In the “Program Design and Marketing” section, three articles explore different aspects of designing and marketing public health insurance programs for children. These articles range from descriptive overviews of program characteristics and message strategies to an analytical discussion of how to balance conflicting priorities in program design.

In the first article, Wysen, Pernice, and Riley outline how public health insurance programs work, beginning with a description of the spectrum of health coverage available to children. The article then focuses on the two major public health insurance programs for children, Medicaid and the State Children’s Health Insurance Program (SCHIP), and compares the major features of each program such as benefit packages, delivery systems, and eligibility requirements. The overview also considers how the programs have complemented and influenced each other. Included in the article are several tables of side-by-side comparisons of each state’s Medicaid and SCHIP programs, including comparisons of benefits, cost-sharing requirements, and income-eligibility requirements.

Drawing from a qualitative study consisting of interviews with state outreach officials, the next article, by Perry, describes marketing strategies and key messages that states have used to promote their SCHIP and Medicaid programs. These tactics have included choosing child-friendly names for SCHIP programs (such as Cub Care in Maine) and using emotional appeals in advertising campaigns. Key advertising themes that emerge from this analysis include messages that public health programs are affordable and are designed for working families. The author concludes by considering how future outreach and promotion efforts would benefit from lessons learned from earlier campaigns.

The third article, by Blumberg, considers the challenges of balancing competing priorities in program design. Often the goal of target efficiency (directing as many program dollars as possible to currently uninsured children) conflicts with the goal of horizontal equity (treating children in similar circumstances alike). The author notes that as the programs have evolved, they have influenced each other and the balance between these priorities has
shifted. For example, while Medicaid initially emphasized target efficiency by limiting eligibility to children whose families qualified for welfare, later expansions, combined with a severing of the link between Medicaid and welfare, enabled the program to provide coverage to children with higher family incomes. Meanwhile, SCHIP emphasized target efficiency by limiting eligibility to currently uninsured children. The article also discusses strategies for achieving each goal, as well as balancing them.

Overall, these three articles provide some insight into the issues that policymakers and program directors must grapple with while trying to effectively design and market public health insurance programs for children. As Perry notes, outreach that encourages families to enroll their eligible children in public programs is only part of the solution. States must also work to ensure that the programs are designed to effectively and fairly deliver needed health care services.