

Covering Kids & Families **Strategic Planning Meeting**

Site Visit Notes

October 21, 2004

Meeting Participants:

Covering Kids & Families National Program Officers

Judi Cramer, Regional Coordinator, CKF National Program Office

Nancy Pursley, Deputy Director, CKF Program Operations

Steering Committee members

1. **Judy Watts**, CEO/President, Agenda for Children
 2. **Suzy Sonnier**, Ex. Director Children's Cabinet, CKF Chairperson
 3. **Ruth Kennedy**, Deputy Director, Medicaid
 4. **Dr. Joan Wightkin**, MCH Director, Office of Public Health
 5. **Sandra Adams**, Director, MCH Coalition
 6. **Kyle Viator**, LaCHIP Statewide Coordinator, Medicaid
 7. **Sharon Pomeroy**, CKF Project Director
 8. **Nancy Buratto**, Communications/Coalitions Coordinator CKF
 9. **Donna Winters**, Coordinator, CKF Northeast Coalition
 10. **Lin Stewart**, Coordinator, CKF Coalitions in Northwest, Central, Southwest and South Central (Acadiana)
 11. **Torin Sanders**, Coordinator, CKF Southeast Coalition
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Strategic Planning Notes

The topic of the meeting was strategic planning for the next two years. Many items related to the general health reform movement and how CKF fits into that were discussed and they are listed below.

1. Governor's Health Reform Panel and regional consortia:

- It was agreed upon that CKF coalitions need to have a greater/stronger presence at these gatherings and that we should craft a 'standardized message', or a few 'talking points' that coalition members throughout the state can easily convene when they are out in the community representing CKF.
- The group decided that we (CKF statewide coalition) should write a letter to the reform panel (which consists of national & state health experts, etc) to stress our concerns about maintaining the gains, etc..that have been achieved since the Medicaid expansions and subsequent reforms came about.
- Develop and send a 'white paper' to send to reform panel before the next meeting on Dec. 14, possibly even legislative officials essentially repeating letter(above) but providing more detail about need to maintain the gains, using

national and state data, etc..Medicaid will assist in development, resources recommended were consulting Cindy Mann (Center for Budget and Policy Priorities) who has produced a document about the economic impact of each \$1M cut in Medicaid, etc..Judi Cramer mentioned that other states such as Georgia, Missouri and West Virginia have created issue briefs, packets for their legislature.

2. **BARRIERS & OPPORTUNITIES** : as a group we identified both barriers and opportunities to achieving the goals of Covering Kids & Families project and possible areas for the CKF coalition to focus on over the next two years.

BARRIERS

1. Education/Public Awareness – how has lack of education, mis-education hurt or not provided information to the public?
2. Coordination – this is challenging because our programs are joint, not separate SCHIP/Medicaid
 - Adult Coverage – no plan in works to cover large #'s of uninsured
 - Private Coverage for SCHIP Kids
3. Institutionalizing Success – this could act as a barrier if people feel as though 'enough' has been done and the work of institutionalizing the success doesn't happen
4. Application Issues – constraints remain because of literacy issues, document/income verifications, and other perceived complexities, etc...
5. Enhancing Adults – no coverage for adults can pose as barrier - parents proactively engaged in care for themselves will likely do the same with their children's care.
6. Stigma – this remains an important issue especially for incomes at the higher levels.
7. Complacency – Urgency Lacking now that so much has been achieved getting kids covered, fears that we'll regress in enrollment/renewals, officials no longer concerned, etc..
8. Leadership Changes (DHH Management) – What will happen when Ruth Kennedy leaves???? How can the policies ascend personnel?
9. Eligibility/Funding/Sustainability – Can we maintain this program over time given the budget issues and state and national levels?

10. Cultural -
 - Language Barriers
 - Health Literacy
 - Charity Hospitals – huge issue - historic source of care, how to change cultural use on this system of care, as safety net?
11. Mechanics - programmatic issues
 - Current address info – how can this be maintained, updated so families don't lose coverage because the State doesn't have current contact info
 - LaCHIP application – what more simplifications can be made to further streamline app for families, (ex: electronic-app)
12. State Priorities- how to maintain sense of urgency for children's coverage when so many other health issues looming, long-term care, adult coverage, etc..

OPPORTUNITIES

This category got more attention than the barriers - after the opportunities were identified, they were grouped and given general headings, then ranked. The points in red reflect the ranking, higher means more important.

State Focus on Health **16** – this has great importance as you can see by the score, the group felt that we must capitalize on the new administration's priority given to health and this can be a powerful vehicle of influence for us (CKF)

Department of Health & Hospitals **17** – also the administration at this level has the commitment of the Governor's office and is also very supportive of the LaCHIP, Medicaid programs, outreach, etc...

- Intra-agencies- capitalize on strengths within DHH, motivated, excited engaged staff, supportive administration, etc.
- Inter-agencies – capitalize on reforms within other agencies and their desires to collaborate and work more effectively together.

Supportive Administration **13** – similar to the above two - how important it is to have higher elected officials who publicly acknowledge their support, etc..

Policy Enhancement **11** – acknowledging the programmatic reforms undertaken and how they are so integral & vital to the reduction of uninsured kids.

Coalition Network/Partnerships **10** – acknowledging the strengths of the coalition as a body w/ an important voice

Data 9 – we have new & existing data resources that can/should be used to create and enhance practices, strategies, etc..

Linkage with new Coalitions/Initiatives 6 – make better use, or take opportunities to link up with other/new efforts that have focus w/ similar objectives, ie: health care reform panel, solutions to poverty summit, etc..

New Funding/Resources 6 – take better advantage of funding resources throughout our state to enhance CKF work, acknowledging recent award from Rapides Foundation in Central La.

Coordination with Private Insurance 4 – this is seen as a good opportunity to better coordinate w/ private coverage programs because we to date have no expansion for adults, also to coordinate with policies that may not offer pregnancy coverage(LaMOMS), to help families slightly over the income eligibility requirements, etc..

Existing Regional Coalitions 2 – better capitalize on regional coalitions, help better mobilize members, enhance membership, etc..

National Awareness (Recognition?) 1 – capitalize on national CKF momentum to further our state agenda, capitalize on our state officials such as Ruth Kennedy who has been spotlighted many times nationally for her leadership in creating and sustaining the reforms and achievements here in Louisiana.

NEXT STEPS:

Based on the barriers and opportunities we identified we began to prioritize possible focus areas for future CKF efforts. The general consensus was that over the next two years we need to be a louder voice for change amidst the healthcare reform movement and maximize this opportunity. Points/Next Steps generated during this discussion included:

- 1. Have CKF participation in all regional reform forums** (health & poverty)
- 2. Data** (collect it, use it & share it)
- 3. Work on CKF message** – develop three tight talking points that we can use in future communications that all coalition members can use to clearly communicate the CKF message/agenda
- 4. Communication w/ Reform panel**
 - Write letter with CKF positions & concerns
 - Create CKF position/White Paper for Panel & Legislators

