

MANN CHILD POLICY EXTERNSHIP **Caroline Sonnefeld**



Caroline spent the summer following her junior year working as a Mann Child Policy Extern with Voices for Ohio's Children. As an extern with Voices, Caroline focused on issues of eligibility and enrollment of children in Medicaid and the State Children's Health Insurance Program (SCHIP). Caroline's first task was understanding the complexities of Medicaid and SCHIP regulations at the State and Federal levels.

POLICY RESEARCH: THE STATE CHILD HEALTH INSURANCE PROGRAM

SCHIP was established under The Balanced Budget Act of 1997 in an amendment to the Social Security Act. It was designed to provide increased access to health coverage for children in families with income too high to qualify for Medicaid but too low to afford private coverage. Under the Federal SCHIP program, states are given significant flexibility to design their own program, including designating income eligibility criteria.

Efforts to expand SCHIP eligibility for children have been underway both at the Federal and State levels. Federal SCHIP legislation was up for reauthorization last year. Although Congress twice passed reauthorization bills, President Bush vetoed these bills which resulted in Congress extending the existing program through March 31, 2009. At the State level, passage of the Federal SCHIP expansion is critical to provisions in the State budget proposed

by Governor Ted Strickland and passed by the General Assembly. These include an expansion of SCHIP coverage to children in families with incomes between 200% and 300% of the Federal Poverty Level (FPL), and are expected to provide health coverage for 20,000 additional Ohio children.

Data suggest that the number of uninsured children in the United States in 2006 was 8.7 million (almost 12%).¹ In Ohio, in 2004, 5.4% of children (nearly 156,000) lacked health coverage² (it's estimated that the percentage is higher now). Of those, approximately 106,000 were eligible for SCHIP or Medicaid, and most of those remaining would be eligible for coverage once Ohio's child health expansions are implemented.³ However, Ohio's provision is dependent on passage of the Federal SCHIP expansion by Congress. Currently more than 145,000 children in Ohio receive health care services under SCHIP.⁴ Without adequate Federal funding in the SCHIP reauthorization bill, Ohio will likely experience shortfalls in Federal fiscal years 2008 and 2009.

Additionally, a directive issued on August 17, 2008 from the Federal Center for Medicaid Services may also stall Ohio's expansion. This directive prohibits states from receiving Federal SCHIP funds to enroll children with gross family income over 250% of the FPL unless two conditions are met: 1) 95% of all children eligible for Medicaid and SCHIP with income below 200% of the FPL are enrolled, and 2) employer sponsored insurance for children below 200% of the FPL has not dropped by more than 2 percentage points over the prior five years. The directive also imposes a 12-month waiting period and maximum cost-

sharing components to prevent individuals with access to employer-based insurance from opting out in favor of Medicaid or SCHIP. This has impacted the implementation of Ohio's SCHIP plan and required a reassessment of strategies for improving children's access to health insurance.

Voices for Ohio's Children is working on advocacy efforts to ensure the passage of SCHIP legislation at the Federal level and full implementation of the already passed expansions at the State level.

IMPROVING SCHIP ENROLLMENT

Caroline's work with Voices for Ohio's Children also included gaining an understanding of barriers to enrollment in Medicaid and SCHIP and helping to develop strategies and training materials for improving enrollment. Her work was instrumental in a series of health briefings carried out by Voices this fall designed to help local policymakers, health care providers, businesspeople and faith leaders get Ohio's children enrolled in coverage and advocate for changes that will simplify the paperwork families' face.

Caroline also conducted research into the underlying reasons why eligible children and families remain un-enrolled in Medicaid and SCHIP.

MANN CHILD POLICY EXTERNSHIPS The Schubert Center for Child Studies and the Childhood Studies Program at Case Western Reserve University collaborate with community policy organizations to offer undergraduate students a practical hands-on experiential learning opportunity. Students work directly with professionals who design and implement policies that impact the lives of children and families, and have the opportunity to apply concepts learned in the classroom to local and national policy work. Students can use their externship to fulfill their *SAGES Capstone* experience in some disciplines. For more information, visit <http://www.case.edu/artsci/schubert/>

they are reluctant to apply because of perceived stigma associated with the programs.

Caroline's externship experience also involved a review of best practice strategies. She examined other states' successful enrollment campaigns that could potentially serve as models for Ohio. In her report to Voices, she highlighted a number of strategies including media campaigns, locating application sites and outreach workers at local supermarket chains and fast-food restaurants, enrollment and renewal simplifications, program enhancements, and systems improvements including streamlined unified applications, decreased documentation

requirements, expansions of eligibility and benefits, and the implementation of mail-in renewal systems.

Additionally, Caroline examined the possibility of improving enrollment by reaching out to small business owners (many of whom cannot provide their employees with health insurance) to provide program information, applications, and answers to frequently asked questions. To encourage small business owners to participate, Caroline researched the effects of workers' health on worker absenteeism and productivity. She found detailed data documenting annual productivity losses to businesses due to workers' health-related absence and highlighting

the financial incentive for employers to encourage their employees to maintain health insurance.

Caroline used all of this information to work with the Voices staff in developing possible outreach strategies for improving children's enrollment in Medicaid and SCHIP. Caroline became involved in developing a training program through which Voices is educating service providers working in underserved communities on the Medicaid and SCHIP enrollment process. This program is designed to extend the reach of Medicaid and SCHIP using existing systems of care and by giving providers the tools to navigate the complexities of these programs.

VOICES FOR OHIO'S CHILDREN is a non-profit organization that provides a variety of services to children and their families. The organization's mission is to ensure that every child in Ohio has access to the health care services they need to thrive. Voices for Ohio's Children works to improve the lives of children and their families by providing a range of services, including health care, mental health services, and educational support. The organization also advocates for policies that will improve the lives of children and their families. Voices for Ohio's Children is a proud member of the Schubert Center for Child Studies at Case Western Reserve University.

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Caroline's experience as a Mann Child Policy Extern with Voices for Ohio's Children gave her hands-on experience and an inside look at the non-profit sector. She conducted in-depth research on policy in Ohio and at the Federal level and worked together with mentors at Voices for Ohio's Children to identify new approaches to increase access to the Medicaid and SCHIP programs. This opportunity provided her with a thorough knowledge of a policy issue that is central to children, as well as practical experience in advocacy work to prepare her for her future career.

Caroline had this to say about her experience, "I believe that the externship experience allowed me to not only work on an issue that I care about, but also helped me solidify my goal of working in the field of public health."

¹ DeNavas-Walt, C.B. Proctor, and J. Smith. Income, Poverty, and Health Insurance Coverage in the United States: 2006. U.S. Census Bureau., August 2007. <http://www.census.gov/prod/2007pubs/p60-233.pdf>
² Ohio Department of Job and Family Service. (2005), *Health Insurance Coverage in Ohio 2004: The Roles of Public and Private Programs in Assuring Access to Health Care: Results from the Ohio Family Health Survey*.
³ Health Policy Institute of Ohio, The (2006). Insurance Coverage for Ohio Children, Adults, and Seniors. Health Data Brief, June 12, 2006. Columbus, OH: Author.

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