

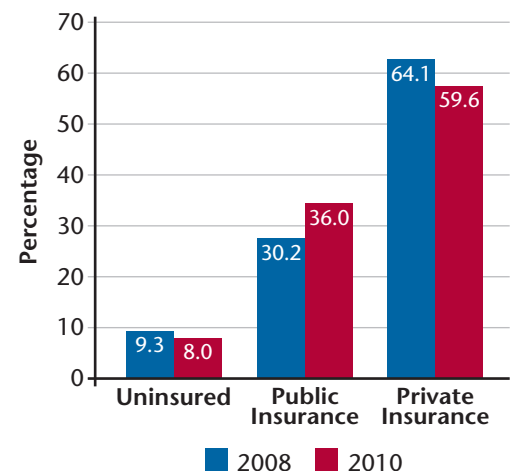
Applying Advocacy Skills in Tumultuous Times: Adaptive Capacity of Insuring America's Children Grantees

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More low-income children have health insurance coverage today than at any point in the nation's history, a remarkable achievement that has resulted from dramatic growth in the two major public coverage programs for children, Medicaid and the Children's Health Insurance Program (CHIP). Recent, significant gains in coverage have occurred during a tumultuous period highlighted by a severe economic downturn, continued erosion of employer-sponsored insurance, increasingly polarized state and federal political environments, and an intense debate over national health reform. Child and family advocates, working within individual states and networked across states, have played a significant part in securing the coverage gains seen nationally, despite these many challenges. Advocates have worked not only to strengthen popular support for the broad goal of insuring all children but also to support many more targeted policy goals, such as expansion of CHIP eligibility. As the goal of ensuring that all children have health coverage becomes increasingly attainable, understanding how advocates have carried out this work can provide lessons for future advocacy efforts on a variety of issues.

Through the Insuring America's Children grant-making strategy, the David and Lucile Packard Foundation has pursued a multi-year investment in state-based advocacy. The goal of this grant-making strategy is to move all states toward the goal of securing health care for all children by investing in targeted states that could show success and, in turn, influence other states to advance as well. Working with Spitfire Strategies, the Foundation piloted Insuring America's Children with the Narrative Communications Project (Narrative) in 2006–2007. The Narrative was designed to help advocates in selected states strengthen their strategic communications capacity through grants and targeted technical assistance tailored to the political, economic, and policy climate of each state. Participants from the Narrative pilot were then selected through a competitive request for proposals process to continue their work as grantees of the Finish Line Project (Finish Line). Beginning in 2008, the Finish Line combined continued communications support with ongoing health policy and advocacy strategy technical assistance provided by the Center for Children and Families at the

Figure 1. Change in the Percentage of Uninsured, Publicly Insured, and Privately Insured Children in the United States, 2008 and 2010



Source: U.S. Census Bureau, 2008 and 2010 American Community Survey (ACS) 1-Year Estimates.
Note: The estimates for each year incorporated the logical coverage edits. See <http://www.census.gov/hhes/www/hlthins/data/acs/2008/re-run.html> for the updated American Fact Finder 2008 one-year tables.

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

Georgetown University Health Policy Institute. Finish Line grants were ultimately awarded to advocacy organizations in 12 states with the potential to make significant advances in growing children’s health insurance coverage in three to five years (Table 1).

Table 1. Finish Line Grantees by State

State	Grantee	Grant Years
Arkansas	Arkansas Advocates for Children and Families	2008–2011
California	Children Now; Children’s Partnership	2008–2011
Colorado	All Kids Covered	2008–2011
Iowa	Child and Family Policy Center	2008–2010
Kansas	Kansas Action for Children	2011
Ohio	Voices for Ohio’s Children	2008–2011
Oregon	Children First for Oregon	2011
Rhode Island	Rhode Island KIDS COUNT	2008–2010
Texas	Children’s Defense Fund	2008–2011
Utah	Voices for Utah Children	2010–2011
Washington	Children’s Alliance	2008–2011
Wisconsin	Wisconsin Council on Children and Families Inc.	2011

Source: The David and Lucille Packard Foundation

Drawing on detailed information from a specially developed grantee reporting database, this brief describes how the Finish Line grantees adapted their advocacy techniques to respond effectively to the unprecedented changes seen in the children’s coverage policy landscape over the past several years. The findings confirm the continued importance of the strategies described in the two briefs developed earlier in this project¹ and highlight the ways advocates effectively adapted these strategies to navigate the changing environment. Advocates’ strategic relationships and broad-based coalitions took on greater relevance as they assumed new responsibilities and needed to engage different partners. Grantees strengthened their positions as critical sources of information by providing timely and reliable analysis—of enrollment trends, proposed policy options, provisions of new laws, and federal program incentives—to state policymakers and other key stakeholders. Guided by their assessment of the environment and current opportunities, grantees carried out both public and behind-the-scenes campaigns. Further, they focused on consistent, positive messages to successfully break through the mire of a gloomy economy and sometimes combative political atmosphere in states. Finally, grantees benefited substantially from the technical assistance, support, and state peer-to-peer learning fostered by the Finish Line project.

These and the more detailed findings that follow may be instructive, as the work of the grantees has coincided with a decline of nearly one million uninsured children nationwide. This decline translates into a large reduction in the proportion of uninsured children in the United States, from 9.3 to 8.0 percent, a reduction

that stems entirely from dramatic growth in the proportion of children insured through public coverage (Figure 1).

I. The Changing Environmental Context

The start of the Finish Line grants coincided with growing upheaval in the fiscal, political, and policy environments across states. The economy had begun a downward spiral from which few states have yet recovered. National and state elections saw the presidency and many governorships and legislative bodies across the country change parties. Subsequently, in 2009 and 2010, President Obama signed into law three major pieces of federal legislation with direct bearing on health insurance coverage: the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), signed on February 4, 2009; the American Recovery and Reinvestment Act of 2009 (ARRA), signed on February 23, 2009; and the Patient Protection and Affordable Care Act of 2010 (ACA), signed on March 23, 2010. Each of these laws passed following contentious debate and, in the case of CHIPRA two presidential vetoes. In a number of states, the ACA remains highly controversial. Indeed, members of 45 state legislatures have proposed legislation to modify or oppose elements of the ACA.² In turn, grantees and the Foundation quickly faced vital questions about whether their plans for reaching the finish line remained both relevant and well designed given potential looming changes in family and public coverage upon implementation of the ACA.

II. Grantees Respond

With decades of experience advocating on behalf of children and their families, Finish Line grantees are no strangers to working within dynamic federal and state contexts. Many have refined their adaptive capacity—that is, their ability to “monitor, assess, and respond to internal and external change.”³ However, the combination of changes in the political, fiscal, and policy contexts during the Finish Line grant period placed unique demands on grantees. Grantees had to decide whether to change or reprioritize their goals regarding health insurance coverage for children and, if so, what new policy goals they planned to pursue. Grantees further had to assess whether their strategies remained well matched to achieve their new goals and priorities, as well as whether they had to recruit new partners and legislative champions based on this new and at times turbulent environment. When assessing their strategies, grantees had to continually assess whether established techniques were still worth the resources needed to carry out these activities effectively.

In the following pages, we describe ways grantees responded adaptively to their changing environments, identifying and, as necessary, pursuing new goals or strategies. We organize our discussion along five advocacy tools that the Finish Line grantees pursued aggressively, often with measurable success:¹ (1) building and maintaining strategic partnerships; (2) monitoring policy proposals, analyzing their potential budget and program implications, and developing credible policy options that benefit consumers and reflect the goals of their partners; (3) implementing strategies and campaigns, mobilizing different constituencies as needed; (4) developing and delivering messages effectively to engage a variety of audiences; and (5) leveraging the technical assistance and external support provided by the Foundation to maximize their efforts.⁴

“Implementation of health care reform is NOT transparent and open in our state, thus we need all the help we can get to find out who is doing what, who is NOT doing what, and when and where it is all happening. Keeping children’s coverage safe and monitoring implementation of the new regulations involves attending ANY meeting where health care reform is being discussed and that is impossible to do without a coalition.”
(Iowa, 2010 Interim Report)

A. Building Strategic Relationships

As part of their everyday work, advocacy organizations build support for their coverage goals by partnering with diverse stakeholders, including state agencies, policymakers, media, health-related community organizations, and labor unions, and to varying degrees with those less naturally aligned with family advocacy, such as health care providers and businesses. Grantees collaborate more closely with other advocacy organizations and children’s groups that share their goals, often through formal coalitions that grantees work within or lead. As the number of issues to address or learn about—such as proposed budget cuts to address state deficits, insurance exchanges, or new CHIPRA provisions—continued to expand in the ever-changing environment, grantees appreciated the expertise and resources their broad-based coalitions afforded them, but also made substantial efforts to maintain those relationships or adjust to their partners’ diminished roles under difficult fiscal conditions or to their evolving positions with new policy options up for discussion. Grantees also sought to more actively engage those less traditional allies, such as leaders in the insurance, business, or faith-based communities.

As grantees assumed the added responsibilities of monitoring health reform, they found coalitions and partnerships to be more essential to their work than usual. As the health reform debate evolved, grantees were pressured to keep a pulse on continuous developments, as well as become experts in areas outside of their traditional scope, such as health exchanges, private insurance, or adult coverage. By participating in coalitions of organizations and individuals representing broad areas of expertise, grantees were able to leverage additional resources and draw on a range of expertise. For example, to cope with the large number of provisions with the ACA, coalition members in Iowa shared responsibility for monitoring policy activities and keeping one another informed. Some coalitions assembled flexible work groups or ad hoc committees to manage the work, capitalizing on the strengths of individual partners and activating them to focus on specific areas, such as CHIPRA implementation, Express Lane Eligibility, and outreach. As financial support for advocacy organizations diminished, the sharing of responsibility and expertise became more valuable.

Grantees worked harder to promote children’s coverage when their partners faced fiscal constraints or had competing priorities. Coalitions offered the benefit of a broad range and depth of expertise, but also required grantees to keep partners engaged and priorities aligned. Grantees recognized that in difficult economic and political times, some of their partners would no longer be able to contribute to coalition activities in the same way or at the same level, and adjusted their activities to accommodate their partners’ diminished roles. The Children’s Alliance noted the Finish Line funding enabled it to keep attention on children’s health issues in Washington when its partner organizations shifted into survival mode after large budget cuts over the past three years. With diminished resources, these partners had to balance their efforts supporting children’s health with other organizational priorities. The grantee in Ohio noted a similar situation, in which some of its traditional allies had become less involved in children’s coverage issues in order to focus on proposals related to new hospital fees and Medicaid reimbursement rates: “While these groups did not oppose the expansion, we had to monitor how their efforts on their priority issues affected support for the expansion

and stay ahead of any unintended negative portrayal of the expansion.” Voices for Ohio’s Children also noted it grew more challenging to galvanize state policymakers around supporting children’s coverage during the federal reform debate because of its focus on adults. Making the connection for state policymakers between federal reform and the impact on children was more difficult.

“The strong working relationships and explicit leveraging of our complementary competencies has been critical to our success.”
(Colorado, 2010
Final Report)

The Iowa grantee reported initial struggles aligning priorities within an ad hoc health care coalition, which traditionally focused on adult coverage. Some policymakers used internal coalition tensions to pit adult coverage against children’s coverage. The grantee consistently emphasized the interconnect- edness of children’s and adults’ coverage, using a “kids first, then adults” message, which helped gain the trust of its partners. The 2008 legislative session concluded with two important gains in children’s coverage: expansion in income eligibility from 200 to 300 percent of the federal poverty level and the adoption of 12-month continuous eligibility under Medicaid (already adopted for CHIP). These gains benefited the entire coalition: “The success in kid’s coverage gave the whole coalition reason to feel proud and accom- plished and we all shared the praise. Thus, we are stronger and more cohe- sive as a group as we address health care reform and its implementation in Iowa, even in this difficult political climate.”

“We learned that a semi-fluid Workgroup structure and a targeted but overarching scope allowed the Workgroup to remain nimble as the context changes. The additional focus on developments at the federal level and the passage of ACA during the reporting period allowed the Workgroup members to forge new relationships and strengthen existing ones.”
(California, 2009
Interim Report)

Grantees engaged new partners as opportunities arose. As health care reform caught the attention of faith leaders, the business community, and the commercial insurance industry, some grantees took the opportunity to engage these stakeholders more actively and develop champions for children’s health coverage. For example, the Rhode Island grantee, Rhode Island KIDS COUNT, collaborated with a new interfaith coalition focused on helping families in poverty. The grantee also actively engaged two influential faith leaders who expressed their appreciation to the governor in a private meeting for his support for coverage of legal immigrants. According to the grantee, “Our strong relationships with these faith leaders and our reputation for fact-based advocacy on behalf of children was key in having these leaders agree to communicate with the Governor on this issue.” The General Assembly approved the Governor’s fiscal year 2010 budget that included coverage for lawfully residing immigrant children.

Business leaders also became interested in how health reform would affect their businesses, and several grantees mentioned the importance of securing support from this group. The grantee in Texas believed that establishing support from the business community was vital to gathering Republican support for providing health coverage for children through the state’s Medicaid and CHIP programs. A few grantees described trying to engage insurance commissioners, who had become more involved in coverage in the private marketplace and insurance exchanges, with mixed success. In Rhode Island, the health insurance commis- sioner was supportive of children’s coverage, attending the grantee’s Annual Celebration of Children’s Health Event. In Iowa, however, the Child and Family Policy Center met resistance from the insurance community, noting its opposition

was more organized than any to which the grantee was accustomed. The grantee worked to improve its relationship through monthly consumer group meetings with the insurance commissioner's office.

Grantees adapted their roles and engagement with strategic partners who were more severely constrained than previously. Grantees developed relationships with state agencies, monitoring implementation of programs and providing policy support to agency staff. As state budgets tightened and agencies reduced staff, grantees participated on boards and leadership committees to stay involved in and up to date with agency activities, rather than relying on individual communications with agency staff as they normally did. Grantees shifted their attention to new or more automated approaches to ease the burden on agency staff and improve enrollment processes, such as continuous eligibility or Express Lane Eligibility. The grantee in Ohio worked with the Department of Job and Family Services and Ohio Medicaid leaders to implement 12-month continuous eligibility and presumptive eligibility for children. Both of the measures would reduce the burden on the state by keeping children enrolled and requiring a caseworker to process an application only once in a 12-month period. Children First, the grantee in Oregon, worked with the state to implement Express Lane Eligibility, which uses data from the Supplemental Nutritional Assistance Program (SNAP) and the National School Lunch Program to determine an applicant's eligibility status.⁵ The grantee also conducted focus groups that resulted in a simpler version of the application available in several languages.

The grantees in Colorado (Colorado Children's Campaign, Colorado Coalition for the Medically Underserved, Colorado Covering Kids and Families, and Metro Organizations for People) have worked to build a robust relationship with the Colorado Department of Health Care Policy and Financing by having key leadership team members get involved in grant applications and reviews, participate in advisory committees, and push for consistent public meetings of department task forces and boards. Through this proactive engagement, the grantees were able to stay directly engaged with the agency, providing feedback from coalition members and families on Medicaid and CHIP enrollment processes.

Grantees worked more closely than usual with state and local agencies to adjust to budget constraints. When funding for outreach to enroll eligible children was cut, grantees worked with partners to compensate, some conducting outreach themselves. In Washington, funding that supported local outreach efforts across the state was reduced in the 2009 legislative session and eliminated during the 2010 legislative session, including funding for a statewide toll-free hotline that families could call for information and enrollment assistance in Apple Health for Kids. The grantee, the Children's Alliance, worked with its partners to restore funding for the hotline during the supplemental budget process. Voices for Ohio's Children trained and activated local partners in outreach and enrollment and worked directly with counties to implement simplification changes. Rhode Island KIDS COUNT decided to work with partners and community organizations

to increase outreach efforts to maximize enrollment after coverage for legally residing immigrant children passed.

B. Monitoring and Analyzing Policy Options

Policy monitoring and analysis, a key component of advocacy, had even more importance than usual during the Finish Line grant period. Grantees had to quickly educate themselves on the proposed and enacted provisions of CHIPRA, ARRA, and ACA so they could set their own priorities and take advantage of opportunities these laws provided. Because it was not always feasible to advocate for coverage expansion given the severe budget constraints states faced, understanding the provisions and policy options within these laws, such as CHIPRA's administrative simplifications that would make it easier for families to enroll and maintain enrollment, was key to grantees' ability to make progress. In addition, grantees filled an external need for timely information and cogent analysis. Grantees that performed these activities well gained added credibility and a place at the table.

Grantees increased their level of monitoring to identify emerging health policy issues. Grantees kept a continual watch on legislative and budget activity before national health care reform and the economic recession, but after, they had to be more vigilant to keep up with proposals to address the state budget deficits and potential state changes due to federal legislation. Grantees in Iowa, Texas, and Washington prepared to increase their monitoring and advocacy as implementation of health reform unfolded in their states. The grantee in Rhode Island noted how difficult this process can be, claiming that state-level organizations must invest considerable resources or have external support to stay informed of continuously evolving federal policies. But the grantee also recognized the importance of this investment: "It can be a resource challenge for state-level organizations to keep up to date on the fast-changing nature of federal policy and to ensure that we can advocate for protections for children and families as health care reform is implemented in our state."

Grantees had to learn about new aspects of coverage brought to the forefront by health reform, such as private insurance markets and exchanges. This additional knowledge had measurable benefits. Arkansas Advocates for Children and Families described its behind-the-scenes work to learn about the ICHIA option in CHIPRA as important to opening discussions with policymakers about ways to cover more immigrant children in the state.⁶ Grantees in Ohio and Washington used their knowledge of CHIPRA to help their states qualify for the performance bonus. Kansas Action for Children monitored progress by the Kansas Health Policy Authority to ensure timely and effective implementation of the HealthWave eligibility expansion, and Children First for Oregon leveraged its position on the state's CHIP steering committee to monitor development of the state's insurance exchange proposal to ensure the needs of children and families would be well represented.

Through credible research and analysis, grantees strengthened their positions as sources of information for policymakers, state agencies, the public, and the media. Grantees were able to increase their authority by providing quick

*"The last year has confirmed that an advocate's work is not done when a law passes. The implementation efforts and ongoing advocacy required to be a watchdog and partner with state agencies [are] as important as the legislative successes we have achieved."
(Washington, 2008 Interim Report)*

“Our constant presence made it impossible for anyone to forget kids or to diminish the goal. It sounds simple, but ‘being there’ made all the difference when it came to drawing attention to the issue and keeping it in the forefront.... For instance, the talk about mandating children’s coverage quickly turned punitive and we were able to respond with facts and data and headed off what could have been a very dangerous precedent for states.”
(Iowa, 2008 Interim Report)

“Our goal was always to educate people on the issue and these research and data pieces allowed us a chance to reach a broad, bipartisan audience in a way that was not construed as political.”
(Iowa, 2008 Final Report)

and reliable analysis of enrollment trends, proposed policy options, provisions of new laws, and federal program incentives. For example, the California grantees analyzed trends in Healthy Families enrollment over time and the impact of the waiting list and other policy changes on children’s enrollment. They also developed estimates of the effect of state budget cuts on children’s coverage, which health advocates used to defend against the budget cuts. Through a compelling analysis of potential gains and losses from different state policy changes, the Children’s Alliance in Washington helped to secure support for the state’s Apple Health for Kids. The Alliance pointed to how specific administrative simplifications could qualify the state for additional federal funding and how, conversely, cutting existing income eligibility thresholds would reduce federal support under federal health care reform.

Several grantees noted that being the policy expert, or one of the key experts, in the state filled an external need for reliable and timely information but also benefited the grantees. Being the policy expert on children’s issues guaranteed their place in the discussion. As stated by Voices for Utah Children, “The depth of policy knowledge is even more critical in being able to, and being invited to, participate in state policy decisions.” The Governor appointed the executive director of Colorado Coalition for the Medically Underserved to the Board of the Colorado Health Benefit Exchange. And, when questions around children’s coverage arose in Iowa, policymakers, *hawk-i* board members, state administrative staff, and other advocates turned to the state grantee, Child and Family Policy Center, for the latest federal information, current state data and policies, and well-researched analysis to guide what should be done to move forward. Grantees’ responsiveness to media also helped build or maintain their credibility. Grantee staff in California, Utah, and Wisconsin noted reporters frequently contacted them for background information or quotes on children’s health and health reform.

C. Implementing Strategies and Campaigns

With research in hand to buttress their positions and strategic partners lined up, grantees went on to implement campaigns to build support for children’s coverage. Guided by knowledge of current opportunities and potential threats, grantees carried out single events and long-term campaigns, employing public or behind-the-scenes strategies as needed.

Grantees promoted governors’ initiatives that benefited children’s coverage, strengthening ties between children’s advocates and the state executive branch in the process. When new initiatives supporting children’s health arose from the governors’ offices in several states, grantees shifted their attention to support them. The grantees in Ohio, Rhode Island, and Washington promoted their states’ participation in the Department of Health and Human Services’ Connecting Kids to Coverage Challenge. Arkansas Advocates for Children and Families led a multipronged campaign to support Governor Beebe’s new health care initiative that would expand ARKids First eligibility up to 250 percent of the federal poverty level. The campaign involved multiple strategies over several months leading into the 2009 legislative session, including meetings and briefings

“The enactment of health care reform and the importance of a couple of the options in that bill caused us to put an increased emphasis on public education relating to what that bill does and what the key policy choices will be for Wisconsin. Because we did more work on those two issues we delayed some of the data mapping work.”
(Wisconsin, 2009 Final Report)

with policymakers and other stakeholders, targeted op-eds by business and faith-based leaders, and a rally at the capitol featuring parents who shared their stories.

In the face of health care reform, grantees increased their public education activities to keep or build momentum for children’s coverage. To head off the potential for confusion or misinformation due to multiple provisions and iterations of the national health reform bills, grantees mobilized their coalitions and partners to focus more heavily on campaigns to educate the public about children’s coverage under reform. The grantees in California, Colorado, Ohio, Oregon, Texas, and Wisconsin reported using a variety of strategies to keep the public informed. For example, the All Kids Covered Initiative focused on educating the public and grass tops and grassroots leaders on specific components of national health care reform, such as elimination of pre-existing conditions for children, and on strategies to maximize the benefits of national health care reform to better support Colorado families and children. In Texas, the Children’s Defense Fund, along with its grantee partners (the Center for Public Policy Priorities and Texans Care For Children), contributed to numerous public education events or campaigns, including the Finish Line Day of Action for Texas Children and Health Reform—an event focused on educating friends and family members, legislators, and local news media through the use of social media; the “Stroller Brigade” press conference, involving more than 100 children and parents, elected officials, and faith leaders; and Texas Voice for Health Reform, an initiative of the Center for Public Policy Priorities to educate the public about the impact and foreseeable benefits of national health reform.

Grantees assessed the environment when devising their campaigns, sometimes using a quiet approach. Grantees employed behind-the-scenes approaches to adjust to the new fiscal and political realities. Anticipating the election of a more conservative governor not traditionally supportive of children’s health coverage, Kansas Action for Children pursued a less public campaign. For example, rather than distributing written materials to educate stakeholders about children’s coverage, as it might normally do, the grantee worked behind the scenes, meeting individually with children’s health champions and continuing to provide meaningful data to emphasize the importance of children’s coverage. The grantee also sought to broaden support for its children’s coverage agenda from recently elected members of the Kansas House. The grantee summarized, “We opted during critical points of this grant period to avoid drawing public and/or media attention for the program so as not to point to the program or its expansion as an option for further cuts. We instead worked behind-the-scenes with citizens and policymakers to maintain the momentum around children’s health coverage in targeted communities.”

D. Delivering Effective Messages

Effective use of communications is at the core of advocates’ abilities to build partnerships, convey credible policy information, and implement campaigns. With the national spotlight focused on the difficult economic environment and health reform, grantees tailored both the delivery and the messages themselves to appeal to different audiences while reflecting their individual state environments and maintaining a consistent core message about children’s health coverage.

*“A strategic and ongoing communications campaign is essential to maintain the positive visibility of effective public policy investments such as Rlte Care.”
(Rhode Island, 2008 Final Report)*

Grantees focused on positive messages to break through the mire of a gloomy economy. During a time when media were often focused on tight state budgets and other negative effects of the economy, grantees developed messages that highlighted the successes and achievements of state health insurance programs. For example, in Washington, the governor’s proposed budgets in both 2008 and 2009 included cuts in eligibility levels for children in CHIP. The grantee created a policy paper and supporting materials showing the positive outcome of cost effectiveness when covering children in families with incomes up to 300 percent of the federal poverty level; and the grantee distributed these materials to legislators and the governor during the legislative sessions. Maintaining a positive messaging frame also helped build public support for children’s health coverage. In Texas, the Children’s Defense Fund reported that the positive media coverage across the state made legislators comfortable about supporting the CHIP buy-in proposal, which led to the bill passing in both chambers with strong bipartisan support. The grantee and its partners were able to secure this media coverage through several strategies: (1) engaging the public through family stories that described the issue and the need for policy change, (2) using local data from communities across the state, and (3) garnering the support of the business community by framing the issue of children’s coverage as fiscally responsible and essential to the state’s future economic development.

Grantees sought consistency in their messaging while balancing changes in their environment. Grantees received extensive guidance on messaging from Spitfire Strategies during the Narrative Communications project, and continued to echo these messages during their work under the Finish Line grant. Rather than developing a prescriptive, single message platform, Spitfire developed a messaging narrative consisting of a core set of flexible messages that grantees could adapt to their state’s environment and stage of progress, build on as needed, and use consistently. Messages focused on themes such as quality, affordable care, the state’s proven success through Medicaid and CHIP, and coverage as a problem with a solution. Messages were simple, consistent, and easy to absorb, which resonated with news media, policymakers, and the public. After using these messages, grantees noticed reporters and policymakers repeating the messages in their own work. The Oregon grantee stated, “Strong consistent messaging is catchy and effective. We were delighted when the Oregonian editorial board published their editorial on the success of Healthy Kids. Their article was riddled with catch phrases that Children First uses regularly to discuss Healthy Kids. We attribute much of our message skills to the great support we have received from Spitfire. Whether or not they referred to the op-ed that we submitted or not, their messages were right in line with our main talking points on health care.”

Grantees modified their messages to fit the changing environment, such as the emergence of national health reform, and created messaging opportunities by incorporating children’s coverage into seemingly unrelated developments. As the health reform debate came into the spotlight, keeping the focus on children became challenging because the discussion was often about covering adults. Grantees continued to use the narrative messages, but incorporated health reform into their messaging—for example, by demonstrating that efforts to cover children align with overall health reform objectives, focusing on health reform as

the next opportunity to secure coverage for every child in the state, or adjusting the messages to include children as part of family and parent coverage. Capitalizing on the momentum of health reform was an important way for advocates to be heard. The Iowa grantee reflected on its previous experience: “We released a report in mid-July [2010] showing that 60,000 more children have been added to public coverage in Iowa since 2007. Though we received some good press from that piece, if we had linked the piece to [health care reform] in some way, we likely would have gotten more. We can’t assume that there is interest in talking about health care in terms of anything but health care reform at this point.”

The Texas grantee and its partners used the state’s food stamp application backlog to bring attention to an important issue affecting families and to simultaneously build momentum for improving the CHIP and Medicaid eligibility systems, which are integrated with the SNAP application process in Texas. The advocates felt that delays in Medicaid and CHIP coverage might have had minimal media appeal. By contrast, a story about a recently unemployed family that was forced to wait more than three weeks for food was more compelling and received substantial media attention. The grantee used this attention to highlight the need for improved eligibility systems in the state, for both food and medical assistance programs.

Grantees learned different ways to deliver messages for different audiences.

Although their messages remained largely consistent across audiences, grantees used different media and messengers to reach these audiences as effectively as possible. Policy reports, briefs, and opinion pieces, often in conjunction with press conferences, were key tools grantees and their partners used to educate policymakers, the public, and the media. Grantees chose to use different tools based on their audience, sometimes through trial and error. Voices for Ohio’s Children learned that a detailed policy brief, although useful in recruiting agency directors and some policymakers to support its simplification agenda, seemed too cumbersome for broader audiences. For those who preferred the highlights, the grantee created a one-page summary document that succinctly described three specific ways simplification could help increase enrollment. Colorado Coalition for the Medically Underserved held briefings and face-to-face meetings with legislators, strategies it found well suited for its audiences. Another approach, mailing fact sheets and bulletins about its All Kids Covered coalition to more than 200 candidates, proved less successful and yielded only one request for more information. The grantee in Iowa also adjusted its strategy, tailoring the materials it presented on health reform and providing short bulleted lists or detailed information depending on the audience and its level of understanding of the topic area. When speaking with fiscally conservative policymakers, the grantee in Texas stressed the fiscal impacts, instead of the human impact, of its agenda.

Grantees engaged different messengers to disseminate messages as successfully as possible. The Texas grantee found its messages were better received if delivered by someone other than an advocacy organization or its partners. It found the business community and influential “atypical” messengers to be particularly

effective. For example, when a local county sheriff spoke about the importance of mental health care funding for the safety and well-being of the community, the grantee felt his message was well received and very powerful. The grantee reported, “We felt most effective however when [Texas Finish Line] messages were used in the media and by legislators without being attributed to our campaign or our individual partner organizations. This type of ‘infiltration’ of key messages was an indicator to us that our message resonated with our audiences and caused true shifts in the framing of these issues.”

Grantees made better and more use of nontraditional media. The economic downturn also left its mark on the media and on government communications departments. Grantees adjusted their media strategies to accommodate changes in and contraction of the media market, relying more on their websites and use of social media (blogs, Twitter, and Facebook) as alternative venues to traditional media (namely newspapers and other print media). After seeing closures or layoffs at major newspapers across the state, the Children’s Alliance in Washington began to focus its blogs to be more news-oriented, increased its efforts to reach the public through social media, and cultivated top political bloggers. The grantee in Texas prepared a social media tip sheet with suggested tweets, posts, and action alerts related to outreach events for its coalition partners before and during the legislative session. Voices for Utah Children tried to capitalize on schools’ use of social media as a means to reach out to families with uninsured children to apply for Medicaid and CHIP, but found the schools’ use of social media was not consistent enough to use as a way to enroll eligible children. Budget cuts in Ohio resulted in the elimination of many of the Medicaid agency’s communications staff. Voices for Ohio’s Children, seeing that families needed a place to go for information on obtaining coverage through the state’s Medicaid CHIP programs, developed the KidsHealthOhio website (www.kidshealthohio.org), which also provides information for employers and providers.

E. Leveraging Technical Assistance and Support

The Foundation sought to increase the impact of its financial support by providing substantial targeted technical assistance. Support for policy analysis, communications, and strategic planning was provided through a national technical assistance center operated by the Georgetown University Health Policy Institute’s Center for Children and Families (CCF), a national health policy center, and Spitfire Strategies, a national strategic communications firm. Georgetown’s CCF supported grantees by providing substantive national policy expertise and research and was responsible for creating a learning community, through which grantees could receive support from their peers and share experiences and lessons learned. Spitfire provided strategic communications and campaign planning, training, counsel, and tools.⁷ The Foundation also made awards to other national organizations to provide assistance to grantees in several ways, including assistance engaging grassroots leadership, business leaders, citizens, and communities, and specific expertise in areas of the ACA, insurance exchanges, and CHIPRA.

Grantees used the national technical assistance center to increase their capacity for policy research and communications. CCF and Spitfire worked

“Timely analysis, feedback, and guidance significantly improved the quality of materials and presentations, kept our messaging consistent and focused, and made us more efficient, which was critical due to the short amount of time before the 2009 legislative session to get the project up and running.”
(Arkansas, 2008
Final Report)

“Our communications were more strategic and disciplined than in the past as a result of our work in the Finish Line Project, and [we] believe that these consistent messages allowed us to succeed in our policy agenda.”
(Rhode Island, 2008
Interim Report)

alongside grantees to provide policy and messaging support on issues such as CHIPRA and federal reform provisions, share national and state data, and clarify states’ potential actions under federal policy. For example, CCF provided support to describe the impact of a Medicaid global waiver in Rhode Island, helped develop an economic argument for insuring children in Texas, and created briefs on the impact of CHIPRA on children in Iowa and Washington. Economic conditions in Rhode Island led to a proposal for increased premiums for families in Medicaid. CCF conducted an analysis that compared the state’s current and proposed premiums with other states. Rhode Island KIDS COUNT published the memo created by CCF and used it to educate legislators. Grantees valued the policy support from national experts because it enabled them to focus their efforts on the legislative session.

In addition to the policy expertise from CCF, several grantees noted that they received policy expertise and data analysis from the Center on Budget and Policy Priorities, often in conjunction with CCF. For example, in Ohio, the grantee organized a series of meetings with representatives from state agencies, provider associations, and strategic partners to support its simplification agenda. According to the grantee, CCF and the Center on Budget and Policy Priorities provided critical technical assistance, insights, and advice on how Ohio could take advantage of the provisions in CHIPRA to enroll more eligible, uninsured children.

Grantees attributed better messaging skills to the assistance they received from Spitfire Strategies. As the economic environment worsened and national health reform dominated policy discussions, Spitfire helped grantees customize messages to reflect the unique circumstances of each state or to respond to health care reform opposition. The Children’s Defense Fund in Texas reported that Spitfire “assisted us whenever the messaging needed tweaking to accommodate partners’ divergent priorities, but still kept the issue of national health reform for children moving forward.” In Ohio, Spitfire helped the grantee include cost-effectiveness in the message of children’s health in response to economic pressures. Children Now reported difficulty getting issues into the press in California. Spitfire helped identify alternative media strategies, such as targeting opinion writers when news writers were not focused on substantive issues. Finish Line messages later appeared in the *Los Angeles Times*.

Grantees emphasized the importance of having tailored, state-specific technical assistance in this ever-changing environment. Grantees greatly valued the technical assistance and strategic support they received, noting how critical it was to their progress and in establishing credibility in their communities. As far as a longer-term strategy, grantees in Arkansas, Colorado, Iowa, and Texas noted that insurance coverage is only the first step in improving the health and lives of children. They proposed that incorporating issues such as health care access, quality, and costs into their work would provide more legitimacy with other stakeholders. “In Colorado we are increasingly aware that focusing solely on insurance is not enough to improve the health of kids. We also have to focus on access and quality to ensure not only that kids have health insurance but that they can access affordable, high-quality care.” Other areas in which individual grantees noted they would benefit from additional assistance included strategies to improve coverage for undocumented children, specific messaging strategies to address

children's needs during states' development of exchanges, connections to members of the media, and resources to meet with national legislators and combine their efforts to further national reform.

Grantees enhanced their networks more through state peer-to-peer learning than through national organizations. Grantees represented states with diverse political, economic, and cultural environments, yet they were able to find similarities and collaborate across states. Monthly calls and in-person events provided a venue for grantees to share challenges, lessons, and successful strategies. Grantees were able to apply strategies that worked well in other states to their own state's environment, as well as avoid strategies that did not work well. The Children's Alliance reported, "By providing a lens of activities and strategies that are occurring in other states, we were able to gauge quickly which efforts might be successful in Washington." After connecting through the Finish Line program, grantees actively engaged one another outside of regularly scheduled calls and meetings. For example, the grantee in California brought a state official and lead advocate from Washington to testify at a legislative briefing it sponsored.

Voices for Utah Children shared information about collecting and publishing family stories with the grantee in California, which it described as "invaluable assistance." In particular, Voices for Utah Children provided background information on the design and implementation of its story-collecting effort and offered constructive criticism on California's families' story project proposal. Voices for Utah Children participated in a meeting the California grantees set up with the Managed Risk Medical Insurance Board (which administers CHIP) to share how it was able to share family stories from its database without violating privacy laws in Utah, in the hopes that the board might learn a strategy it could adopt in California. Grantees appreciated learning from one another and suggested increasing the opportunities to connect with grantees in other states using similar strategies or focusing on similar policies.

In addition to the ongoing assistance from CCF and Spitfire, grantees had access to a number of national organizations that received Foundation funding, but few cited them as a source of support. Children Now, the grantee in California, was the exception. The grantee noted the assistance of Voices for America's Children, First Focus (America's Promise Alliance), and Families USA in staying updated on new developments related to ACA, and the support of MomsRising in providing family stories and extending its network and outreach capacity.

III. Grantees Adapted Using Their Core Skills and Foundation Support

At the start of the Finish Line grant in 2008, grantees and their advocacy partners faced an extraordinarily challenging environment. The economy was in decline, several key federal bills were debated and eventually signed into law, and major political players changed across the nation. Grantees had to adapt to the

“We appreciate the flexibility that the Foundation has always shown, especially this past year with so many things up in the air around ACA and its implementation. It has allowed us to remain strategic and thoughtful about our work rather than trying to check a list of deliverables without considering how they will best achieve our goals in this ever-changing climate.”
(Arkansas, 2010
Final Report)

fast-changing environment to remain a part of the discussion and take advantage of opportunities to advance or protect children’s coverage in their states. A review of grantee progress reports indicates that Finish Line grantees possessed the core advocacy skills they needed to adapt to the changing environment, in part due to the time grantees had to prepare and the support they received before the start of the Finish Line grant through the Narrative Communications project. The grantees described in their progress reports the actions they took to rise to the challenges in their environment. Key among them were their efforts to bring together strategic partners, monitor and analyze policy options, organize and implement campaigns in support of their goals, and deliver messages for multiple audiences, leveraging external support throughout these efforts.

The Foundation’s funding and technical assistance provided critical support for grantees in this tumultuous and complex policy environment. Having core advocacy skills at the outset of the grant helped grantees immediately adapt. However, the Finish Line grants augmented these skills by providing grantees the opportunity to share ideas and collaborate with peers and other stakeholders, improving their communications capacity, and providing expert support to develop state-specific strategies and analyze several enormous pieces of legislation and their impact on states. Without the Foundation’s support, grantees might not have been able to react as well or as quickly. The Foundation recognized the extraordinary circumstances under which the grantees operated and the adjustments grantees had to make, and it demonstrated adaptability in its approach to the program. The Foundation did not require grantees to follow their original work plans, and it employed technical experts that could provide flexible and tailored assistance.

Aided by the Foundation, the grantees’ successes adapting to their shifting and complex environments have coincided with a number of important gains in children’s coverage over the course of the Finish Line project. These gains, documented in a prior research brief,¹ include both major eligibility expansions and the adoption of policies to simplify the process of enrolling and retaining children in coverage. Many of the grantees’ states have experienced growth in the numbers of children covered by Medicaid, CHIP, and various state-specific coverage programs—growth that has helped states make significant advances in growing children’s health insurance coverage overall (Table 2).

Table 2. Coverage of Children Among Finish Line Grantee States and the United States, 2008 and 2010

State	Number of Uninsured Children Younger than 18			Percentage of Uninsured Children Younger than 18		
	2008	2010	Difference	2008	2010	Difference
Arkansas	56,501	46,495	-10,006	8.1	6.6	-1.5
California	930,526	832,752	-97,774	10.0	9.0	-1.0
Colorado	165,912	124,128	-41,784	13.8	10.1	-3.7
Iowa	36,054	29,046	-7,008	5.1	4.0	-1.1
Ohio	185,154	161,954	-23,200	6.8	6.0	-0.8
Rhode Island	11,794	12,490	696	5.2	5.6	0.4
Texas	1,137,867	996,493	-141,374	17.0	14.5	-2.5
Utah	107,821	94,691	-13,130	12.7	10.9	-1.8
Washington	116,656	101,614	-15,042	7.6	6.4	-1.2
United States	6,878,540	5,918,388	-960,152	9.3	8.0	-1.3

Source: U.S. Census Bureau, 2008 and 2010 American Community Survey (ACS) 1-Year Estimates.

Note: We excluded the three states in which grantees became Finish Line grantees in 2011. The estimates for each year incorporated the logical coverage edits. See <http://www.census.gov/hhes/www/hlthins/data/acs/2008/re-run.html> for the updated American Fact Finder 2008 one-year tables.

Endnotes

¹ For a discussion of accomplishments of the Finish Line grantees, see Ian Hill, Sara Hogan, Debra Draper, and Allison Liebhaber. "State-Based Advocacy as a Tool for Expanding Children's Coverage: Lessons from Site Visits to Six IAC Grantee States." Evaluation Brief No. 1, July 2010. See also Debra Draper, Laurie Felland, Ian Hill, and Sara Hogan. "Strategic Engagement of Policymakers Is Key to Advancing a Children's Health Care Coverage Policy Agenda." Evaluation Brief No. 2, July 2010. Both briefs are available at <http://www.mathematica-mpr.com/health/iac.asp>. Accessed September 6, 2011.

² As of September 2011. During the past two years, 17 states have passed legislation opposing elements of the ACA. National Conference of State Legislatures. "State Legislation and Actions Challenging Certain Health Reforms," updated September 9, 2011. Available at <http://www.ncsl.org/?tabid=18906>. Accessed September 16, 2011.

³ TCC Group. "Advocacy Core Capacity Assessment Tool (Advocacy CCAT) Report Introduction." New York, NY: TCC Group. Available at <http://www.calendow.org/Article.aspx?id=3774>. Accessed August 15, 2011.

⁴ Community Catalyst described organizational capacities common to successful health advocacy organizations and efforts in its report, "Consumer Health Advocacy: A View from 16 States." Boston: Community Catalyst, 2006.

⁵ Centers for Medicare & Medicaid Services. "CHIP State Plan Information, Details for OR State Plan Amendment #13." Available at <http://www.cms.gov/nationalchippolicy/stateplan/itemdetail.asp?itemid=CMS1238426>. Accessed September 23, 2011.

⁶ CHIPRA provides a federal match for states that cover lawfully residing immigrant children and pregnant women, known as the ICHIA option. Before CHIPRA, some states used state-only dollars to cover these groups. Source: Kaiser Commission on Medicaid and the Uninsured. "State Adoption of Coverage and Enrollment Options in the Children's Health Insurance Reauthorization Act of 2009." February 2011. Available at <http://www.kff.org/medicaid/upload/8146.pdf>. Accessed September 16, 2011.

⁷ Spitfire Strategies. Available at <http://www.spitfirestrategies.com>. Accessed September 19, 2011.

Data and Methods

Data for this brief were obtained from the interim and annual progress reports submitted to the Packard Foundation by grantees covering a three-year period, from the start of the Finish Line project in 2008 through 2010 or early 2011. Grantees wrote these reports using a template designed to support the collection and analysis of data addressing several questions of interest to the Foundation as well as other potential children's advocacy supporters and stakeholders. The Foundation designed this template, with support from Mathematica, drawing on the guidance and input of several state and national Finish Line grantees during multiple rounds of pilot testing. The template, eventually populated online by grantees using an Access database interface, asked grantees to provide not only the customary details about their activities and progress meeting their goals, but also to elaborate on a number of more specific topics. Among these were lessons the grantees learned about what worked well and what did not work; collaboration that led to progress toward their long-term goals; and shifts in goals, strategies, or activities.

In mid-2011, the Foundation asked Mathematica to review the data contained in these grantee reports to identify any major themes or lessons that emerged across them. The grantee reports were first read in full, which resulted in identifying one of the most persistent and notable of these themes reflected in this brief: grantees' adaptive capacity. To conduct the subsequent analysis and reporting on this theme, the grantee reports were re-read and coded based on the various components of adaptive capacity highlighted in this brief. Information extracted from this second reading was then synthesized and ultimately organized and reported in the five subsections of Chapter II.

The findings presented in the brief reflect data from the 12 state-based grantees listed in Table 1. Three (Kansas, Oregon, and Wisconsin) became Finish Line grantees in 2011, so the only data available were from their Narrative Communications grant reports for the prior years. One (Utah) became a Finish Line grantee in 2010, providing one year of data for this brief (2010 interim and final reports). All others began as Finish Line grantees in 2008, providing a full three years of data to support this brief. To the extent that the brief describes the activities or perspectives of some grantees more than others, it is largely a function of this variation in the available data.

Data from these reports are subjective, reflecting a summary of activities and perspectives provided by grantees to a funder. No steps were taken to verify these data, or to collect alternate points of view. However, the reports are highly consistent with data collected independently by the evaluation team—most notably, through a series of site visits conducted during 2008 and 2009 to six of the states supported by Finish Line grants. As part of these visits, study teams at the Urban Institute and the Center for Studying Health System Change conducted in-person interviews with a range of policymakers, coverage advocates, and other stakeholder organizations involved in or knowledgeable of children's coverage issues. Findings, reported in two prior issue briefs, touch on many aspects of the grantees' work highlighted in this brief and offer further evidence on both the grantees' adaptive capacity and their various contributions to children's coverage expansion in their states.

The information gathered from Finish Line grantee reports has provided a particularly rich and nuanced understanding of the grantees' work and strategic decisions, as well as the collective work of the Finish Line project. We sincerely thank the grantees for the substantial effort, thought, and candor that made this information, and in turn this brief, possible.

About Insuring America's Children: States Leading The Way

Insuring America's Children is a multi-year grant-making strategy of the David and Lucile Packard Foundation with the goal of ensuring that all children have health insurance coverage providing access to appropriate health care. Insuring America's Children provided support for a combination of state-based and national efforts to improve coverage for children. It sought to build momentum across the nation through investments in targeted states that had potential to demonstrate success relatively quickly. Insuring America's Children provides support in three areas designed to work together toward the long-term goal for increased coverage: (1) state-based advocacy, (2) technical support for state officials, and (3) a multistate evaluation.

State-based advocacy. Insuring America's Children began in 2007 with the Narrative Communications Project, which provided competitive grant support to strengthen the strategic communications efforts of state-based advocates. The Foundation working with First Focus combined modest funding (up to \$50,000 per year) with technical assistance from Spitfire Strategies, a strategic communications firm. Communications support and messaging were tailored to individual states but built from a common, proactive framework that insuring all children is an attainable goal with significant value and widespread support. The following year, the Foundation introduced a larger grant program, the Finish Line Project, as the next phase of Insuring America's Children, and invited Narrative Communications grantees to apply on a competitive basis. The Finish Line provides more substantial grant support (up to \$250,000 per year for a minimum of three years) with training, support for policy analysis, and technical assistance through the Center for Children and Families at the Georgetown University Health Policy Institute and continuing communications support from Spitfire. In 2011, the Foundation combined the two projects to form a unified program, the Getting to the Finish Line Project.

Support for state officials working on children's coverage. Recognizing the important role of state administrators in establishing coverage policies and implementation programs, Insuring America's Children funds the National Academy for State Health Policy (NASHP) to support state officials working to improve existing programs or implement new coverage initiatives for children. NASHP facilitates peer-to-peer learning among state child health program administrators and policymakers, provides technical assistance, and informs national policymakers and other key stakeholders of developments at the state level.

Evaluation. Insuring America's Children also features a multistate evaluation that aims to measure the progress of the grant-making strategy, identify effective advocacy activities, and inform decision makers in states and at the national level about promising coverage strategies and programs. Mathematica Policy Research is leading the evaluation in partnership with the Urban Institute and the Center for Studying Health System Change. This brief is part of a series that has examined the work and progress of the Finish Line grantees and documented lessons learned. Future briefs will explore additional research questions related to Insuring America's Children; for example, the next evaluation brief will focus on the Narrative Communications Project, examining whether and how a modest grant focused on communications and messaging support can build advocacy capacity. For more information about the evaluation, visit <http://www.mathematica-mpr.com/health/iac.asp>.

For additional details on Insuring America's Children and the grantees that have been funded, visit <http://www.packard.org/what-we-fund/children-families-and-communities/childrens-health-insurance/insuring-americas-children-getting-to-the-finish-line/>.