

covering kids & families (CKF)

A statewide coalition dedicated to reducing health disparities and improving overall health in Wisconsin by cultivating a network of informed individuals and organizations, thereby enhancing capacity to maximize participation in public health insurance programs.

CKF is housed at the UW-Madison School of Human Ecology, working in partnership with UW-Extension and other partners throughout the state.

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Roberta's Reflections on Access to Health Care

Directly after the election I was concerned, as most of you likely were, about the message the public was seemingly sending about health care reform. Since that time I've reflected some on whether or how much, that message was about health care reform and on what it is I can do in my role as an Extension educator to help the public understand the need to give Affordable Health Care Act (ACA) a chance. I'd like to share those thoughts here.



Roberta Riportella

First, to the meaning of the election.

There is increasing talk by legislators about repeal of ACA even as it appears that they and the public seem confused about the meaning of the election. The Kaiser Health Tracking poll (Nov 2010) (<http://www.kff.org/kaiserpolls/8120.cfm>) "finds that voters say health care reform was a factor that influenced their vote, but not a dominant one. The economy/jobs was the factor mentioned by voters most often (29%), followed by party preference (25%) and views of the candidates themselves (21%). Health care ranked fourth at 17 percent. Those 17 percent of voters who named health care as one of their top voting factors were more likely than non-health care voters to back a Republican candidate for Congress (59% vs. 44%), and to say they have a 'very unfavorable' view of the law (56% vs. 33%)."

Last week I responded to a caller on *At Issue with Ben Merens* who insisted that liberals should just "accept that the public wants this law repealed." The evidence suggests this is a misread of the election. I recommend that we be vigilant in clarifying that point for the public at all opportunities. That will not be sufficient though. It must be supported by a clear message as to the benefits of ACA, particularly in terms of what it is doing for Wisconsin and right now.

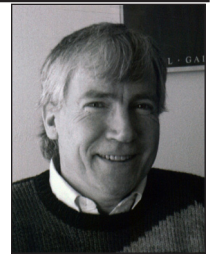
Think of the "Big Impacts" shared with us at our annual conference by our state agency colleagues: Rachel Currans-Sheehan of the Wisconsin Department of Health Services and Eileen Mallow of the Office of the Commissioner of Insurance.

- More than 125,000 Wisconsin citizens will gain access to health coverage
- More than a million who are underinsured will see policies improved and costs reduced
- Tax credits and lowered costs for small business owners
- Increased affordability of prescription drugs for Wisconsin seniors
- Increased federal funding saves state taxpayer dollars

Federal monies already flowing to Wisconsin:

- \$2M to support training for nurses and geriatric specialists
- \$3.8M to primary medical care residency expansion
- \$7.2M for Health Profession Opportunity Grants that help train low-income workers and tribal members for careers in health
- \$3.2M over 5 years to establish a Public Health Training Center
- Grants have gone to: Marshfield Clinic, UW campuses (Madison, Milwaukee, LaCrosse and Eau Claire), Marquette, Gateway Tech, College of Menominee Nation, Medical College of Wisconsin and others

BadgerCare+ Growth Cushions Loss of Employer Coverage: Wisconsin Approaches National Average in Medicaid Participation



Jon Peacock

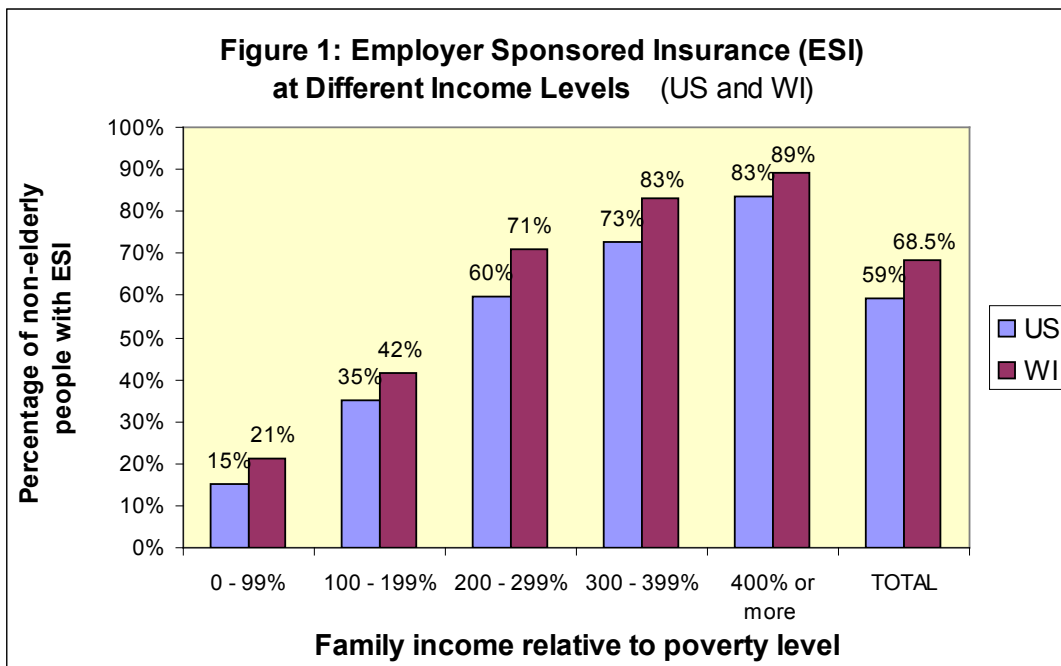
By Jon Peacock
Wisconsin Council on Children & Families

The Great Recession has caused a sharp drop in employer-sponsored insurance and a significant increase in public coverage, especially in Wisconsin. According to recently released Census Bureau data, about 141,000 Wisconsinites lost their private insurance from 2008 to 2009 (a 2.9 percentage point decrease in private coverage); however, there was an increase of nearly 135,000 people (2.3 percentage points) in public coverage. Because BadgerCare+ did a good job of filling in for the declining employer insurance, Wisconsin continues to have one of the highest rates of insurance coverage--ranking 7th nationally in 2009.

As a result of the economic trends in our state, coupled with the implementation of BadgerCare+ and BadgerCare+ Core, Wisconsin had a larger increase in Medicaid-related enrollment than any other state over the last two years. According to a report issued in September by the Kaiser Commission, total Medicaid enrollment in Wisconsin grew 42 percent from December 2007 to December 2009, three times faster than the average rate of growth nationally.

Some groups, like the Wisconsin Hospital Association, have argued that the Kaiser Report illustrates that Medicaid participation in Wisconsin is out of line with other states and that BadgerCare+ is crowding out employer-sponsored insurance (<http://www.kff.org/medicaid/upload/8050-02.pdf>). However, an objective analysis of the Census Bureau's data from the American Community Survey (ACS) paints a different picture. Wisconsin Council on Children & Families' scrutiny of the 2009 ACS data found the following:

- The portion of people on Medicaid in 2009 was 15.8 percent in Wisconsin, compared to 16.1 percent nationally.
- The share of Wisconsinites with employer-sponsored insurance was 68.5 percent in Wisconsin last year, versus just 59 percent nationally. (See Figure 1)

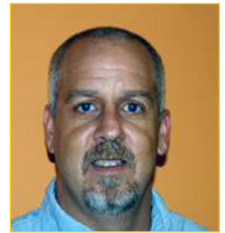


The ACS statistics illustrate that Wisconsin continues to have a much stronger base of employer-sponsored insurance than most other states and was still below average in 2009 in the percentage of the population enrolled in Medicaid. Of course, the substantial growth in Medicaid and BC+ enrollment and the anticipated decline in enhanced federal assistance for Medicaid mean that lawmakers have very difficult policy choices to make in the next budget bill. Let's hope that those choices are based on a levelheaded analysis of the facts, rather than statistics taken out of context and mistaken inferences.

According to the Wisconsin Department of Health Services' 2009 Family Health Survey, 86,000 children (7%) were uninsured, with a fourth lacking coverage all year.

One In Nine Wisconsinites Went Without Health Insurance Last Year

By Michael Jacob
Project Coordinator, *covering kids & families*



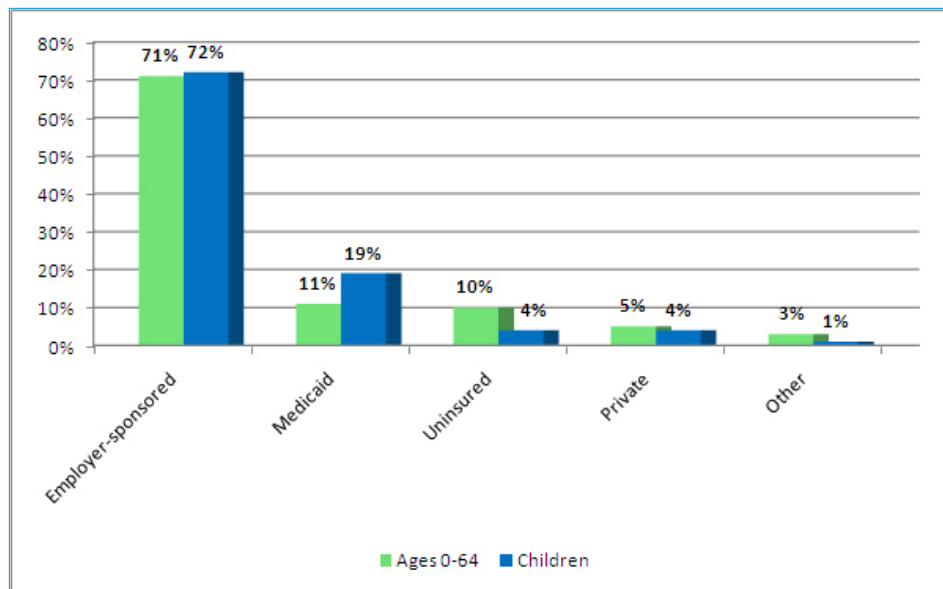
Michael Jacob

On November 3rd, the Wisconsin Department of Health Services released the 2009 Family Health Survey, providing updated estimates of the numbers and characteristics of Wisconsin's insured and uninsured populations.

Among the "highlights" (some may argue these are "lowlights"):

- 650,000 Wisconsinites (11%) were uninsured in 2009, with more than half uninsured the entire year;
- 86,000 children (7%) were uninsured, with a fourth lacking coverage all year;
- Among working age adults, 23% of the unemployed/not in the labor force, were uninsured at least part of the year as were 20% of those employed part time; even among those employed full time, 11% were uninsured part or all of 2009;
- Hispanic/Latino Wisconsinites were four times (39% vs. 10%) as likely to be uninsured for at least part of the year compared to their white counterparts; 22% of Black, non-Hispanic Wisconsinites were uninsured part or all of 2009;
- One in four (23%) of Milwaukee residents were uninsured at least part of the year;
- 29% of poor (based on total household income measured against the 2008 Federal Poverty Level) Wisconsinites were uninsured; 20% of the near poor (100-200% of the 2008 Federal Poverty Level) were uninsured; 7% of those with household incomes above 200% Federal Poverty Level were uninsured part or all of 2009.

Primary Type of Health Insurance, 2009



Find the full report at www.dhs.wisconsin.gov/stats/healthinsurance.htm.

DHS notes that "results in this (year's) report are not comparable to results in previous editions, because a new procedure was used to weight the final data set. Readers should not compare results in this report with earlier editions because differences between two years may be due to the effects of the weighting change, or due to actual changes in Wisconsin, or both. These effects cannot be distinguished."

Tools You Can Use From the covering kids & families' Toolbox

by Jean Nothnagel

Benefit One-Pagers

A common call from school staff and community partners to *covering kids & families* (CKF) is a request for the link to the *Benefit One-Pager* so they can have them available for families at school registration, at local events or to print them as needed. This single page can be printed from the BadgerCare+ Toolbox drawer called *Access County Tools and Data* (www.ckfwi.org/toolbox.html). Both the English and Spanish versions are available with contact information and links specific for each Wisconsin county. After printing them from the web site, we suggest that the caller print off both language versions and then copy them as two-sided documents.

The *One-Pager* briefly describes BadgerCare+, Wisconsin Home Energy Assistance, FoodShare, WIC, Wisconsin Shares, Wisconsin Works, and Free/Low-Cost School Meal programs. Each includes the monthly family income category that may qualify a family for the program. The Monthly Family Income Levels table (US DHHS) on this page identifies the income categories and can be used for families to estimate their eligibility for each program. The *One-Pager* was recently updated for all counties. Please let us know if you encounter any problems accessing or using the *Benefit One-Pager*.

Helpful Programs in Dane County

BadgerCare+ (Health Insurance)*
Health insurance coverage for:

- All children (birth to age 19) regardless of income
- Pregnant women with family income up to Category G (see table)
- Parents and relatives who care for a child with family income up to Category E
- Parents whose children are in foster care with family income up to Category E
- Farmers and self-employed parents with family income (minus depreciation) up to Category E
- Young adults (ages 18-20) who are leaving foster care regardless of income

Contact the Dane County Department of Human Services at: (608) 242-7441 or apply at: access.wi.gov

BadgerCare+ Express Enrollment*
Children younger than age 1 who have a family income up to Category F, children 1 through 5 up to Category D, children 6 through 18 up to Category C, and pregnant women up to Category G can get immediate, short-term coverage. To get longer-term coverage, a full application must be completed.
Visit www.badgercareplus.org/gethelp.htm for a list of providers who may be able to help you.

BadgerCare+ Core Plan for Childless Adults*
Provides coverage for adults ages 19-64 who do not have dependent children under age 19. Family income may be up to Category E. Applicants will be charged a non-refundable application fee.
Call: (800) 291-2002 or apply at: access.wi.gov

***NOTE:** All BadgerCare+ programs are for U.S. citizens or lawfully present immigrants. Access to other health insurance may impact eligibility. There may be deductibles, premiums and copayments.

Wisconsin Home Energy Assistance
Pays a portion of household energy bills. You may qualify with family income up to Category C, effective for the 2010-2011 heating season.
Contact Energy Services Inc. at: (608) 267-8601.

FoodShare (Food Stamp)
Provides a debit card called the QUEST card. You can use this at grocery stores to buy healthy food. FoodShare helps people of all ages who have low incomes. You may qualify for FoodShare with family income up to Category B.
Contact the Dane County Department of Human Services at: (608) 242-7441 or apply at: access.wi.gov

WIC
Women, Infants and Children Program provides healthy food and referrals to health care. This program is for pregnant women and new mothers. This program is also for infants and children up to age 5. You and your children may qualify with family income up to Category D.
Contact the Dane County WIC Office at: (608) 267-1111.

Wisconsin Shares (Childcare)
Pays for some childcare costs for families with limited incomes. You may qualify if you have a child under 13 or a child with special needs under 18. You need to be either working, in school or in job training. Your family income may be up to Category D.
Contact the Dane County Department of Human Services at: (608) 242-7441.

Wisconsin Works (W-2)
This is a cash assistance program for people who have children under age 19 living in the home and for people who have lost their job but do not qualify for Unemployment insurance. You may qualify with family income up to Category A.
Contact the Dane County Department of Human Services at: (608) 242-7441.

Free/Low Cost School Meals
Provides free or low cost meals at school. Your children may qualify for free meals with family income up to Category B. Children may qualify for reduced meals with family income up to Category D.
Contact your local School District office.

Monthly Family Income Levels
These numbers are for 2010. They will go up in 2011.

Group Size	Category A 115% FPL**	Category B 130% FPL**	Category C 150% FPL**	Category D 185% FPL**	Category E 200% FPL**	Category F 250% FPL**	Category G 300% FPL**
1	\$1,038	\$1,173	\$1,354	\$1,670	\$1,805	\$2,256	\$2,708
2	\$1,396	\$1,578	\$1,821	\$2,246	\$2,428	\$3,035	\$3,643
3	\$1,755	\$1,984	\$2,289	\$2,823	\$3,052	\$3,815	\$4,578
4	\$2,113	\$2,389	\$2,756	\$3,399	\$3,675	\$4,594	\$5,513
5	\$2,472	\$2,794	\$3,224	\$3,976	\$4,298	\$5,373	\$6,448

For each additional person add:

\$359	\$406	\$468	\$577	\$623	\$779	\$935
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**FPL = Federal Poverty Level. This level is determined by the U.S. Department of Health and Human Services. Federal Poverty Levels for all family sizes can be found at: dhs.wisconsin.gov/medicaid/fpl/fpl.htm.

covering kids & families • 1305 Linden Drive - Madison WI 53706 • (608) 261-1455 • info@ckfwi.org Updated November 2010



BadgerCare+ Bookmarks

Spanish and English versions of the BadgerCare+ bookmarks can be found in the second drawer of the Toolbox, *Promote BadgerCare+*. The contact information section on the back of bookmarks can be customized to insert names, phone numbers, and addresses specific to the school district. This section has recently been modified to make it more user friendly when entering local contact information. Please try customizing some for your school by downloading and saving the bookmark template from the Toolbox, completing the contact information and printing the two-sided bookmarks on pastel cardstock (80#) for distribution to families.

Requests for access to materials come from school districts and partners who had been CHILD pilot sites in the last three years but are more likely to come from a school staff member or community agency who learned about CKF through conferences, conversations with colleagues, while browsing the internet or through communication with their coalitions. The long reach of the CKF coalition contributes greatly to our outreach. Please contact the CKF staff at 608-261-1455 or info@ckfwi.org or visit us at www.ckfwi.org.

People worry about the economy and yet the number-one reason for bankruptcy, over half of all those filed, is due to medical expenses. The market has already proven incapable of managing this important public good, except for the richest and those who are fortunate enough to find jobs with unquestioned benefits.

-- Roberta Riportella

Roberta's Reflections (continued from page one)

Second, what to do about it.

As an Extension educator, it is my job to present facts in clear ways so that the public may use them in informing opinion and policy. I am currently crafting a more refined educational program about ACA to educate (mostly) my Extension colleagues around the state so that they can be informed voices at their local tables. They are not permitted to be advocates, but they can share solid information and facts about the problems with the current state of affairs. I invite you to help me craft the messages for them to use. For now, it would be helpful if you could visit and give feedback on my health care reform web site where I've housed the beginnings of that program. It includes: (1) a PowerPoint presentation I've delivered both through a web conference and in person to western and eastern Extension district faculty; (2) an audio of that conference; and, (3) a section on Frequently Asked Questions.

<http://fyi.uwex.edu/healthcare/national-health-care-reform-latest-news-and-updates-2/>

Still, I think my off-the-cuff thoughts "the morning after," which were messaged in a blog, still resonate after further reflection: "My reading of the evidence on health outcomes suggests that we absolutely need better access to health care. And those who can pay for it are more likely to not delay getting needed care. And that not enough people have health insurance. And that many folks are a step away from finding out just how inadequate their current insurance is, or losing the insurance they already have, or not being able to purchase it at all. And that all of these people are family (perhaps extended family members), friends, neighbors and coworkers. And when they don't have insurance and appropriate access, it affects all of us, and some much more personally than they had ever expected."

If legislators were elected to repeal the law (mixed speculations on the most significant factors), there is still the opportunity for a better educated public to put pressure on those elected officials to save the most important pieces of this legislation. There is much at stake here since we've waited so long to get this far. This was the first truly comprehensive reform we had for all age populations since legislation for universal insurance was first attempted in 1933 as part of the Social Security Act (or 1912 when Teddy Roosevelt first floated the idea).

But what would we do in the absence of reform? The current path remains unsustainable. People worry about the economy and yet the number-one reason for bankruptcy, over half of all those filed, is due to medical expenses. The market has already proven incapable of managing this important public good, except for the richest and those who are fortunate enough to find jobs with unquestioned benefits. If significant chunks of ACA are repealed, I guess folks who don't have jobs in this economy, or have poor paying jobs, might continue to be relegated to suffering the double whammy of low income and no access to care. That in itself can't bode well for their overall health. Nor for the costs we will all incur as a society in health care bills and in lost productivity at work.

Roberts Riportella, Ph.D., Project Director of [covering kids & families](#), is Professor and Chair in the Department of Consumer Science, School of Human Ecology and a Health Policy Specialist for UW Cooperative Extension since 1993. She is a tenured faculty member and teaches at the UW-Madison a course on health care issues and has collaborated with the Centers for Medicare and Medicaid around the design of Medicare educational programs. Roberta received her Ph.D. from UW-Madison in sociology in 1985. Her main focus has been on understanding and helping at-risk families overcome barriers in accessing health care, barriers including lack of insurance, as well as the maldistribution of health care providers for at-risk populations, including low income and rural families and older adults.

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Jennifer Winter

Co-Chair Corner

Steering Committee Co-Chairs



Andy Heidt

The Aftermath of the November 2 Elections

What is pretty apparent after the November 2 elections is that we will need to work harder than ever to protect BadgerCare from major cuts. The incoming administration has made uncanny statements as to the future of coverage for adults up to 200% of the Federal Poverty Level.

Programs such as the Medicaid Purchase Program and other Medicaid Programs for the Elderly and Disabled can be officially considered at risk. There are some who would rather have commercial insurance companies making decisions rather than requiring government protections to maintain coverage. To this point, Wisconsin has had a proud record covering its citizenry. Wisconsin actually increased the number of people covered and did not see the radical rise in the ranks of the uninsured that so many other states have seen. This has been a bipartisan effort since the days of former Governor Tommy Thompson and continued under Governor Jim Doyle. Will it continue under the new administration? That will be up to us, advocates and consumers across the State, to make sure our voices are heard as we attempt to remind everyone that health care should be a right and BadgerCare needs to be protected to enhance the quality of life in this great State.

In four years, will we be proud of the rates of insured and uninsured in our State? We at **covering kids & families** hope so and look forward to working with you to make it happen! A "Save BadgerCare" coalition is in the works. Watch the CKF web site and listserv for updates. Not on the CKF listserv? Send an e-mail to info@ckfwi.org to be added.