Child care Providers and Recipients of Child care Subsidies

> *"Health Coverage is now available to nearly all of the nation's six million low-income, uninsured children through Medicaid or a State Children's Health Insurance Program (SCHIP). About two million of these children are younger than age six and – since their parents are likely to be working – they are likely to receive care in an early childhood program…Staff of early childhood programs – such as Head Start, child care centers, family child care homes, preschools, after-school programs, child care resource and referral agencies and others – have an important role to play in assuring the health of children in their care.….Parents often rely on early childhood professionals whom they know and trust for advice and help in finding health care for their children."*[1]

Strategies

The **Guilford** Pilot took the lead on reaching parents of younger children while the **Cabarrus** and **Forsyth** Pilots contributed additional efforts. Guilford worked with county-sponsored child care nurses to targeted child care providers and through them the families they served. Guilford and Cabarrus each targeted recipients of child care subsidies. Forsyth assisted others who received a grant to do outreach to child care programs.

In Guilford, County Health Department child care nurses visit child care centers providing guidance on issues that promote the health of children: communicable disease, safety, immunizations and routine health care.[2] During these visits, the nurses met with child care providers, including staff and administrators, to explain Health Check/Health Choice. In centers likely to have a large number of eligible children, staff were given Parent Packs that included an application and promotional materials (see Materials and Messages section below.) A re-order form was provided in front of the last three Parent Packs left for the center. This proved to be an easy and convenient way for the center to re-order when their supply was depleted, and created a mechanism for tracking those centers with the most interest in the program.

Guilford also distributed specially developed Health Check/Health Choice flyers to child care centers in two separate distributions and one mailing during 2000. Initially, child care nurses took the flyers with them as they visited the centers, sometimes along with more intensive conversations described above, and sometimes just leaving them with key staff. Later, the flyers were mailed to child care subsidy recipients in the child care newsletter distributed by Guilford County Department of Social Services (DSS). Finally, when it was apparent that Health Choice might be frozen these flyers were sent to targeted centers, along with a letter to the center's administrator describing the likelihood of the freeze and urgency of enrolling children.

In Cabarrus, families who were receiving child care subsidies but not Health Check/Health Choice were identified by caseworkers in the child care unit at the DSS. These families were mailed a memo with the header "Your child may be eligible for health insurance." Accompanying the memo was the Health Check/Health Choice fact sheet, an income card, and an application.

The activities that the **Forsyth** Pilot undertook were not a planned pilot initiative, but resulted from a successful grant proposal that they endorsed in the summer of 1999. The one-year grant, which was awarded to the Work Family Resource Center, funded a Child Care Health Consultant to conduct outreach to the child care centers and to families through the Center's child care referral service in Winston-Salem. One of the functions of this person was to provide information and application assistance on Health Choice. When the funding was approved and the position filled (in spring 2000), the Child Care Health Consultant visited the

[1] Cohen Ross, D.C. & Booth, M. (2001). Enrolling children in health coverage before they start school: Activities for early childhood programs. Washington, DC: Center on Budget and Policy Priorities.
[2] Child care nurses work with approximately 500 child care centers in Guilford county.

child care centers, providing information and outreach materials. In addition to endorsing the initial grant proposal, Covering Kids staff further assisted this effort by training the outreach worker as an application extender to assist families completing the application for Health Choice and providing her with materials to give to child care centers.[3]

Materials and Messages

Guilford created a Parent Pack for child care nurses to distribute to child care providers and for them in turn to give to families**.** Parent Packs include the following items: a current application with local address stamped inside; instructions about how to complete the application and where to get assistance; a pre-addressed stamped envelope; a brochure which explains the program and includes a separate card with income levels; a bright refrigerator magnet; a sticker and a pencil. The stickers and magnets publicized contact numbers and emphasized the health of the local community: "Go Guilford! Get Healthy! Get NC Health Check/Health Choice for Children." The state-designed brochure emphasized the ease of the program (e.g. "Finding Free or Low Cost Health Insurance for Your Children Just got Easier"). The Parent Packs were assembled by vocational students at Gateway Education Center and adapted as needed.

The flyers used in Guilford, which were designed to catch the eye of parents with young children, were adapted from flyers developed by the Cumberland County Coalition for Health Choice/Health Check. The colorful youthful flyers, in English on one side and Spanish on the other, were printed in Health Check/Health Choice purple and green in order to maintain a consistent look and a strong connection with other State materials. They featured the Health Check/Health Choice logo, the heading "Sign Your Child Up For Free or Low Cost Health Insurance," and a series of questions relating to eligibility under the overall question, "Can You Answer YES to the following three questions?" Also included were a listing of benefits, local numbers (to get an application and help in filling it out over the phone), locations where applications were available, and statewide toll-free phone numbers. The flyer included the statement "Easy to Apply!" and a graphic of a young girl jumping rope that looked like it could have been drawn by a child.

Other than the memo to child care subsidy recipients, no other new materials were used in Cabarrus. In Forsyth, the child care outreach worker distributed applications and Health Check/Health Choice fact sheets.

Results

From December 1999 - June 2001, **Guilford** child care nurses distributed approximately 300 parent packs to families who expressed interest in the program. Most of the flyers (from an initial printing of 25,000 flyers) were distributed to child care centers in one manner or another. **Cabarrus** sent at least 600 memos and applications to child care subsidy recipients. According to Covering Kids staff, the outreach worker in **Forsyth** County visited approximately 280 child care centers. We don't know how many applications and enrollees resulted from these initiatives.

Lessons Learned

- Choose the best messenger. This initiative demonstrated the importance of utilizing a messenger who could act as an enthusiastic advocate for the program while delivering the message. In Guilford, for example, child care nurses work well. They are respected for their knowledge and commitment to children's well-being; and are personally acquainted with the staff at the centers they visit. They understand the critical role of health insurance in safeguarding children's health, and are able to identify both staff and children who might qualify for the program. In addition, they are able to stay in contact with the families to assist them through the application process. It is interesting to note that at last count

[3] The Work Family Resource Center addresses work and families issues. Services include child care referrals and technical assistance to child care providers.

about 78 counties had at least one qualified Child Care Health Consultant (most of whom are nurses). Most of these consultants are employed by county health departments; they are funded by Smart Start and other sources.[4]

- Partner with "natural allies". We believe these partnerships worked because the agencies/organizations were very committed to the effort; already actively engaged in helping families access services for children; and known to those being targeted.
- Capitalize on relationships, structures and systems that are already in place. By partnering with these agencies and organizations, we were able to take advantage of existing relationships with child care providers and families, and "piggyback" on existing processes, rather than duplicating efforts. The DSS already have contact with child care subsidy recipients, and child care nurses with child care providers and families.
- Useful tools/materials. Parent Packs allowed Guilford to provide a consistent, reliable way to deliver current information in a manner that is sensitive to the need for privacy while providing essential tools that enable the recipient to complete the application. We believe the flyers were effective in that they looked like they had young children as the target. Families commented that they conveyed a happy, positive image with essential information in an "easy to read" format. See Appendix F1 for a copy of the flyer used in Guilford's Parent Packs. The flyer was adapted from one produced by the Cumberland County Coalition for HealthChoice/Health Check.
- Tracking is needed**.** If this were repeated, we would encourage putting mechanisms in place to track outreach activities and outcomes (applications submitted and enrollments that result). Obviously, this is important in order to evaluate the cost effectiveness of such an approach, but it is equally important to provide child care nurses with feedback about the value of their efforts. When asked, "What is the one thing you would change about the program if it were to be done again?" two nurses replied that they would want to track the applications so that they could intensify their efforts at centers that had responded, and discern the changes that would increase effectiveness at centers with a smaller response.

Conclusions and Recommendations

We are fortunate that in our Pilot counties and throughout the state there are agencies and organizations that are actively working with child care providers and low-income families with young children. By collaborating with them, we believe that we have been successful at getting Health Check/Health Choice information into the hands of families with eligible children. Critical to success is the strong commitment that these entities have to insuring children; the direct relationships that exist between them and child care providers and families; and the systems that are in place for sharing information.

We believe that by partnering with such natural allies and piggybacking on systems that are already in place, counties could institutionalize and therefore sustain outreach to families with young children in the long run. And we recommend the straightforward and relatively low-tech, low-cost strategies that we've tried. To those who are interested, we recommend putting mechanisms in place for following up and following through with families who are interested in the program (see section on Simplification: Enrollment System/Process). We encourage others conducting outreach to track activities and outcomes. As we enter another period of budget cuts, we underscore the importance of making it as easy as possible and having realistic expectations of those involved.

With respect to child care subsidy recipients, we recommend exploring a front-end approach rather than waiting until after families have been approved. These approaches might include: obtaining supplemental information needed for Health Check/Health Choice when applying for child care subsidy; or developing a joint application for child care subsidy and Health Check/Health Choice. Some counties such as Cabarrus are already asking child care subsidy applicants whether they would also like to apply for Health Check/Health Choice.

[4] K. Dail (personal communication to C. Sexton, June 10, 2002).

Note: Data maintained in Buncombe County DSS show that it is worthwhile to approach families about Health Check/Health Choice as they apply for food stamps as well. In 2000, nearly 80 Health Check/Health Choice applications were identified as resulting from the caseworker asking families whose children weren't already covered whether they'd also like to apply for Health Check/Health Choice when they applied for food stamps. Not included in this number are the applications that were distributed by DSS staff at the front desk to food stamp applicants and recipients.

Through computer matching of food stamps and Health Check/Health Choice, counties have targeted mailings to families whose children are likely to be eligible and not enrolled. Some work is being done to develop and test a combined application for food stamps, Health Check/Health Choice and other programs.