Outreach

Overview

An integral component of the State's outreach plan, Covering Kids provided North Carolina with an opportunity to pilot strategies for reaching families and enrolling children. Successful strategies could serve as models to be replicated in other communities in the state. Strategies that showed promise could be refined, and possibly retried based on lessons learned. Ultimately our task at Covering Kids was to develop outreach strategies that were not only effective, but also affordable and sustainable in the long run. From the very beginning, we were particularly interested in developing an approach, or approaches, that appealed to busy, working families - especially those who may have had little or no contact with publicly sponsored programs - and specific segments of the population, such as North Carolina's growing Hispanic/Latino population.[1] The Covering Kids Pilot Counties --Buncombe, Cabarrus, Edgecombe, Forsyth and Guilford – served as the laboratories for developing these approaches through a series of "special initiatives." (See back cover for Pilot County lead agencies.)

In 1999, we began detailed planning for projects that targeted different segments of the community and specific populations - business, health care providers, the faith community, Hispanic/Latinos, and African Americans. "Gatekeepers" were the key to most of the initiatives. Through human resource managers, business owners, doctors, medical office managers, church leaders, staff in community-based agencies and others who could reach and help enroll many of those targeted, we felt we could leverage our limited resources, capitalize on connections that others already had in different sectors of the community, and put a network in place to sustain the effort.

With input from the gatekeepers, consultants and others we began to develop strategies, materials and messages tailored to the specific interests, concerns and needs of the gatekeepers and those within their organizations that would be involved in outreach and enrollment. Materials and messages were designed to build on and complement those created by the North Carolina Healthy Start Foundation (NCHSF). Later, pieces were designed and refined based on our own experience, the work of others and what we had learned from the research undertaken by Covering Kids nationally - including work by Greer, Margolis, Mitchell, Burns and Associates (GMMB) and Wirthlin Worldwide, the communications research firm that was involved in their effort.[2]

While Pilot Counties were developing and implementing "special initiatives," they were carrying out other outreach activities to enroll as many children as possible. Examples included: targeting recipients of food stamps, WIC, Emergency Assistance and childcare subsidies; training community-based agency volunteers to provide application assistance to families; and making the mail-in application available in many, many locations in the community. Some Pilots had outstationed Department of Social Services (DSS) eligibility workers at clinics, health departments and/or hospitals, and were working with the schools and childcare providers.

By the close of the year, the Buncombe and Guilford Pilots had kicked off their business initiatives. Buncombe County had produced a video, "Kids will be Kids" that the State adapted and distributed in early 2000 along with a video developed by Covering Kids (national) to local coalition coordinators and other key people in North Carolina's 100 counties. Pilots had created other marketing materials that complemented those designed by the State/NCHSF and could have broader use.

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[1] An initiative specifically aimed at enrolling Latino/Hispanics, African-American and Native Americans, which was funded by the Duke Endowment, was launched by the State at approximately the same time.

[2] As part of the Covering Kids national effort, Wirthlin Worldwide, a research firm, conducted a survey of parents whose children were enrolled in Medicaid or SCHIP and among parents whose children were eligible for the programs but not enrolled. A major finding from the survey was that many eligible parents do not believe that the programs apply to them. This misperception is most prevalent among eligible households in which both parents are working and among those making $25,000 a year or more. We used these findings in developing the messages of the campaign.

> ***At the end of 1999**, nearly **56,000** children statewide were enrolled in Health Choice statewide, 78% of those estimated to be eligible. Enrollment in the five Pilot counties, combined, approximated **6,500**. The penetration across Pilot Counties ranged from 51% to 88%.*[3]

During the first three-quarters of 2000, we rolled out other initiatives. The Cabarrus Pilot began visiting medical office managers and met with school nurses, familiarizing them with the program and providing them with a newly-created tool kit to help reach and enroll children. Customizing the materials and modifying the approach, other Pilots re-doubled their efforts to target medical offices in their counties.

With the materials developed for primary care providers as a guide, Cabarrus created kits to target dentists and vision care specialists. These included provider-specific Frequently Asked Questions guides (FAQs) developed with the input of local providers and the assistance of members of the NC Health Choice Provider Task Force.

Buncombe took the lead in developing strategies and materials that targeted pharmacists, collaborating with a KMart pharmacy in Asheville. Cabarrus and Forsyth began compiling data to help assess the impact of outstationed eligibility workers in a hospital and an outpatient department.

In the spring, Cabarrus kicked off its faith initiative with a prayer breakfast for pastors and other congregation leaders, and trained congregation Captains to reach and enroll church members. In the summer, Edgecombe rolled out its business initiative, mostly targeting small businesses. In the fall, Guilford County implemented a refined service-learning initiative that involved African-American high-school students who were taking a course on economic, legal and political matters. Forsyth forged ahead on its initiative to reach Hispanic/Latino families, arranging for compensation (financial incentives) to be paid to two community-based agencies that were well connected and trusted by families in that community.

Since the beginning, the State and Pilots have worked with childcare programs and schools.[4] But it was in the latter part of 2000 as we gained experience with different approaches, and learned from the experiences of other states and from those working at the national level, that we shifted more of our attention to strategies that involved the schools, particularly.

Much of what we did in the schools arena in 2000 was sparked by Covering Kids (national) and GMMB, who spearheaded a back-to-school campaign in the Greenville area. The campaign began on August 12 with a kick-off event/press conference at the Pitt County Public Schools Back-to-School Fair at Colonial Mall. Television and radio ads were test-marketed in August and September.[5] Edgecombe County (within the test-market area) held a back-to-school day at Kmart and Wal-Mart, distributed flyers to elementary and middle school students and purchased ad space in high school football programs. Drawing on the media kit designed by Covering Kids (national)/GMMB, Buncombe mounted its own campaign, running radio and television ads and distributing flyers to schoolchildren. Buncombe had a bike and helmet give-away at a Kmart where information about the program was displayed throughout the store.

The Guilford Pilot rolled out a School Meals Demonstration Project in late summer/fall – gaining parents' permission for information to be shared with the children's health insurance program on their school meals applications, electronically matching data obtained from the school meals application with Health Check/Health Choice enrollment, and contacting families

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[3] State officials provided Health Choice statewide enrollment figures. Pilot County figures were taken from reports on enrollment by county generated by the State. By "penetration" we mean children enrolled as a percentage of those estimated to be eligible.

[4] The Governor and State Superintendent requested that principals send a Health Check/Health Choice flyer (English and Spanish) home with students' first quarter report cards. Staff from school-based health centers was trained in the three regions of the State.

[5] Covering Kids and State staff, along with the NCHSF and the Pitt County Coalition, worked with GMMB on the test marketing campaign titled "Healthy Students." Greenville was among six mid-sized markets that were chosen for test marketing across the country. The campaign was primarily aimed at African-American families in the Greenville market.

with information and applications by mail. Also in Guilford, county-sponsored childcare nurses, who work with childcare centers, distributed Parent Packs to centers and spoke with program administrators about how the program could benefit their families.

In the latter part of 2000 as the State neared its enrollment target and faced a budget shortfall, it became likely that the State of North Carolina would declare a freeze on enrollment in Health Choice. Pilots worked feverishly to contact their partners and urge families to enroll their children. We at Covering Kids assisted the State in developing a question and answer guide for hotline staff and others who needed to respond to questions, and a letter to send to families whose children were enrolled assuring them that their coverage wouldn't end if they re-enrolled on time and encouraging them to re-enroll. We stepped up many of the outreach and enrollment initiatives that were in progress. Some, like Guilford's School Meals Project, were significantly modified in design and implementation.

> ***At the close of 2000**, there were **72,024** children enrolled statewide in Health Choice, nearly 700 more than originally projected to be eligible (target was 71,343).* [6]
> *Health Choice covered approximately 16,300 more children than a year earlier. At that time, enrollment in the Pilot Counties stood at **8,921**, 102% of the number targeted. Approximately 2,400 more children were enrolled in these counties than at the end of the previous year. Penetration across Pilots ranged from 73% to 114%.*

When the enrollment freeze took effect on January 1, 2001, many who had been involved in outreach cut back or stopped their efforts altogether, feeling that it was nearly impossible to target families whose children would be eligible for Health Check, an entitlement program that is not capped, without also "drumming up" business for Health Choice (from the very beginning, the programs were marketed as one.) They believed that it was misleading and unfair to actively market a product that they could not deliver; and that while children who were determined eligible for Health Choice and placed on the waiting list would hopefully be enrolled in the future, that this could not be assured. Some tried to target outreach efforts to those at lower income levels who would be eligible for Health Check. Others, convinced that it was better to place a child on the waiting list in the hopes that they would be enrolled in time, continued reaching out to the broader spectrum of families.

In response to the freeze, the State/NCHSF refocused its efforts, spearheading the development of a guide with frequently asked questions relating to the freeze; drafting letters and forms that explained the freeze, the waiting list and "reactivation" to families (to be used when the freeze was lifted); and providing technical assistance to local coalitions individually. During the freeze, the State/NCHSF focused on such high priority areas as re-enrollment and provided consultation and support to the Covering Kids project, including our schools initiative.[7]

As we dealt with the challenges of the freeze, we at Covering Kids wrapped up many of our special initiatives (prematurely in some cases), reflected on our experiences, and considered the future. In the summer/fall of 2001, based on our preliminary conclusions, our desire to develop approaches that were not only effective but could be sustained in the long run, and a new reality (that even if enrollment would be expanded, money for outreach was likely to be scarce), we decided to try to replicate Buncombe's school strategy in other Pilot Counties. Buncombe's low-tech and relatively low-cost approach to reaching families involved intensive follow-up and follow-through. The approach built on relationships that, in many Pilot Counties, were already established.

In early October 2001, the freeze was lifted and the legislature expanded Health Choice to allow for an average of 83,000 children to be enrolled. Statewide enrollment had slipped to approximately **51,300** children or 72% of those estimated to be eligible.

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[6] It was widely believed that the number of children projected to be eligible was significantly understated.

[7] Throughout 1999 and for a good part of 2000 (before the decision to freeze Health Choice enrollment), the State/NCHSF continued to develop promotion and information materials, e.g., income cards, flyers, other materials and ads targeting Hispanics/Latinos. They aired radio and television spots statewide, especially targeting areas where enrollment was lagging behind.

Roughly **6,300** children or 73% of those estimated to be eligible in the Pilot Counties, combined, were enrolled. Penetration ranged from 56% to 84% across Pilot Counties. Materials for our schools initiatives had been designed. School projects were underway in a couple of the Pilot counties; and other projects that had been planned were ready to be rolled out.

In the last quarter of 2001, the State and local coalitions reinvigorated outreach and enrollment efforts, working hard to regain lost ground.

> ***By the end of 2001**, statewide enrollment in Health Choice had increased to nearly **65,000** children. Over **8,000** children were enrolled in the Pilot counties, combined. **By the end of June 2002**, with nearly **84,300** children enrolled in Health Choice, the state had surpassed its "pre-freeze peak" by more than 12,000 children. The enrollment in Pilot Counties had climbed to nearly **10,900**, an increase of approximately 2,000 children from when the freeze went into effect.*

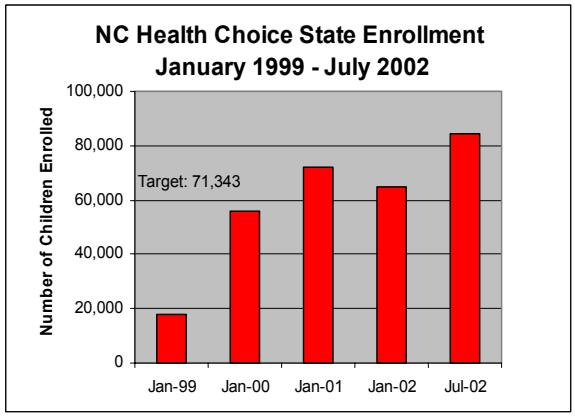
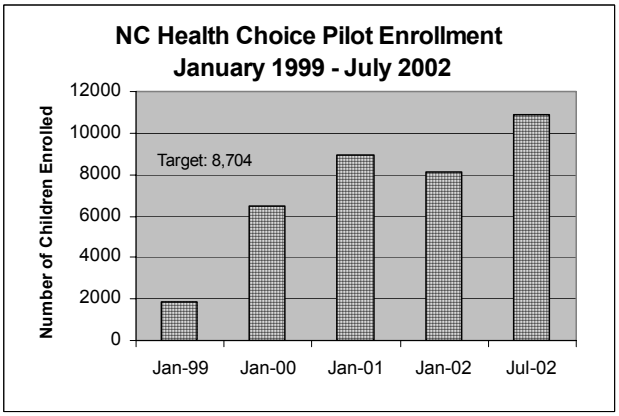


Exhibit A

Exhibit B



During the project period, enrollment in Health Check as well as Health Choice increased substantially. From the close of 1998 to year-end 2001, statewide enrollment in Medicaid – Infants & Children (M-IC), alone, grew by approximately 63,400 children while the combined Pilot County enrollment in M-IC grew by approximately 8,200 children. By the close of 2001, approximately 305,000 children were enrolled in M-IC statewide, roughly 38,000 of them in Pilot Counties. M-IC enrollment has continued to climb in 2002: At the beginning of June, approximately 319,000 children were enrolled in the state and more than 40,000 in the Pilot Counties.[8]

In the following pages, we look at outreach initiatives more closely – at the specific strategies Pilot Counties employed, and the results of these efforts. We highlight lessons that that we've learned, and share our conclusions and recommendations, which have been synthesized from the views of those who worked with the specific strategies along with others involved in the project.

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[8] Medicaid "point in time" data are kept by categorical programs, e.g., aged; blind; disabled; AFDC; foster care; pregnant women; infants & children. While the number of children categorized as M-IC does not reflect the total number of children with Medicaid/Health Check (other categories include children as well as adults), we've presented M-IC enrollment data, as many believe that it is a good indicator of outreach and changes in enrollment of children in Health Check. This data is from State-generated reports on authorized Medicaid eligibles by county.