



## Building Collaborative Communities: Engaging Local Municipalities in Outreach and Enrollment Efforts

---

### Connecting Kids to Coverage National Campaign

#### Webinar Transcript June 20, 2017

**Gabby Duran:** Welcome everyone to the Connecting Kids to Coverage National Campaign Webinar. Our topic today is Building Collaborative Communities: Engaging Local Municipalities in Medicaid and CHIP Outreach and Enrollment Efforts. I'm Gabby Duran, 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 health care coverage. City leaders play an integral part in improving the health and well-being of children and families in their communities. Many municipalities are finding that collaborations with local outreach organizations are getting more eligible children enrolled in Medicaid and CHIP and access to vital health care benefits. These efforts have also led to successful ongoing partnerships and improved health outcomes for communities. The Connecting Kids to Coverage National Campaign, working alongside with partner National League of Cities, has created new resources to highlight the benefits of working with cities and providing engagement tips. These resources amplify the success of NLC's Cities Expanding Health Access for Children and Families initiative, which provided cities and local organizations with assistance in developing outreach campaigns to increase health insurance coverage for children and families in eight communities. Our webinar today will provide tips and strategies to develop successful partnerships with your local government and organizations to connect eligible children and families to Medicaid and CHIP health coverage. With that being said, Jessica Beauchemin from the Centers of Medicare and Medicaid Services will begin by sharing our agenda. Jessica?

**Jessica Beauchemin:** Thank you Gabby, and thank you all for joining us on this webinar today. We know that this topic is of interest to many, and we've seen that reflected in our registration numbers. Today our speakers will cover various strategies and tips your organization can use to identify and engage city partners in enrolling eligible children and families in Medicaid and CHIP coverage. Our speakers will also share their experiences and best practices to make health care enrollment a community-wide effort. We will



first hear from Dawn Schluckebier, Principle Associate at the National League of Cities, who will share information about the organization's grant program and a new resource which was a result of the grant program. Next, Kathryn Rehner, Project Director at the Mississippi Health Access Collaborative, will describe a city and university partnership in Hattiesburg and resulting successes connecting eligible children and families to health care coverage. Then, Eva Elmer, Campaign Manager with the Coastal Campaign for Healthy Kids Chatham County Safety Net Planning Council will walk us through their successful partnership with community groups and leaders in Savannah, Georgia. And I just wanted to note that Kathryn and Eva's organizations were National League of Cities grantees, and Eva's organization is continuing its work as a Connecting Kids to Coverage Grantee. We will then learn about Connecting Kids to Coverage National Campaign resources to strengthen your outreach efforts, including new materials that highlight working with cities, and we will also debut our latest television and radio public service announcements. Questions will be addressed at the end of the webinar, so please be sure to use the chat box throughout the webinar to submit your questions to our speakers. Thank you again for joining us today, and I'm going to turn the webinar back over to Gabby to get us started with a few poll questions. Gabby?

**Gabby Duran:** Thanks, Jessica. Before we begin, we'd like to know a little bit about you and your organization. So let's please answer our first poll question. Are you currently working with your city or local government to enroll kids and teens in Medicaid and CHIP? You can please select one of the answers, and then we can find out more about our audience today. Great, let's get some of those results. It looks like, this is wonderful results. About 60% of you all have worked with your city or local government, and about 34% said no. 6% are in the planning stages. So that's really helpful to know. For our next poll, we'd like to know, what city institutions has your organization partnered with for outreach and enrollment? And please select all that apply here. It looks like the majority have been working with community-based organizations, followed by city agencies, colleges and universities, and then a smaller amount with local elected officials. And some of you are working to really get engaged with your city institutions. So thank you for the responses, and we're looking forward to hearing more about your work with these groups as our speakers share their experiences. Our next poll question is, how are you currently working with your city or local government to enroll kids and teens in Medicaid and CHIP? You can also select all that apply here. Let's see how you're working with your city and



local governments. It looks like a number of you are partnering with other city initiatives as well as co-sponsoring local events. And then about a quarter of you all are setting up tables and posting on government websites or social media pages. About 50% of you said other, and again we'd really like to know what those other activities and events look like, so if you would please share those in the comment section that would be really helpful for us to figure out what other kind of initiatives you are implementing in your local communities. Great. Well, thank you so much for all that information today. With that, I'm going to introduce our first speaker. Our first speaker today is Dawn Schluckebier. Dawn is a Principle Associate for Economic Opportunity and Financial Empowerment at the National League of Cities. Dawn?

**Dawn Schluckebier:** Thank you so much Gabby. Good afternoon everyone. I am very excited to be here with you this afternoon to share with you all the project that we at the National League of Cities worked on with cities to engage local municipalities in outreach and enrollment. So just for a little context, next slide please. The National League of Cities is a membership organization that serves as a resource to and advocate for the over 19,000 cities, villages and towns across the country. Working in partnership with the state municipal leagues, the National League of Cities is dedicated to helping city leaders build better communities. Our mission is to strengthen and promote cities as centers of opportunity, of leadership, and governance. A special entity within the National League of Cities is the Institute for Youth, Education and Family, which was founded in 2000 under the leadership of late Boston mayor Thomas Menino to champion the needs of children and families and to create environments that help all people achieve their full potential. The Institute works within five topic areas, which you see there: education and expanded learning, youth and young connections, economic opportunity and financial empowerment, health and community wellness, and also early childhood success. And as Gabby mentioned, I am part of the Economic Opportunity and Financial Empowerment team, and we work on a number of different projects ranging from financial empowerment and inclusion efforts to access to benefits. One of our access to benefits projects, next slide please, was the Cities Extending Health Access for Children and Families. We knew that city leaders had a vested interest in seeing their residents covered, that cities benefit from insured residents who can access a primary care physician rather than utilizing emergency rooms for non-emergent care, and that health insurance can help protect families from unexpected medical costs. It can cut down on absences from school and work, and lead to physically and financially healthier residents. We



developed this initiative to work with cities to build and implement city-led outreach and enrollment campaigns to connect their eligible but not enrolled kids and families into Medicaid and CHIP. Funded by the Atlantic Philanthropies, this was a three year, three phase project that began in 2013. We started out hosting two leadership academies where we brought 23 cities together to learn about Medicaid and CHIP and to identify roles city leaders and city agencies could play in this campaign. From there, we awarded twelve of those cities Planning Grants to develop business plans for these campaigns. Based on those business plans, we selected eight city campaigns to fund through implementation grants. On the next slide you'll see the eight city campaigns that we worked with over the project. So we have Cover Jacksonville from Jacksonville, Florida; the Healthy Kids, Happy Families campaign out of Garden City, Michigan; The E3 Health Initiative out of Hattiesburg, Mississippi; Healthy Children and a Healthy Environment from Dallas; the Health Access Kids New Bedford campaign; Healthy Together from Pittsburg, Pennsylvania; the Healthy Providence Project from Providence, Rhode Island; and then Savannah's Campaign for Healthy Kids from Savannah, Georgia. Next slide please. So we learned a lot from the work of the cities over the course of the project. There were challenges and hurdles to navigate with partnership development and data collection to getting started. But overall, we learned that there is a role for cities to play in outreach and enrollment. So I'm going to walk through a few of our key findings from the project here today. The first is that cities can move the needle on health coverage. Secondly, there are multiple roles that cities can play to support outreach and enrollment, and I'll share a few of those here. And then lastly, there are a number of municipal assets to leverage for an outreach and enrollment effort, and I'll share a few of those as well. First, cities can move the needle on coverage. This project was evaluated by Mathematica Policy Research, and their report can be found on their website. We had cities submit data over the course of the implementation phase. It took a little time to get the campaigns up and running, so data collection began in August 2014 and extended through July of 2016, which is past the original project end date, but many of the cities were able to extend their campaigns into 2016 as well. So over this period, from August 2014 to July 2016, cities completed over 23,000 applications and nearly 20,000 enrollments and 5,300 renewals. So not all of the cities were able to collect and submit data for the evaluations, so these numbers are actually on the low end. This is just what was able to be captured by the evaluation. Next slide please. So the second key finding to highlight is that there are multiple roles for cities to play in outreach and enrollment. City leaders can be the



messengers and champions of health insurance campaigns, or to promote the importance of health coverage broadly. So we saw a number of city leaders playing this role, and here are just a couple of examples. Starting on the left is former Dallas City Councilman Jerry Allen speaking to the importance of health care at a city press conference. Garden City, Michigan mayor Randy Walker recorded a public service announcement that aired on their city's public access channel about the importance of coverage and the availability of enrollment assistance. In Savannah, the city's then mayor Edna Jackson was the face of the campaign, adding that city stamp to the effort. Then in Pittsburgh, city councilmembers helped to spread the word about insurance and the enrollment campaign through their weekly newsletters to constituents. Next slide. Another role that cities can play to support outreach and enrollment efforts is that of convener. In many instances, there are multiple organizations working within cities on outreach and enrollment efforts, but they aren't necessarily working together. So we saw that with the city taking the lead, they could bring these different partners together around the same people. They could provide leadership and infrastructure to coordinate their efforts. In New Bedford, the campaign was led by the city's health department. They thought about who in the community had the access, the trust and the ability to have an impact on this campaign, and they brought together the public school department nurses and the city's community health center for a successful effort to reach and enroll kids and families across the city. We also saw the city in Pittsburg unite a number of partners. There was an enrollment assistance provider in the community, the Community Health Coalition. They had an Enroll America staff in the city. And a local advocacy partner, Allies for Children. All of whom were working in the same space but not previously working on enrollment together. So through their effort, the city convened all the partners, bringing them all together with a common shared purpose and goal. The next slide, cities can also play the role of enrollment assistance provider. Some project cities developed referral processes to connect the eligible but not enrolled families they identified to local enrollment assistance providers. Others took on enrollment assistance themselves, with the city staff getting trained to provide assistance and city buildings becoming locations where residents can go to receive assistance. In Garden City, they turned their city's Community Resources Department into an enrollment site, adding enrollment assistance to the list of resources they provide to residents with city staff providing the assistance. In Hattiesburg, city staff and partners went into the community at various locations to provide enrollment assistance opportunities, meeting folks



where they already were. So they went into WIC distribution centers, food pantries, and libraries. The next slide, the last of the key findings I will share today is that there are multiple municipal assets that cities can leverage for outreach and enrollment efforts. We talk a lot at the National League of Cities about the bully pulpit of city leaders. I mentioned earlier that they can be those great messengers and champions to help support campaigns. They can leverage their platform to share these messages across cities. So this slide shows examples of how the team in Pittsburg utilized their mayor's bully pulpit to promote their campaign, Healthy Together. Mayor Peduto recorded a public service announcement that was aired at the preview to their free summer movies in the park. He spoke at various campaign events, and he used the social media platform to participate in and to promote a Tweet Chat to talk about coverage. Next slide please. City leaders aren't the only asset to leverage. There are many city departments that can also help support outreach efforts. So these are a few of the examples from the project cities to share. Savannah tapped their city's Public Information Office to help report public service announcements and develop marketing materials, services that they can provide either in kind or possibly at low cost. The cities really thought about where they were already coming into contact with kids and families and what opportunities they had to add outreach about health coverage or even to provide enrollment assistance. Many of the cities worked with their Parks and Recreation department to reach families at their summer meal sites. Jacksonville used their summer camp enrollment forms as an opportunity to ask parents about coverage for their kids. The city of Providence engaged their city's Workforce Development Office to share outreach messages with youth that were registering for their summer employment. And then police departments are another possible messenger to leverage. In Garden City, the campaign created car magnets that they put on city vehicles, including police cars, to help spread awareness. Pittsburg and Dallas also used their police departments to distribute campaign cards and also to speak directly to the community about the importance of coverage. These are just a few examples. We really encourage you all to think creatively about where and how your cities are engaging families already and how you can add outreach and enrollment to these opportunities. Next slide. As I mentioned, we learned a lot from the work of these eight cities. I can highlight a few best practices from their experiences here today. The first is to leverage those municipal assets that I just mentioned. There are a number of opportunities within city agencies to explore. Cities are coming into contact with families in so many different ways throughout the calendar year, and it can be a really



easy way to tap into events, outreach, or communication that is already planned. The city of Savannah also engaged their juvenile court officers to ask youth and their families that they encountered about health coverage. They were able to establish a referral system to provide enrollment assistance to those in need of coverage, which was a resource that court officers were immensely grateful for, to be able to provide that opportunity to their families. Don't leave any stone unturned, explore any connection your city agencies have with families who might be eligible but not covered. Another practice to share is when beginning an initiative like this, whether city-led or otherwise. Project cities used data, things like census data and school free and reduced price meals data, to identify the eligible but not enrolled families in their community and to target their efforts. They also performed community assessments, so they hosted focus groups and they conducted interviews of community members to get a sense of what the barriers to enrollment were, what resources were available, identify where there were gaps, and where the campaign efforts could fill those gaps and meet those needs. In addition to assessing a community, cities convened stakeholders, organizations that were conducting outreach and enrollment efforts for potential partners to get their buy in and establish relationships that could help support their efforts. And the last best practice that I'll share is that there is a body of effective practices and lessons learned out there to draw on. We use the Connecting Kids to Coverage Campaign as a resource to learn from the experts about tested messages as the cities develop their outreach materials and really try to have the biggest impact. Also, similar to convening stakeholders at the outset, engage community partners to help support outreach and enrollment efforts. None of this work happens in a vacuum. Communities are full of organizations and people like yourselves working to provide resources and to strengthen their community. So engaging multiple partners in this work, as many as possible, can really help to make that effort easier. It can help keep you from having to recreate wheels and draw on the strengths of all the different partners. And then lastly today, I wanted to share that we've developed a Municipal Action Guide that we've just released that highlights all of these things I've just shared and more. We highlight some of the creative strategies in project cities and provide a little guidance on starting a city-led outreach and enrollment initiative. You can find it on our website as well as a couple of additional resources from the project. We worked with the Connecting Kids to Coverage Campaign to produce a few outreach materials, and we're really excited to be able to share those as well as this resource with you all today. I appreciate very much the opportunity to do so. The next slide has my



contact information. I'm happy to answer questions today and any time in the future as well. Thank you all very much.

**Gabby Duran:** And thank you Dawn for sharing the great work done and supported by the National League of Cities, especially best practices when it comes to engaging city partners in outreach and enrollment efforts. And especially for highlighting the Municipal Action Guide. Our next speaker is Kathryn Rehner. Kathryn is the Project Director at the Mississippi Health Access Collaborative. Kathryn?

**Kathryn Rehner:** Hi, thanks Gabby. Just a little history on my connection to this project. I was Project Coordinator for the NLC grant Hattiesburg received. I'll be talking a lot today about what that process looked like and how we were able to build partnerships between the University of Southern Mississippi and the city. So we'll get started. Next slide. I'm sure everybody has certain opinions or stereotypes about Mississippi, many of which are probably true to a certain extent. But I want to go over what we know about Mississippi and why outreach and enrollment efforts are unique and so necessary in rural areas like Mississippi. Mississippi ranks poorly in nearly all health outcomes nationwide, we're 50th for the most challenged state in the country and still see high numbers of uninsured. Many, if not most, Mississippians live in extreme poverty with little to no access to support services, either because those services don't exist or because they don't have the means to access them. And we saw that same trend that we see across the state in Hattiesburg as well. In 2014, the city of Hattiesburg approached the University of Southern Mississippi School of Social Work to collaborate on a project to address health access in the Hattiesburg area. Through that partnership, which I'll elaborate more on in a minute, the city received the National League of Cities grant Cities Expanding Health Access for Children and Families. So through community based participatory research conducted by the School of Social Work endowment, there was an area in Hattiesburg occupied by around 19,000 people where 6,000 of those children and families were eligible but unenrolled in health coverage. Next slide. So to address this, with the help of NLC, we created the E3 Health Initiative, and E3 stands for Educate, Enroll, and Empower. The E3 Health Initiative was created through community input and statistical data to bring enrollment opportunities to the lived spaces where people spend their time. So instead of expecting families to go through the application on their own, we brought the application process to them at WIC centers, health department clinics, schools, food pantries. We made Medicaid/CHIP enrollment part of people's day to day lives. Next slide. So why is this work



unique in Hattiesburg? We attribute so much of our success in E3, our continued success, to health access grants, to the collaborative partnership between the city of Hattiesburg and the USM School of Social Work. We talk about this partnership as a town & gown partnership, town representing your city or local municipalities and gown representing the academic institution in that community. So historically, towns, cities, and academic institutions don't work very well together. They tend to operate in silos. Far too often, universities will come into communities, extract data for research and publication purposes, but never help to address issues or build social capital. So unlike most town & gown communities, the city of Hattiesburg and the School of Social Work have had a nearly twenty year relationship, from working with the juvenile justice system to delinquency prevention programs, they've done it well. So the difference about this project compared to other ones is that typically, the USM School of Social Work had owned and managed projects, and the city had supported as needed. With the NLC grant, the program was housed by the city. So how did we make this relationship work in the new environment? The first thing we did was create an equal playing field. So although there was a history in place between the two entities, it was important for us that we spend time creating an official process or system for maintaining a dual relationship that helped identify roles, expectations, and effectively share responsibilities. We did this by creating dually connected personnel. So my role as a Project Coordinator, and I was housed with the City of Hattiesburg, Dr. Laura Richards was the Research Coordinator and was housed in the USM School of Social Work. And our hierarchy was the same. We also created official contracts within the university to share responsibility equally. Next slide. What the city offered. As Dawn mentioned before, having champions is incredibly successful, and we saw that in Hattiesburg. Mayor DuPree as E3 champion meant that we could do a lot in a very short period of time. The media came out to any event we held because the mayor was going to be there. When building partnerships, I easily got meetings with new agencies just by saying I worked for the mayor. We also were immediately trusted in our community because of our credibility as City of Hattiesburg employees. Mayor DuPree also did an incredible job of pushing E3 into the community on a day to day basis, whether he was at a related event or not. He was constantly sharing about the work we were doing in the community. Having an elected official passionately believe in the work we were doing made all the difference in reaching as many people as we did in such a short period of time. Next slide. So what did USM offer? USM helped to connect more research driven program development and outreach into city government.



This wasn't the norm for the city or municipality. True to Hattiesburg, our city government has established departments that serve specific roles. Grants received by the city can add to the established departments, not create new ones, which was basically what we were doing with the E3 Health Initiative. Utilizing USM's experience and expertise in creating data-driven programs throughout Hattiesburg and the state of Mississippi helped the city quickly and effectively get a new program off the ground and out in the community. Next slide. Because we were able to successfully work together on this project, E3 was able to reduce the number of eligible but unenrolled adults and children by 12% in our target area, which encompassed three public schools, elementary school districts. The success of E3 has resulted in the School of Social Work receiving a Federal Navigator grant, which is my program in the City Health Access Collaborative, as well as the Connecting Kids to Coverage Grant, which is the Kids Health Access Collaborative. Next slide. So because of the work that was done through the E3 Health Initiative and the program and models that were developed for outreach and enrollment, we're now working in the 24 southernmost counties in the state to build sustainable access to health coverage for children and their families. Next slide. Lessons learned. I'm going to talk about all these from the university perspective, but they can be applied to either entity reaching out to the other. The first thing is to take a back seat. Sometimes you have to let the other entity own a project, even if you have more experience or knowledge. Taking the back seat means you play the supportive role to guide development without dictating the process. Even if the School of Social Work thought that one trajectory was the right trajectory, they let us figure it out and we got there eventually with their support, but we were able as the city to own that process. The next one is be prepared for challenges. There we go. Be prepared for challenges. We disagreed a lot. I disagreed with the mayor in week one, and probably for the remainder of the year and a half I was working there. And it was a struggle and a process, and we had to, we were both learning to overcommunicate about things and we were able to build a trust between each other and build that relationship that gave me the freedom to do what I needed to do to get the work done and vice versa. So for example, one of the challenges that we had to overcome initially was marketing. Marketing looks very different for E3 than it did for the city as a political system, what they were used to. Billboards and big media didn't work. Based on our research, we knew that word of mouth was the primary mode of communication between resources or services and our community members. So we weren't asking them to recall information or recognize a name like in a political campaign, but instead asking them to



take steps toward changing their health insurance status. So building one on one relationships with individuals through trusted agencies in Hattiesburg was our strongest marketing strategy. And that didn't necessarily make sense initially to the mayor's office. I had to bring in research and support from the community and say, this is what I think is going to make the biggest difference, and advocate for that strategy through data and constantly show progress until there was enough support for what we were doing and there was enough success in what we were doing to see that that method was working. So the next one is show commitment. Sometimes this looks like dropping everything to write talking points for the mayor quickly before he went out of town to a meeting or a conference and he wanted to talk about the work we were doing. I ended up putting things on hold for the mayor's office in some situations. For me as a program coordinator, it meant putting in a lot of extra hours on weekends and overtime until the job was done. It was important for me to show that I was committed to the city and committed to the project. And showing that commitment for the city and not only for E3, and owning my place as a city employee even though I was equally connected to USM. That meant going to city sponsored events outside of the work that we were doing. Do something for nothing. Relationship building is all about trust, and in our situation I think that there was some uncertainty on both sides about how the relationship would work and develop, especially since it was different than what had been done in the past. But the more we took the opportunity to work together, the more comfortable we got and the better we understood one another. And doing something for nothing often looked like a willingness to partner as well. Providing research in other areas on other projects, to help and answer questions in figuring out how to build relationships with city government.

**Gabby Duran:** Great. Thanks so much Kathryn for sharing your tips and resources about how to build those successful partnerships between academic institutions and municipalities. Our next speaker is Eva Elmer, we're trying to get her on the line...

**Eva Elmer:** Can you hear me?

**Gabby Duran:** Yes, you're all set Eva. Thank you.

Eva Elmer: Thank you. Hi everybody, good afternoon, and thank you so much for inviting me to talk about the Coastal Campaign for Healthy Kids, I'm really excited. I hope that I can share some good information about our experience working to get kids covered in Medicaid and CHIP and maybe spark some ideas. The goal in this presentation is really to just show an



overview of how our campaign developed from the first stage or phase of our initiative, the mayor's Campaign for Healthy Kids and Families to the Coastal Campaign for Healthy Kids by working specifically in this case in partnership and collaboratively with local city/county institutions, agencies, and departments. Community partnerships and lessons learned and best practices developed during the mayor's campaign really helped build the foundation for success that carries over and is now incorporated in our work and expansion into the five additional counties as a CMS Connecting Kids to Coverage grantee. You can go to the next slide. Just a little bit about ourselves. We are a non-profit organization. We're Chatham County Safety Net Planning Council, or Safety Net. We were created in 2004 as a non-profit, and we serve as a countywide planning group to improve access to health care and health coverage for the uninsured and underinsured, both adults and children. And as a community health care collaborative, our partners include the hospital systems, county and city governments, federally qualified health centers, community health clinics, and other partners that are Safety Net providers in our community. And just to give you a snapshot of Chatham County, there we are in red right on the coast with the beautiful city of Savannah as our largest city. We have a population of 289,000, and there is our demographic breakdown of white, African-American, and Hispanic. Children living in poverty is pretty high, 29.7%. We estimated that there were about 4,412 kids that were eligible but not enrolled in health coverage through Medicaid and CHIP. Next slide please. So this is the mayor's campaign, and this is how we started. It was born from the National League of Cities initiative Cities Expanding Health Access for Children and Families, and the grant was originally awarded to Step Up Savannah right at the top, and they were our administrators and leadership for the campaign. They are a non-profit organization that serves as the City of Savannah's Poverty Reduction Initiative, and already had a great relationship with NLC. So Step Up Savannah reached out to Safety Net to bring in health care expertise with this grant, and added Safety Net as a co-leader in this initiative. So with both the city and the county together, we felt we could reach into our respective community collaboratives and our connections with local government to really make a difference and make this work. You can see on the right hand side, Dawn did mention our former mayor Edna Jackson. She was a wonderful figurehead for the campaign and used her bully pulpit to support and highlight our efforts with the campaign. She was the one that would help with our public service announcements, and she would be there for media coverage when we were trying to get exposure on the cause of universal health coverage and for the campaign



and enrollment assistance partners. So this is how it looked when we started off, and you can go to the next slide please. Here are the campaign partners. And this was a group of eight partners that we had pulled together, and we decided to go out into the community and find those that were already doing this work already and to see if we can basically turn up the volume on doing outreach and enrollment, something they were already doing, or adding to the capacity because they were already reaching the target population that we wanted to reach. Memorial Hospital Medical Center Emergency Department, and Memorial is our public hospital. We partially funded an enrollment assister in the emergency department to enroll families, and it was co-funded by Memorial and by us by the grant to enroll families that were eligible for health coverage but not enrolled and were going to the emergency department. St. Joseph/Candler Health Systems has a wonderful community center in a community that is a low income community, African-American mostly community. And they had a wonderful team of public benefits folks that were already reaching out and had built trust within that community. And we just basically tried to get that department and that outreach digging deeper into the people that they already served. Step Up Savannah as I mentioned was a poverty reduction for the City of Savannah. And they had an enrollment assister that they supported in one of the Hispanic churches. That worked out very well, because in the end, Hispanic enrollment almost reached 50% of our total enrollment for the entire campaign, the mayor's campaign. Of course us, Chatham County Safety Net Planning Council, we had a Department of Community Health employee who was housed in the Health Department Monday through Friday. She offered enrollment onsite, and then little by little we ended up working into what we call mobile enrollment which I'll talk about a little bit later. But it ended up becoming the most, I should say the keystone of our next campaign. Medbank Foundation was a prescription assistance group that also offered public benefits assistance at the time, and EOA was working with Head Start. We were working trying to get all those kids covered in their program. Curtis V. Cooper is a federally qualified health center in Savannah, and they had some capacity with their enrollment assisters, but again the campaign came along and we were saying, let's go ahead and build capacity and try to make sure that every child that goes into the Curtis V. Cooper has access to enrollment services if they are unfunded. And lastly, the city of Savannah had a wonderful community center, Moses Jackson Advancement Center, and they again had an onsite enrollment assister who did it part time, but we were trying to support their efforts in reaching and digging deeper into the community they already



served. So all in all, we enrolled and renewed 7,120 children and teens in that 18 month period. Go to the next slide please. So this is the meat and potatoes of the collaboration with our municipal governments. Building a foundation. So we, with our campaign there are many, many moving parts as all of you all know. There are kids everywhere, and you are just trying to find out how you can reach them, how you can motivate parents to take that step and reach out for help and get those kids enrolled. So with the outreach planning that we were doing, we really tried to dig deep into the resources that we had through our city and our county governments. We created what we call a referral to enrollment system, creating a public awareness campaign and going basically knocking door to door and training up staff that worked in city and county and local school systems to let them know what was available, what we were offering, and how we can work with them. And with this embed in their own systems a way to get them to ask the question, does your child have health coverage? Is there a question on your registration form? Are you asking them a question when you're doing intakes at the juvenile court? Are you, when you're a nurse working in a school, are you asking, hey do you have health coverage, do you go to a doctor. How can I, when I'm reaching out and talking with parents, is there some way that I can screen them? Because all of these people in the community that work for city and county governments are really trusted messengers in the community, and we wanted to leverage their position as trusted messengers to reach parents. So first, with the city of Savannah, as Dawn had mentioned, we were very luck in that both the PIO offices and both the city and the county were so generous in providing support to create public service announcements. If you look at the bottom of the screen, there are some pictures, and there is a picture of a teen from the city of Savannah doing a wonderful service announcement with our local Boys and Girls Club. And the Boys and Girls Club, we had chosen three summer camps, and this is their summer camp, and we had asked them if the teenagers could write and star in their own public service announcement. And the City of Savannah came and filmed them. They had a wonderful message, and there is a link to it on our website, and we will share that if you're interested. The recreation department in the city of Savannah was important in that it raised awareness in a population that was doing sports and athletics. And there is nothing that terrifies me more than seeing some child playing football and not having health coverage or doing any kind of activity like cheerleading or basketball. So what we did was we reached out to the recreation department and we said hey, can we talk to your coaches when they are getting their registration packets? And they always cover, the city of Savannah always



does an introductory meeting with all of the coaches to talk about their rules and regulations. At that time, I was able to pass out things, papers, opt-in forms, and all this different information to the coaches and let them know. Because oftentimes, they'll see something that we don't, and they oftentimes have a relationship that is closer to the families. If they do notice that a child is hurt, they can also ask the question, does your child have health coverage. And if not, hey, we know somebody in the community that can help you. So the city of Savannah, along with the mayor and PIO and the Recreation Department also helped with getting coverage through their Facebook pages and also putting our links on their website and all of that good stuff. We also were able to send out information when they sent out their water bills. They had a little pamphlet that had space on it for a small message about the campaign and about enrollment services. Chatham County. Chatham County, we love Chatham County, and we're very, very thankful to them, because they really have leveraged a lot of, we have been able to leverage a lot from their agencies and departments to help with this campaign. Probably most important is our relationship with the Department of Family and Children's services. They are the ones who process all the applications. Very early on, they were our key partner, because they were the ones that were able to help us track all of those applications through their enrollment. So in our mind, what good is an application if you don't know if the child is actually enrolled and if there are any kind of glitches along the way, either through a parent not turning in a piece of paper or something on the other end that is bureaucratic snafus that are delaying that child getting enrolled. So we have developed, from the very beginning, a wonderful and close relationship with DFCS, and that has really served us well because now with the federal grant that relationship has gone from just Chatham County to the five additional counties we were able to expand to with the additional funding and with our relationship established by the Department of Family and Children's Services, we make sure that the effort we're doing is paying off. Next, the Live Oak Public Library System, everybody loves the library, and at the bottom right hand side you see the library there. We started off doing evening in the five to eight hour time so people can go after work, and the first five months we had nobody come. And then all of a sudden we enrolled 22 kids one night. So we're really excited about our relationship with the library. We were able to expand through that library system and to additional counties with Saturday morning and evening hours. Again, through the Department of Public Health, that is always a wonderful place to be because that's where the kids go for immunizations and health checks. The Department of Public Health is part of



our Coastal Health District and Chatham County, along with the five additional counties, are also part of that Coastal Health District. So being able to expand and use that as a key partner was a great asset. Juvenile court is one of our favorites, because those families are indeed the ones that need a lot of help, and theirs are the most complex issues. So we have those probation officers, we always say, just put us on speed dial, give us a call, and we will be there whenever you need us as far as getting children covered. Because a lot of times they have to have coverage because they have to go into some sort of counseling services. We continued that relationship, and now we've expanded it to the juvenile justice system and also to juvenile courts and juvenile justice in all six counties. And lastly, I can't stress enough, the importance of the Chatham County Public School System. That is where the children are, and everyone knows that that is the focus of our outreach. At this point now we've become so embedded in their nurses, social workers, counselors, Title One parent facilitators. We are there every single year at their initial meeting. We have developed close relationships with those key school personnel, because they're the ones who are sending us kids, and they send us a lot of kids throughout the school year. We have come to the point where they call us up for anything they need, this child doesn't have health coverage and we need to get ADHD medication filled for this child while we wait for Medicaid to kick in, what do we do? Or, I have a child with a disability, what can we do for that child? They're on regular Medicaid, how can we get them on disability Medicaid? That sort of thing. So we've become a trusted resource for them to give us a call at any time. So you can go to the next slide. And this is just a snapshot of where we've expanded to and the total population. The estimated number of children who qualify for Medicaid and CHIP is around 7,110. Chatham County does have the majority of those children, we feel, and going into the other counties we're actually going to be growing a lot over the next ten years so we expect that number to go up as we go forward. And the last slide please. Just applying best practices, lessons learned. We recognize that not all of our enrollment partners are the most productive or the ones that have the most sense of mission and urgency. And so we pared down our original eight to five in Chatham County, and then as we've expanded into the other counties we were able to really hone in on what works and what doesn't. And I'm going to go ahead and wrap it up now, because I know that we need to move onto the next item in the agenda. But I can always answer questions at any time, just give me a call or contact me with any questions. Thank you very much.



**Gabby Duran:** And thank you Eva for sharing how to build a foundation for an outreach and enrollment campaign and then expand that work with the help of your mayor and city agencies. We really appreciate all of the tips and helpful feedback. Great. So I know we're running a little bit long today, but we just wanted to introduce some new Connecting Kids to Coverage National Campaign resources this month. You and your network can use these tools to help reach families and get children enrolled in Medicaid and CHIP in your community. Unfortunately we can't play our first resource, our Hattiesburg Outreach Video, and we do have both a link in your handouts and I also have it in your chat box. So both of them are linked from their YouTube links here. And our latest Connecting Kids to Coverage Campaign video features a partnership between the city of Hattiesburg and the University of Southern Mississippi and their efforts to build sustainable access to health coverage for children and families in Hattiesburg and South Mississippi. You can view this video on the Connecting Kids to Coverage YouTube page by following the link in the slide or also in the webinar comments and the handout as well. So look forward to seeing that video. It's a great video, it shows the group's efforts with the city. Our next resource is Making Outreach Work: Five Things Cities Can Do. The campaign teamed up with the National League of Cities to create two new resources highlighting best practices and success stories from their Cities Expanding Health Access for Children and Families Initiative. This resource is available for download in the outreach library on InsureKidsNow.gov. The new campaign tv and radio public service announcements were released last week. The Covered PSAs speak directly to parents, highlighting that quality health coverage is available for kids through Medicaid and CHIP. These spots are available in both English and Spanish. We ask that you share these PSAs through your social channels, play them on your public access systems or in waiting rooms, or you can even use the radio PSA as your on hold telephone message. We have more ideas for sharing the PSAs in our Ten Tips for Putting Public Service Announcements to Work resource that you can check out on the outreach tool library. And the PSAs can be used between now and June 2019. Also, the link for this is also in your handouts and in the chat box. So we hope that you'll view the PSAs and that you'll share them with your network. Additionally, there are more resources including our back to school outreach resources for this important time here in the summer. We have our School-Based Outreach and Enrollment Toolkit. Additionally, we have the Ten Things Schools Can Do one pager. We have a Get Covered Get in the Game Strategy Guide for school sports and youth sports. And multimedia materials that you can use on your social and digital pages. We also have the Back to



School webinar which was in May, Connecting Kids to A+ Health Coverage for Back to School Season that you can reference for messaging and other outreach and enrollment tips. Additionally, you have other campaign materials that you can download, including posters, palm cards, videos, and tip sheets. You can view the webinars. And please subscribe to our Campaign Notes eNewsletter for more information about the campaign activities. We also have ready-made articles, radio scripts, digital media tools, and again the very new TV and radio PSAs. Here is another example of the social media graphics guides, and we have web buttons and banners available for your pages as well as sample posts for different times of the year. Our materials cover topics like back to school, oral health, vision, teens, sports, and year round enrollment. And these materials are also customizable, the process takes about two weeks. You can find additional resources on our outreach video library and webinar archive which has all of the webinars from the campaign. Please also keep in touch with the campaign. You can follow us @IKNGov and engage the campaign on social media. Please tag or share messages using #Enroll365, #KidsEnroll, #Medicaid, and #CHIP. We would love to see what you are doing in your community. Again, you can also sign up for the eNewsletters here and email us at [connectingkids@cms.hhs.gov](mailto:connectingkids@cms.hhs.gov) if you have any stories to share and other kinds of questions. I know we're running long today, so we're going to save the questions for the follow up to the webinar. But we do appreciate all of you being on the webinar today. And there are campaign resources available for download on the InsureKidsNow.gov website. A recording of the webinar will be available on the website in two weeks. If you've missed any past webinars, please check out the webinar archive on InsureKidsNow.gov. And thank you again, and we hope you have a wonderful day.