

Minnesota Children's Summit 2005: Smart Policies, Strong Families
Monday, March 28, 2005
Practicing Family Impact Analysis
1:45-2:45 p.m.

State Children's Health Insurance Program (SCHIP)

Overarching Principles for Family Impact Checklist:

- What are the ripple effects?
- What might be indirect effects?
- How a policy is written?
- How a policy is implemented?
- Spoken and unspoken assumptions in a policy?
- Trade-offs of a policy or program?
- How does policy impact the most vulnerable families versus those with more resources or stability?

Impact of family may depend on a family's:

- Stage of lifecycle
- Economic circumstances
- Cultural backgrounds/beliefs
- Community resources
- Family structure
- Individual characteristics of family members

Welcome and description = featuring "checklist" to apply to all policies/programs.
Overview of SCHIP. During mid-90's SCHIP was stable, currently it is falling victim of budget cuts that are reducing the program well below federal. Mandate of 200% of federal poverty level.

Focus = 6 from checklist

- 1) Identify and support most extreme families? No, it is not designed to do so, because if qualify for Medicaid already SCHIP.
 - Do vulnerable remain vulnerable? Foregoing extra income to continue getting Medicaid.
 - Other systems/policies set by private sectors
 - We need to expand coverage to immigrants.
 - Welfare reform of 1996 took away immigrant kid coverage!
 - It costs more to treat certain illnesses (administratively) than to provide a prescription initially!
 - 65% federal, 35% state = partnership for SCHIP
 - People just above poverty line are mostly effected for this program.
 - Issue of surveillance, do needy families feel safe to seek health insurance?
- 2) Already insured
- 3) No, because Medicare doesn't pay for prevention for adults, however, does provide long-term care for children.

- MNCare started in 1980s before SCHIP! It has had two amendments.
- The definition of family can create vulnerable groups, ex = single person living alone but supporting a child.
- For some vulnerable families, create difficult choices for families: example = food or childcare (can only afford one)
- Dilemma = this system perpetuates poverty to maintain coverage.
- We also create program competition under bill
- Advocacy can help to allow us to see all problems equally on the table (not one over the other).
- It is legislators' choices to figure out how to provide for advocates (this is our system), as advocates, we need to justify program values to allow policy to occur.
- Policy is made for self-interest, not for what is right/wrong.
- We are trapped in idea that we need to prove an argument.
- We need to manipulate public opinion to our side. How? Research is not designed to do things quickly, advocacy is? Research must be framed in story, not chart form.
- Start demanding what we need and stop worrying about what else might be cut.
- Can a checklist be done in frame of benefits to businesses?
- Dilemma of research – it can only go so far and if have research on one side someone else will have research on the other side.
- Research institutes feel constrained.
- We need effective advocates in leadership.
- We can do the checklist exercise, but what we need to do is advocate this checklist works well for policies that we don't agree on.
- What are we willing to stand up to, we need to find our courage.