quantifiable Data and Measurable Outcomes

When business leaders make decisions about how to invest time or money, many tend to focus on evaluating concrete and quantifiable data to better understand the meaning and impact of alternative choices. Business leaders often systematically appraise each alternative, with the goal of most effectively using resources to achieve a set of objectives. This method of making decisions is characterized by a number of considerations, including conducting benefit-cost analyses and evaluating the time required to reap the return on the original investment.

The business leaders with whom we met were very clear about the need for defining specific and measurable outcomes for any children's health program they would consider supporting. One business leader noted, "For business to be invested, we must determine our goal. Is it healthy kids? A defined goal is necessary because we are working with a finite

amount of money." This leader went on to say she would need much more detail and transparency before choosing a priority area (such as increased coverage rates) around children's health. Another business leader explained, "Health care advocates need to identify health issues and their root causes and then find ways to address them."

A former banking executive said, "Business leaders would be more interested in investing in kids' health if they knew they would be getting a positive return on their investment. They would want to see positive and compelling metrics in order to believe their investment was worthwhile." This statement indicated that the business leaders we spoke with wanted to appraise the comparative economic returns of different children's health interventions before deciding whether or not to lend support to them. To make this appraisal, they needed evidence about the long-term impact of different kinds of children's health interventions.

Another leader felt the health care system needs to do a better job identifying where interventions make sense. The business leaders thought a better understanding of the connections between childhood illness and adult health outcomes was needed. Given that destructive life style choices seem to exert a powerful influence on the health care system's use and costs, several business leaders suggested that a mapping project between childhood behaviors (such as obesity and teen smoking) and adult health outcomes should be developed to determine where to allocate limited dollars to produce the best health outcomes.

7. Skin in the Game

The term "skin in the game" is believed to have been coined by investor Warren Buffet to describe a situation where senior management and board members purchase equity stakes in the firms with which they are associated. This puts their own money at risk and demonstrates their personal confidence in the firms and their management. During our focus group meetings, the concept of skin in the game was mentioned on a number of occasions. In this context, the expression was used by business leaders to suggest health care consumers should bear at least some fraction of the cost burden of their coverage.[5]

The employers we spoke with preferred CHIP over Medicaid because CHIP beneficiaries must pay monthly premiums based on a sliding scale and, therefore, have more skin in the game. They saw the Medicaid model as offering little risk to beneficiaries because coverage is free or provided at very low cost to consumers. In effect, the CHIP program was viewed as akin to a state subsidy for health insurance for children rather than an income transfer payment program, at least to the extent that there is some financial connection between the family and the benefits associated with participating in the program. Programs where beneficiaries bear a realistic share of the cost of participation in the program appeal to the business community.

These business leaders value skin in the game through an insurance subsidy and co-payments because they believe that affixing a price to a good or services allows the market to ration consumption of it. They argue that if a service like health care is offered for free, consumers will have little incentive to restrain their consumption of that service. Thus for these business leaders, skin in the game is thought to lead to greater efficiencies in the use of the health care system.

In fact, some employers have adopted or expanded skin in the game strategies as a method of limiting health insurance costs in their firms. Co-payment and deductibles have become a central element of employer health insurance programs, especially in recent years as employers have worked to limit their share of employee health insurance costs.

Some Suggestions

This paper presents findings and information to help advocates better understand the business community's views on children's health care issues. Based on these focus groups, a few key suggestions for children's health care advocates to consider before engaging business leaders on children's health issues follow.

- Convey that the business community can and should play a role in advancing children's health care issues. Currently, many business leaders are not very familiar with or engaged in children's health care issues. Advocates should convey to business leaders that the business community does have standing on this issue, as children's health impacts both short-term and long-term workforce development. In the short term, children's poor health may increase labor costs because caretakers miss work to care for their ill children. In the long term, healthier children are more likely to achieve higher levels of education and to work more hours as healthy adults, resulting in higher worker productivity.
- Understand how business leaders make decisions and use data and measurable outcomes to advance the cause of children's health. Business leaders weigh benefits and costs, measure performance and outcomes, consider risks and rewards, and consult credible evidence before making decisions. They want to see clear outcomes regarding children's health programs, both with respect to future health care costs as well as how healthy children enhance workforce productivity or human capital. Advocates should try to provide an explicit link between the strategies they propose and their expected outcomes.
- Focus on targeted investments with identifiable returns. Business leaders may not support extensive coverage expansions, but are likely to be interested in supporting health care programs or initiatives with clear goals and quantifiable results, such as wellness and prevention programs. Many business leaders believe wellness and prevention strategies — such as smoking cessation and obesity prevention programs — can be effective. Evidence about the effectiveness of wellness and prevention efforts for children would prove convincing to these leaders and could potentially engender their support for policies in these areas.

Conclusion

Children's health advocates and business leaders often have very different objectives, decision-making processes, and understandings of the U.S. health care system, which can sometimes make it challenging for the two groups to work collaboratively on children's health issues. For advocates to successfully engage the business community on common children's health care goals — particularly prevention and wellness initiatives and workforce development issues — advocates must understand the business community's underlying values and motivations and devise tailored outreach and partnership strategies.

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Endnotes

[1] C.S. Thomas and R.J. Hrebenar, "Interest Groups in the States," Politics in the American States, (Virginia Gray and Russell L. Hanson, eds.) Congressional Quarterly Press, 1999.

[2] A notable example in New England was that of Jack Rennie, a leading high tech CEO in Massachusetts, who organized the business community through the Massachusetts Business Roundtable and the Massachusetts Business Alliance for Education to support education reform in the state in the late 1980s and early 1990s.

[3] The most recent example is a new study of charter versus traditional schools in the city of Boston, conducted under the auspices of The Boston Foundation with support from the business community. See Atila Absulka-dirooglu, et al., Informing the Debate, Comparing Boston's Charter, Pilot and Traditional Schools, The Boston Foundation, January, 2009.

[4] Center on Budget and Policy Priorities, States Continue to Feel Recession's Impact, October 7, 2010

[5] This expression has now made its way into the health finance literature as well. See: Patricia Neumann et al "How Much 'Skin in the Game' Do Medicare Beneficiaries Have? The Increasing Financial Burden of Health Care Spending, 1997-2003", Health Affairs, 26, No 6. 2007.

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