MUNICIPAL ACTION GUIDE

Cities Promoting Health Care Coverage for Children and Families

NATIONAL LEAGUE OF CITIES

INSTITUTE FOR YOUTH, EDUCATION, AND FAMILIES
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Introduction

Whether in large cities or small towns, municipal leaders play key roles in connecting residents to the help they need. In times of emergency or crisis, police and fire and rescue units respond. Constituents hear about new initiatives and available resources from their mayor and city councilmembers. Families call city hall to find and get referrals to city and community-based services. Municipal staff push information out into the community on a regular basis to make sure that residents are informed. It’s what city leaders do.

And with something as important as health insurance, every mayor, councilmember and city or town staff member has a huge opportunity to improve the health and well-being of their constituents by utilizing all of the tools available to connect residents to the public health insurance coverage for which they are eligible.

City leaders know their cities thrive when their residents are healthy and financially secure. Health insurance, whether through the private market or government-sponsored programs such as Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), offers residents an opportunity to build both good health and economic security. Physical health is improved through better access to doctors and preventive services, while health insurance also offers financial protection against high costs and often large medical debts resulting from unexpected illness or injury.

Medicaid and the Children’s Health Insurance Program (CHIP) are federal government programs that provide free or low-cost health coverage to low-income children and adults. Both programs are funded jointly by state and federal governments, and together they provide coverage to more than 45 million children nationwide, most of whom are under the age of six.
According to the U.S. Census, recent national reform efforts have resulted in 20 million newly insured Americans. However, as of 2015, 29 million remained uninsured. This is a concern for city leaders as high concentrations of uninsured individuals can negatively impact a community’s social capital and economic foundation. Lacking health insurance not only has adverse consequences for a family’s economic well-being, but it also causes a negative ripple effect across communities as local governments use resources to pay for uncompensated care. Though many local elected officials are keenly aware of the opportunity to attract federal dollars to their communities by helping eligible residents apply for public benefits, they may not be directly engaged in the promotion of health insurance coverage. When a commitment is made to ensure that all eligible residents are connected to health insurance coverage, a city can benefit from financially fit, healthy households; the underpinning of strong local economies.

With support from The Atlantic Philanthropies, the National League of Cities’ (NLC) Institute for Youth, Education, and Families sought to explore the role that city leaders and agencies can play in increasing awareness of, and enrollment in, Medicaid and CHIP. Through the Cities Expanding Health Access for Children and Families (CEHACF) initiative, NLC supported the development and implementation of city-led outreach and enrollment campaigns that sought to connect children and their families to health care coverage in eight cities: Dallas, Texas; Garden City, Michigan; Jacksonville, Florida; Hattiesburg, Mississippi; New Bedford, Massachusetts; Pittsburgh, Pennsylvania; Providence, Rhode Island; and Savannah, Georgia.

Campaigns in these cities educated residents about the importance of health insurance coverage, generated awareness about Medicaid and CHIP eligibility, and provided or referred city residents to in-person enrollment assistance. An evaluation of the project by Mathematica Policy Research, a nonpartisan research organization, found that CEHACF cities facilitated over 23,000 applications, nearly 20,000 enrollments and nearly 5,300 renewals from August 2014 through July 2016. These numbers likely underestimate the total number of enrollments and renewals as not all cities were able to submit complete data for the evaluation.

“Connecting people to health care insurance is just as crucial as putting asphalt on the road. You have to take care of the health care for your constituents.”

MAYOR JOHNNY DUPREE | HATTIESBURG, MS
“The role of the city in this work is to be the catalyst and the glue; to organize and empower organizations and individuals to come together to do this type of work; to provide the leadership and organizational infrastructure to help facilitate campaign efforts and data collection activities; and to advocate on behalf of children and families.”

DR. BRENDA WEIS | FORMER DIRECTOR OF THE NEW BEDFORD HEALTH DEPARTMENT AND THEIR HEALTHY ACCESS KIDS CAMPAIGN

City leaders and agencies have many tools to help residents secure the public health insurance coverage for which they are eligible. This Municipal Action Guide (MAG) features some of the creative and successful strategies used by CEHACF cities to educate and generate awareness of Medicaid and CHIP program eligibility, as well as efforts to provide enrollment and renewal assistance to residents.
Who are the Remaining Uninsured?

Despite recent gains made in reducing the number of uninsured across the country, many remain without coverage for various reasons.

Often, parents are not aware that public health insurance is available, or that they are eligible to apply for and receive coverage. Also, events such as job loss or divorce, can result in a change in insurance status making them newly eligible for public insurance. An Urban Institute analysis of the uninsured found that almost 33 million nonelderly U.S. residents remained uninsured as of March 2015. This includes 27.8 million adults and more than 5 million children. Uninsured rates were much higher among African-Americans (13 percent) and Hispanics (over 20 percent) compared with that of Whites (9 percent).

“The uninsured are us, there is no difference...they are my children’s friends, my neighbors and they are the folks we work with.”

PATRICK DOWD | EXECUTIVE DIRECTOR OF ALLIES FOR CHILDREN PITTSBURGH HEALTHY TOGETHER PARTNER

The analysis also found that over 20 percent of the adults and over two-thirds of the children who remained uninsured in 2015 were eligible for Medicaid or CHIP. Eligible but unenrolled adults tended to be high school graduates under age 34. Eligible but unenrolled children usually lived in households with at least one working family member, and the largest share of this group lived in the South. The majority of eligible but uninsured children and adults (over 80 percent) lived in a Census Metropolitan Statistical Area (MSA), an area that is defined as densely populated.

Over 20% of the adults and over two-thirds of the children who remained uninsured in 2015 were eligible for Medicaid or CHIP.
Taking Action: How Cities Can Connect Children and Families to Medicaid and CHIP

The CEHACF project demonstrated that cities can play a crucial role in moving the needle on connecting uninsured residents to health coverage. Who knows a city and its residents better than local leaders?

City leaders can use their position to share messages about health coverage and enrollment assistance. They can partner with community-based organizations (CBOs) and the businesses that come into contact with residents every day. As partners with a shared understanding of the community and a common purpose, they can build on each other’s strengths to develop creative strategies for generating awareness and educating a community about the importance and availability of health insurance coverage options.

Under current provisions of the Affordable Care Act, coverage through the Health Insurance Marketplace is available only during specific open enrollment periods. In contrast, applications for Medicaid and CHIP are accepted at any time of the year. Medicaid and CHIP are federally funded programs in which the federal government matches state Medicaid costs and makes it possible for states to provide comprehensive coverage for low-income families. As the Kaiser Family Foundation and many other analysts have noted, any change in federal law that replaces matched federal funding with caps on federal spending for Medicaid or CHIP would leave states (and sometimes cities or counties) responsible for any additional costs, a particular concern during times of crisis caused by public health epidemics, natural disasters, and economic downturns.

Regardless of the outcome of federal policy debates, city leaders can offer guidance and connect families to the resources that are available to them. Convening partners, delivering messages, and connecting residents to enrollment assistance is a year-round role cities can play to help reach uninsured families eligible for Medicaid and CHIP coverage.

This guide offers promising strategies identified through the CEHACF project for cities to promote outreach and enrollment efforts in their communities, arranged in three key categories:

1. Starting a City Initiative to Reach Uninsured Families
2. Building on Effective Practices and Lessons Learned
3. Leveraging Municipal Assets for Outreach and Enrollment
Starting a City Initiative to Reach Uninsured Families

When embarking on a strategy to connect families to health insurance, it is important to have a solid understanding of who in the community is uninsured and why. Identifying potential partners early in the process and engaging them in the development of strategies are also key to a successful coverage campaign. CEHACF cities built successful campaigns by being strategic in using data and focus groups to provide information early, and in reaching out to partners in the community to join the effort.

Use data to identify uninsured residents and target outreach efforts. Cities can identify uninsured residents using U.S. Census data or analysis conducted by state-based or local institutions, such as state governments, local universities, or other non-profit organizations. Moreover, because Medicaid and CHIP eligibility often aligns with eligibility in other federal programs such as the Supplemental Nutrition Assistance Program (SNAP), the Earned Income Tax Credit (EITC), and free and reduced price school meals, data on participation rates in these programs can also offer a picture of eligibility in a community. Garden City used a combination of U.S. Census data, Garden City Public School District free and reduced meal data, and national uninsurance rates to estimate the number of uninsured in their community. Dallas similarly used Census data, combined with intimate knowledge of particular city council districts home to low- to moderate-income residents to target their outreach and enrollment efforts to specific populations within their community.
Conduct interviews and focus groups to identify barriers and test messages. Qualitative research methods can help to depict the story behind the numbers. Interviews and focus groups allowed CEHACF cities to identify specific barriers to obtaining coverage in their communities to address through their outreach and enrollment materials and strategies. Cities can partner with local universities to conduct both quantitative and qualitative analysis as faculty often look for real-life experiences for their students to apply research methods. Through city-run focus groups with community members, and through a partnership with the University of Southern Mississippi, Hattiesburg’s E3 (Enroll, Educate, and Empower) campaign identified key barriers to coverage, such as inconvenience and lack of accessibility to the local Medicaid office. Without access to transportation, many could not reach the Medicaid office to submit their applications or receive assistance to complete the application. Based on the information collected through the focus groups, the campaign team developed strategies to address these barriers and established application and enrollment sites throughout the community.

Identify, convene, and mobilize key stakeholders. Performing a “market assessment” of the outreach and enrollment efforts happening within a city identifies key stakeholders and partners for cities to engage. City leaders and agencies are well-positioned to play a convener role and bring these partners together to support a more concerted and connected outreach and enrollment effort. CEHACF cities achieved results by convening, and mobilizing a wide array of partners to pool their resources to achieve a common goal.
“The City of Providence’s Healthy Communities Office (HCO) has been a key partner, and great support in helping my wife and I to navigate the healthcare enrollment process, as American Indians. We were especially anxious given the proximity of our daughter’s upcoming due date, and had many questions regarding the type of health care services that we were eligible for… The outcome, fatherhood, is life-changing and the journey began with the fantastic service that was provided by HCO.”

NEESU WUSHUWUNOAG | MASHAPAUG NAHAGANSET TRIBE

In Pittsburgh, multiple local partners had been engaged in advocacy, outreach, and enrollment but had not previously worked together until convened by Mayor William Peduto’s office for the city’s Healthy Together campaign. The campaign team included the Consumer Health Coalition, a community-based enrollment assistor, and Enroll America, both of whom had been working independently on outreach and enrollment in the city and surrounding counties. The city campaign also engaged Allies for Children, an advocacy and policy partner, and local creative marketing group, SHIFT Collaborative. In bringing together these local organizations, the city was able to develop a far-reaching, coordinated, city-wide marketing campaign. This collaborative effort allowed the city to capitalize on the expertise and services of each partner, and allowed partners to reach a wider audience than possible on their own.
Building on Effective Practices and Lessons Learned

Cities do not need to reinvent the wheel when designing an outreach and enrollment strategy. Many lessons and strategies can be pulled from a wide body of research conducted by non-profit organizations and communications experts that identify best practices on effective messaging and outreach and enrollment strategies. The Center for Medicare and Medicaid Services’ Connecting Kids to Coverage national Medicaid and CHIP outreach and enrollment campaign also has an online Outreach Tool Library with customizable materials and resources available to support outreach efforts. CEHACF cities built off of these messaging best practices, worked with community partners to target outreach and enrollment strategies for their specific community, and chose an enrollment strategy that best fit their capacity.

Use tested messages to reach your target audiences. Research conducted by communications experts for the Connecting Kids to Coverage campaign identifies common barriers that prevent families from seeking and enrolling in health insurance coverage, as well as some of the key motivators that lead to enrollment. They have also developed tested messages that address those barriers and motivators directly.

Some of these barriers include:

- lack of awareness of affordable health coverage options
- not understanding program eligibility, and
- past negative experiences with the application process.

“I just happened to look up at the bus sign. I’m like, wow all kids in Georgia under the age of eighteen qualify [for health insurance]. My grandkids didn’t have a doctor’s appointment up until now...you know, they need that!

GRANDFATHER OF NEWLY-ENROLLED CHILDREN | SAVANNAH, GEORGIA
These barriers can be addressed when developing outreach materials. For example, including in outreach materials that Medicaid and CHIP are “free or low-cost,” and including actual income eligibility figures on materials allows a family to quickly recognize if they are eligible to obtain Medicaid or CHIP coverage (e.g. “a family of four making up to $48,500”). Research also shows that providing in-person enrollment assistance is key to ensuring that families successfully complete the application process. A negative previous experience attempting to apply can prevent a family from wanting to try again; sharing in outreach messages that assistance is available can help to overcome this barrier.

Key messaging motivators include sharing that health coverage offers “peace of mind” to address the busy, stressful lives of families that may delay seeking care until health problems become more serious. Additionally, identifying the services that coverage provides – dental, prescription, and mental health services – can motivate parents to enroll themselves or their children into coverage.

CEHACF cities drew on these best practices to inform and develop their marketing messages and materials. Savannah’s Campaign for Healthy Kids verified through interviews with residents that many were concerned about the impacts of unexpected

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**Thinking outside the box: Pittsburgh’s Enroll-o-bot Mascot**

Pittsburgh’s Healthy Together partners developed a campaign mascot to share the message about health coverage enrollment in a fun way that appealed to children and families. Representing the city’s transformation from a steel to high-tech town, the team created “Enroll-o-bot”, a robot character that became associated with the city’s health coverage strategies. Born as a picture on the campaign’s marketing materials, the mascot eventually came to life, attending events and marching in parades through city neighborhoods to “drum up” awareness for health insurance coverage.
life changes – such as divorce or job loss – that could impact their health insurance. To respond to this concern, the campaign developed an outreach flyer highlighting potential unexpected changes – divorce, insurance premium hikes, etc. – and stating that help is available. Using key phrases like, “peace of mind” and “no cost or low cost,” the flier directed readers to call a phone number or visit a website for assistance.

Engage community partners to target outreach and enrollment strategies. City leaders have an opportunity to share messages with residents through various outreach mechanisms and often use mass-marketing approaches – advertisements on buses, billboards, flyers, and postcards – to share the message broadly. However cities are not always able to reach certain populations of residents that may be uninsured and eligible for Medicaid and CHIP, such as those who do not speak English or come into contact with city agencies frequently. To reach these families, cities can work with community partners who regularly interact with members of these communities.

To effectively reach their local Hispanic community and establish trust among households with mixed immigration or citizenship statuses, Savannah established an enrollment site at a local church that served mostly Hispanic families, and also partnered with trusted community members as enrollers to provide a familiar face on marketing materials.

To reach particular targeted low-income households and neighborhoods, CEHACF cities also worked with local businesses. Savannah shared information about coverage availability with employees of local temp agencies, child care facilities, and hotels. And New Bedford’s Health Access Kids campaign partnered with a pizza restaurant to attach informational outreach flyers to pizza boxes delivered to residents in a particular neighborhood.

Knowing that eligibility for the Low Income Home Energy Assistance Program is similar to Medicaid and CHIP, Providence partnered with their local Community Action Agency to share information in their outreach materials, and to provide enrollment assistance to residents waiting to apply for home heating support.

Provide enrollment assistance directly or establish a referral system. Having developed tested messages and engaged community partners to support outreach, cities should consider effective and simple enrollment strategies to ensure that families are able to successfully enroll in coverage.

Cities can provide enrollment assistance directly by training city staff to become certified enrollment assistors. This allows a city greater oversight of the enrollment process. Or, cities can establish a referral process to connect residents to existing enrollment experts in the community. CEHACF cities utilized both methods, and identified key takeaways from both strategies.
Key Enrollment Assistance Takeaways:

**Couple health insurance coverage to health care service delivery.** Through their Healthy Access Kids campaign, New Bedford provided enrollment assistance directly. The city was successful when coupling health insurance education and enrollment with health services. Enrollment assistors provided application assistance when conducting student immunizations, school-based dental services, and pediatric asthma services at the city’s schools and public health department. By connecting the value of coverage to health care service delivery, the idea of health insurance became more tangible and immediate.

**Make enrollment convenient.** Having identified lack of access to the Medicaid office as a barrier to enrollment, Hattiesburg’s E3 campaign staff brought enrollment to the community where they lived and worked. Establishing regularly-scheduled, in-person enrollment assistance sites at multiple community locations, such as WIC distribution centers and food pantries, the campaign made enrollment convenient, removing the barrier of inaccessibility.

**Connect interested families to enrollment experts with a “warm hand-off.”** Cities that did not have the capacity to provide enrollment assistance directly, established a referral process to connect residents to existing enrollment assistance experts within their communities. The Healthy Children in a Healthy Environment campaign in Dallas, Cover Jacksonville, and Pittsburgh’s Healthy Together campaigns collected contact information from families at outreach events and worked with local enrollment partners to connect these families with enrollment appointments. Cities found that ensuring a “warm hand-off” between families and enrollment assistors soon after the outreach event was key to successful enrollment. The longer the window of time between outreach and the follow up with enrollment assistors, the more challenging cities found it to schedule an appointment with families.

E3 enrollment assistance
Leveraging Municipal Assets for Outreach and Enrollment

The CEHACF evaluation found that cities are well positioned to move the needle on health insurance coverage. City leaders and agencies have the tools and resources to promote outreach efforts, and to help educate communities about enrollment eligibility and opportunities in ways that other community entities cannot. Several CEHACF cities were surprised to find that health care providers in their communities, including federally qualified health centers and community hospitals, were not proactively conducting awareness-building education and outreach efforts, despite the positive impact that patient coverage would have for those organizations. City leaders have the power of the “bully pulpit” to spread important messages, and city staff and physical city structures can be utilized as key outreach and enrollment tools.

Harness the power of the bully pulpit. Mayors and city councilmembers can use their leadership positions to help spread the word about the importance of health insurance coverage and direct families to enrollment assistance. Whether through public speeches and appearances, social media or newsletters, or by engaging residents directly, local elected officials can use their “bully pulpit” to draw the attention of the community, new partners, and local media.

Local media covered Hattiesburg Mayor Johnny DuPree as he personally knocked on doors in one of the city’s public housing units to help raise awareness about Medicaid and CHIP eligibility and to spread the word about an upcoming enrollment assistance opportunity at the housing complex. The mayor spoke directly with residents about the importance of obtaining health coverage, and the campaign received local media coverage helping to spread the message city-wide.
Local elected leaders can record public service announcements (PSAs) supporting the importance of health coverage broadly, or more specifically sharing information on Medicaid and CHIP eligibility and enrollment assistance availability. In Garden City, Mayor Randy Walker recorded a campaign PSA that aired on the local access channel, and Pittsburgh Mayor Peduto recorded a PSA that aired as a preview to free summer movies in the park.

City leaders can also share information and key messages through newsletters or other communications with residents. In Pittsburgh, city councilmembers used constituent newsletters to share pictures of themselves with the campaign mascot and personal support for health coverage, and Mayor Peduto used his social media account to help promote a campaign Twitter chat on the importance of health coverage.

Leverage the talents and reach of city employees and agencies. Cities can also leverage the talents of their own personnel and the reach of city agencies to help support outreach efforts. To create localized marketing materials and film campaign PSAs, Savannah tapped the communications talent and expertise of the city’s Public Information Office rather than hire a private marketing company.

Many CEHACF cities looked internally and leveraged the reach of various city agencies that regularly come into contact with families to support outreach efforts and connect families to enrollment assistance. CEHACF teams in Providence and Jacksonville partnered with their Departments of Parks and Recreation to educate families at summer meal sites and identify uninsured children through summer camp registration forms. Dallas provided enrollment assistance opportunities at city WIC clinics. In Savannah, the city’s campaign staff partnered with the city’s juvenile courts and probation officers to connect youth – particularly those mandated to receive behavioral health services – to

“We’re going into neighborhoods and the areas where we know the highest population of uninsured kids live, and we’re finding their parents and getting them signed up. Every kid in the city of Pittsburgh is going to have health care. That’s our goal, and we’re going to hit it.”

MAYOR WILLIAM PEDUTO | PITTSBURGH
coverage. City campaigns also partnered with workforce development offices where youth registered for summer employment opportunities. Garden City’s Healthy Kids, Happy Families utilized their water utility department to support outreach. Inserting flyers with information on eligibility and enrollment assistance locations into utility mailings did not raise the cost of postage, and allowed the message to be shared broadly across the city.

Police departments also regularly encounter children and families and can be leveraged as outreach messengers. In Dallas, police officers in UNIDOS, a Latino outreach program, shared information on health coverage during community meetings with residents.

Pittsburgh police officers distributed business cards with campaign contact information to families they came into contact with during their regular activity. And Garden City police officers affixed magnetic campaign bumper stickers to police cars to help spread the message.

**Turn city buildings and events into outreach and enrollment opportunities.** Official city-sponsored public events can be used as opportunities to identify uninsured residents, and to raise awareness about health insurance eligibility. Setting up tables and inviting enrollment experts to existing events is an easier task than creating a standalone event. Cultural and neighborhood festivals, summer fairs, holiday giveaways, fun runs,

**Thinking outside the box: Providence’s Mr. Deep Positivity**

In Providence, Mr. Deep Positivity, a local personality and positive rap educator became part of the city’s outreach and enrollment effort as a way to better reach, engage, and educate youth about health insurance coverage. Having already established a relationship with the city’s youth, Mr. Deep Positivity created a “healthy ambassador” rap song and performed that message at school assemblies and outreach and enrollment events throughout the community. The song encouraged youth to be ambassadors of health and share the health coverage message with their families and friends.
family movie nights, etc., usually attract a diverse group of residents and can be places to distribute flyers and set up informational tables.

Though it can be difficult to talk with parents about health insurance at events when children are seeking their attention, CEHACF cities Garden City, Pittsburgh and Providence offered activities that would attract children and keep them busy, while campaign staff inquired about the family’s health insurance status.

Additionally, city hall, community centers, and city libraries can host one-time or regular enrollment events. In Savannah, regularly scheduled enrollment sites were set up at a local public library, where library staff were trained on program eligibility and the application process. City offices can also become more permanent enrollment assistance locations. Garden City established its Community Resource Department as an enrollment site, adding enrollment assistance to the other services the city regularly provides its residents.
Conclusion

As shown by NLC’s CEHACF project, cities can think creatively about connecting children and families to Medicaid and CHIP. CEHACF cities discovered that insurance enrollment is a “high-touch” effort and that messages often need to be heard by residents multiple times before a program application is completed and processed for enrollment. The good news is that cities are well positioned to help deliver these messages and get residents insured.

City officials are all too aware of the barriers that exist for families living in their communities, but they may not fully comprehend the ripple-effect that lack of coverage can have on personal and city finances. NLC’s experience working with CEHACF cities, as well as many others over the last decade, to improve outcomes for families, demonstrate that local government can have a clear and strong role in connecting residents to state and federal programs. These efforts not only benefit residents by increasing their overall health and economic well-being, but cities thrive when their residents are healthy and secure.
Resources

CEHACF Resources

Project webpage: Cities Expanding Health Access for Children and Families

Project evaluation: Moving the Needle on Health Insurance Coverage: Evaluation of the Cities Expanding Health Access for Children and Families Project

Mathematica Policy Research, a nonpartisan research organization dedicated to improving public well-being performed the CEHACF evaluation demonstrating that cities can effectively conduct outreach and enrollment work.

Outreach materials: In partnership with NLC, the Center for Medicare and Medicaid Services’ Connecting Kids to Coverage National campaign produced an outreach document to share 5 Things Cities Can Do to promote outreach and enrollment, as well as an outreach video highlighting the CEHACF initiative and a Connecting Kids to Coverage awardee in Hattiesburg, Mississippi.

Other Resources

Center for Medicare and Medicaid Services’ Connecting Kids to Coverage National Campaign
The campaign, the national outreach and enrollment initiative of the Center for Medicare and Medicaid Services, works to let families know who is eligible for Medicaid and CHIP, what benefits children can get, and how to apply for coverage. The campaign works to let families know who is eligible for Medicaid and CHIP, what benefits children can get, and how to apply for coverage. They have a number of online resources available, including an outreach tool and library, webinars and videos, and a campaign newsletter with valuable resources to assist in outreach and enrollment efforts.

Urban Institute
Through their Health and Healthy Policy research area, the Urban Institute studies health care costs, access, quality, and coverage to guide state and federal policy. They have extensive research on the uninsured, such as Who Are the Uninsured, and What Do Their Characteristics Tell Us About How to Reach Them?, and Children’s Coverage Climb Continues: Uninsurance and Medicaid/CHIP Eligibility and Participation Under the ACA.

The Center for Children and Families
An independent, nonpartisan policy and research center of the Georgetown University with the mission to expand and improve high-quality, affordable health coverage for America’s children and families. CCF has many resources to support outreach and enrollment efforts, such as Medicaid Fact Sheets and research, and their Say Ahhh! health policy blog.

First Focus
A nonpartisan advocacy organization dedicated to making children and families the priority in federal policy and budget decisions. First Focus works to protect Medicaid and CHIP and the quality, affordable care these programs provide for the millions of children who would otherwise not be insured. They have extensive resources demonstrating the value of Medicaid and CHIP.

Kaiser Family Foundation
A non-profit organization focusing on national health issues. Their Program on Medicaid and the Uninsured focuses on key health policy issues at the national and state level, including Medicaid and health reform, access to care, and health care financing for the low-income population. Their Children’s Health Coverage: The Role of Medicaid and CHIP Issues for the Future issue brief summarizes the important role that Medicaid and CHIP play in providing coverage to children.
About the National League of Cities
The National League of Cities (NLC) is the nation’s leading advocacy organization devoted to strengthening and promoting cities as centers of opportunity, leadership and governance. Through its membership and partnerships with state municipal leagues, NLC serves as a resource and advocate for more than 19,000 cities and towns and more than 218 million Americans. NLC’s Institute for Youth, Education, and Families helps municipal leaders take action on behalf of the children, youth, and families in their communities.

About the Author
Dawn Schluckebier, Principal Associate for Economic Opportunity and Financial Empowerment in NLC’s Institute for Youth, Education, and Families is the lead author of this report and led the CEHACF project, providing technical assistance and support to the eight city campaigns. Carla Plaza, a consultant for the project also contributed greatly to this report.

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