## Using the DRC to Influence Health Care Policy in Alaska

Barbara Hale, Medical Assistance Administrator and SCHIP Coordinator for the state of Alaska, regularly utilizes various resources and functions from the DRC to influence child health care policy within her state. Some of the ways in which she has recently used information from the DRC website include presentations, state annual reports, departmental bill analyses, and Title XXI reporting.

There are several features of the DRC website that Hale notes as particularly helpful. She finds the ability to sort on demographic information, and sort states in ascending or descending order provides an important global context for interpreting the data from her state. She also commented on the accessibility of the database for all users. The ability to quickly retrieve data related to health outcomes is invaluable to her. She regularly downloads the graphs and charts provided on the DRC website to use in reports and presentations.

Hale has contacted the DRC technical assistance team several times to specifically request data relating to health insurance information for the Alaskan Native population in her state. Alaska is one of seven states nationally with publicly released child health survey data for the American Indian/Alaskan Native child population. Due to confidentiality restrictions, the National Center for Health Statistics only releases survey data identifying these minority groups when they comprise at least five percent of the total population of children in a specific state. The DRC technical assistance team was quickly able to produce the custom data analyses she needed. Barbara used these data in a presentation to the Alaska's Covering Kids Coalition, an organization working to improve access to care for children and families in Alaska. For a copy of this presentation, please click <a href="here">here</a>.

Earlier this year at the beginning of the Alaska's State Legislative Session, Hale again contacted the DRC with a request for several reports on health care coverage in her state according race/ethnicity, income, and insurance status – again with a special focus on the Native American/Native Alaskan child population. This request included re-categorizing the household income categories to reflect income eligibility cut points being debated by the Alaska legislature. The analyses provided by the DRC staff provided support for Barbara's cost analysis of the number of children that would be expected to enroll if the bill before the legislature were signed into law.