Schools

> *"…schools have become widely viewed as 'a natural setting' in which to reach out and enroll eligible children. Of the six million low-income, uninsured children in the United States, the majority – more than four million – are between the ages of six and 18, suggesting that well-conceived school-based outreach activities hold great promise…Efforts to enroll eligible children in such programs offer benefits for students – and for the schools themselves…Having health coverage can significantly influence a child's health status and school performance…School attendance is related to school achievement and can influence the amount of a school's education funding."*[1]

Strategies

Initially, three counties –**Forsyth**, **Guilford** and **Buncombe** – were most involved with schools. In the fall of 1999, **Forsyth** focused on reaching families in a particular elementary school by attending all school-sponsored events - open houses, kindergarten registration, Saturday fair days, and PTO meetings. Covering Kids staff oriented school nurses to the program and provided them with information and applications to give to families as they did health care screening and provided other services. Staff provided information to the Department of Social Services (DSS) eligibility workers who were "outstationed" at two school-based clinics three half days per week. Initially, DSS workers, who rotated to the clinics, assisted parents of uninsured children with Health Check/Health Choice applications and determined eligibility as they registered their children at the clinics. Later on the workers became more proactive, contacting parents of uninsured patients by phone.

Then in the fall of 2000, schools in **Forsyth** distributed the locally designed Health Check/Health Choice brochure to parents of school children in their school orientation packets. The flyer included a tear-off portion that could be sent in to request an application. (Note: In Forsyth, there are 66 schools - 40 elementary, 15 middle and 11 high. Each school nurse covers three to five schools, and there are two school-based clinics, one serving children in two schools.)

The **Guilford** School Meals Outreach Pilot project was launched in the summer of 2000 following six months of active planning. Guilford is one of the state's largest merged systems. It has 64,000 students with more than 24,000 of these students participating in the School Meals Program. The Pilot was designed to test the effectiveness of using a computer match between students receiving School Meal services and those already enrolled in Health Check/Health Choice. The goal of the match was to identify and eliminate children already enrolled in public health insurance in order to target outreach to just those children believed to be eligible but not enrolled.

The initial step in implementing the pilot project was the addition of a statement on the School Meals application so that parents could give active consent to sharing application information with the children's health insurance program. Once permission was obtained, the computer-match, using a software program created specifically for the Pilot, identified the children already enrolled in Health Check/Health Choice. Parents of these children received a letter thanking them for their interest in knowing more about health insurance and informing them that records showed their children were actively enrolled in Health Check/Health Choice. A flyer was enclosed to remind them of basic features of the insurance. Parents of children identified as "not enrolled" were sent application packets. The packets included: a letter; an application; a pre-addressed postage-paid return envelope; and information on completing the application, income eligibility levels and Guilford's scholarship fund (pays the Health Choice enrollment fee required for some families). The large, white, outside envelope had the Health Check/Health Choice logo and the statements: "HERE IS THE INFORMATION YOU REQUESTED FROM YOUR CHILD'S SCHOOL. Don't Wait to Act!"

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[1] Cohen Ross, D. C. & Booth, M. (2001). Enrolling children in health coverage programs: Schools are part of the equation. Washington, DC: Center on Budget and Policy Priorities.

This pilot program benefited greatly from the strong support of a key administrator in the school district. This individual was an active member of the local Covering Kids Coalition from the beginning and was instrumental in planning and implementing all outreach through the schools, including the service-learning African-American Adolescent special initiative described in an earlier section.

As in Guilford, school system administrators were key members of **Buncombe's** local coalition, and were involved in outreach in the schools since early on. (City and county school systems are both represented on Buncombe's coalition.) By the beginning of school year 2000, the Buncombe Pilot had nearly perfected its approach of distributing flyers to parents in orientation packets at the school year's beginning and with report cards in January and mid-May. The packets featured the number to call for applications and assistance.[2] For the first distribution, the schools bore the expense for printing flyers and did the labor themselves. Responding to feedback that this was a burden on strained resources, Covering Kids staff put things in place so that DSS provided pre-counted flyers that school office staff only needed to put in teachers' boxes.

Buncombe's outreach coordinator had set the stage, educating principals about children's health insurance and discussing the plans for distributing flyers at the superintendents' meetings.[3] School nurses and school-based clinics were involved. In 1998 they mailed Health Check/Health Choice flyers to students seen in the clinic at the city schools. Applications were given to school nurses and other staff who requested them. Covering Kids staff did outreach at kindergarten registration and other school functions.

In the fall of 2001, the Buncombe Pilot also worked with the Asheville City schools to receive information about Free and Reduced Price School Meal applicants (with parents' permission) so that they could target those who are likely to be eligible but are not already enrolled Health Check/Health Choice. (Note: From its Food Stamps records - and in exchange for the information - DSS provided the school system with information that allows it to directly certify children for Free and Reduced Price School Meals.)

To increase awareness of Health Check/Health Choice and complement the communications through the schools, Buncombe conducted a "back-to-school" campaign in partnership with KMart and other businesses in the last three years. In August 2000, KMart had a display table at the entrance of the store with applications, flyers and a contest registration for a bike and helmet give-away. Posters were displayed throughout the store, including restrooms, water fountains, snack bars, children's clothing/shoes and school supply areas. The pharmacy mounted a rack on the wall at the prescription pick-up window with Health Check/Health Choice flyers and applications attached. KMart staff received training about the program; those in the pharmacy were encouraged to mention the program to parents who expressed difficulty in paying for their child's prescription.

Health Check/Health Choice tray liners were featured at Arby's and McDonald's, and ads aired on radio and television stations. Buncombe drew on the media kit developed by Covering Kids (national)/GMMB in mounting its back-to-school efforts.

During the spring and early summer of 2001, in the midst of the freeze on enrollment Health Choice, we at Covering Kids examined our mission in the light of this new reality – that even if enrollment was unfrozen and expanded, money for outreach and systems changes was likely to be scarce. We reaffirmed our commitment to determine approaches to outreach and enrollment that were not only effective, but would be relatively easy to replicate and could be

[2] Students are given orientation packs. Freshmen have orientation sessions in which their orientation materials are given and explained. The schools feel confident that these materials go home to parents. Report cards in January include Health Check/Health Choice flyers and are sent home with students for parents' signatures. The end of school year varies. Many schools mail reports cards and Health Check/Health Choice flyers; others send them home with students unless the family requests that they be mailed. If there is a request to mail, the flyers are to be included with the report card.

[3] For three years, Covering Kids staff has been speaking annually at city and county superintendents' meetings with the principals.

sustained in the long run. Note: While at the time there was a freeze on Health Choice, it is important to note that enrollment in Health Check was to continue.

Based on our experience with different outreach and enrollment strategies, the experiences of those in other states and work that was being done on the national level, we considered the future, and began planning a low-tech and relatively low-cost approach that would be fairly time-limited and easy for the schools to implement. The initiative - to be implemented in late summer/early fall of 2001 - was patterned largely on the work that Buncombe had been doing over the previous two years. While there would be variations among the Pilots that were involved, there were some key elements.

- Schools would distribute flyers that featured a local phone number (all Pilots) where parents could get more information or request applications (Buncombe) and get assistance (Cabarrus, Edgecombe, and Guilford). In some cases, the flyers included the name of a specific person to call (Guilford). A friendly and caring person who was knowledgeable about the program answered the phone. Callers would not get a "menu" or be transferred to different folks in the office. When they called, depending on the time, they could get a voice message of the staffer asking them to leave a message so that s/he could call back.
- Application assistance would be provided by phone for those who wished help. Staff could complete and send the application to the applicant to supply any missing information, attach pay stubs and sign.
- Follow-up would be provided through phone calls, personal letters, notes and/or postcards to those who had been sent applications.
- Results would be tracked, e.g., calls in, applications submitted and enrollment outcomes.

Drawing on what we had learned from the work done by GMMB, samples from other states, our experience, and input on materials gained from our re-enrollment focus groups, we decided on key messages and graphics, and designed three pieces: a general flyer, primarily intended for parents of elementary school children; a similar flyer intended for parents of teens; and later a brochure aimed at teachers, school nurses, coaches, guidance counselors and other school personnel. Cost and reproducibility (in black and white on typical office copy machines) were major factors in designing our final products. Note: Buncombe used its own flyer, which incorporated the theme, look and mascot that it had been using for Health Check/Health Choice since early on. (For more detail, see the later section on Materials and Messages.)[4]

In late summer when school was about to begin, the freeze on enrollment in Health Choice was still in effect. Knowing that our results would be impacted by the freeze, several Pilots planned to proceed anyway. These counties felt comfortable promoting the program even though it meant that children who qualified for Health Choice would be put on a waiting list ("the sooner that they got on the list, the sooner they would have a chance to get into the program") and wanted to continue to reach children who would be eligible for Health Check.

Through the initiative, they would continue to build - or establish - relationships with those in the schools and to learn about implementing this fairly straightforward approach in different school districts. Buncombe and Edgecombe kicked off their projects **during** the freeze. Cabarrus's project was rolled out in October **soon after** the freeze was lifted. Guilford implemented theirs in November, **after** the freeze had ended. Forsyth decided not to undertake a major school effort until the winter or spring of 2002.[5]

As noted earlier, school strategies varied somewhat across Pilots. Key elements of each Pilot project are briefly outlined below.

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[4] Based on research and input from Pilots and others, Guilford took the lead on creating and focus testing materials aimed at teens. Based on the focus groups, we decided that we needed to do more work in this arena in order to come up with materials to test on a wider basis.

[5] In the winter of 2002, after the initial Covering Kids grant ended, Forsyth once again became more actively involved in the schools. Forsyth County expanded its capacity to work in and with the schools, replacing the part-time outstationed position with full-time staff (former Covering Kids staff).

In Buncombe, student flyers were distributed to elementary, middle and high school students with their orientation packets in August.[6] Covering Kids staff (DSS) delivered flyers to schools in packets sized for homerooms according to the specifications given by the school contact (usually the school secretary).

The eye-catching flyer outlined health insurance benefits and income guidelines, and urged parents to call "250-5939" for more information. Parents who called were sent applications and/or triaged to the application specialist for help. Families who did not return the application within approximately two weeks of the initial mailing received a computer-generated follow-up letter from Linda Cruz, the Application Specialist, which included her phone number and an offer to take the application over the phone at a time convenient for the family. If there was still no response, Linda followed up with the family by phone a week or two later. The call line, which receives calls around-the-clock, provides assistance in English and Spanish. Calls are handled by a Spanish speaking person after hours and routed to a bilingual eligibility worker at DSS during business hours. (For details, see description of Call Center and role of Application Assister in the section, Simplification: Enrollment System/Process.)

In late summer/early fall, to complement the communications through the schools, Buncombe County displayed posters at KMarts and Wal-Mart, featured tray liners with Health Check/Health Choice information at Arby's and McDonald's restaurants and ran ads (paid) on cable television. The 5-minute video, "Kids will be Kids" that was produced by the Buncombe Pilot, was played on the Government Access Channel.

It is important to emphasize that Buncombe's strategies, described above, are parts of a more comprehensive approach. They were designed to work together and to have a cumulative effect. The intent was for families to hear about the program from a variety of sources, at different times and places over a relatively short period of time, e.g., from television, while shopping for school supplies or stopping to eat a hamburger. Flyers from the schools were key, but only one component of the "back-to-school" campaign.

In Cabarrus, flyers were to be sent home with students with report cards October 15th, just after the freeze on enrollment in Health Choice was lifted. The general flyer was to go to parents of elementary school students and the teen flyer to middle and high school parents. The Pilot tried to reach all children in Cabarrus County - including those who attended Kannapolis City Schools, which also serves Rowan County.

At the school district level, Covering Kids staff worked primarily with the Coordinator of School Counseling and Programs for At-Risk Students. It was the Assistant Superintendent who "paved the way" in the Kannapolis City Schools when the project was ultimately rolled out. As requested by the Cabarrus School System, Covering Kids staff placed flyers directly in teachers' boxes (flyers had been sorted/counted according to the grade and classroom size). Kannapolis Schools chose to distribute them to teachers themselves (Covering Kids staff had counted and pre-sorted flyers).

The flyers contained the phone number to call for an application and assistance. Manning the phone, was a casework assistant who provided application assistance by phone and sent families applications to complete. S/he encouraged callers to call back with any questions.

If a call came in after hours, callers received a message instructing them to leave information and telling them that someone would follow up with them. When receiving calls from Spanish-speakers, the casework assistant (who spoke limited Spanish) referred the callers to the bilingual outreach worker or got the interpreter who was stationed nearby. The voicemail message was only in English. Staff followed up with families who did not return applications with postcards (two were sent 10 days apart) and phone calls.

Covering Kids staff attended several PTO meetings, giving presentations, answering questions and distributing materials.[7] In early December, Covering Kids staff placed brochures aimed at teachers, coaches, school nurses and other school staff in the boxes of school

[6] The Pilot also worked with other schools/programs, including "Head Starts," charter and community schools, and some private schools.

[7] The Cabarrus Pilot did not make a concerted effort to do more with PTO meetings because of the freeze.

personnel. Kannapolis schools chose to distribute brochures to staff themselves. Brochures were distributed to school nurses through the health department, which employs the nurses.

In Edgecombe, newly-designed flyers were mailed with approval letters for Free and Reduced Price School Meals from the Nutrition Director's office beginning in August. (See later section on Materials and Messages for description and appendix for sample.) At the School Superintendent's meeting in August, Covering Kids made a brief presentation to principals about the program and the plan for distributing flyers with report cards. The Program and approach were strongly endorsed by the Assistant Superintendent who was leading the meeting. The flyers were to be distributed by teachers at the end of the 1st grading period (September 20 for middle and high school students and October 11 for elementary school children). The general flyers were to be used for elementary school children and teen flyers for middle and high school students.

In elementary and middle schools, flyers were to be attached to report cards and sent home with students. In the high schools, teachers were to give report cards to parents on report card distribution night. Flyers were distributed according to the plan in one of the three high schools. Report card distribution night was canceled in one school because of a bomb scare at another school earlier in the day. Consequently, flyers were attached to report cards and sent home with the students. When Covering Kids staff realized that the flyers weren't attached to the report cards in the third high school, they tried to hand flyers to parents as they left the school. (Covering Kids staff was set up to provide information and assistance.) Note: In Edgecombe County, there are 14 schools: 7 elementary, 4 middle, and 3 high schools.

The flyers featured the phone number to call for an application and assistance. The phone was generally answered by the voice mail of the outreach worker who was loaned from another organization to work part-time at the Edgecombe DSS to help with the project. If a call came when the outreach worker was not in, callers received a message. They were asked to leave their mailing address (if they wanted an application), or a phone number and a time that would be convenient for them to be called by the outreach worker if they had questions or wanted assistance. The outreach worker followed up with those who were sent and did not return an application - by phone approximately 10 days after the application was sent. Often several calls were made to the number. When the outreach worker filled out an application by phone on behalf of the caller, she sent it to the family along with a personal note, requesting the parent's signature and any additional information that was required, e.g., pay stubs. Spanish-speaking office staff returned calls from Spanish-speakers.

The Edgecombe Pilot supplemented the flyer distribution with other in-school strategies. In mid-August, Covering Kids staff oriented 35 student support services staff to Health Check/Health Choice, e.g., guidance counselors, social workers, psychologists and schools nurses. They were asked to help promote the program and provided with approximately 1400 flyers. (The brochure aimed at school personnel, "Students Need Health Insurance…You Can Help! Better Health..Better Grades..Better Future," was not yet ready. They were distributed to teachers and other personnel at a later time.)

In August and September, Covering Kids staff gave 5-minute presentations about the program at PTO meetings, distributing flyers, applications and other promotional materials (5 out of 7 elementary schools and 2 out of 4 middle schools; high schools don't have PTO meetings.)[8] Health Check/Health Choice ads were placed in school football programs.

To complement the communications through the schools, the Edgecombe Pilot held a back-to-school kick-off event at Wal-Mart on the first day of school. A drawing for a book bag with school supplies was held every 30 minutes for those who registered at a Health Check/Health Choice exhibit booth; "goody" bags with a Health Check/Health Choice flyer, notepad, pencil and sticker were handed out. Covering Kids staff followed up with shoppers, who registered for book bag give-a-ways, to determine whether their children had health insurance. (Note: In conjunction with the GMMB/Covering Kids, national, test-marketing campaign in the

[8] In early October, Covering Kids staff oriented eight home school contacts. They were shown the video, "Kids will be Kids," and provided with approximately 700 flyers and 125 applications.

Greenville area, the Edgecombe Pilot conducted its first back-to-school kick-off event at Wal-Mart and KMart in August of 2000.)

In Guilford, our newly designed Health Check/Health Choice flyers were sent home with **elementary** school children in their "Monday Envelope." (For a description see later section on Materials and Messages.) The Guilford Pilot decided **not** to target parents of middle and high school students this go-around. Because these students don't get "Monday Envelopes," a different method of distribution would have been required, e.g., having the schools mail the materials directly to parents.

The English side of the flyer urged parents to "Call Phyllis" for an application and assistance at a specific phone number. (Phyllis is a health department eligibility outreach worker well known to families.) Parents either spoke with Phyllis or left a message for her. Because Phyllis worked at the health department, she was able to access the State database in order to do a quick screening to determine if the child was already enrolled. If this check indicated that the children were not enrolled, parents were sent an application. If the application had not been returned in two weeks, Phyllis called the parents by phone. If the application was not returned in the following four weeks, a follow-up postcard was mailed to the family. The postcard featured the Health Check/Health Choice logo and colors, phrases and graphics that matched the flyer.

The Spanish side of the flyer urged parents to call the toll-free state hotline (North Carolina Family Resource Line) to apply, emphasizing that hotline workers speak Spanish.[9] Follow-up with Spanish-speaking families who called the hotline in response to the flyer was not done this go-around.

It is important to note that Guilford County Schools require that materials for parents which originate in outside agencies go through a system administrator, before being sent to individual schools. In this case the appropriate school administrator was an individual already serving on the Covering Kids Coalition. In her role as the representative from the schools to the Coalition, this administrator was familiar with and supportive of school outreach initiatives. She had helped design the School Meals project described earlier and was able to ensure that the correct procedures were followed. To further enhance the process and ensure that the distribution would proceed smoothly, the Covering Kids project staff worked with the printer to package the flyers according to the school system's specifications. All of these components helped to strengthen relationships between the schools and the Coalition.

Materials and Messages[10]

As noted earlier, three key pieces were created for the schools projects in the fall of 2001: the general flyer, the flyer for parents of teens, and the teacher/school personnel brochure. The flyers were in English on one side and Spanish on the other. Guilford created a sticker to use on the outside of mailing envelopes, as well as a reminder postcard.

The flyers were designed to grab a parent's attention and communicate that this is about health insurance (not welfare or public assistance), and the insurance is for all kinds of children (different ages and ethnicities, those who are healthy and active, those with special needs/disabilities). It was created to appeal to working families, including those who may think they earn too much to be eligible; to be practical (affordable and effective even if copied in black and white on a typical office machine); and to tie in with existing State materials

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[9] The three main functions of the hotline in relation to Health Check/Health Choice are: to provide information about the program both verbally and in writing (including the mailing of the application form to the family); referral to the local county department of social services providing address, phone numbers, and, when available, a Spanish-speaking contact name/number; and advocacy if the family has attempted to call or apply locally and faced barriers. In a county that has not provided a Spanish-speaking contact, hotline staff may serve as the intermediary interpreter in a three-way conversation with the local DSS.

[10] The Forsyth Pilot primarily used the following materials for its schools initiatives: the State/NCHSF fact sheet (with space for a local number), its locally-designed brochure (had a local phone number to call and a section to cut off and mail in for an applications), and "income cards" outlining eligibility levels (primarily as a reference for nurses and other school staff).

(colors and some messaging). The flyers incorporated information that parents feel is critical to know (the benefits/services that are covered and income guidelines). They included messages that resonate with parents ("Better health for your children, peace of mind for you"), were action-oriented ("In Edgecombe County, call 252-985-5085 for an application and assistance), and reinforcing (e.g., "Easy to Apply" "If your child is already covered by this insurance, remember to Re-Enroll each year to continue benefits"). And they prominently displayed the State's Health Check/Health Choice logo. (Note: The flyers were designed so that they could work with different strategies – in and outside of school. That is, messages were not tailored specifically to those who have been approved for school meals, gearing up to get back to school, or receiving report cards.)

The brochure for teachers and other personnel featured messages to enlist school staff in our efforts to insure students **("Students need health insurance. You can help!")** and to link coverage to better health, better grades and better futures. Along with general information about the program, the brochure featured messages to different school personnel (teachers/counselors, coaches, school nurses) and outlined specific actions that school staff could take to help.

The flyers, teacher brochures, envelope sticker and follow-up postcard were designed to closely tie in with other key pieces that we were creating for and with the State, i.e., the new application and reenrollment materials (see section on Simplification: Enrollment and Re-enrollment). Pilots used other promotional items for school events and related back-to-school activities. These included pencils, rulers, and boxes of crayons and book bags with schools supplies (Wal-Mart drawing). The video, "Kids will be Kids," was used in Buncombe for meetings with principals and played on the Government Access Channel (cable television). The video was also used in Edgecombe's back-to-school kick-off events at Wal-Mart and KMart in 2000 ("continuous loop").

Note: We considered and ultimately decided against printing a poster-size version of the flyer to display in key locations in the schools because of cost. In general, we felt that an 11x 17 probably made the most sense. Experience taught us that standard-sized posters would probably have limited use (took up too much space). A legal-size, which was easy for mailing, was thought to be too small to be effective. While somewhat inadequate, Pilots felt that this go around they would just post the flyer in some key places, e.g., on bulletin boards in teachers break rooms. Buncombe ended up producing a limited number of small posters by enlarging the flyer at a local copy shop.

Results

Note: In this section, we focus primarily on the school-oriented activities undertaken by Pilot Counties in the fall of 2001. But first we highlight some findings from strategies employed in Forsyth and Guilford in 1999 and 2000. Because Buncombe's approach in 1999 and 2000 was quite similar to that undertaken in 2001, we've included highlights of Buncombe's schools initiative from earlier years in the 2001 discussion.

Forsyth, 1999 – 2000

According to Forsyth Pilot staff, the "phones rang off the hook" during the first couple of months after **the locally-designed brochures were distributed to students in the schools**. The tear-off portion to send in for information/application was hardly used, however. At the time of the initiative, a tracking mechanism was not in place so hard data regarding the number of calls, the applications submitted or enrollees were not available.

Forsyth found that parents attending **school-sponsored events**, which are often held for a specific purpose, were not really interested in hearing about/ receiving information about other programs. At an open house, for example, the parents wanted to meet the teacher, find out about the bus route and what school supplies were needed. Staff felt that had they

tracked the applications submitted to DSS from the various events, the results would have very disappointing and the approach not cost-effective.

Staff believes that **school nurses** were effective in identifying uninsured children and targeting information/applications to appropriate families. As with other initiatives, they felt that it was the follow-up and follow-through that was missing and that it is may be unrealistic to expect busy nurses to be responsible for this time-consuming task.

It is interesting to note that in 2002 the outstationed position (school-based clinics) was expanded to a full-time position (filled by a former Covering Kids staffer) and no longer rotated among different DSS workers. While enrolling children through the school-based clinics and wellness centers, which were recently established in two other schools, the outreach worker is proactively engaged in other outreach activities in the schools, e.g., targeting families approved for Free and Reduced School Meals. Her office is in one of the school-based clinics.

Guilford, Schools Meals Demonstration Project, 2000

In Guilford, parents of approximately 5,500 children gave permission to share school meals application information with the children's health insurance program. Approximately 40% of these children (2,274) were sent applications and a pre-addressed stamped envelope after being identified by the computer match as eligible but not enrolled. Applications were returned for 92 children, and of these, 74 were enrolled (54 in Health Check and 20 in Health Choice). Many were denied because they had other insurance; some were found ineligible because of citizenship issues.

The design and implementation of this project (in fall/winter) were heavily impacted by the anticipation of the freeze on Health Choice, which was announced in late November to take effect on January 1, 2001. The pilot design was revised, which eliminated original plans to have an outreach worker follow up with eligible families by phone. Those involved with the project believe that such follow-up would have had a significant effect on the results. It may also be that the design of the materials affected results. For example, because of the impending freeze, the flyers had a large amount of text so that parents would know deadlines and other key information. All of the information that was included was thought to be necessary, but project planners recognized that heavy text might detract from the effectiveness of the materials, and this may indeed have been the case.

Buncombe, Guilford, Cabarrus, and Edgecombe, Schools Projects, Fall 2001: Flyers and Follow-up, Other School Strategies, and Back-to-School Events

In Buncombe approximately 40,000 flyers were distributed with school orientation materials in August (during the freeze) through 37 schools (25 elementary, 6 middle and 6 high). Of 317 calls received by Buncombe's call center in August and September, over half (174) were traced to the flyer in the school orientation packet (compared to 120 school-related calls in August/September of 2000). It is important to note that during the three-year period, 1999 – 2001, over a third (35%) of the approximately 2700 callers said they heard about the program through the schools.

Applications for 93 children were traced to the initiative in September and October of 2002; 60 were enrolled or had been placed on the Health Choice waiting list (42 were enrolled in Health Check, 8 in Health Choice, and 10 on the waiting list). Outcomes included:11 pending, 4 withdrawn and 18 denied (10 were "over" income and 4 had other insurance). It is interesting to note that:

- Of the 93 children who applied, 59 were traced to flyers distributed in elementary and primary schools (63%), 15 to middle (16%) and 19 to high schools (20%).
- Approximately one-third of the children who applied were teens (13 years or older).

It appears that follow up letters and calls played a role in prompting/helping many families to apply. In August and September, Buncombe received 114 applications that were traced to

calls to the Call Center. [11] (Note: Not all these applications were in response to the flyers distributed through the schools.) Sixty-six of the applications were received after follow-up letters and calls.

The costs for the initiative in Buncombe are estimated at $4,600: approximately $3,100 for staff [12] and $1,500 for printed materials, postage, supplies, etc. The cost estimate does not include in-kind support from the schools or overhead.

Few applications or calls to the Call Center were tracked directly to events at KMart in the fall of 2001 - or in previous years. (It is interesting to note that during the month-long event in 2000, 200 applications were picked-up from the display table and the pharmacy, and 300 families registered for the bike and helmet giveaway. Those who registered were sent a flyer along with a cover letter thanking them for their interest. Relatively few calls or applications were traced directly to tray liners at McDonald's and Arby's or to cable television. Note: Buncombe experienced a better response from the over-the-air ads it ran through the local ABC affiliate in 2000 than on cable in 2001. Consequently, as part of its back-to-school campaign in the late summer of 2002, if funds allow, it plans to run ads over-the–air to help get the word out about Health Check/Health Choice.

In Guilford, where an estimated 38,000 flyers were distributed in 64 elementary schools, 299 calls were tracked to the initiative over the two-and -a half months of the pilot project (November 1 to January 15th). Of the applications for 239 children that were received through the end of January, nearly three-fourths of the children (178) were enrolled (98 in Health Check and 80 in Health Choice). Guilford reported mailing 171 applications in response to the calls received; making 132 phone calls; and sending out 74 reminder postcards. It is interesting to note that:

- Despite the fact that the initiative did not involve middle or high schools this go around, 30 of the 239 children who applied (12.5%) were in the 13-and- over age category. These teenagers were most probably siblings of the elementary school children.
- More than half (30) of the 58 denials were because the family's income was too high. (This suggests that the flyers attracted higher, as well as lower, income families, as intended.)
- Of the 239 children who applied and were traced to the initiative, 125 were African-American (approximately 52%); 95 (nearly 40%) were white; 5 were Asian and 9 Hispanic. It is important to point out, that because of the project's design these results are not likely to be a good indicator of the effect of the approach on the Hispanic/Latino community. As noted earlier, the Spanish side of the flyer urged families to call the State toll-free hotline. Only the applications that resulted from calls to the local number/Phyllis were tracked this go around. Applications that resulted from the calls to the State hotline were not tracked.
- Phyllis, who answered the local number and handled the follow-up with families, said she was able to clarify issues for families and assist them so the application process was much less challenging. She reported feeling a great sense of satisfaction in her role and is eager to participate in the same way next year.

The costs for Guilford's initiative have been estimated at between eight and nine thousand dollars (part-time staff for three months, printing and postage). Much of this was attributed to one-time charges and higher prices than might be negotiated with volume purchasing. It is likely that less staff time will be required as work becomes more systematic and routine. The cost estimate does not include in-kind support from the schools or overhead.

In Cabarrus, flyers were distributed with report cards on October 15th, just after the freeze on Health Choice was lifted. Approximately 24,000 flyers were distributed to thirty-one schools (19 elementary, five middle schools and seven high). The general flyers were to be sent home with report cards of elementary school children; the teen flyers were to be used for students in middle and high schools. Note: Approximately 20,000 flyers were given to

[11] The 114 relates to applications. This is to be distinguished from the children that applied. An application may include more than one child.

[12] A portion of salary and fringe benefits is included for the Outreach Coordinator, the Application Specialist and for clerical/phone support.

Cabarrus County schools (14 elementary, 4 middle, 6 high). The remaining flyers were delivered to the Kannapolis City Schools. Flyers were to go to Cabarrus County residents in the schools in the Kannapolis district (Kannapolis also serves Rowan County children). In Kannapolis there are 5 elementary schools, a middle school and a high school.

Between October 15 and December 5, 2001, 122 calls were received. For 90 of the 122 calls, Cabarrus was able to identify the type of school (elementary, middle, high) that prompted the call. The vast majority (80%) of callers received flyers from elementary schools; 20% and 16% were from middle and high schools, respectively. (Note: The percents total more than 100 because some callers identified more than one type of school.)

By the end of January 2002, applications for 75 children were traced to this initiative. Of these 52 children were enrolled (24 in Health Check; 28 in NCHC) and 23 were denied (15 because they were "over income."). Approximately 23% of children who applied were 13 years or older. Sixty-five of the 75 children (87%) that applied were white; one was Hispanic (1%); the other nine were African-American (12%). It is interesting to note that:

- Over a third of those who enrolled had incomes over 150% of the FPL - 18 of 52.
- It appears that approximately half of the applications were submitted in response to follow-up postcards and calls.

In Edgecombe, approximately 3,050 flyers were distributed with approvals for Free and Reduced Price School Meals. It is difficult to estimate how many of the 8500 flyers that were provided to the principals went to parents. (See challenges with report card distribution nights in description of strategies above.)

From August through mid-November of 2001, fifty calls were traced to the schools initiative. Of these 50 calls, approximately three-quarters (37) were from those with children in elementary schools. One quarter (12) was from parents of middle school students. One call was traced to the high school. Five callers reported that their children were on Medicaid. We were unable to reliably determine which school strategy prompted the call (e.g. flyers with School Meal approvals, flyers with report cards, or information received at PTO meetings).

Forty-five applications were sent out in response to the calls and applications for 18 children were returned by mid-November. Over three-fourths of these children (14) were enrolled (half in Health Check and half in Health Choice). Twelve of the 18 who applied (67%) were African-American. "Over income" was the reason that three of the four that were denied were not approved.

Staff reported difficulties in following up with families. Because the worker who received the calls was only in Edgecombe part time, she and callers "played a lot of "telephone tag." Frequently, the worker was unable to connect with the caller despite multiple attempts. In retrospect, the worker determined that she assisted 7 of the 18 who ultimately applied.

Lessons Learned

> *Note: We've organized our points into several sections. The first section relates to flyers and follow-up. Next we deal with other school strategies. Following that are several points relating to complementary back-to-school events/campaigns.*

Flyers and Follow-up:

- A program champion in upper administration and caring, committed and competent folks at other levels are crucial**.** We learned firsthand the importance of having a champion in upper administration that is willing to go the extra mile. Upper level administrators are likely to become program champions if they are involved in their local coalitions and they see the critical role schools can play in insuring kids.

  Principals, teachers and in Buncombe's case, school secretaries, are key to ensuring that families receive Health Check/Health Choice information and are linked to those who can help them apply. If possible, Pilots recommend discussing the program and the

importance of distributing the flyers with teachers at faculty meetings **before** the flyers are to be distributed - **particularly if teachers are involved in the distribution process**. (Note: This is not always possible as there are many schools; and as Buncombe discovered, faculty meetings in different schools are often held at the same time.) While the brochure (specifically designed for teachers and other school personnel) is likely to be helpful and a good resource, it is no substitute for a short presentation by a caring and dynamic person in bringing teachers on board. The more teachers understand the program, the importance of getting the flyers home to parents, who they should call with questions, and where to refer parents, the better.

- One size doesn't fit all. The method of distributing flyers to parents needs to be tailored to the school system; and in some cases to the type of school, i.e., elementary, middle and high. We saw that in Guilford, for example, that the distribution system, which had worked well elsewhere (sending materials directly to each school), was not possible because of school system policies. In the end, the alternative approach of working through a key administrator resulted in enhanced relationships all around.

  One can suggest different approaches that have been successful in other places, but the method ultimately will depend on school systems policies and practices. Along with different approaches, it can be helpful to outline challenges that can arise and hopefully averted through careful planning and implementation. One wants to arrive at a method that will get the flyers in the hands of the parents at a time that they are likely to be receptive to the information. (Note: This holds true for parents of children who are home schooling as well as those in public and private schools.)
- Easy does it. Pilots found that the job got done more reliably when they made it easy for the schools, e.g., pre-counted and delivered flyers to the schools with instructions.
- Practice makes perfect. The strategy of sending flyers home with students through the schools can be successful, but it may take several tries to build relationships with school officials and staff (trust, commitment, enthusiasm), and work out the logistics. According to Covering Kids staff, as school personnel have become more familiar with the program their interest in and support of the program has grown, and distributing flyers has become more routine. It is interesting to note that staff members from the Edgecombe Pilot are optimistic about this approach, despite being somewhat disappointed in the results of their fall 2001 effort. They believe that in time the strategy will pay off and are eager to continue to build their relationships with school personnel and refine their methods of distributing flyers and following up when calls are received.
- The devil is in the details. We learned that it is best to **start planning with the schools early** - **in the spring before the new school year begins.** If adopting Buncombe's method, **use a personal approach***, i.e.,* get to know office staff/your main contact at each school. Call them as you are gearing up and before you are ready to deliver the flyers to tell them about changes in the program. The more they hear and know you, the greater the level of cooperation**.** **Package the flyers** so they will be easy for the school to distribute, and **attach a brief memo to the outside of the package that you deliver.** The memo should include the name of the contact person (in large print); the number of packets enclosed; and a request/reminder to attach the flyers to each report card, if that is the plan. Changes in the Health Check/Health Choice program should be highlighted in the memo along with a word of thanks.
- Repetition pays off. Staff and others who have worked on our outreach projects are convinced that for many families it takes multiple "hits" before they respond. Distributing flyers repeatedly during the year (e.g., with report cards), they believe, can make a difference.
- Direct phone lines and application assistance by phone are critical. Calls can provide staff with an opportunity to establish rapport with the family, check whether the child is already enrolled (frequently a parent doesn't realize that Medicaid and Health Check are one and the same), answer questions, offer/provide application assistance and advise families on accessing health care. Pilots have learned that it is best to maintain the phone lines even after the school push as calls will continue to "trickle in." The lines provide nurses,

counselors and other key partners, who may have questions and want assistance, with direct access to staff as well. It is important that all staff in the agency/organization are made aware of the phone line and the project (not just those who are assigned to answer the phone) so that families who call in on other numbers can be routed to the person providing application assistance.

Application assistance by phone should be provided at a family's convenience (evenings and weekends) by friendly, knowledgeable and caring staff who can: answer questions; gather needed information from family over the phone; and send the nearly completed application to the parent to add missing information, attach pay stubs, sign and return in a pre-addressed postage-paid return envelope. The application assister should have access to the database so that s/he can check whether the child is already enrolled in Health Check or Health Choice, and be experienced and knowledgeable about Medicaid and Health Choice policy. The more that can be done the first time around the better.

- Follow-up and follow-through are key; a variety of approaches seem to be effective. From our work to date, we cannot say whether a particular approach or sequence of communications was significantly superior (e.g. letter, postcard, phone call, or personal note). Features that we believe contribute to success are:
  - The personal touch. Having letters, notes and postcards come from a specific person rather than an office or department. As Buncombe has demonstrated, efficiencies can be realized through automation. The computer system can generate personal letters and a list of families for follow up.
  - Sending applications in envelopes with the Health Check/Health Choice logo and a statement alerting the receiver that the requested application is enclosed. And using the logo and effective/consistent phrases and graphics on postcards and other materials.
  - A reliable method of identifying families who have not returned their applications so that they can be targeted for follow-up, and of assessing the results of follow-up.
- This approach is affordable, but not cost-free. We estimate that the cost of a 40,000 school-flyer effort with follow-up (phone, stickers on envelopes, postage-paid return envelopes and postcards) will run between $6,000 and $7,000 when some economies have been realized (e.g., volume purchasing, staff become efficient with practice). Not included in the cost estimate, are overhead and in-kind support by the schools.

  Costs, of course, will vary from county to county, depending on the salaries, the number of calls that result, economies achieved and other factors. Personnel expenses can be reduced if the county can provide telephone assistance and follow-up by reorganizing the work of staff already on board rather than bringing on additional personnel. (Note: When staffed by the DSS, administrative reimbursement from the federal government is available to offset the costs.) Local printing costs will be reduced to the extent flyers and other materials are provided by the State.
- Useful tools/materials. Flyers (general and for parents of teens), envelope stickers alerting families that "the requested application is enclosed" (used in Guilford); follow-up postcards and letters; the "Kids will be Kids" video (for orientations/training of school personnel); and the brochure aimed at teachers, school nurses and other school personnel. Note: The flyers were designed so that they could work with different strategies – in and outside of school. The messages were not tailored specifically to those who had been approved for school meals, were gearing up to get back to school, or were receiving report cards.

  Refer to Appendix G1-6 for copies of: a general use flyer and one for parents of teens (English/Spanish), the Buncombe flyer as revised for the spring of 2002, a brochure for teachers and other school personnel as adapted for use statewide, and a sticker and postcard reminder produced by the Guilford Pilot.

Other School Strategies:

- School-sponsored events didn't yield much in the way of direct results, i.e., applications. While staff members generally feel that it is useful to expose parents to the program repeatedly, Forsyth saw little direct result from attending and participating in school-sponsored events, which are usually designed for specific purposes. At school open houses, for example, parents want to meet the teacher, and learn about the bus routes and needed school supplies rather than health insurance. While Edgecombe staff strongly agree and cite example after example of school events that were "unproductive," they believe that PTO meetings are worthwhile, providing valuable opportunities to reach teachers, counselors, coaches and parents simultaneously. Some believe that non-school staff, like the president of the PTO and the student body president, could serve as effective champions for the Program and be effectively involved in getting the word out, and enrolling children and teens in Health Check/Health Choice.
- Many school nurses will need assistance if they are take full advantage of their unique position. While school nurses are eager and in an ideal position to identify and help enroll eligible children, they are extremely busy and frequently not able to do much more than refer families whose children are potentially eligible. Providing nurses with a phone number, where s/he could quickly contact an outreach worker that s/he knows and trusts, was invaluable in Forsyth and Cabarrus Counties. If nurses are to be more proactive, systematically reviewing students' insurance status and reaching and enrolling those who are eligible, they may need additional help (consider college/graduate school interns). In many places, it is best to work with school nurses through the health departments (they are employed by the health department in many counties in North Carolina). Refer to health care provider initiative for work done with school nurses in Cabarrus County.
- With regard to guidance counselors, social workers and other key school personnel, it is "slow and steady" that is likely to win the race. Recently Pilots have begun focusing on other school personnel who, like school nurses, are in unique positions and motivated to reach and help enroll eligible children (direct/personal contact often when children need medical attention and parents are likely to be receptive to obtaining coverage). To enlist the assistance of these folks, Pilots have begun to use our newly created brochure, "Students Need Health Insurance…. You Can Help!"

  According to staffers in Buncombe, it has taken some time and more than one meeting with guidance counselors before "the light bulb went off."[13] But things have begun to pick up; and folks are "starting to think Health Check/Health Choice." Staffers report that individual counselors have been requesting materials as they perceive the need and schools are asking for the brochures for the first faculty meetings in the next school year (2002-2003). Cabarrus reports that counselors, teachers and nurses have begun calling about children they know - when a child needs insurance or medical attention.

  We see the newly-created brochure as a tool that will help educate and motivate school personnel, and facilitate referrals. But we believe that it is not enough – and that personal contact and repetition are also necessary. (A lot of things come across the desks – and into the boxes – of these busy folks!) Although results have been unimpressive to date, we are cautiously optimistic. While such linkages are unlikely to yield a large number of enrollees over the short-term, we believe that over the long run, many of the eligible children who can benefit most will be identified and enrolled.
- Linking with Free and Reduced School Meals Programs may be effective but it cannot be assumed. After a lengthy process to target outreach by utilizing information available from School Meals applications, Guilford hoped to have much better results than were realized on the first go-round (as has been described, 74 children were enrolled). It is likely that the number enrolled would have been greater if follow up with families had occurred as originally envisioned (implementation was altered as a result of the freeze on enrollment in Health Choice). But unless the results were far greater, some feel the value of using a computer match is questionable. However, linking insurance outreach with School Meals

[13] This has not been the experience in all Pilots.

programs clearly provides opportunities to streamline the enrollment process for families. We continue to be interested in exploring the experiences of states that have worked with School Meals Programs on Express Lane and Presumptive Eligibility approaches. Both of these strategies capitalize on the fact that School Meals and Health Check/Health Choice offer assistance to families with very similar incomes.

- Lower-tech school meals approach has potential. A less cumbersome and costly approach tried in Edgecombe - sending the flyers with the approval letter for School Meals with follow-up and follow-through - is appealing. We cannot, however, recommend it based on our fairly limited experience. We'd like to give this strategy another try, and for others to join us, and to track and share their results. Because school resources are strained, Edgecombe learned, it is important to be available to (literally) lend a hand, i.e., to stuff envelopes. In the next go-around, we'd include a short letter of endorsement from someone influential.
- Keep it simple. In looking back at their various schools projects, Guilford staff concluded that they probably would have had a better response for the school meals project if their print materials had contained less text, more graphics, and the name of a personal contact. From the distribution of its locally-designed flyers with orientation materials early on in the project, Forsyth learned that parents preferred to request an application by calling in rather than mailing back the tear-off section of its brochure. While small promotional items are popular, they may not produce the biggest bang for the buck, in the view of many of our pilots. Scarce resources may be better spent on directly distributing flyers to parents.

Back-to-school events/campaigns:

- Back-to-school events/campaigns with businesses and advertising help to set the stage and reinforce the message to parents. Based on their experience in the last three years and what they have learned about marketing, Buncombe believes that their back-to-school activities with businesses (Wal-Mart, KMart, McDonald's, Arby's) and ads (radio, television, newspaper) contributed to enrollment in ways that are significant and are not reflected in the numbers, i.e., calls and applications tracked to these sources. While it may be a school flyer that ultimately prompts a parent to call for an application (and it is the flyer which they have in hand that the parent remembers when asked about how they heard about the program), Buncombe believes that the call is often the result of multiple hits.
- Brief campaigns give businesses a feasible way to contribute to the effort. These events/campaigns provide businesses with a valuable opportunity to be involved in promoting Health Check/Health Choice in concrete, but time-limited ways. While our work was greatly facilitated by Covering Kids and Greer, Margolis, Mitchell, Burns & Associates (nationally) - who have established relationships with businesses at the corporate level and have developed resources and tools to support these events - these events/campaigns require substantial time and effort by local staff. (Note: Despite spending much time and effort, Buncombe had limited success in getting press coverage at kick-off events, i.e., free media coverage.) We would recommend that others pursue such back-to-school campaigns when there is genuine enthusiasm and support, but not at the expense of our basic strategy: flyers through the schools, direct call-in number, assistance and follow-up.

  With large chain stores, Buncombe learned that it is best to start with district managers and get their permission for the store manager to be contacted. Because each store manager operates differently, it is useful to propose ideas, but best to "let managers lead." Buncombe Covering Kids staff found that a month is too long for an in-store campaign (plans to try a week in the next go-around); and that it is important to meet directly with employees/staff of each store so they understand the program and enthusiastically support the campaign (employees children may be eligible as well). Covering Kids staff believes that the outreach effort dropped in the year that they didn't meet with employees directly.

  While flyers seem to work fine for the kick-off events and short-term campaigns, Buncombe advises using posters for more permanent displays (remain in place and don't require constant replenishing).

Conclusions and Recommendations

When we rolled out our schools projects late last summer, our question was fairly straightforward: Can a relatively simple, time-limited approach which involves distributing flyers through the schools, telephone assistance and follow-up be effective, replicable, affordable and sustainable?

After Piloting variations on the approach that has evolved in Buncombe County, we conclude that it can be **effective** – but not necessarily the first time around. Like other approaches, it requires time and effort to build relationships and work out the logistics. And, "the devil is definitely in the details." The approach is **replicable** in that the method of distributing flyers can be standardized to a great extent; however, we have seen that it must be customized to the school district. Program champions, buy-in at different levels, diligent follow-up and follow-through, all, are essential.

For many, the approach will be **affordable**. We roughly estimate the cost of a 40,000-flyer effort at about $6,500, but have seen that it could cost significantly less with volume purchasing and with efficiencies gained from experience. As we've learned, there are many ways to minimize costs. Because it is time-limited, agencies may be able to reorganize work and reconfigure existing staff to accommodate the seasonal campaign rather than adding personnel. Local costs can be significantly reduced to the extent flyers and other materials are supplied by the State.

When assessing costs, we suggest reviewing what is currently being spent on outreach and enrollment and deciding whether some reallocation might be worthwhile. Direct and indirect costs that are being borne by county agencies, coalition members and other partners might all be considered. For those with more limited resources who are interested in trying this approach, we suggest focusing on schools with a large number of children from low-income families, i.e., schools with large percentage of kids receiving Free and Reduced School Meals.

The "flyer and follow-up" strategy can be fairly easy to **sustain over the long term.** By implementing it on an ongoing basis, one should be able to continue to appeal to families who may have received the flyer previously but were not yet ready to apply, as well as those who are newly eligible. To parents whose children are already enrolled, the flyer serves as a re-enrollment reminder. The repetitious, cyclical nature of this approach allows refinement over time.

Depending on the level of interest and the resources available, this strategy can be augmented by other in-school strategies. These include working closely with school nurses, guidance counselors and other key school personnel, and possibly sending flyers with approvals for School Meals. (For some thoughts concerning these approaches, refer to the section, Lessons Learned.)

Those with additional resources should consider a more comprehensive back-to-school approach or campaign – that encompasses select strategies with businesses and the media to both expand the reach and complement each other along with the in-school activities. **Whether a county undertakes one strategy or a more comprehensive approach, we strongly believe that it is important to have a mechanism in place to ensure follow-up with those who express an interest in the program.**

As we look back at the various strategies that we have undertaken to cover kids, it is this basic schools approach (flyers and follow-up) that we recommend first and foremost to those involved in outreach and enrollment. With increased pressure on schools in this state to take steps to improve student performance, the time is right. And much of the groundwork has been laid. Note: The Department of Public Instruction has been an active partner since early on (particularly the State Superintendent and those who have worked with the "Healthy Schools" Initiative and Child Nutrition Services). As members of local coalitions, school officials are on board in many counties. In moving forward, care should be taken to carefully coordinate state and local activities aimed at the schools and businesses that might be involved in complementary back-to-school activities.

To those who are interested in developing this strategy further, we recommend testing a modified, slightly centralized approach where the flyers would direct callers to the State hotline

for information and to request applications, and hotline staff would obtain contact information needed so that counties could provide personal follow-up and application assistance by phone. Such an approach might be helpful and more efficient in serving Spanish-speakers.

We also recommend examining follow-up techniques more closely in order to determine the most effective and efficient way of prompting and assisting families who have expressed an interest in applying, i.e., the sequence, timing and materials to use in communicating with callers (postcards, personal notes, letters, and phone calls).