



Increasing Medicaid and CHIP Enrollment in Hispanic Communities

Connecting Kids to Coverage National Campaign

Webinar Transcript September 14, 2016

Erin Seidler: Hi everyone. Welcome to the Connecting Kids to Coverage Strategies for Increasing Medicaid and CHIP Enrollment in Hispanic Communities webinar. I'm Erin Seidler, and I work closely with the Connecting Kids to Coverage team to support the enrollment of more children and parents in free or low-cost healthcare coverage. While there has been steady progress in reducing the number of uninsured Hispanic children in the United States, access to and enrollment in health coverage for Hispanic children and families continues to be disproportionately lower than among other demographics. Hispanic children are one and a half times as likely to be uninsured than all other children. To help usher in Hispanic Heritage month, our webinar today will provide you with tips for conducting partner outreach and support to develop messaging and activities that will resonate with Hispanic families to expand the reach of your enrollment work and best practices about how to create and foster productive relationships with media outlets in order to expand the reach of your enrollment work. In just a moment, Jeanette Contreras, Hispanic Outreach Lead in the Division of Professional Affairs at the Centers for Medicare and Medicaid Services will walk us through the agenda. With that being said, I'm going to pass it over to Jeanette to begin. Jeanette?

Jeanette Contreras: Thanks and good afternoon everybody. Thanks for joining us here today. We have a wonderful program outlined for you today. Today, our speakers will cover various strategies your organization can engage in and include the Hispanic community in your Medicaid and CHIP enrollment processes. Our speakers will also speak about innovative partnerships and best practices when conducting outreach with Hispanic families and children. I will begin by sharing information about enrollment challenges and the resources that we have available to support Latino outreach. And then we'll hear from a multicultural outreach specialist from Zero to Three who will walk us through creating an outreach strategy for multilingual communities. Next, a senior director from the National Alliance for Hispanic Health will share best practices to improve the health and well-



being of minority families. Then, a program coordinator all the way from Brownsville Community Health Center will share how effective health outreach can resonate with Hispanic communities. Lastly, we will also hear from the director of programs from the Tides Center, the CCHI 4 Families will discuss lessons learned from their work promoting knowledge and comprehension of health care coverage within the immigrant community. And then we'll finish off the program by learning more about the Connecting Kids to Coverage School-Based Outreach Toolkit to help you establish, strengthen, and leverage school-based engagement and outreach resources. To reiterate, we will also take your questions at the end of the webinar, so feel free to use your chat box throughout. On the next slide before we get started, we will start with a quick poll question. So get prepared. What percentage of your outreach is to the Hispanic community? Please submit your vote by clicking on an answer that is on your screen. We'll take a moment here for folks to click on and respond. This is really helpful for us, and I hope helpful and informative to everybody to see how many of you out there are working with the Hispanic community and to what extent. Here are our results. So it looks like it's almost a tie between over 29% and 27%, actually a three way tie, no, yes, 29%, 27%, and 27% all do either over 75%, 25-50%, or some Hispanic outreach, so 0-25% being the highest number. But I guess all of you folks are here because the majority of you do work with the Latino community. So that will close the poll. I just wanted to start out by giving the landscape about what we know about Latino enrollment. Next slide please. So what we've known is that during the last year's open enrollment, over 12.7 million people got covered in the marketplaces. Of those, 15% self-reported as Latino. So that number could be more. Those are the folks that chose to identify as Latino on the marketplace application. But since the beginning of the marketplace in October 2013, the uninsured rate among Hispanics has dropped by 11.3 percentage points, and a little bit more since that was February of 2016 so we have had six months more to add to that. But it's roughly about 4 million Hispanic adults have gained coverage thanks to the Affordable Care Act. However, as we know, the uninsured rate in the Latino community is still among the highest, with 19% of those eligible for coverage in the marketplace being Hispanic. And when we drill down even further, we see that 10% of those are Hispanic males. And we also know that approximately 50%, almost half of all uninsured are ages 18-34. So there is a great need to ensure that our young people know how to get covered and know their options. Next slide please. So in looking at where we are with Latino enrollment, I think it is fair to start out with the enrollment challenges.



Limited English proficiency is really just one of them. There is also fear of immigration enforcement when applying for health coverage, and many of our mixed status families do have options and don't know that they could get coverage for their eligible family members. So there is a need to let people know that one, their information will not be used for enforcement purposes, and two that it won't be considered a public charge. So there is one challenge that we are facing in enrolling families in health coverage. Also the complicated application process is a real barrier and one that I think is being helped by the availability of the local enrollment assisters, the navigators that are working in our community, so thank you to all of you that are out there sitting down with people and going through the application process with them, because we know Latinos are seeking out in-person enrollment assisters and enrollment assistance at higher rates than other populations, and of course limited access to internet, email, or telephone becomes an issue when you need an email address to enroll in the marketplace or a way to keep in touch and to get communications through email when it's not something that you use all the time, so that's a very real barrier as well. And low knowledge of health insurance is another barrier to enrollment, because once consumers find out what they are eligible for and get through that process of enrolling, they often don't know what plan to pick. So I'll be sharing new coverage to care resources that I think will help. And our coverage to care resources also help in addressing the understanding, to help our consumers understand insurance company notices and, more importantly, to become advocates for their own health care and navigating the health insurance system. Next slide please. I know most of you are really familiar with our Coverage to Care material, but I wanted to highlight that we have a wonderful new landing page at a sexy URL: go.cms.gov/c2c. And I always like to preface that. When this was launched in February of 2014, it was considered to fill a need for all of the new marketplace consumers we were having. But it really has transformed itself over the last two years or so as we keep continuing to improve it. It's a valuable resource for our Medicaid and CHIP outreach and for our Medicaid and CHIP beneficiaries as well as for our Medicare beneficiaries. So this is just a wonderful resource across the board for the community. And most if it comes in English and Spanish, though not all of it. You'll see the Espanol button on the page there. And we have a bit.ly address to share in Spanish as well on the next slide. The coolest thing I think to come out of this other than what I'll show you next is this Five Ways To Make The Most Of Your Health Coverage. They are what I like to call really easy to convey and practical points to hit when you are doing your outreach. And I say they are



super practical because you know, step one, you can confirm your coverage by contacting your state Medicaid office. And pay your monthly premium if you have one. Step two, know how to contact your health plan and find out what's covered and how much your care will cost when you go to get services. Three, find a doctor in your network. Four, make an appointment and talk to your doctor about preventive services you need. And I love that they put that on this one pager, and it's a nice glossy one pager that you can order through our product ordering warehouse. And five is, make sure you know what drugs are covered in your plan and if you have a more affordable option, like the option for a generic instead of the brand name. Next slide. This is probably the coolest thing too, another cool thing about the new Coverage to Care resources, and it's a Partnership Toolkit which is available for download in English and Spanish. It's got great sample language for newsletters, blogs, or even OpEds. It includes sample social media content and graphics to share as well. Next page please. And I'm sure I don't have to go into depth about what you can do, because you guys are all experts in outreach. But what I can't stress enough is that everything we produce and publish is public domain. So take it and cut and paste it into a newsletter or a blog, cut and paste it into social media. Make it yours, customize the messages. Don't feel like you have to use it only one way. You can use all of it, some of it. The big message here is, use it any way you'd like to. Please use it. Direct folks to our new URL, go.cms.gov/c2c. Lastly, in a wrap up. I know that folks can get covered any time through Medicaid and CHIP, but I want to wrap up my talk by reminding everyone that open enrollment is coming November 1st. As you're out there working in your communities to enroll children and families, you can help us raise awareness of the marketplace. We'd really appreciate that. And use these Coverage to Care materials in your community, because we know how important it is to make sure people make that first step in getting healthy by making an appointment with a provider. On the next page, you will see my contact information. I'll start by saying, on behalf of CMS I just want to thank you for all of the work you do every day to ensure children and families have access to health coverage. Do not hesitate to reach out to me, or if you'd like to partner on any outreach activities in your communities we have CMS Outreach Specialists all over the country and I'd be happy to connect you to your local person. So please do not hesitate to reach out and email me. Thank you.



Erin Seidler: Great, thank you Jeanette so much for that information. Our next speaker today is Luisa Soaterna. Luisa is the Senior Multicultural and Outreach Specialist at Zero to Three. Luisa, thanks for being here.

Luisa Soaterna-Castaneda: Thank you Gabby and thank you very much for inquiring about my last name, I know it's a mouthful. So thanks all of you for your time. My name is Luisa Soaterna, and I work with Zero to Three. For some of you that may not be familiar with Zero to Three, we are an organization who supports babies and toddlers for the benefit of the family and the community. Our mission is really to ensure that all babies have a strong start in life. Next slide please. This is really accomplished by a three pronged approach. We support parents with practical resources to help them in really connecting more positively, deeply, and continuously with their babies. We develop resources as well for professionals so they can be informed and have the tools to support healthy early development, and we engage policy makers in advancing comprehensive and coherent policies. Next slide please. I work for an initiative within Zero to Three called Text4baby. Many of you may have heard of our service in other channels or platforms, but we are a digital support service for mothers who need it the most. Our platform is really about providing information to moms via text messages. We have an app. And we have video content as well as a website to really target moms during pregnancy and the first year of their baby's life. Next slide please. As I mentioned earlier, I am housed within Zero to Three, which is one of the partners leading this initiative. Our other partner or sister organization is called Voxiva. They are a founder organization for Text4baby, and they are really the ones who incubated the idea and brought around a range of partners. We also count on the support of CTIA Wireless Foundation, and they engage all of the mobile carriers that support the service for free. Next slide please. So many of you who are on the phone might have heard of Text4baby through your respective professional affiliations. We have a range of partners from all over the country, at the federal, state, local or even national level in terms of national organizations. We are a public/private partnership as I mentioned earlier, and we really count on the support of organizations like AT&T, T-Mobile, Metro PCS, Verizon Wireless, Cricket, Sprint, and Tracfone to name a few. They facilitate the content of the text messages without any charge to their subscribers around the country including Puerto Rico and other applicable US territories. Next slide please. So our messages really focus on the mom and the baby. Our messages range, and this is just a few topics and not necessarily included here in terms of importance, but they are more specific to



everything the mom wants to know around the baby and what actual professionals in the field think and understand to be important for her care in terms of pregnancy as well as the baby's development. If you have a request around messaging, please feel free to contact our wonderful partner or lead on the content, Jodie Fishman. Her email is listed here. The messages are delivered three times a week, so anyone who enrolls receives the messages either in English or in Spanish, and they typically go out on Monday, Wednesday and Friday. Next slide please. So I wanted to give you a little information in terms of our subscribers, specifically those who are Spanish speaking. Around 5-7% of our moms receive the messages in Spanish. We know that a larger number of those moms identify as Hispanic. So we know that there are a lot of subscribers who use the service in English who may be Latinas and may not feel comfortable necessarily managing or communicating back and forth in Spanish, so they use the service in English. Because we do not collect any race or ethnicity data, we don't have the ability to exactly quantify how many Latinas are using this service, hence roughly 30% of the data that we have collected via surveys, etc. and external stakeholders that we are able to attribute this number. We do have several messaging components that are interactive in nature. Via some of those components we have received a high number of Spanish participants who have engaged better or more in comparison to the English speaking cohort. Next slide please. So here is a little bit more specific data around the subscribers who use the service in Spanish. We do know that 44% of our Spanish subscribers reside in zip codes where 25% or more families live in poverty. We know that 35% of Text4baby Spanish language respondents reported being uninsured and 41% reported having Medicaid or CHIP. So we are reaching a large group of the community that you are interested in engaging or are engaging in your local community. We also know that 52% of Text4baby Spanish language respondents said they talked to a doctor or midwife about about a question or a message that they received via a Text4baby message. Over 25% said they called a phone number because of a Text4baby message that they received. And I'll give you a little bit more information as to some of those messages and how they are applicable to your specific outreach around this topic and maybe other topics around maternal and child health. Next slide please. So here is one of what we call modules, or in more specific terms interactive messaging components. Anyone who enrolls in the service at this point in time, whether they enroll during the time they're pregnant or if they happen to have already delivered their babies, they actually will receive a message like the one you see on your screen, the very first question, three days post enrollment. So they will



be asked about their insurance status. As you can see from this pie chart, the vast majority of subscribers when this data was pulled were individuals that described their insurance status as Medicaid or CHIP, roughly 52%, and that typically has been our cohort of reach for Text4baby. And we have individuals who reported employers 21%, veterans 4%, other 9%, and none 14%. Those individuals who tell us at that moment in time that they are uninsured instantaneously receive a follow up text message providing very basic information on how they could perhaps qualify for Medicaid or CHIP. It provides the national phone number as well as the Insure Kids site that they can visit to find more information. A week later, we go back and ask that 14% cohort if they did in fact apply for free or low cost health insurance. More than half of those individuals tell us that they actually took the step to call or visit the website and find out more information and perhaps most likely apply for the service. Next slide please. So in addition to this, the partnerships that we've had with the Centers for Medicare and Medicaid Services, we also have disseminated national messages to all of our subscribers around enrollment in the marketplace. In August 2013 we started a very basic message around the importance of having access and where to find information. In the year 2014 as well as the enrollment period of 2015, we sent the national message to all of our subscribers, both when open enrollment begins and right when it's about to close. I would like to point out that all of these messages and the Medicaid model that I mentioned earlier are also provided to all of our subscribers in Spanish. I only provided here for brevity the language in English. Next slide please. And so in addition to that, one of the other interesting things that we've done with CMS is really to engage in a pilot project. We launched this pilot project in 2013, and it's focused around collaboration with four state Medicaid agencies, including the state of California, Oklahoma, Ohio and Louisiana. Our goal is to expand our effort to enroll Medicaid beneficiaries into the Text4baby service, to customize their Text4baby messages so that moms are being directed to state specific information for each of those states and to receive information around the benefits provided by each of those Medicaid agencies. And to assess our impact on improving health outcomes around the following topic areas. The rates of postpartum care visit attendance, smoking cessation, and 17P. This pilot project is continuing until February 2017, so we hope to have more robust information in terms of the data and the effectiveness of our efforts there. Next slide please. One of the things I definitely wanted to highlight around this pilot project is the fact that Oklahoma and California have both implemented text invitation enrollment into Text4baby. So we have worked with both of their Medicaid



agencies, and they have obtained consent from their subscribers, from their beneficiaries. They have provided to our platform a list of phone numbers, and they continue to do so on a weekly or biweekly basis. And we send an invitation text message to all of the new beneficiaries on a biweekly basis. In the first four months, we enrolled over 6,400 moms in the state of Oklahoma and in the state of California over 4,800 moms. So in other words, we are reaching moms with an invitation to join the Text4baby service because of this very targeted partnership with the Medicaid agencies and we're able to provide very specific state messaging not only on Medicaid aspects and resources, but also on a range of public health and maternal and child health messages. Next slide please. So up to then we had worked and really owe our success of reaching over a million moms around the country to more than 1,400 community partners. Many of you are probably part of this group already, but you comprise individuals like clinical service providers, 27%, 21% being local non-profits which really account for over 80% of enrollment. So a lesson learned from these partnerships and this endeavor is really that it is because of this community trust that each of you have within your respective communities and stakeholders that you can be a voice and champion for Text4baby. Next slide please. I wanted to highlight in this slide what some of these partnerships have really afforded us and how we've been able to engage moms in the community. So these are some of the partners that have engaged with us. They've either helped us promote the service, they have come on board with us to really increase the messaging that we provide to moms beyond our specific maternal and child health. They've created flyers like the ones you see there. They've created innovative public service campaigns. And they've really brought us on board to support their efforts in reaching members of their community and stakeholders. Next slide please. Here are a couple of other tools, herramientas, that we have available thanks to these partnerships. They are available for free. We obviously have a website that we invite you to visit available both in English and Spanish. We have a couple of videos and radio public service announcements or PSAs. And we also have several tear pads or documents that you can use to promote the service available in both English and Spanish at no cost to you as a community partner. Next slide please. So because I know you guys are all very engaged and very busy in doing your own work, I wanted you to walk away from the webinar and really have an elevator speech that you can take with you. I provided both the English and Spanish versions so you won't have dig around in your purse and take notes. But this service is available for free. Anyone can enroll by texting BABY or if they want the service in Spanish BEBE to the number



511411. We simply ask the mom either her due date or the baby's date of birth. And remember the mom can enroll at any time, whether she is pregnant or she just had her baby. We also ask of the mom her zip code. And then the mom starts to receive three messages per week. There is a free app component, and the app in Spanish is coming to a theater near you very soon or to your Google, Apple and Android store very soon. And the messages end once the baby turns one. Next slide please. So because we are in a "Si, se puede!" environment, I wanted to make sure that you walked away with the three things that I want you to do around Text4baby, which was to join the Text4baby partnership as the first baby is telling you. The second one is to really promote Text4baby in any way, shape or form that you can. And the third one is to order materials. You can go to partners.Text4baby.org. Next slide please. And you can also contact me if you have further questions or you want me to provide any additional input or technical assistance in English or Spanish to you or your colleagues. Thank you very much for your time, and I appreciate any questions that you have in the future.

Erin Seidler: Great, thank you Luisa so much for all of that information and also for giving us one of the cutest slides we've had on one of our webinars. The slide before this one. Our next speaker is Edgar Gil Rico. Edgar is the Senior Director for Innovation and Program Development at the National Alliance for Hispanic Health. Edgar?

Edgar Gil Rico: Thank you so much for the invitation to participate in this webinar today and the opportunity to share our experiences. I will start with some information about the Alliance. Slide please. We are the largest and oldest network of Hispanic health care organizations in the country. We have been in operation since 1973. Our mission is to work with others to achieve the best outcomes for all. We do believe in community solutions, therefore we implement all of our programs through community based partners. Since it is good to walk the talk, something I am really proud of being part of the Alliance is we do not accept funding from alcohol, tobacco, or sugar sweetened beverage companies. Some of you on the line I am pretty sure, next slide, are members. We work with consumers, health professionals, large organizations and small non-profits. We also do research and work with hospitals and universities. All of those agencies are ones that actually make our membership who we are and we are able to reach over 15 million people every year through the services of all our partners. Next slide. To give everybody a little perspective on how we work and why do we do this work that we do. Most of you are pretty familiar with this number but



sometimes we forget to include Puerto Rico. If we add all the data from the census, basically we have almost 60 million Hispanics in the country. Very important for this presentation, one in every four children is from Hispanic origin. And the campaign that I'm going to present was in part targeting this particular group. Next slide. Thanks to the support of CMS, and with the objective of forging strong partnerships and engaging the Hispanic community, we created The Hispanic Partnership for Health Insurance Coverage Program Navigator Consortium. Next. As Jeanette mentioned before, we all knew the same things. We knew what the Hispanic families needed. We knew that they needed assistance on health insurance plan eligibility determinations. We knew that they needed timely and accurate information on enrollment opportunities that were applicable for them. We knew that they needed guidance on the application process for qualified health plans, for CHIP and Medicaid programs. But we also knew that it was extremely important to be able to do referrals to health care services in the communities, especially for those who do not qualify for health insurance. Next. The campaign had a two prong strategy. We were going to leverage our national and preexisting initiatives and complement those with local activities through our partners in the community on this consortium. They would be the ones doing the one on one, boots on the ground kind of work. Next one. So we use a hub and spoke system. We basically created a navigator consortium in four states: Illinois, Georgia, Florida and Texas. We partnered with seven community based organizations in seven metropolitan areas, namely Chicago, Atlanta, Miami, we worked with four different cities in Texas which were Dallas, Houston, San Antonio, and Brownsville. In this webinar and after my presentation you are going to hear from our partner at the Brownsville Community Health Center on their experience as one of the border towns that are working on this campaign with us. Next one. Going back to our national programs that we already have in place and that we wanted to maximize. We have a very unique partnership with Univision Communications. They help us with the creation and distribution of PSAs directing consumers to call our 1-800 number. What's very interesting is that 98% of the calls we receive are all in Spanish, and 90% of these calls are women. The help line operates directly from our health workers. It is a patient navigation system in which any of the callers identify themselves with a zip code of the area where they are, and our database will provide them with all of the different options for health care services in their area. We also have community events that we have been already doing with our partners. On those, we were able to actually send our safe application counselors to provide health enrollment assistance and referrals. Something



interesting that we saw is that 90% of the callers are women, but when we went the event and we provided in person assistance that number goes down to 70% and 30% of males actually approached the table asking for more information. Next one. One of the campaigns, and this is related to the events at the national level. The platform is already there, the campaign is working. So we need to leverage this. We have a ten year old initiative called Viva tu Vida! Get Up! Get Moving! which is a series of events that we do across the nation. These events are already organized and established in the communities. And they target the family, not the individual, which is something very important. We go to the groups where the entire family is there. As Jeanette mentioned before, we have some mixed status families, but we also have some families that have extended family with them, and these events are a perfect platform and opportunity to reach all of them at once. These events reach approximately 25,000 participants every year. Next one. We also try to maximize all our other chances of communication that we have. As Luisa previously mentioned from Text4baby, the effectiveness of text messaging platforms to send reminders to engage the community is there. We do target messages. We do build materials in addition to the C2C materials. We tried to do additional ones that are very specific for Back to School day info cards. Very short, very clear, and most of our materials we use are bilingual as most of our families are. Abuelita can read in Spanish only but she sits at the table and someone else in the family also wants to read the information in English and it's completely normal. Next one. Moving into what we did at the local level. As I mentioned before, Cristela is going to be talking to you about the experience in Brownsville. I just wanted to share an example of how we work together to reach the same objective. In April of this year, to kick off the Coverage to Care campaign in Chicago, we identified a well-trusted and recognized activity targeting the Hispanic community in the Chicago area. We worked together to be able to have Dr. Cara James, Director of the CMS Office of Minority Health. And what we did is we selected the Dia del Nino Health Walk and Family Festival. This is a day for children and their families to enjoy physical activity, arts, crafts, screenings, entertainment, education, walk. And this is an event that has been hosted in the community for 20 years. So it's recognized, it's well attended, and it's the perfect platform to get partners together. Next one. So what we did, of course a lot of planning. We have five entities that came together: CMS, The National Museum of Mexican Art, The Chicago Hispanic Coalition, The University of Illinois, and of course the Alliance. We put all of this together to be able to have CMS and partner navigators in the city of Chicago and to reach more than 2,000 families with tailored bilingual



information letting them know we are there to help. This is really an example of how we can all get together to maximize the impact of our campaigns, something we are already doing in our work. And as Jeanette has mentioned, CMS is helping to support our work at the community level, to provide us materials, to provide us guidance, to be there with us and walk with us in this work that we're doing. Next one. What we have learned, I summarized in three main conclusions. The first one, to reach and follow up. It is impossible to do this work without the right partners that understand the needs of the community. These partners are flexible, have experience working with the Hispanic community. They understand that the location is important, they understand that the hours and the flexibility of the staff is important to be able to reach the community. We know that there are structural barriers. It is unaffordable for many. In states where Medicaid hasn't been expanded, it is more difficult. We know there are legal status barriers from purchasing in the marketplace, and Jeanette mentioned before, mixed status families face that fear. Therefore, that's the importance of having a trusted source of information. And also somebody who can provide you with a referral to a place where you can actually get assistance even if you don't qualify for a health care plan. The last one is collaboration. Collaboration, collaboration, collaboration. Use and maximize every single tool, because there is no one tool that will be more effective than the other. I do believe that a combination of working with traditional medial, social media, national and local partnerships are all needed to be able to reach the Hispanic community, and bring the information that they need to make an informed decision. Last one. The Alliance is here to partner and help anyone interested in working with us. You can text the words INSPIRE, INNOVATE, or ENGAGE to 805722, and you can learn more about our different initiatives or different programs that we have available. After this I will be happy to answer any questions that you might have. Thank you all for your attention.

Erin Seidler: Great, thank you so much Edgar for all of that information. We're blown away by the amount of people that you've reached through your events. It's really fantastic. So thank you for sharing that. All right, our next speaker is Cristela Gomez. Cristela is the PCMH Coordinator at the Brownsville Community Health Center. Cristela, thanks for being with us today.

Cristela Gomez: Thank you for having me today. Again, my name is Cristela Gomez, and I work with Brownsville Community Health Center. We are a federally qualified health center. We're located on the border on the southernmost tip of Texas. And we have a huge Latino population, which



needless to say we also have a very large uninsured population that we serve here at the health center. Our outreach and enrollment department focuses primarily on connecting families to connect through the health insurance, connecting families to coverage through the health insurance marketplace and to your Texas benefits for Medicaid and CHIP. Since the health insurance open enrollment usually lasts about three months of the year, we really focus a lot of our efforts on the Medicaid and CHIP enrollment and renewals as well as special enrollment for the rest of the year. Some of the strategies that we use to effectively enroll these families are, we try to identify barriers the families have to enrollment. Knowing what the barriers are and trying to find what, knowing what the barriers are and trying to overcome some of those barriers if possible will increase your enrollment. And for us, we've found that transportation was a big issue. We work closely with our Social Services Department to try to find resources for our patients. We also work with our county and city transportation departments to try to acquire vouchers or try to find assistance programs for transportation for our families. Our Social Services Department even went as far as conducting a fund raiser to try to raise money for a petty cash fund for taxis and other transportation available. The use of technology and internet access was also a big issue. Many of our patients are not tech savvy and they prefer the one on one assistance from an assister or navigator. A lot of them do not have access to the internet at home or a computer, so what we've done at one of our sites is we set up an internet cafe. We have about ten computers that have internet access, and we have promotoras there available during the day if they need assistance when they're submitting their applications. Other barriers we've found of course were language barriers and literacy barriers. We have translators available, we provide materials in English and Spanish and at a level that they can understand. All the information that we provide tends to get very overwhelming for the clients, so we try to be as patient as possible and we try to verify with the patients that they understand the information that we're giving them, since it's a lot of information, the applications sometimes tend to be very complicated depending on the family living situation. So we try to make that as clear as possible to them. And build your trust with your clients. Many clients don't disclose their literacy issues because of embarrassment or other issues, so we try to make them feel comfortable. And if they need assistance with other services, we try to refer them out as well to our Social Services Department or the promotoras where they can link them up with other resources available in the community. Next slide please. Another strategy is building our trust in the community. Building your reputation as a



trustworthy source of course. We've done several studies or quality improvement initiatives here within the health center, and what we've found is that word of mouth is the most effective way to get your message across. Most of the patients talk to each other while they are in waiting rooms or when they are out in the community. So we find that building that reputation with your patients and the community partners out in the community will really enhance the referrals that you get coming in. Also expand your accessibility. Evening hours, weekend hours, home visits. We try to have our assisters and navigators available evenings and weekend hours as well. Home visits, sometimes we do enrollment events at other community partner events as well. Try to target those families that might not come into the health center. Building partnerships. We've been very successful with some of the local partners here in the community. Some of these are the school district. Our local school district, we have a very, very good partnership with them. We targeted several departments within the local school district which include the parental involvement department, health services, we work very closely with the nurses at the school, the migrant department and the department for the homeless. Those are only some of the ones that we've really grown good partnerships with. For example, the parental involvement department, they have a parents fair at the beginning of each school year. So we partner with them for that to try to target families that might need assistance connecting kids to coverage. And with the nurses at the schools, they also coordinate an event called the Health Outreach Fair. So we also partner with them at that fair to try to provide enrollment assistance. Our city and county organizations, the health department, our community centers, we're present at those as well. Religious organizations, churches. We get calls from churches, that they have activities or classes for their clients and so we participate in those. Sometimes they coordinate their own health fairs and they invite us so we attend those. Special population institutions such as parole and probation offices or restitution centers. In the beginning I know those were a little scary for our CECs, our assisters and navigators, but there was no issue. Once they went in and there were a lot of people that had a lot of questions, different circumstances. That was very interesting for them, and so they've continued going. Other nonprofit organizations that we work with in the community as well. Next slide. With our navigator program, with our outreach and enrollment program, we try to facilitate access to assistance in various ways. As I mentioned before, we have our evening and weekend hours to try to work with the working parents. We also coordinate efforts conducting workshops for our clients, but we also include other community



partners so that they can invite their clients and/or their staff. Enrollment events. We coordinate enrollment events and provide community resources information, other services that make it beneficial to the families. For example, during our Back to School Fair, we have all types of activities going on. Not only do we give the backpacks and school supplies, there are free haircuts, there are immunization clinics, plus we also have an enrollment drive. So we really advertise and market it, and we get families going in for enrollment assistance during that day. As far as our outreach in the community, we do the door to door home visiting. We partner with our promotoras, our community health workers. They conduct home visits, and they are a very valuable resource. They go and do home assessments, and based on information they receive from the family, we get those referrals back to our outreach and enrollment department. Plus, our outreach and enrollment department, our assisters and navigators have gone on home visits with the promotoras depending on the family situation, if they can't come into the health center we will go to them. We also try to focus on new communities, new neighborhoods or colonias, where we understand that access might be an issue. So we've been successful in those areas. And we participate in coalitions. We find that those are a great resource. They provide valuable networking opportunities, the navigators find out about other community partners, other best practices, any upcoming events. Plus, they give us the opportunity to present our events and promote those. Next slide please. Our navigators and assisters are always educating our community within different venues. Some of these include going where families gather. As I mentioned before, church activities. Many of the churches offer classes and other activities to parents and their kids, and sometimes the coordinators are looking for presenters on resources available out there in the community. So we are invited to those. Working with the parental involvement department at the school district for their parent meetings. Radio talk shows, we've partnered with a local radio talk show. It's a Spanish radio talk show. And we've done 15 Q&A sessions, and our assisters and navigators present, and they take calls on the open enrollment, during open enrollment. We discuss official enrollment, Medicaid and CHIP. We've also partnered with WIC offices. We've gone to their locations, set up tables and provided information. We've even taken appointments, sometimes the moms or the parents don't have all the information they need to renew or apply for insurance or Medicaid and CHIP, so we will take an appointment, whether they want us to go to their home or come into the health center. The Housing Assistance Programs also, they require their clients to attend meetings and classes. So we get contacted to



present during those meetings. And we also work closely with our parks and recreation department during their activities. They offer Zumba classes, they have registration events for their own activities, and they provide a space that is made available to us to do our enrollment at their community centers. We work with them mostly during the summer months when they're at their busiest. Next slide please. Some of the things that we've learned during our outreach efforts are that continuing education is essential to our enrollment efforts. We always try to make families aware of our hours and locations where our assisters and navigators are available, especially if we're sending out navigators to different locations. We always try to make those consistent. Of course we schedule evening hours, weekend hours to accommodate our working families. One of the biggest issues or lessons that we've learned is educating families on the public charge. Many families are afraid of this public charge issue, even though they're eligible for assistance. We try to provide as much information as possible. We print out materials for them on the public charge, and we still find that most families decline for fear of being reported to immigration or INS. Then educating parents on the importance of keeping and maintaining their usernames and passwords. We've had some issues with that and our enrollment department has found some creative ways to make this an easy practice for our clients. We've provided information on the difficulties or the issues that they might encounter if we create a new username, a new password. There is duplicate information in the system, they might get different results, things like that. So they try to really educate on that issue as well. That's all I have for now. I look forward to any questions you might have. Thank you.

Erin Seidler: Great, thank you so much for that presentation Cristela and for sharing that information. The next speaker is Maria Romero-Mora. Maria is the Director of Programs at The Tides Center and CCHI. Maria?

Maria Romero-Mora: Thank you. Thank you so much for the opportunity. So I'll try to not repeat myself, and as we can see, working with migrant and immigrant communities of Latino/Hispanic background, there are a lot of ways to increase the enrollment and outreach efforts across the nation. In California, which CCHI has focused on, we have worked with our members to really support them in their efforts in working with Latino immigrant communities. Next slide. A little bit of the history of CCHI is that CCHI is a statewide association that represents a lot of community. We have 51 counties, so over half of it for the last ten years we have been supporting them, providing advocacy work. Being that voice at the state level for things that are happening at the local level with the Medi-Cal/CHIP population and



of course today with our Covered California which looks like the marketplace. And really supporting our community based organizations and helping families to enroll their children and themselves into affordable coverage and helping them with dissemination of best practices at the local level. So our strongest will be for CCHI on the advocacy side but also today in supporting our members with best practices from across the state from school based enrollment to working with promotoras and so on, and I'll be talking about that as we go through the slides. Next slide. Our members across the state are community based collaborative organizations, family resource centers, community clinics that are working with families one on one, day in, day out. They are working non-traditional hours to really outreach to Latino communities in their community. And they know it best by knowing what are the things that are happening locally that are affecting why an individual is not enrolling into coverage, is not enrolling their children into coverage. And it varies across the state. And every one of our community members knows their community better than we do, than those at the state level, and we're supporting them on that and really our community based organizations that we represent are helping families just like in Brownsville and other communities to really make sure that Latino communities are enrolling their children into coverage and that they're utilizing their benefits. Next slide. As was spoken before, barriers vary in every community. The ones that I'll highlight is the fact that we have a culture in the Latino community that you take your child when the child is sick or when it's back to school season, or when the nurse at the school is saying, you need your immunizations for your child or your child needs eyeglasses. And parents will pay attention to that and take their children that one time for the eyeglasses or the immunizations. And it's sort of a culture that is vivid. And we're working to create a culture of coverage, to create a culture that is not just that one time when your child is sick, but year in, year out, when children get enrolled into coverage and secure a medical home, they have a doctor, a doctor de cabecera as we call it in Spanish, and taking their child to the doctor on a regular basis for physicals and not only when the child is sick. Of course language is an issue. Educating families about the fact that they can ask for a translator, that they can get on the phone and ask for an interpreter and so on, that they have those rights as patients. Families with mixed immigration statuses face more layers in terms of issues and barriers to enrollment. Literacy, a lot of pamphlets, a lot of information, and families either not paying attention to a lot of lengthy manuals but, you know, doing more of the infographics for the community eligibility rules. As we know, we have a quite a few programs



and incomes change for families. Migrant communities, individuals that are farm workers, that are depending upon seasonal jobs, that income changes throughout the year so the program changes for the family. Those are the barriers that we face and that we're educating our assisters, the enrollment assisters that we work with to educate the families about reporting income sometimes and changes in the household size and income so that they are on the correct program. Because the eligibility rules can be overwhelming for families. Next slide. We do this through outreach, enrollment, and retention, and all of this happens at the same time depending upon the family situation. For example, at the Cinco de Mayo event with the Latino communities, those events that take place across the state, we take the opportunity to go out there, take the navigators and enrollment assisters so that they can do the outreach, educate families about the available services that they have, and at that point when the assister gets back that list of individuals that need assistance, it can be anything from a new application to case management because the Medi-Cal application, in our case the Medicaid program is Medi-Cal, so it can be a new Medi-Cal application to case management because the application is pending at the county level or is on the Cal Care system which is our marketplace in California. So it can be case management or a new application. But during those outreach events, we take that opportunity to offer our services to the community. We do it to through cafe meetings like cafe con leche during parent nights, meetings at the schools so that families see us as a trusted individual that are coming to their schools. We have referral systems within the schools so that the secretaries, the nurses can refer back to the organizations that we partner with so that they can enroll their families into coverage. The comadre/word of mouth network is informal, but we know that if a comadre or person that you know, that you trust, tells you that you can go to such and such organization, the likelihood of that family following through will be higher compared to just being advertised on TV or a random call to somebody. That trusted word of mouth information because, it was referenced before, the public charge and the immigrant issues that our migrant/immigrant communities face are real. Sometimes having health insurance is not on the top, on the priority list for a lot of families like putting food on the table and things like that. So connecting with those organizations that provide those additional services is definitely key when we do outreach and we inform families about the available services that they have. Next slide. As I was mentioning, securing the medical home is critical. So many of our partners do follow up. Not just completing the application, but doing that follow up to make sure that the family actually got their benefit card, they actually



enrolled into coverage, and helping them navigate the health insurance world by securing a medical home, we call it utilization. It's a model that has worked from beginning to end, Outreach, Enrollment, Retention and Utilization. It's not a one-time touch, it's really walking families through the process. But it varies when we leave families or when families can do it on their own they'll do the follow up on their own. We work a lot with families that are either Spanish is their first language or they don't understand the culture in terms of having health insurance and working with the paperwork that is needed for eligibility purposes with the Medi-Cal and CHIP programs. Two of the examples that I wanted to highlight are Sacramento Cover and Community Health Initiative in Kern County. Those are two separate counties in the state of California that are doing very innovative and great work with their community. The patient navigator model is really being in the emergency rooms, helping individuals that are uninsured to secure a medical home. It helps everyone, it helps the staff at the hospital level to the individual understanding that they have health insurance now once they've been assisted to get health insurance and that they can have a primary doctor and go to a community clinic or a provider of their choice and not have to rely on emergency services. The promotora model is really community health workers working in the community, in their community, and really going to their comadres or neighbors, community events, spreading the word about the programs that are available when it comes to health insurance and creating awareness through various Zumba and activities classes so that individuals, creating a culture of coverage again within our communities and the state of California. And again, the OERU model, Outreach, Enrollment, Retention and Utilization, has been a model that has worked with our community based organizations and it's really not doing one touch but multiple touches so that individuals really understand the importance of health coverage and the fact that there is in person help. It's not just a paper application, there is in person help for them to get their children enrolled into coverage and themselves. Next slide. Resources and tips. It is so important for organizations that are working with families to employ individuals that are bilingual, that understand the language and can have that conversation with families that are bicultural, that are part of the community, that have well versed background of the Latino community. That can be translated into many definitions. But it's really important to have individuals within the community that can really speak the language culturally and of course the language itself and communicate with families to support them in the work that they do. Really, the other resource that we have, and you have the website in front of you, is really to have individuals



and best practices being together so that they can show the work that is being done. You can access our resources. And the one thing that I don't want to forget is the fact that developing those networks in your community with the county and the state to process applications in a timely manner for families and communicating with eligibility workers is so critical so that applications get processed on time, families get their benefits, everything is in the language that is appropriate for them, and children can actually see a doctor. Because all of that paperwork takes a lot of time. As it was mentioned, being family centered and having those nontraditional hours and people in person that can help you process, assist families. It's so critical to have in person help. Next slide. Our information. Thank you so much and muchas gracias.

Erin Seidler: Great, thank you so much Maria for all of that information. Before we move on to our next section of the webinar, and thanks for sticking with us, we want to do a quick poll question again to see what types of resources you use in your outreach to the Hispanic community. We want to make sure that we're creating materials with the Connecting Kids to Coverage Campaign that are helpful to your outreach efforts. So if you could go ahead, the poll is live and you can respond to the poll, that would be great. Okay, great, thanks Christie if you could go ahead and close the poll we'll look at the results. Thank you so much. Overwhelmingly, it looks like posters and flyers are the most effective resource in doing outreach in the Hispanic community with a not so close second for social media outreach. So this is really helpful. We'll go over some of the materials we have available here in just a minute, but thank you so much for sharing that information and your experience and again, we look forward to any additional feedback that you have on the materials that we have available. Okay, now I'm going to turn it over to Jenna Kelly. Jenna supports the communications efforts for the Connecting Kids to Coverage National Campaign and is an Account Executive at GMMB. Jenna, thank you so much.

Jenna Kelly: All right, good afternoon everyone. And if we could just move onto the next slide. I wanted to update you guys on a newer offering of the Connecting Kids to Coverage Campaign, which is our School-Based Outreach and Enrollment Toolkit. If we could go to the next slide that would be great. This is a pretty new resource that we have, and it will be a useful tool for people doing Hispanic outreach or just general outreach within their community to uninsured children and families. This toolkit is a guide to partnering with schools to enroll children in Medicaid and CHIP, and it contains a lot of useful strategies and tips for identifying members of the



school community that you can work with and then provides those next steps on how to reach out to those members of the school community and embed Medicaid and CHIP outreach and enrollment right there in the school. So that's going to include some great strategic advice on integrating enrollment into the existing school processes. So that is something like including an enrollment question on new student registration forms so that you get all of the referrals when a new student who is uninsured joins the school district. In addition, if you go to the next slide, the toolkit contains ready to use templates, guides, resource links. So a really robust library of tools to help you do that school based outreach. There are social media posts, which you'll see some examples of right there on the right hand of the screen. Which are great because right now more and more parents are turning towards school social media feeds for updates on important information like school closings, school calendar dates. So that can be a great opportunity to integrate that messaging about Medicaid and CHIP coverage right into the school's social media feed. You'll also find newsletter and website copy that can be dropped into communications from the school to all parents. Press release and media advisory, radio PSA scripts, and an outreach calendar. That's going to be an especially helpful tool now that the school year is off and running by a couple of weeks. You'll be able to take a peek at this outreach calendar and see what are some new upcoming milestones where you'll have an opportunity to reach parents. For example, fall report cards will probably be coming out around November, and that can be a great opportunity to include a little bit of information about Medicaid and CHIP to reach parents while they're already thinking about their child and their child's well-being. So this toolkit is available for download on InsureKidsNow.gov under the Back to School Initiatives link or at this link that is up on the screen right now at go.cms.gov/back2school. Be sure to check it out, it's going to be a great resource for you to use to reach parents where they already are, working with their local schools. And now I'm going to jump in really quickly to some of the other resources that the campaign offers. We want to move forward one more slide. We have a whole wealth of materials available on InsureKidsNow.gov, from customizable print materials like posters and palm cards to videos and digital media tools that live online. We have our webinar series that you are tuned into right now, and a series of ready-made articles, radio scripts, more than I can explain in even a minute here. We want to go onto the next slide. One of the great things we offer is our materials are customizable. So you are able to update every print material with your program name, your state's annual income, and then your personal website and contact information so that people who are



receiving these flyers are able to contact you directly. And a great part of this is that all of these materials, these posters and palm cards and flyers are available in English and Spanish. So they print dual sided, that is perfect for people who are doing outreach in both languages, which of course we know many of you are from our earlier poll question. It is free to customize all of these materials. You just pay for the printing. And the link to review the customization guide is at the bottom of this screen, but you'll also find it on InsureKidsNow.gov. Up next, on the next slide, we also have digital media tools. So I know some of you said you are using social to reach parents in your community. We have bilingual graphics and posts available online as well. And up next, just a quick overview of the kind of material topics we have. We have pieces on oral health, vision, teens, sports, and you'll find all of those nicely labeled on InsureKidsNow.gov. Up next the Outreach Video Library and Webinar Archive are both online resources you can turn to as well. The webinar archive is particularly helpful because while we've done a great job covering reaching Hispanic communities today, there are of course a lot of other groups that we want to reach and outreach techniques to use, and you'll see a lot of those outlined in past webinars online. Finally, I just wanted to let you know how to keep in touch with the campaign moving forward. A couple of those ways are right here in front of you. You can follow us on Twitter @IKNGov. Engage on social media when you're talking about Medicaid and CHIP. And sign up for campaign newsletters. You'll get a lot of great tips, information about upcoming webinars, and all sorts of good stories about enrollment practices in the community. Last but not least, we have an email address, connectingkids@cms.hhs.gov. If you have any questions, want to follow up on this webinar, or find out more about materials or other resources that are available, that would be a great way to do it. So shoot us an email and we will get right back to you. I am going to turn things back over to Erin now to open the floor up to questions.

Erin Seidler: Great, thank you so much Jenna. Like Jenna just said, we have been getting questions throughout the webinar, so thank you to everyone who has submitted their questions. If we don't get to your question on the call today, we'll be following up with you by email to make sure we get your questions answered. So our first question I'm going to kick over to Sarah Spector, who is with the Center for Medicare and Medicaid Services, to provide some information on public charge. We've had some questions on that. Sarah?



Sarah Spector: Sure, I'm happy to. The good news here is that public charge generally does not apply to individuals who are applying to Medicaid or CHIP. It does not make, having Medicaid or CHIP does not make someone a public charge. It won't affect their chances of becoming either a lawful permanent resident, a green card holder, or a U.S. Citizen. And there is one narrow exception for individuals who receive long term care in an institution. That is for example someone in a nursing home at government expense. Those individuals can face barriers getting a green card or getting their lawful permanent resident status. So there are fairly comprehensive questions and answers and guidance issued by I think it was the Department of Justice, and we have those available and can get them out through the organizers to participants and can send that as a follow up.

Erin Seidler: Great, thank you so much Sarah for that information. If there are additional questions on this, please feel free to submit the question in the chat box and we'd be happy to follow up with you by email. We've got a couple questions here for the Text4baby team, and I'm biased on the first question because it mentions Santa Maria where I lived when I was young. They have a large indigenous population who do not speak or read Spanish, but we know are suffering from postpartum depression. I think this speaks to a larger question for Text4baby or even others on the call today. Looking outside of the Spanish speaking populations, are there ways to engage with your organization?

Luisa Soaterna-Castaneda: Thank you very much for that question. So Text4baby is only available in English and Spanish. We wish we had more resources available in other languages, but at the moment we don't. What I would recommend, I think there were some questions specific to postpartum depression and some other resources available to members in the community. I would engage definitely Edgar and the folks at the Health Alliance because I think they have a lot of resources that they can provide. There is also Postpartum Support International. They do provide information and resources, I'm not 100% sure they have available services in other languages outside of English and Spanish but they could be a great resource. If not, Healthy Start or actual case management organizations within the local community could be a great resource for those families.

Erin Seidler: Great, thank you so much for that. One more question for Text4baby while we've got you here. And I think this would be a great question for Edgar as well. There was a sister at an SQHD in Oklahoma. But I think overall for the group, what is the best way to engage with your



organizations at the local level to reach the Hispanic populations in their area?

Luisa Soaterna-Castaneda: I guess I'll go first and then I'll let Edgar answer as well. But in terms of our engagement, I think you could contact directly our site. My information was provided. We then would put you in contact with our local partners and community stakeholders in the local communities where you each represent or engage with. And then we might be able to have a more robust conversation in terms of the national strategy and our engagement work, and actually you are also able and we invite you to provide feedback in terms of the specific projects and deliverables that we have and things that we could do to really better support the community and engagement that we do within your respective stakeholder groups.

Edgar Gil Rico: Thank you Luisa. As a follow up I will say, one, a few services for the community that you want us to provide for them, we have something called the Buena Salud club, which is a free health information club anyone can join. So they get into our system and receive all the letters about new publications, new materials available for the community. Or you can contact me directly if you are looking for a local partner in your area, an agency that probably is interested in working with you, and I can make those connections directly. And a very quick backtrack to the questions about materials available in English or Spanish and materials for Indian communities, I do have a couple sites that work a lot with indigenous community groups from Mexico, Mixtecs, Zapotecs, and they have been trying to develop their own materials and their own tools to reach out to these communities. So please send me an email and see if we can find something that can be useful for the groups that you're working with.

Erin Seidler: Great, thank you so much to both of you on that. So one follow up question on materials and outreach... Before I move on I should mention, just as both of our last speakers were mentioning, we will be sending, this presentation will be available on our InsureKidsNow.gov website, and we will be sending around a link to that presentation in our eNewsletter so you'll have that contact information after the presentation as well. Specifically around an outreach activity, we had a question if there were any materials available from any of the organizations for outreach during the Day of the Dead or if any of the groups on the call have any best practices for doing outreach on that day. And I'll open that up to the group. And if not, it sounds like there may not have been outreach around that day. But I think what you could provide is some of the general information that a



lot of our groups have, and if that's a great day for organizing around your community I think what we've heard from a lot of the speakers is that looking for those right opportunities in your community to do outreach. So if Day of the Dead is a popular time to reach the Latino community in your area, then if we can be helpful at all with any of the materials that you need we are happy to do so or connect you with any of the groups on the phone. Finally, a question, and I'll point this specifically to Maria, but others feel free to check in. There was a mention on the webinar today of the promotoras, or the community health workers, asking if these are paid positions or volunteers, and wondering how an organization may be able to bill for their work or engage them. Again, this is for the promotoras or community health workers.

Maria Romero-Mora: It is all of the above. It's from volunteers to stipends to paid positions. It just depends upon the funding available. But we know that promotoras are really a driven force within the immigrant community to disseminate information. So it really depends upon the community based organization having the available funds to pay for those positions. In community clinics, they are used a little bit more, they are trained, they have modules and staff within their organizations. It really depends upon the availability of funding.

Erin Seidler: Great, thank you so much Maria for answering that question. I think that is the questions that we have time to get to today, but like I said we are going to follow up with your individual questions by email over the next couple of weeks. Thank you so much everybody for joining our webinar today. Like I said, we will have a link to this webinar if you would like to re-watch or share with others in your organizations through our eNewsletter and also available on our website InsureKidsNow.gov in the next couple of weeks. Thank you again and I hope you have a great afternoon.