Hispanic/Latino

Statistics show that the Hispanic/Latino community is growing at a dramatic rate in North Carolina[1] and that low-income Hispanic children are far more likely, at 36 percent, to be uninsured than children in other racial or ethnic groups.[2]

Strategies[3]

To reach families in the Hispanic/Latino community, **Forsyth** contracted with two community-based organizations (CBOs) that were well connected to and trusted by the Hispanic/Latino community, and already involved in linking families to services. At the time, like many other counties, Forsyth's Department of Social Services (DSS) lacked sufficient Spanish-speaking staff. The initiative called for organization staff to actively engage in outreach and serve as DSS "extenders," assisting families in completing applications, obtaining necessary documentation and following up when problems arose.[4] The organizations were to document their activities and receive compensation/an incentive of $25 per approved application. With the help of consultants and others with Hispanic/Latino backgrounds, the Pilot developed a CBO resource kit ("tool kit") of culturally appropriate materials in English and Spanish to assist the agencies in doing outreach and enrollment and in tracking their activities.

Materials and Messages

The tool kit created for this initiative included materials to assist the CBO in their outreach efforts: transparencies and a diskette of slides for presentations in English and Spanish; posters with a tear-off information piece and flyers in Spanish to promote the program; items to deal with specific concerns that inhibit enrollment of this populations (e.g. INS Public Charge "Quick Guide" and Questions/Answers, translation cards); DSS forms, letters and notices translated in Spanish to aid the application/enrollment process; and materials to help the agency track and report on their activities. Other items were adapted from other kits, e.g., a list of key contacts and of free and low-cost medical and dental clinics.

The kit also included packets for CBOs to give to families. These packets contained the following materials in Spanish: a folder with an application; a Health Choice Handbook; a Carolina ACCESS brochure; lists of doctors and dentists that accept Health Choice; and other key pieces. State/NCHSF materials were also included.

The CBO tool kit featured an introductory letter from H. Nolo Martinez, Director of the NC Governor's Office on Hispanic/Latino Affairs, highlighting the program's comprehensiveness and some common misconceptions within the Hispanic/Latino community. Such misconceptions are that the plan is for the unemployed; the application process is burdensome; children aren't eligible if parents aren't US citizens; and that receiving benefits could affect a parent's immigration status. Additionally, the letter encouraged agencies to become involved and to assist with outreach to Hispanic/Latino families. The kit featured the same cover art used in other initiatives, i.e., photographs of children from different racial/ethnic backgrounds and of different ages, and messages of ease, affordability, and freedom from worry. In addition, it contained a message in Spanish emphasizing concern for children, i.e., "porque nos preocupan los niños." A T-shirt in Spanish with the following messages was also included in the kit: "un seguro médico gratuito or de bajo costo"; (free or low-cost insurance); "para niños y jóvenes hasta los 19 años de edad" (for children and teens

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[1] Johnson, J.H., Johnson-Webb, K.D. & Farrell, W.C. (1999, Fall). A profile of Hispanic newcomers to North Carolina. Popular Government. Chapel Hill, NC: Institute of Government.

[2] Kaiser Commission on Medicaid and the Uninsured. (2000). Health coverage for low-income children: Key facts. Washington, DC: Henry J. Kaiser Family Foundation.

[3] In Cabarrus County, Covering Kids targeted families in the Hispanic/Latino community through the churches. See the Faith Initiative for a summary of the activities.

[4] Agency staff were expected to provide after-hours information sessions, arrange needed transportation for those interested in learning about the program, and meet with potential applicants in places where those who may be eligible are likely to congregate (churches, recreation centers, etc.).

up to age 19) and "no dejes para mañana lo que puedas hacer hoy…asegure a sus hijos ahora!" (Don't put off until tomorrow that which you can do today. Insure your children now!)

Results

In Forsyth, of the eight organizations that we invited, two chose to participate. During a six months trial period that applications from the efforts were tracked, no applications were traced to this initiative and no incentive payments were made to the agencies. (Note: Because of the freeze on Health Choice enrollment, our plans to refine and retry the project based on what we had learned from the initial go-around were dropped.)

During the relatively short implementation period (approximately six months), some positive outcomes resulted from the Pilot's focus on this population and the initiative. Forsyth County DSS and others involved in the initiative gained valuable insights into the needs of and ways to help Hispanic/Latino families access services, and established and strengthened relationships with leaders and agencies in this community. Since the project began, the Forsyth County DSS has added interpreters and bilingual staff to assist families with the application process and other matters. Through the initiative, culturally appropriate materials were developed that have subsequently been used by others in reaching this population. Staff and consultants involved in the project assisted the State/NCHSF in creating radio ads and designing print materials to Hispanics/Latinos in the state and are bringing their experiences to a statewide work group established to continue to try to reach, enroll, and better serve this population.

Lessons Learned

- Engaging community-based organizations. Initially, CBOs were reluctant to work with us on this initiative. It was after staff attended Hispanic Services Coalition meetings and built relationships that organizations participated.
- Appropriate materials. Creating materials was very time-consuming, e.g., getting agreement on the key pieces that should be developed and on the wording. Materials must be culturally sensitive and meaningful, not merely direct translations. Paying attention to correct punctuation and wording is critical so that the intended message is conveyed. In Forsyth, the initiative's start-up was postponed because of delays in producing the materials and finalizing administrative processes.
- Incentives were not effective. Due to other priorities, CBO staff and volunteers didn't seem to have sufficient time to help families complete applications and follow up with those who needed additional assistance. The fact that there was some compensation for doing so didn't seem to change that. It is unclear whether the financial compensation approach would have been more successful if the incentive payment had been higher – or less paperwork was involved for tracking and reporting. Or whether the organizations may have been more apt to provide application assistance and follow-through if, before the project began, they hadn't assumed a different role.
- Paperwork too burdensome. After the trial period was over, participating organizations indicated that the follow-up we requested was too time-consuming.
- Useful materials/tools. Refer to Appendix E1-5 for the letter of support from the Governor's Office on Hispanic/Latino Affairs and samples of the following: brochure and fact sheet produced by the State/NCHSF, a poster with a tear-off information piece (available from "Insure Kids Now" at their web site, www.insurekidsnow.gov), and an INS "quick guide".

Conclusions and Recommendations

Organizations were motivated and engaged in spreading the word and materials. But because of limited staff/resources and other priorities they seemed unable to provide the labor-intensive, personal assistance and follow through that seems to be required. The incentive portion of this project was not successful in getting organizations to take these final steps, and to track and report on their activities.

If repeated, we would once again work with community-based organizations that are trusted by those in the Hispanic/Latino community and can offer children's health insurance in conjunction with other services that may be useful to families. (To speed the introduction process, we would have someone with a Hispanic/Latino background who is known and respected by the CBOs make the initial contact.)

In general, we would scale back on our expectations of the CBOs so they could focus on outreach and referral. We would find an alternative way to provide Spanish-speaking application assistance and follow through. We are not sure the extent to which such assistance and follow through could be provided by phone (relatively efficient) and whether it should be by someone external to DSS (issue of trust).

We feel that if this approach is to be effective, the family should be referred by the CBO staff (known and reliable resource) to the application assister. The application assister should: have a Hispanic/Latino background/be fluent in Spanish; be available to families at times that are convenient to them; view this role as an essential part of his or her job; and be adequately compensated.

We'd complement the person-to-person outreach approach by airing on Hispanic/Latino stations radio ads such as those created specifically for this population by NCHSF and GMMB (the communications firm that has been collaborating with Covering Kids nationally). And we'd target families of Hispanic/Latino children through schools and childcare initiatives using culturally appropriate materials that refer to a bilingual resource line, and through providers who serve a large number of Hispanic/Latino families.