

JUNE 2007

# A Report on Covering Kids & Families

*What Prevents State Covering Kids & Families'  
Grantees from Achieving the Program's Goals?*

*A Synthesis of Findings on Barriers, 2003–2006*

**MATHEMATICA**  
Policy Research, Inc.

**Mathematica Policy Research, Inc.**

Sheila Hoag, *researcher*

Nora Paxton, *senior programmer analyst*

## Credits

### **Mathematica Policy Research, Inc.**

P.O. Box 2393  
Princeton, NJ 08543-2393  
Tel. (609) 799-3535  
Fax (609) 799-0005

Sheila Hoag, *researcher*  
Nora Paxton, *senior programmer analyst*

### **Design and Layout**

Landesberg Design  
Pittsburgh, PA



Robert Wood Johnson Foundation

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Route One and College Road East  
P.O. Box 2316  
Princeton, NJ 08543-2319

This publication is available for downloading  
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## Executive Summary

The *Covering Kids & Families*<sup>®</sup> (CKF) initiative of the Robert Wood Johnson Foundation (RWJF) had two goals: to reduce the number of uninsured children and adults eligible for Medicaid or the State Children’s Health Insurance Program (SCHIP) who remain uninsured, and to build the knowledge, experience and capacity necessary to sustain the enrollment and retention of children and adults on those rolls after the CKF program ended (Grant and Ravenell 2002). To achieve these goals would require overcoming many economic, political, organizational and bureaucratic barriers. Evaluators have studied CKF to understand not only what grantees achieved, but also what prevented them from achieving more. Understanding the limits of what grantees could achieve, and why and how grantees’ ability to achieve CKF goals was limited, can help RWJF and others in the future with other grantee-based programs.

**Methods and Data.** In fall 2003 researchers interviewed 36 state CKF project directors by telephone. The protocol covered a variety of topics, including the greatest barrier the grantees had faced in trying to achieve CKF goals. In July 2006 researchers interviewed 34 state CKF grantee project directors and/or project coordinators by telephone. Given that grantees had either completed or nearly completed their CKF grants, the interview guide asked grantees to reflect on the four-year grant period and to report the greatest barrier they had faced in trying to achieve CKF goals. They were also asked to report on the greatest barrier they currently were facing. Grantees were asked to categorize the barriers they reported, and to report what they did when faced with the barrier.

Data from the 2003 and 2006 interviews were collected in Access databases, which were then analyzed using SAS and Excel. Data were analyzed including all state grantees (36 in 2003 and 34 in 2006), and including only the 28 states common to both surveys.<sup>1</sup> We conducted both analyses to determine whether the changes over time might be due to including different states in the two time periods. However, in all instances, the patterns were the same. Therefore, to simplify the comparison, we present only the data for the 28 state grantees interviewed in both 2003 and 2006.

**Terminology.** We asked state CKF grantees to report the greatest barrier they were facing *currently*, as well as the greatest barrier they had faced throughout the four years of the CKF program. We also asked the grantees to categorize the barrier they named, based on the following definitions:

- *Environmental barriers.* These barriers are the result of the environment in the state, such as limited state funding, policy changes, difficult processes, the political climate or the Medicaid/SCHIP bureaucracy.
- *Program-related barriers.* These barriers are administrative barriers related to the CKF grant, such as paperwork or staffing turnover at the grantee.
- *Operational barriers.* These barriers are related to conducting CKF activities. They include any issues related to doing the work of CKF, such as dealing with coalitions; trying to do outreach, simplification or coordination; geographic problems; or ethnic diversity issues such as language barriers.
- *Other barriers.* Any barrier that the grantee could not classify as environmental, program-related or operational.

**Findings.** Key findings from the analysis of barriers in 2003 and 2006 include:

- **Consistent with 2003 findings, in 2006 most CKF grantees named environmental barriers as the greatest barriers they were currently facing, as well as the greatest barrier they had faced throughout the CKF program.** In both 2003 and 2006, more than half of state CKF grantees interviewed reported that environmental barriers were the greatest ones they faced in trying to achieve CKF goals. Nearly three-quarters of state CKF grantees also named environmental barriers as the greatest barriers they were *currently* facing. Among current environmental barriers, Medicaid and SCHIP policy changes were named by seven grantees, followed by the political climate (five grantees) and Medicaid and state bureaucracy (four grantees).
- **Most grantees said that the barriers they faced affected enrollment and retention efforts.** Most grantees perceived barriers as threats to their ability to increase enrollment and retention. For example, 24 of 28 state CKF grantees interviewed in 2006 said that the current barrier they faced affected enrollment, retention or both CKF goals; and 25 of the 28 state CKF grantees said the greatest barrier they faced throughout CKF affected enrollment, retention or both CKF goals.

- **Despite the obstacles, more than half of the state CKF grantees interviewed in 2006 had found ways to work through the barriers, or were continuing to work on them.** Most grantees made progress toward achieving CKF goals despite the barriers they faced. For example, 21 of 28 state CKF grantees reported that they had overcome, or were working on overcoming, the current barrier they faced. Fewer grantees (15) reported overcoming, or working on overcoming, the greatest barrier they faced. Twelve state CKF grantees reported that they had not overcome the greatest barrier they faced; of those, eight said they thought the barrier was not one they could overcome, given the circumstances. More grantees reported working through current operational and environmental barriers (80% and 75%, respectively) compared to current program-related barriers (66%). For the greatest reported barriers, more grantees reported working through environmental barriers (68%), compared to program-related (40%) or operational barriers (33%).
- **The CKF coalitions helped grantees overcome and work through barriers, especially current barriers.** The coalitions were a key design element in CKF. They were included so that grantees would have an opportunity to root CKF in the community, and to give grantees access to support from state officials or from others who could help sustain CKF after the grant ended. Our findings show that the coalitions helped grantees deal with environmental, operational and program-related barriers, especially current barriers. More than three-quarters of grantees said they had worked through or were continuing to work through a current barrier and that their coalitions were helping them in this process. Coalitions helped grantees work through all types of barriers (environmental, program-related and operational), suggesting that the type of assistance coalitions can provide is not limited to either external or internal problems.
- **Most grantees found that barriers changed over time.** Different types of problems arose at different points in the life of the grant. Through detailed examination of results over time in 28 states, we found that barriers almost always changed because of changes in the political and economic landscapes. In only one state did the state CKF grantee name the same barrier in 2003 and 2006.

CKF was designed to help overcome barriers that made it difficult for children and adults to enroll, and stay enrolled, in Medicaid and SCHIP. In many instances, grantees reported that they had overcome these barriers or were working through them. Results are mixed as to how much aid coalitions provided in overcoming barriers: 40 percent of state CKF grantees that had overcome, or were overcoming, their greatest barriers said their coalitions aided them in working through the barrier, while 75 percent believed that their coalitions were helping them overcome current barriers. Grantees' confidence in their coalitions' abilities to help overcome current barriers is a strong signal in support of the coalition model. Moreover, whether or not they had their coalitions' assistance in overcoming barriers, more than half of grantees reported that they had either overcome, or were overcoming, their greatest overall and current barriers. Thus, with or without outside support, many CKF project directors and project coordinators found ways to overcome barriers in order to achieve CKF goals.



## About the *Covering Kids & Families* Evaluation

Since August 2002 Mathematica Policy Research, Inc., and its partners, the Urban Institute and Health Management Associates, have undertaken an evaluation to determine the impact of RWJF's investment in the *Covering Kid's & Families* (CKF) program, as well as to study factors that may have contributed to, or impaired, its efforts.

The evaluation focuses on these key issues:

- Documenting and assessing the strategies and actions of CKF grantees and their coalitions aimed at increasing enrollment of children and families and the barriers to their implementation.
- Assessing the effectiveness of CKF grantees and their coalitions in conducting outreach; simplifying the application and renewal process; and coordinating efforts by existing health insurance programs to expand coverage measuring progress on CKF's central goal—expanding enrollment and retention of all eligible individuals into Medicaid and the State Children's Health Insurance Program (SCHIP).
- Assessing the sustainability of CKF after RWJF funding ends.

Findings from the evaluations can be found at [www.rwjf.org/special/ckfeval](http://www.rwjf.org/special/ckfeval).



## Background

The Covering Kids & Families (CKF) initiative of the Robert Wood Johnson Foundation (RWJF) had two goals: to reduce the number of uninsured children and adults eligible for Medicaid or the State Children’s Health Insurance Program (SCHIP) who remain uninsured; and to build the knowledge, experience and capacity necessary to sustain the enrollment and retention of children and adults on those rolls after the CKF program ends (Grant and Ravenell 2002). CKF grantees employed three strategies to increase enrollment and retention of eligible uninsured children and families:

- *Outreach* to encourage enrollment in SCHIP and Medicaid;
- *Simplification* of SCHIP and Medicaid policies and procedures to make it easier for families to enroll their children and keep them covered; and
- *Coordination* between SCHIP and Medicaid to ensure the easy transition of families between programs if they apply for the wrong program or their eligibility changes subsequently (Wooldridge 2007).

To fully evaluate CKF, it is critical to examine not only what grantees achieved, but also what prevented grantees from achieving more. To that end, in fall 2003 evaluators asked 36 state CKF grantees and 62 local CKF grantees about the barriers they faced in achieving CKF goals. At that time 92 percent of the CKF state and local grantees interviewed reported facing significant barriers to achieving CKF program goals (Hoag et al. 2004). More than three-quarters of grantees named an environmental barrier—such as state-funding issues, Medicaid and SCHIP policy changes, the political climate, or a lack of support from state agencies—as the most significant one they faced.

In this report, we present follow-up findings about barriers to achieving CKF goals from a July 2006 survey of active state CKF grantees. To simplify comparing the 2003 and 2006 survey results, we present findings only for the 28 state grantees interviewed in both time periods.<sup>2</sup>

## Methods

**State Selection.** There are 46 state CKF grantees. In 2003 36 state grantees were interviewed by telephone about barriers they faced. Ten state CKF grantees that participated in 2002 and 2003 evaluation site visits were excluded from these phone interviews, although data from the site visits were incorporated into the 2003 analysis of barriers wherever possible. In 2006 34 state CKF grantees were interviewed about barriers. Twelve state CKF grantees that closed before April 30, 2006, were excluded from the July 2006 interviews because of concerns that they might not be able to recall certain issues covered by the interview guide.

**Interview Protocol.** In fall 2003 staff from Mathematica Policy Research, Inc. (MPR), Health Management Associates and the Urban Institute interviewed 36 state CKF grantees by telephone. Since this was the first time most CKF grantees had been interviewed for the evaluation, the interview guide covered a variety of topics. Three questions asked about barriers that CKF grantees faced in trying to achieve the goals of CKF.<sup>3</sup>

In July 2006 MPR staff interviewed 34 state CKF grantee project directors and/or project coordinators by telephone.<sup>4</sup> Given that grantees had either completed or nearly completed their CKF grants, the interview guide asked grantees to reflect on the four-year grant period and to report the greatest barriers they had faced in trying to achieve CKF goals. They were also asked to report on the greatest barrier they currently were facing. In addition, grantees were asked to categorize the barriers they reported and to report what they did when faced with the barriers.

**Data.** Data from the interviews from 2003 and 2006 were collected in Access databases, which were analyzed using SAS and Excel software. Data were analyzed first including all state CKF grantees (36 in 2003 and 34 in 2006), and second including only the 28 states common to both surveys. (Table A.1. in Appendix A shows the 28 states that participated in both telephone surveys.) We conducted both analyses to determine whether the changes over time might be due to including different states in the two time periods. However, in all instances, the patterns were the same. Therefore, to simplify the comparison, we present only the data for the 28 state CKF grantees interviewed by phone in both 2003 and 2006.

To assess whether differences in the responses between 2003 and 2006 might be related to different respondents, we also looked at how many respondents were interviewed in both survey years. Only 13 of the 28 interviews were conducted with the same person in 2003 and 2006. When we compare these 13 states over time to the 15 states in which the interviewees were different in the two years, the response patterns differ slightly. We do not have a definitive explanation of what caused these differences, which is a limitation in our analysis.

**Terminology.** Exhibit 1 defines the various types of barriers we asked grantees about. We developed these definitions through the interviews that took place in 2003. In the interviews in 2006, we defined the types of barriers (environmental, program-related, operational and other) for the grantee, and asked the grantee to classify the barrier they named according to those main categories. We then divided the categories into subcategories, based on grantee responses.

EXHIBIT 1

## Barriers Terminology

Type of Barrier	Barrier Description
<b>Environmental Barriers</b>	Barriers having to do with the context within which grantees operate.
Medicaid/SCHIP policy changes	Barriers related to changes or planned changes to Medicaid or SCHIP policies.
Political climate/issues	Barriers related to state politics, usually because of budget constraints and/or the adoption of a cautious approach to enrollment in Medicaid and SCHIP programs; this category includes only respondents who specifically used the label “political” in their response.
Bureaucracy	Barriers impeding CKF goals because bureaucracy is slow to change.
State-funding issues	Financing barriers, including state financial cutbacks or uncertainty about future state funding.
Lack of support	Barriers related to state Medicaid and/or SCHIP agencies, other state agencies, or staff within an agency unsupportive of CKF goals.
<b>Program-related Barriers</b>	Barriers having to do with the structure, requirements or goals of the CKF grants.
Administrative barriers	Barriers related to administering the grant, including paperwork; complying with grant rules and requirements; and meeting the matching-funds requirement.
<b>Operational Barriers</b>	Barriers related to conducting CKF activities.
Coalition-related issues	Barriers related to the CKF coalition, such as building the coalition, relationships within the coalition, working with the coalition to complete tasks and lack of support from the coalition.
Education needs among target audience	Barriers related to the lack of knowledge about the Medicaid and/or SCHIP programs among their uninsured target audience.
Geographic factors	Barriers related to the characteristics of the area served. These include such issues as the area being too large, too spread out or too rural for the grantee to make an impact throughout.
Operational bureaucracy	Bureaucratic barriers within the grantee’s own organization.
Other operational	Other operational barriers.
<b>Other Barriers</b>	These include any barriers that could not be grouped into one of the categories above.

## Findings

**In 2006 nearly three-quarters of state CKF grantees named an environmental barrier as the greatest barrier to achieving CKF goals that they were *currently* facing.**

Twenty of 28 state CKF grantees named an environmental barrier as the greatest barrier they were currently facing (Table 1). Of those 20, seven said Medicaid and SCHIP policy changes were the greatest problem they were currently facing: four of those grantees specified the new citizenship requirements for Medicaid required by the Deficit Reduction Act (DRA), saying it might undo progress made in previous years of the grant, and another grantee mentioned the DRA requirements as one piece of the larger problem of policy changes. Five grantees noted that the current state political climate created an environmental barrier (see insert). Four grantees named bureaucracy as the greatest current problem, making it the third largest subcategory within environmental barriers.

Five state CKF grantees named political barriers as the greatest barrier they were currently facing. Current political problems included conservative political agendas in two states, and a lack support for making enrollment easier in two states. In one state, the state CKF grantee said expanding coverage was simply not high on the Governor's or the legislature's agenda, making CKF work difficult to do.

Just over one-quarter of grantees named other obstacles as the greatest ones they were currently facing: five grantees cited program-related barriers (chiefly problems administering the grant), and three grantees named operational barriers.

TABLE 1

## Current and Greatest Barriers Facing State CKF Grantees, Reported July 2006

Type of Barrier	Number of State CKF Grantees Reporting this as Greatest Current Barrier (n=28)	Number of State CKF Grantees Reporting this as Greatest Barrier Over the Four Years of the Grant (n=28)
<b>Environmental</b>	<b>20</b>	<b>16</b>
Medicaid/SCHIP policy changes	7	4
Political climate or political issues in state	5	3
Bureaucracy, either state or Medicaid-related	4	6
Funding issues	3	2
Lack of support from state Medicaid/SCHIP or other state agencies	1	1
<b>Program-related</b>	<b>5</b>	<b>6</b>
Administering the grant, paperwork, difficulty complying with requirements	5	6
<b>Operational</b>	<b>3</b>	<b>5</b>
Coalition-related issues	1	3
Education needs among the target audience	1	0
Geographic factors	0	1
Operational bureaucracy	0	1
Other operational issues	1	0
<b>Other</b>	<b>0</b>	<b>1</b>

Source: 2006 Survey of State CKF Grantees. Includes only those 28 state CKF grantees also surveyed in 2003 (see Table A-1).

**Compared to current barriers, more state CKF grantees cited program-related and operational hurdles as the greatest barriers they faced over the life of the grant, and fewer state CKF grantees named environmental barriers.**

More state grantees named Medicaid and SCHIP policy changes and the political climate as their greatest current barriers than as their greatest overall barriers. At the same time, state bureaucracy was named as a bigger issue throughout the grant by six grantees, compared to the four grantees naming it as the greatest current barrier (see insert). Problems with grant administration and with the coalition also were greater barriers throughout the grant, compared to current barriers named. Twelve of the 28 state CKF grantees named the same issue as the greatest current barrier and greatest barrier overall, and 16 state CKF grantees named different issues.

For some grantees, bureaucratic barriers were challenging. For example, one state CKF grantee located in a state agency said state bureaucracy slowed the pace of their work. Following state rules meant waiting for language to be approved by the state Attorney General's Office before ordering flyers for CKF's back-to-school marketing efforts—which delayed the task. Another CKF grantee said the state Medicaid agency is a "...top-down bureaucratic, traditional model of government, and they aren't interested in changing or partnering to improve things."

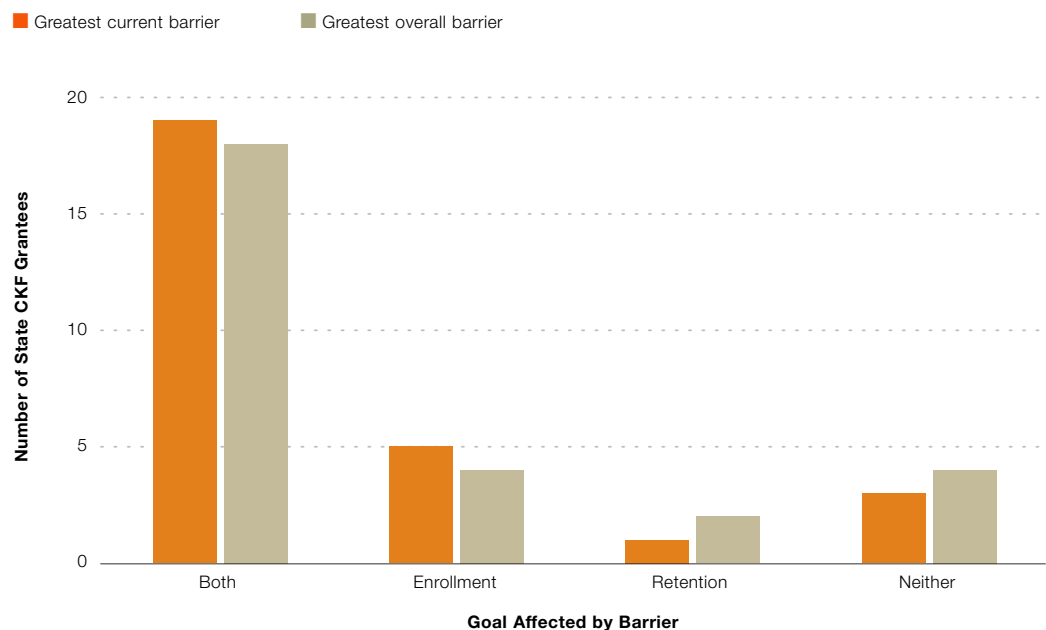
**Most grantees said that the barriers they faced affected enrollment and retention efforts.**

In 2006 we asked state CKF grantees whether the barriers they experienced affected CKF's enrollment or retention goals, or both (see insert).<sup>5</sup> The majority of state CKF grantees said that the current and greatest barriers they named affected the enrollment and/or retention goals of the grant (Figure 1). For example, five state CKF grantees said that the barrier they were facing currently affected enrollment efforts; one said it affected retention efforts, and 19 state CKF grantees reported that the current barrier they named affected both the enrollment and retention goals. Results for the greatest barrier to achieving CKF goals were nearly identical. Some grantees gave examples of how they tried to resolve enrollment and retention effects, such as documenting the problem (see insert) or increasing communication with advocates, providers and others about the issues so that problems could be resolved and assistance provided to affected enrollees and applicants.

In 2004 one state implemented a new computer system to determine eligibility for all public programs. This switch created a massive backlog; according to the state CKF grantee, in some cases, it took 10 times as long as before to get someone enrolled. In addition, there were many technical glitches—families would receive one letter saying they were eligible, followed by another two days later saying they were ineligible. The state CKF grantee tackled this enrollment barrier by creating a database to document and categorize all of the problems. The state coalition’s outreach and enrollment committee mapped out what happens when people apply for Medicaid or SCHIP, which helped the coalition’s steering committee plan how to respond. The coalition decided to maintain close contact with the state Medicaid and SCHIP agencies to: (1) make them aware of the problems; (2) determine the state’s response; (3) find out when the issue was resolved; and (4) let the state know whether the solution worked or the problems continued. This grantee stated that “We realized we could not fix technical issues, but we could fix communication and help identify problems.” Thus, the grantee’s work helped the state, and beneficiaries, work through a difficult transition.

FIGURE 1

## Do Barriers Affect Enrollment and Retention Goals?



Source: 2006 Survey of State CKF Grantees. Note: Sample includes 28 grantees.



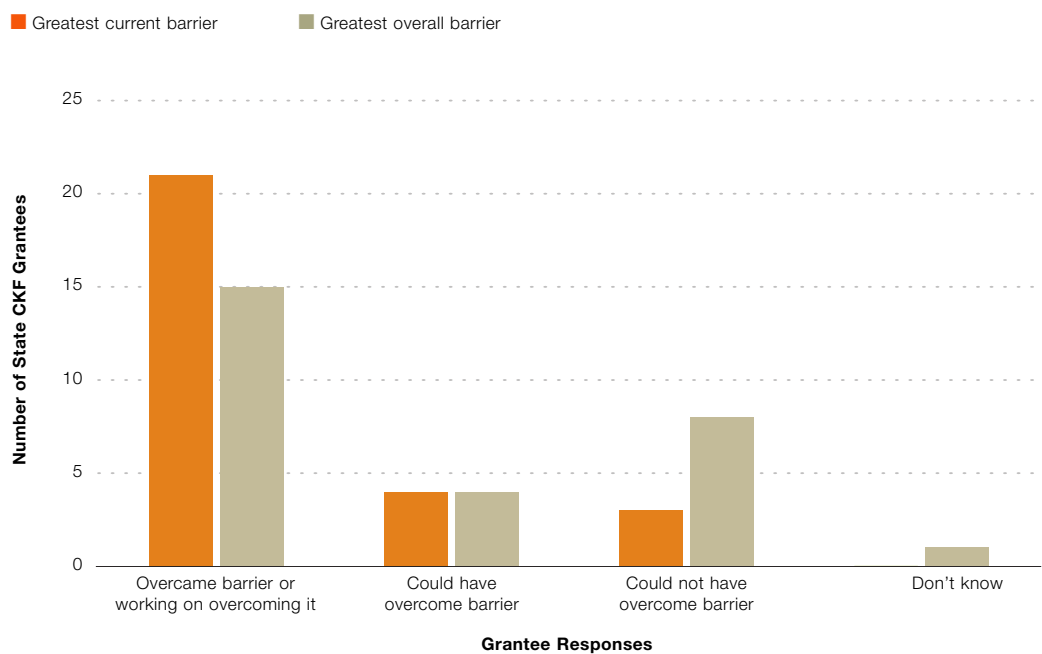
**Despite the many barriers grantees faced, most learned how to work within or around barriers.**

Most grantees had overcome or were working through the barriers they faced (Figure 2) (see insert). Findings indicate that grantees were more likely to report a positive outcome—that is, overcoming or working through the barrier—with the greatest current barrier they faced than with the greatest overall barrier. For example, 21 grantees said they had overcome the greatest current barrier or were working through it. Fifteen state CKF grantees said they had been successful in overcoming the greatest overall barrier or were continuing to work through it.

State CKF grantees were creative in their approaches to overcoming problems. For example, in response to state funding cuts for its Medicaid expansion population, one state CKF grantee created a premium pool to help families pay premiums so they could stay enrolled. One grantee used small-scale testing results (learned through an RWJF-sponsored process improvement collaborative for CKF grantees) to demonstrate to the state that simplifying the 22-page Medicaid application was a feasible change.

FIGURE 2

**Were Grantees Successful in Overcoming Barriers?**



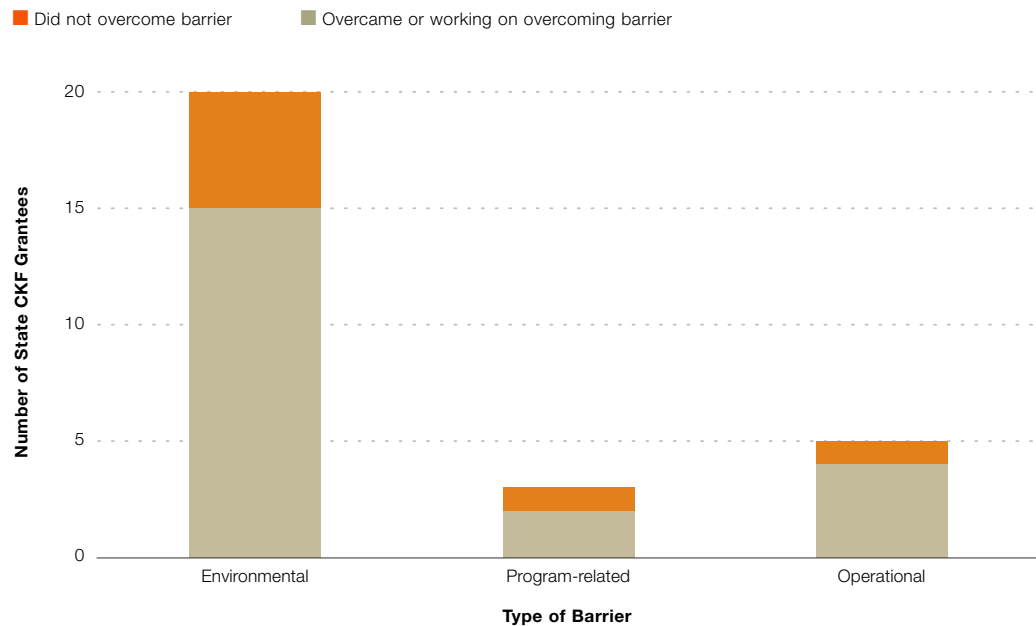
Source: 2006 Survey of State CKF Grantees. Note: Sample includes 28 grantees.

As shown in Figure 2, not all grantees succeeded in overcoming or working through the barriers they faced. When grantees reported they had not overcome a barrier, we asked whether they could have overcome it (e.g., given more time or money), or whether they considered it insurmountable (i.e., due to factors the grantee could not change, such as the political sentiment in the state or a depressed state economy). Four state CKF grantees said that, given more time or funds, they could have overcome the greatest barrier. Eight of the 12 greatest overall barriers that had not been overcome were problems that the grantee thought were insurmountable. One example of this type of barrier is a political climate that does not support the goals of CKF. According to one grantee, “We can’t simplify if the political will isn’t there to do so.”

We also examined whether or not grantees worked through barriers by type of barrier. Among current barriers, grantees were able to work through more of the environmental and operational barriers they faced than the program-related barriers (Figure 3). For example, 15 of 20 grantees reported working through or overcoming a

FIGURE 3

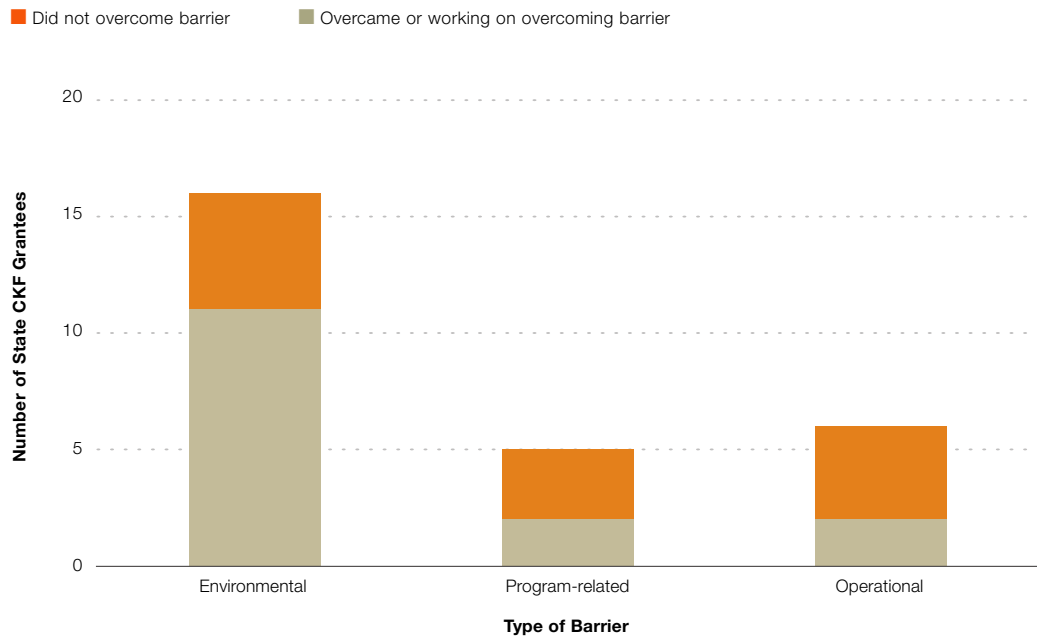
### Were Grantees Successful in Overcoming Barriers? Greatest Current Barrier (by type of barrier)



Source: 2006 Survey of State CKF Grantees. Note: Sample includes 28 grantees.

FIGURE 4

## Were Grantees Successful in Overcoming Barriers? Greatest Overall Barrier (by type of barrier)



Source: 2006 Survey of State CKF Grantees. Note: Sample includes 28 grantees.

current environmental barrier and four of five grantees reported working through or overcoming a current operational barrier, compared to two of three grantees who reported working through or overcoming a program-related barrier. When we examined the greatest overall barriers, more grantees reported overcoming or working through environmental barriers than program-related or operational barriers (Figure 4).

### **Coalitions played a significant role in helping grantees work through barriers, especially current barriers.**

Seventy-five percent of grantees reported that their coalition was helping them work through their current barrier (see insert). Of those that said their coalition was helping them work through the *current* barrier, over 60 percent said the coalition was helping them work through an environmental barrier, 20 percent said the coalition was helping work through a program-related barrier, and 15 percent said the coalition was helping work through an operational barrier. Given that grantees named environmental, program-related and operational barriers as current barriers in similar proportions (see Table 1), these findings are not surprising. However, they indicate that coalitions helped grantees with all kinds of barriers, not just external ones that might require assistance through coalition members' contacts or influence.

Coalitions helped grantees work through problems in a variety of ways. For example, in one state in which the grantee cited the new Medicaid DRA citizenship requirements as the greatest current barrier they faced, the coalition acted as a “sounding board,” helping state officials clarify the state’s message to citizens regarding the new requirements. In another state, coalition members helped prevent a change in the state’s eligibility rules. In a third state, coalition members documented their field experiences dealing with the state’s new eligibility requirements; this detailed documentation helped overcome problems associated with the new eligibility requirements.

The majority (60%) of grantees that overcame their *greatest* barrier believed their coalitions were not able to help them overcome it. Just 40 percent of grantees who reported working through or overcoming the greatest barrier said their coalition helped them work through it. It is not clear from the data why grantees did not perceive coalitions to be more helpful in overcoming the greatest barrier they faced. This perception does not appear to be related to type of barrier; for example, the proportion of grantees who named an environmental greatest barrier is the same as the proportion who said the coalition aided them in working through an environmental barrier. This is also true for program-related and operational barriers. We speculate that these findings are probably related to other factors. For example, grantees may have perceived the greatest barriers to be issues that the coalition could not assist with, or coalitions may have tried but failed to assist with greatest barriers. This also might reflect the changing nature of barriers over time (discussed later), or possibly the changing nature of coalitions over time. Coalitions may have gained experience and contacts over the life of the grant that made them better able to assist with current barriers. Notwithstanding this past experience with their coalitions, most grantees were confident that their coalitions would help them overcome the current barriers they faced.

**As the grantees evolved, and as state and federal landscapes changed, different barriers came to the forefront, leading to changes in the types of environmental, operational and program-related barriers state CKF grantees reported.**

In both 2003 and 2006 environmental barriers were named most often by state CKF grantees as the greatest barrier to achieving CKF goals (see Figure 5). However, the types of environmental barriers reported changed. For example, the number of grantees who named funding issues as the greatest barrier they faced dropped by four from 2003 to 2006 (see Table 2). In 2006 six state CKF grantees named state and Medicaid bureaucratic barriers as the greatest obstacle they faced trying to achieve CKF goals, compared to two grantees in 2003. At the same time, the number of state CKF grantees citing lack of support from state agencies as the greatest barrier they faced dropped from five in 2003 to one in 2006. As Table 2 shows, there were also changes in the number and types of program-related and operational barriers.

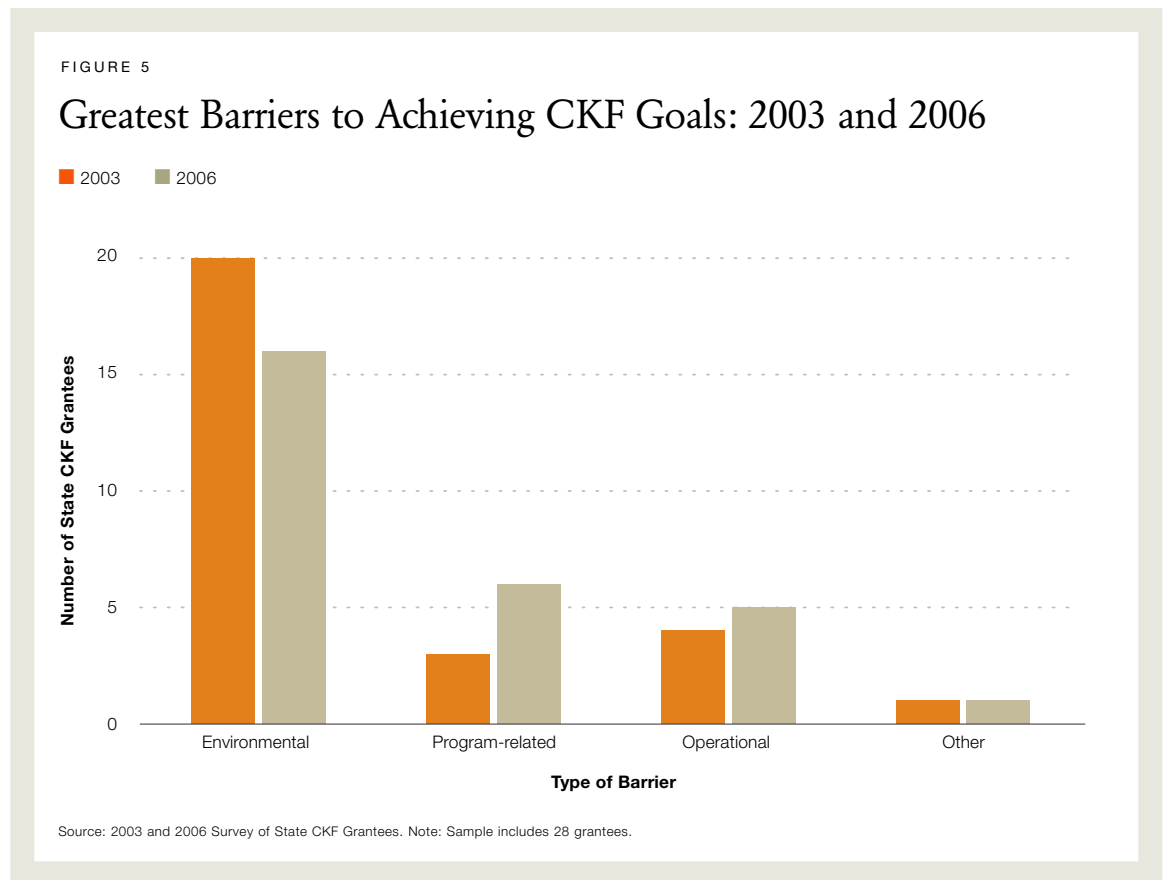


TABLE 2

### Barriers Subcategories: Comparison of State CKF Grantee Reports of the Primary and Secondary Barriers to Achieving CKF Goals, 2003–2006

Type of Barrier	Number of State CKF Grantees Reporting as the Greatest Barrier to Achieving CKF Goals (n=28)	
	2003	2006
<b>Environmental</b>	<b>20</b>	<b>16</b>
Medicaid/SCHIP policy changes	3	4
Funding issues	6	2
Lack of support from state Medicaid/SCHIP or other state agencies	5	1
Political climate or political issues in state	4	3
Bureaucracy, either state or Medicaid-related	2	6
<b>Program-related</b>	<b>3</b>	<b>6</b>
Administering the grant, paperwork, difficulty complying with requirements	3	6
<b>Operational</b>	<b>4</b>	<b>5</b>
Coalition-related issues	2	3
Geographic factors	1	1
Education needs among the target audience	1	0
Operational bureaucracy	0	1
<b>Other</b>	<b>1</b>	<b>1</b>

Source: 2003 and 2006 Surveys of State CKF Grantees. Includes the 28 state grantees interviewed in both years.

To try to understand the patterns in Table 2, we reviewed the 2003 and 2006 data on greatest barriers to achieving CKF goals for all 28 of the state grantees that were interviewed in both time periods. Twenty-seven grantees identified different greatest barriers in the two surveys; only one identified the same issue in both periods (see insert).<sup>6</sup>

Of the 28 state CKF grantees interviewed in both 2003 and 2006, only one grantee reported the same greatest barrier to achieving CKF goals in 2003 and 2006. In 2003 this state eliminated its adult expansion population as a result of a state funding crisis. In 2006 the grantee reported that state funding problems persisted as the greatest barrier they faced. The elimination of the expansion program cut nearly 180,000 adults, and funds had not been found to cover these individuals. Moreover, the state budget cuts for adults had a spillover effect on children's enrollment, because terminated parents assumed their children were terminated as well (even though the children remained eligible).

A detailed review of the responses indicates that barriers changed over time, in part because the grantees and the environments in which they operated changed. For example, when we interviewed one state CKF grantee in fall 2003, their grant had only been active for a year. At that time, they were having trouble assembling their coalition, and they considered this the greatest barrier they faced in trying to achieve CKF goals. By summer 2006 this grantee reported that the greatest barrier they were facing was the lack of support from the current state administration, which "...put barriers in place, such as instituting premiums, affordability tests and other efforts that have resulted in a drop in enrolled kids." Another state grantee had a similar experience, reporting in fall 2003 that the greatest barrier they faced was problems with their internal administration, and in 2006 reporting their greatest barrier as state politics. Both cases appear to reflect that, in 2003, these grantees were still learning how to administer and operate the CKF grant (these grantees had been operating a year or less). By 2006, however, their responses indicate that they had overcome their internal problems, and now state politics were affecting what they could accomplish.

In both 2003 and 2006 many grantees perceived the environment in which they operate to be a barrier to achieving CKF goals. In both surveys, grantees in 10 of the 28 states interviewed in both 2003 and 2006 named environmental barriers as the greatest ones they faced, although the types of environmental barriers differed. For example, in 2003 one state grantee reported “there is a lack of funding from the state for the programs...” In 2006 the state environment remained a problem, but according to the grantee, the biggest barrier was now political in nature: “Politicians in the state do not understand how SCHIP helps the state; eligibility cuts have caused enrollment to drop precipitously.” These cuts may be related to the state funding issues reported in 2003, but from the grantee’s perspective, the greater issue had become state politics and how it affects enrollment. Similarly in another state, a lack of state funding was the greatest barrier the grantee faced in 2003; by 2006 the grantee said, “At the Federal level, our biggest barriers are changes to program policies for SCHIP and Medicaid. For example, the implementation of the new citizenship requirements [through the Deficit Reduction Act] and verification of pregnancy... will increase barriers for families.” Examples such as these show that the environment, while changing, remained a barrier over time.

One state grantee named bureaucracy as the greatest barrier in both periods, but the bureaucratic issue changed. In 2003 bureaucracy impeded reenrollment for Spanish-speaking enrollees in this state: “The letter that goes out to families notifying them of the need to re-enroll cannot be translated into Spanish using the state’s machines. The state has managed a single Spanish sentence at the bottom but the machines also cannot comprehend language preference (though there is an identifier on record)...” In 2006 bureaucracy still caused problems for the grantee: “The computer systems at the state level are a big barrier. The computers are not compatible with one another and that really limits what we can do at the state level. People don’t know how to use the computers and access the data that are there. They cannot extract the data in a usable format for us.” The increase in the number of grantees naming state bureaucracy as the greatest barrier (which went from two reports in 2003 to six reports in 2006) seems to reflect the increased frustration of dealing with state agencies’ bureaucratic rules and structures.

Among those grantees reporting operational barriers in 2003 and 2006, one more grantee named coalition-related barriers in 2006, and one grantee in each year reported a geographic barrier. The geographic barriers were the same in both periods (problems trying to serve a rural area), but the coalition-related barriers were not: in 2003 the coalition barriers related to forming the coalitions, while in 2006 the coalition barriers related to keeping the coalitions cohesive, engaged and focused.



## Conclusions

CKF was conceived as a program to overturn barriers to enrolling children and families in Medicaid and SCHIP. We found that CKF grantees encountered, and in many cases, overcame these barriers. Conclusions about CKF grantees and the barriers they faced include:

**CKF grantees faced many obstacles to achieving CKF goals, even at the end of their four-year grants.** State CKF grantees faced more environmental barriers than other types of barriers. Environmental barriers—such as state budget cuts, state or federal policy changes, and the state political climate—appear to be one of the most challenging kinds of barriers grantees faced. Other challenges to achieving CKF goals faced by grantees included working within the program requirements (such as completing reports and maintaining staff) and meeting the operational demands of the grant (such as working with a rural population).

**Despite the obstacles, more than half of the grantees found ways to overcome them, or were working on overcoming them.** While some barriers remained, most grantees were still able to make progress toward achieving CKF goals. For example, one grantee faced with an administrative barrier said, “The barrier didn’t go away. We did what was asked and moved on to other goals.” Grantees were most confident about their progress in working through current operational barriers and through current and greatest environmental barriers.

**Most grantees said that the barriers they faced affected enrollment and retention efforts.** Nearly all grantees perceived barriers as threats to accomplishing CKF goals of increasing enrollment and retention. For example, 24 of 28 state CKF grantees interviewed in 2006 said that the current barrier they faced affected enrollment, retention or both; and 25 of the 28 state CKF grantees said that the greatest barrier they faced throughout CKF affected enrollment, retention or both.

**The CKF coalitions helped grantees work through or overcome barriers, especially current barriers.** The coalitions were a key design element in CKF. They were included so that grantees would have an opportunity to root CKF in the community, and to give grantees access to support, from state officials or from others who could help sustain CKF after the grant ended. Our findings show that the coalitions helped grantees deal with environmental, operational and program-related barriers, especially current barriers.

More than three-quarters of grantees said they had worked through, or were continuing to work through, a current barrier and that their coalitions were helping them in this process. Coalitions helped grantees work through all types of barriers (environmental, program-related and operational), suggesting that the type of assistance coalitions can provide is not limited to either external or internal problems and that the coalitions may be a mechanism for sustaining CKF activities even after the grant program ends. Among grantees that worked through or overcame greatest barriers, only 40 percent said their coalitions helped them overcome or work through the greatest barriers. We are not certain why grantees perceived less assistance from coalitions in working through greatest barriers; we speculate that coalitions may have tried to aid grantees in overcoming these greatest barriers, but were unsuccessful in doing so. This also might reflect the changing nature of barriers over time, or possibly the changing nature of coalitions over time. Coalitions may have gained experience and contacts over the life of the grant that made them better able to assist with current barriers.

**Barriers changed over time for most grantees.** Different types of problems arose at different points in the life of the grant. Through detailed examination of results over time in 28 states, we found that barriers almost always changed because of changes in the political and economic landscapes. In only one state did the state CKF grantee name the same barrier in 2003 and 2006.

In summary, CKF was designed to help overcome barriers that made it difficult for children and adults to enroll and stay enrolled in Medicaid and SCHIP programs. In many instances, grantees reported that they had overcome these barriers or were working through them. Results are mixed as to how much aid coalitions provided in overcoming barriers: 40 percent of state CKF grantees that had overcome, or were overcoming, greatest barriers said their coalitions aided them in working through the barrier, while 75 percent believed that their coalitions were helping them overcome current barriers. Grantees' confidence in their coalitions' abilities to help overcome current barriers is a strong signal in support of the coalition model. Moreover, whether or not they had their coalitions' assistance in overcoming barriers, more than half of grantees reported that they had either overcome, or were overcoming, their greatest overall and current barriers. Thus, with or without outside support, many CKF project directors and project coordinators found ways to overcome barriers in order to achieve CKF goals.

## Endnotes

1. Table A-1 in Appendix A shows the 28 states that participated in both telephone surveys.
2. Appendix A lists the states included in each time period.
3. Appendix B provides a copy of the interview guides for 2003 and 2006, including all the questions on barriers that grantees were asked.
4. One grantee was located within a state agency where state rules prohibited the grantee from participating in a telephone interview. This grantee completed a written questionnaire.
5. We did not ask this question in 2003.
6. Appendix C provides a detailed review of the greatest barriers for both 2003 and 2006 to achieving CKF goals for the 28 state CKF grantees who participated in both surveys.

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### Appendix A: State Selection

In 2002 and 2003 evaluators conducted site visits to 10 CKF states. Because these 10 states had been site visited, they were excluded from the fall 2003 telephone interviews. The fall 2003 phone interviews included the remaining 36 state CKF grantees (along with local grantees in these 36 states). In July 2006 interviewers spoke with state CKF grantees in 34 states. These 34 grantees were selected either because their grant was ongoing or because they had closed after April 30, 2006. The 12 state CKF grantees whose grants closed prior to April 30, 2006 were excluded, because of concerns that they would not be able to recall certain issues covered in the interview guide. Table A-1 summarizes this data indicating which states were interviewed in each time period.

TABLE A-1

### State CKF Grantees Interviewed in 2003 and 2006

State	2002–2003 Site Visit (n=10)	2003 Phone Interview (n=36)	2006 Phone Interview (n=34)	2003 and 2006 Phone Interviews (n=28)
Alabama		X	X	X
Alaska		X	X	X
Arizona		X	X	X
Arkansas	X			
California	X		X	
Colorado	X		X	
Connecticut		X		
Delaware		X	X	X
District of Columbia		X	X	X
Florida		X	X	X
Georgia		X	X	X
Hawaii		X	X	X
Idaho		X	X	X
Illinois	X		X	
Indiana		X	X	X
Iowa		X	X	X
Kentucky		X		
Louisiana		X	X	X

<b>State</b>	<b>2002–2003 Site Visit (n=10)</b>	<b>2003 Phone Interview (n=36)</b>	<b>2006 Phone Interview (n=34)</b>	<b>2003 and 2006 Phone Interviews (n=28)</b>
Maine		X		
Maryland		X	X	X
Massachusetts	X			
Michigan		X	X	X
Minnesota	X		X	
Mississippi		X	X	X
Missouri		X	X	X
Nebraska		X	X	X
Nevada		X	X	X
New Hampshire		X	X	X
New Jersey		X	X	X
New Mexico	X			
New York	X		X	
North Carolina		X	X	X
North Dakota		X	X	X
Ohio		X	X	X
Oklahoma		X		
Oregon		X	X	X
Pennsylvania		X		
Rhode Island		X	X	X
Tennessee		X		
Texas	X			
Utah		X	X	X
Virginia	X		X	
Washington		X		
West Virginia		X		
Wisconsin		X	X	X
Wyoming		X	X	X

## Appendix B: Interview Guides

TABLE B-1

### 2006 Interview Guide

#### Questions

---

1. What is the biggest barrier to achieving CKF goals that you are *currently* facing?

---
2. I want to make sure I categorize that barrier correctly. Would you say that was:
  - a.) an Environmental Barrier (these barriers are the result of the environment in your state, such as limited state funding, policy changes, difficult processes, the political climate or the Medicaid bureaucracy);
  - b.) an Operational Barrier related to conducting CKF activities (these are any issues related to trying to do the work of CKF, such as dealing with coalition-related issues, problems trying to do outreach, simplification or coordination, including geographic problems [too rural], or ethnic diversity issues such as language barriers);
  - c.) an administrative barrier related to the CKF grant itself (such as paperwork or staffing turnover at the grantee); or
  - d.) another type of barrier?

---
3. What are you doing to overcome this barrier?

---
4. Would you say this barrier affects the enrollment goal or retention goal of CKF?

---
5. Is your coalition able to help you overcome this barrier, either through their expertise or contacts with the right people or via other means?

---
6. If you think of barriers as ones that you, the CKF grantee, could overcome (such as by getting community partners involved or working with policy-makers to change procedures) OR as ones that you could not overcome (such as difficult state regulations or a depressed economy in your state), would you categorize your current barrier as one that you can overcome or not?

---
7. Now I want to ask you to think back about barriers you faced over the life of the CKF grant. Thinking back, what was the *biggest* barrier you faced in trying to achieve CKF goals?

---
8. Is this the same barrier you named as the greatest current barrier you are facing?

- 
9. I want to make sure I categorize that barrier correctly. Would you say that was:
- a.) an Environmental Barrier (these barriers are the result of the environment in your state, such as limited state funding, policy changes, difficult processes, the political climate or the Medicaid bureaucracy);
  - b.) an Operational Barrier related to conducting CKF activities (these are any issues related to trying to do the work of CKF, such as dealing with coalition-related issues, problems trying to do outreach, simplification or coordination, including geographic problems [too rural], or ethnic diversity issues such as language barriers);
  - c.) an administrative barrier related to the CKF grant itself (such as paperwork or staffing turnover at the grantee); or
  - d.) another type of barrier?
- 
10. What did you do when faced with this barrier?
- 
11. Would you say this barrier affected the enrollment goal or retention goal of CKF?
- 
12. Did you overcome this barrier, or would you categorize this barrier as one that you, the CKF grantee, could not have overcome (for example, because of a depressed state economy or difficult state regulations)?
- 
13. Did your coalition help you overcome this barrier, either through their expertise or contacts with the right people or via other means?
- 
14. What ultimately happened with this problem?
- 
15. What was the second biggest barrier you faced in trying to achieve CKF goals?
- 
16. Is this the same barrier you named as the current greatest barrier you are facing?
- 
17. I want to make sure I categorize that barrier correctly. Would you say that was:
- a.) an Environmental Barrier (these barriers are the result of the environment in your state, such as limited state funding, policy changes, difficult processes, the political climate or the Medicaid bureaucracy);
  - b.) an Operational Barrier related to conducting CKF activities (these are any issues related to trying to do the work of CKF, such as dealing with coalition-related issues, problems trying to do outreach, simplification or coordination, including geographic problems [too rural], or ethnic diversity issues such as language barriers);
  - c.) an administrative barrier related to the CKF grant itself (such as paperwork or staffing turnover at the grantee); or
  - d.) another type of barrier?

- 
18. What did you do when faced with this barrier?
- 
19. Would you say this barrier affected the enrollment goal or retention goal of CKF?
- 
20. Did you overcome this barrier, or would you categorize this barrier as one that you, the CKF grantee, could not have overcome (for example, because of a depressed state economy or difficult state regulations)?
- 
21. Did your coalition help you overcome this barrier, either through their expertise or contacts with the right people or via other means?
- 
22. What ultimately happened with this problem?
- 
23. We've talked about just a few of the many barriers you faced in CKF. Thinking back overall, would you say that the barriers you faced in achieving CKF goals changed over the life of the CKF grant, or did not change over the life of the CKF grant?
- 
24. If you think about the local grantees in your state, would you say that they faced the same types of barriers as you or different ones?
- 
25. Can you tell me what was the main barrier they faced?

TABLE B-2

## 2003 Interview Guide

### Questions

- 
1. Have you faced any significant barriers or challenges in achieving the goals of CKF?
- 
2. If any barriers/challenges: What would you say has been the greatest barrier or challenge overall?
- 
3. What would you say has been the second greatest barrier or challenge?



*Appendix C*

TABLE C-1

State Level Primary and Secondary Barriers, 2003–2006,  
for 28 States Common to Both Surveys\*\*

State	Greatest Barrier Reported 2003	Greatest Barrier Reported 2006
A	Program-related: Administrative	Environmental: Political issues
B	Operational: Coalition	Environmental: Lack of state support
C	Environmental: Policy changes	Program-related: Administrative
D	Environmental: State funding	Environmental: Political issues
E	Environmental: State funding	Environmental: State funding
F	Environmental: State funding	Environmental: Medicaid/SCHIP policy
G	Environmental: Lack of state support	Program-related: Administrative
H	Operational: Geographic factors	Environmental: Medicaid/SCHIP policy
I	Environmental: State funding	Program-related: Administrative
J	Other	Program-related: Administrative
K	Environmental: Political issues	Environmental: Bureaucracy
L	Environmental: Policy changes	Program-related: Administrative
M	Environmental: Lack of state support	Environmental: Medicaid/SCHIP policy
N	Environmental: State funding	Environmental: Bureaucracy
O	Environmental: Policy changes	Program-related: Administrative
P	Operational: Coalition-related issues	Operational: Bureaucracy
Q	Environmental: Political issues	Other
R	Environmental: Political issues	Operational: Coalition
S	Environmental: State funding	Operational: Coalition
T	Environmental: Bureaucracy	Environmental: Medicaid/SCHIP policy
U	Environmental: Lack of state support	Environmental: State funding

<b>State</b>	<b>Greatest Barrier Reported 2003</b>	<b>Greatest Barrier Reported 2006</b>
V	Program-related: Administrative	Operational: Geographic barriers
W	Program-related: Administrative	Environmental: Political issues
X	Environmental: Bureaucracy	Environmental: Bureaucracy
Y	Environmental: Lack of state support	Environmental: Bureaucracy
Z	Environmental: Lack of state support	Environmental: Bureaucracy
AA	Environmental: Political issues	Operational: Coalition
BB	Operational: Education needs among target audience	Environmental: Bureaucracy

\*\*States were promised anonymity, thus state names are not used.



Robert Wood Johnson Foundation

Route One and College Road East

P.O. Box 2316

Princeton, NJ 08543-2319

[www.rwjf.org](http://www.rwjf.org)

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