Linking Children's Health Insurance Outreach With Schools:

Interim Report
on
Regional Conference Calls

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Introduction

This is an interim report about linking children's health insurance outreach and enrollment with schools. Whether the Children's Health Insurance Program (CHIP) is called ALL Kids, New Mexikids, MassHealth, Healthy Families, Healthy Start, HAWK-I, Hoosier Healthwise, SoonerCare, Peach Care, Denali Kid Care, Cub Care, Badger Care, KidCare, LaCHIP, K-CHIP, or simply CHIP, many States and communities are finding that schools are an invaluable link to educate parents about health insurance and to enroll children in CHIP or Medicaid.

Every day, educators see the effects of poor health on students' learning. As many as 250 million school days are lost each year by children and adolescents as a result of acute and chronic health conditions. Children without health insurance suffer more from asthma, ear infections, vision problems – treatable conditions that dramatically interfere with classroom participation. Children and teenagers with health insurance, on the other hand, have fewer long-term medical problems and special health needs that interfere with their readiness to learn.

During the Fall 1999, the U.S. Department of Health and Human Services' Health Care Financing Administration (HCFA), in partnership with the U.S. Department of Health and Human Services' Health Resources Services Administration (HRSA), the U.S. Department of Education, and the U.S. Department of Agriculture, sponsored a series of seven regional conference calls. These conference calls provided a forum for State education and health agencies to share their school-based outreach strategies, and forged new partnerships between health and education at the local, State and federal levels. Thirty-six States from across the country contributed ideas and experiences with approximately 1,200 call participants during these regional calls. In addition to descriptions of specific strategies, this report captures community-level innovations that were presented during the calls.

The materials in this interim report will be compiled with recommendations from the National Summit on School-Based Outreach for Children's Health Insurance Programs and the U.S. Department of Education's report from three regional meetings to prepare a Report to the President and to create a "how to" manual for integrating school-based outreach. Our objective is to provide a "how to" manual that is a useful tool for you and your colleagues in integrating children's health insurance outreach into the school setting.

Background

President Clinton issued an Executive Memorandum on October 12, 1999, directing the Secretaries of Health and Human Services, Agriculture, and Education to recommend specific actions to encourage and integrate health insurance enrollment and outreach for children in school settings. In consultation with State and local agencies, these federal departments are directed to:

- report specific short and long-term recommendations on administrative and legislative actions for making school-based outreach an integral part of school business;
- make recommendations on evaluation of school outreach activities; and,
- report key findings from meetings such as the National Summit on School-Based Outreach and the regional conference calls described in this report.

A copy of this Executive Memorandum is found in Appendix A.

Scope of the Regional Conference Calls

As part of this larger federal initiative, a series of conference calls were held between October 26, 1999 and November 1, 1999 in 7 of the 10 Health Care Financing Administration (HCFA) regions. Regional groupings are detailed on page 29.

HCFA Regional Offices in Boston, Atlanta, Chicago, Dallas, Kansas City, Denver, and Seattle worked closely with their Department of Health and Human Service's Regional Director's Office, HRSA, the U.S. Department of Education, the U.S. Department of Agriculture, and their partners in State CHIP and Medicaid agencies, to develop conference call agendas which met the needs of individual regions. The purpose of these regional calls was to discuss State and local issues surrounding school-based enrollment, to identify key concerns and to share successful models.

Representatives from State education agencies, State Medicaid and CHIP agencies, local school districts, school nurses, child health advocacy groups, and provider organizations were invited to participate through a variety of electronic Listservs. Information on the calls was also posted on the **www.insurekidsnow.gov** website. All of the regional conference calls included presentations from State CHIP or Medicaid agencies and some of the calls featured guest presenters from local communities.

The U.S. Department of Education worked with the U.S. Departments of Agriculture and Health and Human Services to sponsor in-person meetings in the New York, Philadelphia and San Francisco Regions.

Part 1: Common Threads

An Overview of the Calls

What's Occurring?

During the regional conference calls, States shared a variety of State and local school-based outreach activities. This section contains highlights from these presentations.

Targeted Mailings to Schools

Most States reported some type of targeted mailing of information packets or children's health insurance applications to schools. Some States used their Governor's Offices, while others used their State Superintendent or State Commissioner of Education's Office, to encourage schools to distribute children's health insurance information.

States reported that the key to any mass mailing to school districts was follow-up. After a mass mailing to schools, States recommend that someone needs to follow-up with each school to ask how the materials were distributed. This follow-up prevents confusion all allows the schools to ask any questions. One State, with three years of school-based outreach experience, suggested the need for follow-up is reciprocal. Not only do State health insurance programs need to follow-up with schools, but they need to provide a State of local contact to school districts for follow-up questions.

School Personnel

Many States reported conducting training sessions for school administrators, teachers, coaches, counselors, school lunch personnel and school nurses about their health insurance programs. States view support from school administrators at both State and district levels as critical.

Some States have incorporated athletic directors and coaches as part of their school-based campaigns. These States focus on the message that students who play sports need health insurance. Some States are using sports physicals as a vehicle to share information about their programs.

States recognize school nurses are vital to school-based outreach efforts. Not only are school nurses viewed by families as a trusted source of information, but States recognize that school nurses are eager to enroll uninsured children. While school nurses are a "natural" source to disseminate health insurance information, States also recognize that many school nurses are over-extended by a high student to nurse ratio.

School-Based Clinics

In some States, schools are enrolled as Medicaid providers. As approved providers, these schools may be reimbursed for outreach activities. For more information on Medicaid reimbursement for school-based health services or Medicaid administrative claiming, please visit www.hcfa.gov.

With parental permission, some schools share information with the State children's health insurance program about which students are uninsured. One State has designated their school-based health centers as official application centers and reimburses $14 per successfully completed application.

Snapshot: Everett, Massachusetts

Joint Committee for Children's Health Care

This is a story about a community working together to ensure that children have health insurance. Parents, educators, health care providers, hospitals, the mayor, the Parent Teacher Organization, and community leaders have joined to form Everett's Joint Committee for Children's Health Care.

The Committee began more than five years ago when a sixth grader broke her foot. The student, a new immigrant, was not covered by any health insurance. Her teacher went to community leaders and tried to get help for the girl. The organization sprung from those efforts and meets monthly during the school day.

Everett is one of the lowest income communities in the Boston area. The Committee surveyed 5,600 students and found that 2,600 had no insurance or limited insurance. In response, Everett's Superintendent of Schools established a school-based health center in 1994. As of September 1999, 3,000 children were enrolled in CHIP or Medicaid.

The Mayor's office has given the Committee an office in City Hall. They have received private funding, grants from the Massachusetts Department of Public Health, and many in-kind donations. They have developed materials in Spanish, Portuguese and Vietnamese.

Kids United By Awarness (KUBA) is a program component of the Committee that involves Junior High and High school students in outreach and enrollment efforts. They utilize the high school newspaper, flyers, cable TV, and citywide events to get the word out about the availability of health insurance to adolescents.

Reaching Teens

Several States reported using schools as a vehicle to spread their messages to adolescents and teen-agers. States are using after-school programs, sports programs, and vocational programs to reach teens. Some States are engaging in teen mentoring programs and peer outreach. Through these programs adolescents are trained about the importance of insurance and the application process so that they can talk with their peers. Other States reported working with pregnant teens through various programs designed to help pregnant young women stay in school.

Parents at Schools

Parental visits to schools are viewed by many States as an important opportunity for health insurance outreach. States shared strategies, ranging from supplying information for teachers to hand-out at parent teacher conferences to outstationing eligibility workers for report card pick-up days. Several States are participating in school health fairs while some are partnering with parent teacher organizations. In States whose schools do not have in-person report card days, many schools are seizing the opportunity to send home flyers, brochures and applications with report cards.

Student Incentives

Some schools are offering incentives for students who return completed CHIP applications. In one area, schools are giving children free school pictures for returning a completed application. In another area, teachers are averaging in a grade of "A" for students who bring a completed application to school. A local hospital has partnered with one school district to offer a pizza party for the class that returns the most completed CHIP applications.

Modifying school lunch applications

Many States and communities reported that modifying the school lunch application process is one way to reach eligible families while maximizing limited resources. Several States have worked with school lunch directors to modify the application for free and reduced price lunches. For instance, in many States families can now check a box to:

- Allow information on the application to be shared with the CHIP agency;
- Receive information from the State about health insurance;
- Apply for CHIP.

To further encourage families with eligible children to enroll in Medicaid or CHIP, States have developed a variety of mechanisms to follow up with families who requested information through the school lunch program. Some families are contacted personally by someone who can provide additional information about other services, including health benefits. Some schools hold school lunch orientations for parents that provide another opportunity for health insurance outreach.

Several States have made efforts to simplify the CHIP application process for families who receive information through the school lunch program. In some States, families can indicate that they would like more information about health benefits and that school lunch applications can be copied by the school and sent directly to the CHIP agency. CHIP staff can then check to see if the family is already receiving Medicaid or CHIP and take appropriate action. With parental consent, other States are using the school lunch application as a presumptive eligibility form. Efforts such as these to improve coordination and simplify the process reduce the processing time and make it easier for families to obtain CHIP or Medicaid.

Several States have not modified the school lunch application itself but have partnered with school lunch programs to disseminate information about CHIP. Flyers, brochures, and informational booklets have been included with school lunch applications sent home to families.

How are efforts evaluated?

There is wide variation among States in measuring the impact of their school-based outreach strategies. Some States reported using color-coded applications to determine where applications were distributed. Other States are asking families who call their statewide toll-free phone number where they heard about the program. One State is using its managed care assessment survey to ask people how they found out about the program and how they would like to find out about the program. Still other States are using surveys to determine the effectiveness of outreach efforts.

What are the challenges to school-based outreach?

Working in partnership, many States have been able to overcome challenges associated with reaching families through schools. Here are a few of the barriers that were discussed during the calls.

While follow-up is critical to a successful program, it is also a time consuming activity. A few States expressed concern that some educators feel that other school priorities supercede assisting with health insurance issues. Obtaining necessary political support for school-based outreach from State and local leaders was seen as a barrier in some areas.

Legal barriers concerning confidentiality were discussed during the calls. For example, it is prohibited by law to conduct data cross-matches between school lunch programs and CHIP or Medicaid without parental consent.

Cultural and linguistic barriers provide additional challenges. Many families, particularly immigrant families, do not trust government programs. States recognize the need to overcome cultural and linguistic barriers by developing culturally sensitive, multi-lingual materials. In addition, some States are working with their English as a Second Language and migrant education programs.

How can Federal and State Governments help?

There are various approaches which government can take to support State and local outreach initiatives. Some conference call participants recommended that State and federal agencies should continue to engage communities, providers and government officials in dialogues similar to these conference calls.

While many States acknowledged the federal government for leadership encouraging school-based outreach, a few asked that the federal government be mindful of State program names. These States suggested that materials promoting "CHIP" might be confusing to communities who were becoming familiar with the State's own program name.

A few States recommended legislation at either the State or federal level to open eligibility to any lawfully-admitted immigrant child and to allow data sharing between schools, particularly school lunch programs, and Medicaid or CHIP.

Snapshot: U.S. Department of Education's *Insure Kids Now! Through Schools* Coalition

Schools across the country are reaching out to help families enroll their children in free and low-cost health insurance so that all students come to school, each day, healthy and ready to learn. Parent, community, and religious organizations are partnering with schools to spread the word about insurance options, assist families in the application process, and support State or county outreach activities. The U.S. Department of Education has launched the *Insure Kids Now! Through Schools* Campaign to encourage schools and communities to work together to enroll children in health insurance programs. Please see Appendix B for more information. For a list of people in your state reaching out to insure children now and to find out how you and your school can help, visit www.ed.gov/chip.

Part 2: States Report on School-Based Outreach Activities

Alabama

- Public schools have played a key role in Alabama's outreach strategy. Through the State Department of Education, they sent an information packet home with each school child.
- A total of 850,000 application kits were sent out to schools. Kits distributed through schools yielded 8,600 good applications for ALL Kids.
- The only barrier to this approach was that the State did not have the time, personnel or resources to follow-up with each school district to ensure that they had received the applications or if they had received enough applications.
- Follow-up questions from the schools and parents were handled on the ALL Kids Hotline and through the Internet.
- Developed an educational program for school nurses and school personnel and an informational presentation for lay groups.
- Developed a new brochure about the program that went out to parents in October 1999 at on the statewide parenting day.
- The main outreach challenge that Alabama identified was the issue of re-enrollment. They reported losing more than 3000 children during re-enrollment. To try to combat this issue, they added a question to the application asking what school system the child is in, to facilitate follow-up

Alaska

- Alaska is working with all 53 school districts in the State.
- In an effort to get information to parents, school principals have sent out flyers and provided health insurance information in newsletters.
- Distributed 180,000 flyers through schools.
- While a majority of applicants indicate they heard of program from family, friends, neighbors, the State recognizes schools as another trusted relationship.
- Worked with school nurses and Title I coordinators on state and individual levels.
- Strategies include targeting preschoolers through Head Start and University of Alaska system to reach freshman (18 and 19-year-olds) and older students who are parents.
- Through a Robert Wood Johnson Covering Kids pilot project, PTAs will receive stipend ($250 - 400 each) for application assistance.
- The State has awarded 26 mini outreach grants to non-profit organizations, Tribal governments and municipal governments.

Arkansas

- Arkansas has engaged schools as partners from the beginning of their Section 1115 ARKids 1st Medicaid expansion, including involving school nutrition programs.
- Shared ARKids 1st flyer with all school districts to send home with students.
- Most positive benefits coming from the grass-roots efforts at the local level, including informing parents at PTA meetings.
- Presented training to school counselors, nurses and administrators.
- Conducted a survey of parents about medical coverage, giving away coupons for fast-food restaurants for parents who returned these surveys.
- Recognizing a need to reach adolescents, the State is working with athletic directors at schools to educate coaches.

Colorado

- Colorado has worked with volunteer organizations, including an "adopt a school" program with a group of professional women.
- Included federal employees as volunteer in schools.
- While the State currently uses the free and reduced price lunch check off box prototype, they realize the need to move to a more active, participatory strategy.
- In certain areas they have used the Covering Kids program to place a worker in a school district.
- In some areas the school districts, such as Jefferson County, have taken an active role and have hired an outreach coordinator in the school district.
- In Mesa County (Grand Junction), the community has joined forces to get kids enrolled. At most sites in the county, from free health clinics to private providers, CHIP information is widely available.

Connecticut

- Connecticut's school-based effort started with a letter from the federal government to the State Department of Education encouraging the health insurance school lunch programs to link with Medicaid and CHIP.
- Produced a flyer about health insurance that school lunch administrators could include with the school lunch application.
- Call center data shows that school lunch has been a good method of outreach resulting in many calls.
- Found training of school personnel essential, but time consuming.
- Experienced that there is little uniformity between school systems on information that is being collected through the schools regarding health insurance.
- Pfizer Corporation has distributed bags to 6 schools with pharmaceutical information and information on children's health insurance.

- The State has attended report card nights and sees them as an opportunity to reach a receptive audience.
- Developed packets for the families of children enrolled in special education kids.
- Awarded a statewide outreach grant to the Connecticut Association of School-Based Health Centers. School-based health centers compiled data on the insurance status of children enrolled in their centers and sent targeted mailings or called parents of uninsured children.

Florida

- Florida is divided into twenty-six regions that conduct their own outreach projects. Regional outreach coordinators work with each school administrator and maintain contact through a health or nutrition worker at each school.
- A joint letter from the State level was sent to each school to introduce regional outreach coordinators.
- Utilized school newspapers and newsletters.
- Educated school health nurses and advertised on school marquees during open-enrollment periods.
- Employed a joint registration for pre-kindergarten programs (Head Start, day-care) with an orientation for parents.
- Developed a program for teen parents.
- Regional outreach workers canvas their regions routinely, and receive mailing labels from the schools through the school lunch program.
- Sent out health insurance information at the beginning of the school year with packets of general school information.
- Using after-school programs as an opportunity to inform families about program.
- The toughest group to reach has been adolescents and so they have begun a direct mailing campaign to the parents of middle and high school students.
- Targets for outreach include athletic coaches, physical exams for sports, new kids in school, pre-K, Head Start, and after school programs.
- Direct outreach to parents who check off a box on the school lunch application form.

Georgia

- Began outreach campaign one year ago with distribution of 1.4 million flyers. Made sure that each school district received flyers, but in retrospect would ask how the flyers would be distributed.
- In Athens, each family who applied for the school lunch program received a follow-up phone call.
- In the Macon area, each child was given a survey that asked whether the child was covered by health insurance and if the parent was interested in obtaining health insurance coverage. If they had no insurance and were interested in obtaining coverage, a direct mailing was sent out with and application and information about the program.

For those who had no insurance and had no interest in obtaining insurance, the State has conducted focus-groups to see why they are not concerned about insurance coverage for their children. These focus groups will be held during the second week in November 1999. One focus group will concentrate on the wants and needs of Hispanic families.

- Georgia also distributed $350,000 in a mini-grant program to twenty-five local groups that do outreach to adolescents, Asian families, and Hispanic families.

Idaho

- Outreach efforts began in early 1999. Most outreach to community level occurs through seven regional offices.
- Children are only staying on CHIP approximately six months. The State is analyzing the situation and believes that the situation has to do with older children "aging out" of the program.
- Most concentrated outreach has been through sending information home through schools.
- Idaho has not used the school lunch application as a vehicle for outreach.
- The State Central Office is working with school districts to focus on using school nurses and to work with interested schools.
- The Robert Wood Johnson grantee is piloting working with schools directly in two areas.

Snapshot: U.S. Department of Agriculture Linking with School Lunch Programs

The U.S. Department of Agriculture's Food and Nutrition Service has been involved in school-based outreach through the school lunch program. They have distributed *Insure Kids Now!* posters, have notified State Child Nutrition Directors about CHIP, and have developed prototype free and reduced price meal applications, which specifically include CHIP and Medicaid. The USDA has contracted for numerous foreign language translations of the school lunch application, the parent letter and a form in which parents can request CHIP information or consent to disclosing their free and reduced price eligibility information for CHIP purposes. These forms are included under Appendix C.

State and local CHIP coordinators should contact their State or local food service director to coordinate activities, discuss modifications to the school lunch application, and to brainstorm other possible outreach efforts that can be easily accommodated through the school lunch program. A list of State Child Nutrition Directors begins on page 32.

Illinois

- Modified the standard application for the school lunch program to include a check off box for families to grant permission for school lunch program information to be used to determine KidCare eligibility.
- Outreach strategies included working with education districts, school nurses, principals, coaches, athletic directors and other school personnel.
- The State provided information to schools for special event booths and for PTA meetings to explain eligibility and to assist with applications.
- The Chicago Public Schools were very interested in getting their school kids enrolled. On report card pick up days, are once a semester and almost all parents are present at the schools.
    - Seized this as a perfect opportunity to distribute information and flyers about KidCare program.
    - Letters were sent to parents prior to the event to advise them to bring the necessary verification information to the school if they wanted to enroll on the spot. When parents picked up report cards, they could get information and/or enroll in KidCare.
    - There have been two report card pick up days in which KidCare volunteers were present and a third is planned for November 1999. Color coded applications were used to track those related to the effort. Approximately 2,100 applications have been receive through this mechanism, which resulted in 3,000 - 4,000 children enrolled because of the outreach effort.
    - For more information on the Chicago Public School, please visit http://www.hcfa.gov/init/outreach/tapscbfn.pdf.
- Under a demonstration project, presumptive eligibility was offered to 150 families enrolled in the free lunch program who were not enrolled in Medicaid. When these parents checked off the waiver box on the school lunch application, presumptive eligibility was given to their children for 2 months. The State noted that follow-up will be key if this activity is repeated in the future.
- KidCare has over 500 application agents, including hospitals, clinics, providers, day care centers, and community groups. These application agents provide technical assistance to families by explaining eligibility and by filling out applications. The agents receive $50 from the State of Illinois for each completed application. This is a real incentive to improve applications. The States is seriously considering making Chicago Public Schools an application agent for the State.
- Lessons learned from outreach:
    - It takes a couple of times for families to acts to apply - keep message simple
    - Citizenship issues are a major barrier
    - Income verification challenge are a barrier - large effort to reduce what is required for verification
    - The $50 assistance fee is a good incentive and has improved quality of applications
    - Target people in the schools who know what the health issues are.

Indiana

- On the State level, Indiana worked with the State Department of Education on school-based outreach. The State Superintendent of Schools sent a letter out to all superintendents letting them know about Hoosier Healthwise, giving them a local contact and detailing how they could support the outreach effort.
- The State has also made presentations to school nurses.
- The State opened 500 enrollment centers that are trained to help people apply for Hoosier Healthwise.
- Mailings were sent to Head Start centers and day care providers. In one site, the Head Start center requires that families fill out an application for Hoosier Healthwise before can qualify for Head Start.
- The State provides a check off box on the free/reduced school lunch application for families that would like information on Hoosier Healthwise. The local Division of Children and Families follow up with the families that check off the box. In some cases, schools are taking on this responsibility.
- Some of the State/local activities:
    - Targeting public and private schools through its outreach.
    - Providing posters and applications for schools doing mailings, registration packets, school newsletters, home visits by school nurses, junior high health classes
    - Local Divisions of Children and Families get school calendars of activities and provide information and materials at school events (kindergarten round ups, PTA nights, school fairs, and special enrollment sessions, etc.)
    - Counselors and school nurses refer families to enrollment centers
    - Targeting English as second language programs to reach Hispanics
    - Working with athletic directors and after-school programs for at-risk youth
- Through their efforts, the State has found that involving school principals is very important.
- The major barriers the State has faced deal with the release of information from the school lunch program and the federal law that prohibits automatic sharing of information between the lunch programs and CHIP/Medicaid. The State has also had some trouble convincing schools that sharing information and supporting the outreach effort is a part of their job.

Iowa

- Iowa organized a statewide conference on children's health that had over 400 representatives of local government and organizations. After discussion at the conference, school-based activities initiative has taken shape in Iowa.
- Prior to the conference and this school-based outreach initiative, the State was receiving about 104 applications each week, following the conference they have been receiving between 285 and 300 applications a week.

- The State has partnered with the Iowa Department of Education to forward the modified school lunch applications and to provide a list of ideas for reaching out to children about health insurance.
- The State workers have joined in PTA meetings, education association meetings, and school sponsored health fairs to discuss the program.
- The Iowa School Nurses Association met with high-level State officials to develop a position statement for communicating with families and following up. This has been especially important since school nurses are well positioned to identify students that may be eligible. Information has been shared at parent teacher conferences.
- Des Moines is working to develop a peer mentoring program by developing a cadre of youth in schools to discuss the importance of health insurance and its availability.
- Representatives from Iowa felt that working with the school districts and nurses association has been a good process, and is one of the best methods for community involvement.

Kansas

- Kansas' HealthWave program became available in January 1999. Early outreach efforts involved working with the school nurses and Head Start to let them know the program was coming.
- In August 1998, all schools were sent postcards that said HealthWave was coming soon. The number of postcards sent to a school depended on the number of children eligible for the free or reduced-price lunch program. School nurses were asked to follow-up with potentially eligible families.
- In January 1999, the State sent letters to all school counselors, school social workers and administrators about the availability of HealthWave.
- The State uses a contractor for outreach. Their contractor has made 4500 presentations to 82,500 people including school boards, staff training, parent-teacher conferences, coaches, school plays, open houses etc.
- The Kansas Association of School Boards was highly cooperative and put numerous articles in its newsletters.
- The State High School Activities Association put an article in its newsletter to coaches and athletic directors.
- The State is developing activities to target community colleges and vocational schools.

Kentucky

- Kentucky has a unique system that partners with the Department of Education and the Family Resource and Youth Services Centers (FRYSCs.) The purpose of the FRYSCs is to enhance students' ability to attend school. There are 681 centers total (424 rural, 98 urban, 79 suburban) which serve 957 schools. For an area to qualify for a FRYSC grant, at least 20% of children in the area must qualify for the school lunch program. The 957

schools that are served account for around 80% of eligible schools. Most of the outreach is done through the FRYSCs.

- Mailed a letter from the Department of Education, the Department of Health and the Department of Families and Children to each superintendent, principal, counselor and special education coordinators along with a flyer to be included with the back to school packets.
- Sent press releases to any and all organization that deals with children's issues (PTA, etc.) Kentucky also worked with school and community nutrition workers.
- Updating the software program (which will be free to the schools) for assistance with determining eligibility. From the data that is collected using this new software, a report will be provided to the department of health for direct mailings to the families.
- Granted $4 million to the Department of Health to divide among local health departments to get involved with the schools in the area.

Louisiana

- Louisiana has a school-based component of their Covering Kids Grant that is run through their Office of Public Health.
- The Department of Health and Hospitals and the Department of Education signed a joint statement on coordinated school health. They followed this with the followings activities:
    - Sent home one page descriptive flyer on LaCHIP with the school lunch application.
    - Surveyed all school principals to determine their interest in this effort and got a 67% interest rate.
    - Developed a packet of information about LaCHIP that could be used by school officials. The packet included informational materials, speaker materials as a PowerPoint presentation, and suggestions for ways to use the materials.
    - Spoke at the annual conference for State principals.
    - Designated their school-based health centers as official LaCHIP application centers and reimbursed school nurses $14 for each completed application.
    - Currently piloting a training program for adolescents to become peer outreach workers. The program will train ten teens about the importance of health insurance, the application process and general information about LaCHIP.
- As a result of school-based efforts, the request for applications increased by 1100% between May and August 1999.

Maine

- The State has developed a brochure that has been distributed through schools in the fall. This has been the primary outreach to this point.
- Conducted training for school lunch personnel.

Massachusetts (More Information on Page 5)

- Working through trusted intermediaries (teachers, day care workers) and community stakeholders (political leaders). They looked at schools because "it's a natural".
- Distributed a one page, bilingual informational flyer that goes to every K-12 child in every school.
- Understanding that identifying who lacks insurance is tricky, the State has been working through school nurses as the first responder.
- Boston Public Schools have been very active in school-based outreach. Support from the Boston Mayor for school based outreach and enrollment has been essential. Boston Public School outreach activities include:
    - Sending flyers home with all kids. Developing flyers in multiple languages (English, Spanish and other languages)
    - Sending letters to all principals signed by superintendent.
    - Attending open houses at schools with informational tables with sign-up on site.
    - Developing a hotline that has been essential not only for parents but also for staff in schools who had questions.
    - Trained parochial school nurses and staff at school-based health centers.
    - Assigned health commission staff to the three Parent Information Centers throughout Boston. An estimated 25,000 parents pass through these centers each year to enroll their children in school.
        - ☑ Every new parent who came to the centers was asked to stop at the "health table" where they were asked about insurance status of everyone in the family.
        - ☑ Application assistance was available on the spot. Through this effort the Boston Public Health Commission identified many more children than they were initially planning for. They found that 15% of the parents had uninsured children and 50% of those sat with the worker and filled out the application. This system helped families to get enrolled, get cards and link with primary care sites.
    - Worked with school nurses through Boston public schools. Adapted the school clinic registration form to include a check off to release information such that the Commission may contact families. School nurses are collecting medical forms from each family.
    - Attached materials to the report cards so that they can be sure that parents see it.
    - Lessons learned from Boston Public Schools:
        - ☑ Train staff or people who have day to day contact with families.
        - ☑ Create opportunities at leadership positions to bring education and health together.
        - ☑ Remember issues of cultural competency - how we approach families, materials that are developed, know populations with high rates of uninsured children, and know how to communicate with them.

Michigan

- The State has a three-tiered outreach approach that includes state level, state and regional level, and local level strategies.
- Michigan is targeting all schools: public, non-public, and charter schools.
- Awareness is raised through participation in sporting events, health fairs, church participation and various other events.
- Schools are asked to send information to explain MIChild to all families.
- Encouraged coaches and athletic staff to be aware of MIChild so that no child is excluded from athletics because of the lack of health insurance.
- PTA presidents were sent a letter and asked to participate in a fall campaign. This PTA involvement included disseminating MIChild information and working with parents to complete applications.
- Applications have been distributed directly through schools. In September 1999, there was increased outreach through schools and media.
- Contracted with a public research firm to conduct a telephone survey of 700 people (350 who applied 350 did not) the results indicated that schools play a key role in parent's information gathering.

Minnesota

- Minnesota expanded health insurance coverage to many pregnant women and children through their Section 1115 MinnesotaCare program.
- The State has provided grants to 90 local groups to facilitate enrollment. The outreach grantees work with schools in the following ways:
    - Participate in parent teacher conferences.
    - Educate and present to school nurses and school administrators.
    - Provide giveaways for schools—such as sports cards that have the Vikings on them with information about MinnesotaCare.
    - Set up application assistance nights where they can assist families with applications.
    - Provide MinnesotaCare Fact Sheet in the free/reduced school lunch mailings.
    - Work with local public health agencies on initiatives related to sports physicals and immunization.
- School registration includes question about insurance status.

Mississippi

- Cards that contained information regarding Medicaid, Medicaid Expansion and CHIP were sent out in conjunction with the school lunch program.
- Sent posters to each school and developed a one page flyer about the program that has been translated into Spanish and Vietnamese.

- Key strategy is to advertise a “health benefits” program rather than an entitlement program.
- Working with parochial and independent schools as well as with the band of Mississippi Choctaw Indians. Because Catholic Charities had been very involved with the redesign of the application and in the training of application assistants, the link with parochial schools was not hard.
- Recognizing that there are quite a few children on scholarship (athletic and academic) to the independent schools, outreach was facilitated through the Mississippi Private School Association.
- The State is working closely with the new health coordinator at The Choctaw Nation.
- Added check off box on school lunch application.
- Letters about the program were sent to 1,000 school principals.

Missouri

- Missouri provides materials to schools and pays for any associated postage.
- The main conduit for reaching children is a network of eighteen Caring Community Partnerships around the State who reach about 75% of children in schools.
- School nurses in fifty St. Louis schools will share MC+ for Kids information when report cards are picked up by parents in November 1999.
- School nurses have been working with volunteer health liaisons in the schools to identify uninsured children and to distribute information to their families.
- Kansas City is trying to link up with the school lunch program. Rather than modifying the school lunch application, they have included a cover letter about the MC+ for Kids program.
- In Washington County, a rural area, the State has had workers attend parent teacher meetings and health fairs and meet with Head Start, family advocates, and school nurses.
- The State is working with the Department of Elementary and Secondary Education to send mailings to its over 500 school districts, including over 100,000 informational postcards.
- Information about the program has been published in the School Board Association newsletter and has been shared with the over 300 Catholic Schools, the day care association, childcare referral centers, and home-based day care programs.

Nebraska

- Nebraska’s outreach is conducted at the state and community level; at the community level it is coordinated through the public health nurses network.
- In late Spring 1998, an application was sent home through schools to approximately 330,000 students throughout the State. In May 1999, applications were sent to schools again to be included in fall packets that went home with students; approximately 350,000 were sent.

- A letter was sent to each school district superintendent and school principal explaining the program and how to order more posters, multi-language pamphlets and videos.
- Articles were provided that could easily be put in newsletters to teachers and others. A full-page ad was taken out in the Lincoln public schools publication which included an application.
- The State created two videos, one targeted to providers and one to families. The videos are played in clinic and hospital waiting rooms.
- In August 1998, a letter was sent to all school nurses saying that applications had been sent to the schools and to please follow up and advising them that other materials were available.
- Created a school nurse report card with half of it explaining Kids Connection and the other half for referral to a physician so that anytime a nurse needed to refer a child to a physician. Parents also received the report card and insurance information. The report card has been pilot tested in Lancaster schools, rural K-6, and York schools, K-12, and has received positive feedback from physicians working with public health nurses.
- The State worked with the Food and Nutrition program to include a cover letter with the school lunch application.
- Trained outreach workers have attended kindergarten screenings, school carnivals and open houses etc. to disseminate information and answer questions about Kids Connection.
- Information has been sent to all private and parochial schools. Since home schools must register with the Department of Education, the State used their mailing list to send information to home schooled children.

Nevada

- Partnerships with schools have been central to Nevada's outreach strategy. Approximately 35% of children enrolled are a result of school outreach.
- Mailed out 300,000+ information packets in English and Spanish to schools. As a result, Nevada Check-Up representatives were invited to present training for school staff.
- Conducted training and awareness programs for school nurses.
- Participated in health fairs in schools.
- Distributed posters to school nurses that have post-paid cards on them.
- Entered into an interagency agreement with the State Department of Education to include waivers on school lunch program applications. Received over 10,000 waivers in the first month. Currently receiving over 100 applications/day which is a 4% return rate on waivers.
- Theme promotions: target athletic departments and school pictures. A third party pays for school pictures for children who return a completed Nevada Check-Up application.
- Working with homeless child advocates.

New Hampshire

- New Hampshire currently has no uniform statewide school-based outreach effort.
- Robert Wood Johnson funded staff visited all school nurses in the State and are planning follow-up visits. They plan to revisit the nurses to make sure there is still an understanding.
- Postcards are mailed out three times a year that can be returned for information on the program. This has been the highest source of referrals.
- The state has also conducted training meetings, although they are not entirely pleased with the turnout.
- Materials have been developed in Vietnamese, French, and Spanish. The State recognizes that they also need materials in Bosnian and Russian.

Snapshot: Reaching Immigrant & Migrant Families
Lessons from Border Vision Fronterisa

The Dallas Regional Office felt that it was important to devote part of their conference call to a discussion of strategies to better reach children from immigrant or migrant families. Eva Moya, the Project Manager for Border Vision Fronterisa, was invited to share her experiences and suggestions from working with immigrant families. Border Vision Fronterisa is a HRSA funded project which supports lay community health worker, called promotoras, in the four States that share a border with Mexico.

Ms. Moya shared that 1 out of every 5 children in the U.S. comes from an immigrant family and that 4 out of 5 children along the U.S./Mexico border is uninsured. From her community experience, she made the following suggestions:

- Have bilingual eligibility workers who can work in the client's own setting.
- Know the community, including its beliefs and values when designing outreach programs.
- Be particularly aware of the reading level of the brochures and information.
- Educate families about managed care systems.
- Have information in many languages.
- Streamline and simplify the application process.
- Use Spanish-language media.
- Use the Immigration and Naturalization Service as a partner in disseminating the public charge message. For more information on public charge, please see Appendix D.

New Mexico

- New Mexico began their relationship with the schools six or seven years ago through the Medicaid program.
- Presumptive Eligibility (PE) and Medicaid On-Site Assistance workers are available at many schools.
- Currently 20% of the PE determinations are done in schools.
- The application for school lunch has an optional section where parents can request information about New Mexikids.

North Carolina

- North Carolina has focused their efforts on grassroots outreach. Each county has an outreach coalition and there has been a major emphasis on school based outreach from the beginning.
- Outstationed workers at PTA meetings help with enrollment.
- Enlisted the school support staff by sending out information to school nurses, counselors, and social workers, as well as to professional associations.
- Trained school-based health centers on CHIP program.
- Linking with the school lunch program has been very difficult for North Carolina.
- Because the program began after school started, they sent out a cover letter and flyer with the last report card of the year. The State reported that this was not an effective tactic.
- This year North Carolina developed a flyer in English and Spanish that was sent out with the first report card of the year. Their State hotline was flooded with calls.
- There are 50 school-based health centers in the State which are linked to large middle and high schools. These centers are not only qualified providers of service in the CHIP program but are also enrollment sites. Their focus is on the utilization of preventive services because they feel that tangible benefits lead to re-enrollment.
- A check-off box is included on school lunch applications used to screen applicants.
- A letter from Governor encouraged schools to participate in outreach efforts.
- The State has published articles in State employee and PTA newsletters.
- Currently targeting teachers who teach English as a second language to reach immigrant families.

North Dakota

- North Dakota's CHIP was approved in May of 1999.
- The State has mailed a letter to Principals and Superintendents of public, private, and tribal schools that included applications.
- As a follow-up they have sent out over 1000 applications to the schools.
- North Dakota has been working with the tribes and training tribal members to do enrollment.

Ohio

- Ohio's outreach is conducted on a county level. Over $30 million allocated to counties for media campaigns, mailings, and informational materials for specific counties. One of the smaller counties purchased books for 1st graders that included information about Healthy Start inside the front cover.
- A check-off box has been added to the school lunch application, by which families agree to have school lunch information used to determine Healthy Start eligibility.
- In Cincinnati, outreach workers were trained and stationed at school events to provide information and assist families in completing the applications.
- At the State level, several partnerships have been established:
    - Ohio Department of Health: provided time on agenda of school nurses conferences.
    - Pilot School-Based Health Centers: met with school nurses and practitioner to discuss how to get information to the families that need health insurance.
    - Ohio Department of Education: sent letters superintendents, principals, and athletic directors encouraging involvement in the program.
    - Target licensed childcare centers and early childhood development centers.
    - Commission on Minority Health: used minority health month events to target health insurance outreach in schools.
- Outreach linked with Graduation Reality and Dual Role Skills (GRADS) Program, which keeps pregnant teens in schools by providing classroom instruction to students throughout their pregnancy.
- Working with PTA/PTO organizations at the State and local levels.
- Developed two videos for a Heads Up education network which is network hooked up to 1,500 public schools, head start agencies, and day car centers to help with profession development for teachers and providers.
- Providing promotional materials (bags, magnets, and pencils) through after school-programs, holiday program and school picnics.
- Integrating message with vocational schools and adult education programs.
- Working with Early Childhood Education and Special Education Areas.
- A Children's Outreach Advisory Group has been formed to provide a forum for ongoing discussions of opportunities, resources, share outreach stories on a State/local/national level. Participants in the group include: Children's Defense Fund, Children's Hospital Association, Head Start, local advocacy groups and the State Department of Education.

Oklahoma

- Oklahoma's outreach efforts are locally driven. Forty-seven county level outreach workers each developed their own strategy for outreach and enrollment in their communities.
- Partnerships with schools are at the local level.
- Hosted a Statewide outreach summit where the outreach workers and community based organization worked to coordinate their efforts. The State Superintendent was the luncheon speaker at this event.
- Working with the State Department of Education to modify school lunch application.
- Found that sending information home with children from school was ineffective, due to the large number of materials students were bringing home.
- Found that the outreach workers were helpful in engaging parents and school employees and responding to their questions.
- Conducted a survey asking how people had heard about SoonerCare. Only 1.1% of respondents heard about SoonerCare through schools. Approximately 0.5% reported that they wanted to hear about the program through schools. The people surveyed preferred hearing about it from family and friends.

Rhode Island

- Rhode Island has conducted a statewide effort to all schools and libraries and collaborates with 32 community-based agencies.
- The Department of Education approached the Department of Health to adapt the school lunch application to facilitate enrollment. Modified applications went to families in September 1999. Outreach workers then contacted school principals and arranged times that the worker would be on site at the school available to both parents and staff. So far in 10 schools they have enrolled 300 kids.
- Working to reach families during kindergarten registration.
- Partnered with school nurses and developed packet for them and a list of all outreach staff.
- Through targeted mailings, the State found that reaching middle school and teen-agers is harder than reaching younger children.
- The State has seen a 20% increase in enrollment since the mail-in application was developed.
- Working with Robert Wood Johnson Covering Kids partners. Through this partnership they sent a letter from the Commissioner of Education to school principals regarding school based outreach. One of the Covering Kids projects will be school based.
- Developed a new colorful tri-fold school brochure with a "bounce-back" card (attached postcard). They have also started a radio campaign, using radio spots developed by HCFA.
- Wrote health insurance articles for the Healthy Schools, Healthy Kids Chronicle and a parents paper that is distributed for free all over the state.

South Carolina

- South Carolina's program has been around since 1997, so this is their third year of outreach in the schools.
- The first year, they sent out letters and applications to the superintendents of each school district.
- The second year they sent letters directly to the principals. Schools were expecting information so this strategy worked better than mailing to superintendents.
- Working with the athletic director's association to better reach adolescents, using the message "children in sports need health insurance."
- School lunches are handled separately by each district. Most use the check-off boxes to share information with the State Medicaid Agency.
- In one county, a local hospital developed an incentive program for students. Children received $5 if they turned in a completed application or proof of insurance. The class with the best participation received a pizza party.
- Some teachers average in a grade of "A" if a student returns a completed application.

South Dakota

- South Dakota shared information regarding CHIP eligibility with the schools and with the school lunch program at the start of the year, providing county contact information.
- Local eligibility workers go to schools in their own areas and have contacted their school nurses.
- The State included an article in the school nurses' newsletter.

Tennessee

- Developed and promoted a tear-off school lunch waiver of confidentiality that eliminates the need for photocopying or for attaching a second form.
- School lunch waiver is available on their web site so any school district can use for the school lunch application. (This section of their web site is not available to the general public.)
- Recognizes that follow-up is key to school outreach initiatives.

Texas

- Texas has mailed materials to 1,200 school districts. Letters were sent to all school superintendents and school-based health centers.
- Sent flyers home with the applications for school lunch.
- Eligibility workers were present at the back-to-school fair in Dallas. Hope for Kids has mailed flyers to school principals.
- Awarded $700,000 through the Regional Departments of Health to community-based organizations and hope that schools will be involved in this effort.
- Working jointly with the Texas Education Association to brainstorm future joint activities, identify best practices, and draft a work plan to promote CHIP in schools.

Washington

- Washington estimates that 80-90% of eligible children are enrolled in CHIP or Medicaid.
- Offers mail-in and phone-in application options. Phone-in applications are mailed to families for signature. Found that phone-in applications have a return rate of about 95%, because most people who call in have urgent need.
- Actively using TANF/AFDC de-linking funds for outreach.
- Coordinates with school lunch program.
- Make presentations to school nurses and staff.
- Utilizes school nurses and school-based health centers for outreach. Reimburses school-based outreach in school health centers through Medicaid administrative claiming.
- Coordinates with the State Office of Migrant Health, Head Start and E Cap.
- The State makes presentations to PTAs, other parent meetings, and health fairs.
- School districts decide how much or how little they want to participate in application assistance for which they are reimbursed 50% of their cost.
- Encourages school districts to share health insurance information at different times such as during immunizations, sports physicals, and health care physicals.
- Encourages teachers, counselors, and nurses to look to find children in bulk or one-on-one.
- Participates in health fairs and involvement at parent conference week.
- Engaged in a Medicaid Client Outreach Project that gives grants to health departments, Tribal governments, and county governments for outreach.
- Children's Alliance is a two year-old, cross-agency workgroup coordinated by the Children's Defense Fund that has worked with linking to the school lunch application.
- Schools have the option of using a multi-use application for Medicaid, job training partnership, and low-income transportation services.
- Found that many children who are eligible for school lunch are eligible for regular Medicaid.

Wisconsin

- Wisconsin's BadgerCare outreach funds go to the local public health agencies.
- Outreach workers take laptops to outstationing sites to take full applications on site.
- The State is in the early stages of involving schools in the outreach process. The State has a workgroup made up of State and county staff to brainstorm about how to use schools more and make outreach result in enrollment into BadgerCare.
- Milwaukee County has included a BadgerCare tear-off section on a mailing to 47,000 families through school lunch. The county received 4,000 requests for more information.
- The State sent a letter out to school systems on BadgerCare to help schools get hooked up to social service system.
- Twenty percent of the calls coming into the information hotline got information from schools. The State is finding that the more they work with schools the outreach is becoming more and more effective.
- The Division of Public Health has been allocated $1 million to coordinate outreach between schools and local public health departments.
- The State is using school-specific information regarding how many children are potentially eligible for BadgerCare to encourage schools to get involved with the outreach effort.

Wyoming

- The Wyoming Department of Education was charged with doing an education study for the legislature that related to health insurance.
- Revised the school lunch application to include the check-off waiver statement in June 1999.
- Reproduced the school lunch application on 11x17 paper with the free and reduced price application on one side and the confidentiality waiver on the other side.
- Several hundred referrals have come from this school lunch application effort.
- During training for school nurses, Wyoming found that school nurses are enthusiastic about promoting health insurance.

Part 4: For More Information

This section contains federal and State contacts who can help as you forge new partnerships between health and education at the State and community level.

- ☑ **HCFA Regional Contacts** can connect you with the presenters for their respective conference calls and can link you with the outreach staff in your State's CHIP or Medicaid agency.
- ☑ **HRSA Regional Contacts** can connect you with your State's Migrant Health Program, Maternal and Child Health Programs, and community health centers.
- ☑ **Child Nutrition Program State Directors** can help you form partnerships with school lunch programs.

A wealth of information about school-based outreach is available through the Internet. Here are some helpful websites:

www.insurekidsnow.gov - This website features a section on school-based outreach. Information regarding the National Summit, regional conference calls, and regional meetings will be shared via this website. You'll also find an area for communities, schools and States to share their school-based outreach experiences.

Other helpful websites include:

☑ U.S. Department of Education	www.ed.gov/chip
☑ U.S. Department of Agriculture	www.fns.usda.gov/cnd/
☑ Health Resources and Services Adminstration	www.hrsa.dhhs.gov/childhealth/
☑ Health Care Financing Administration	www.hcfa.gov/init/children.htm

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