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ABSTRACT

This instructional school-based outreach guide is designed to help state Medicaid and state Child Health Insurance Program (SCHIP) agencies to initiate and sustain school-based outreach targeted to children potentially eligible for enrollment in Medicaid and SCHIP programs. Based on a review of state best practices undertaken by the U.S. Departments of Education, Agriculture, and Health and Human Services, the guide provides recommendations for maximizing school-based enrollment in the insurance programs that give children access to health care. The guide's introduction describes the population of uninsured children and details reasons for lacking insurance and for not enrolling for Medicaid. The second section of the guide discusses why schools are the best conduit to the uninsured, noting that schools are among the most trusted messengers in the society, supply a range of valuable services and supports outside of formal education to the residents of their communities, and are already working with community partners involved in health-related activities. This section also notes that schools are already burdened with responsibilities and that they must receive significant support from partnering state agencies. The third section of the guide includes several suggestions for and examples of ways that states have supported successful school-based outreach. These efforts include those related to streamlining the application form and process, providing funding and in-kind support to help schools already stretched beyond their means, and supporting outreach through communication, data-tracking, and evaluation. Specific strategies to increase success include piggy-backing opportunities for enrollment to applying for free and reduced price school lunches, partnering with health providers, developing culturally appropriate outreach materials, and developing media campaigns. (Contains 10 references.) (KB)

READY TO LEARN

A Guide for State Agencies Doing School-Based Outreach for MEDICAID and SCHIP

POLICY GUIDE 2

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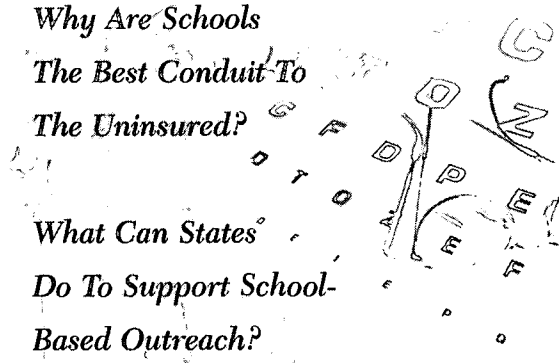


GUIDE

READY TO LEARN

A Guide for State Agencies Doing School-Based Outreach for MEDICAID and SCHIP

INTRODUCTION

INTRODUCTION

> ***Healthy kids make better students and better students make healthy communities.***
>
> COUNCIL OF CHIEF STATE SCHOOL OFFICERS AND
> ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS

In an age of unprecedented wealth and high employment, many children have difficulty accessing the health care system because of a lack of insurance coverage. Who are these children? Why are they uninsured? How has the system failed them in the past? What can be done to ensure access to the health care they must have to maximize their educational opportunities and, eventually, their contributions to society?

This booklet has been created by the U.S. Departments of Education, Agriculture, and Health and Human Services to address these questions. It is written for the State officials who work for Medicaid, the State Children's Health Insurance Program (SCHIP), the State Departments of Education, and Health and Human Services. It offers the best information available from research and experience on how to maximize school-based enrollment in the insurance programs that give children access to health care. The recommendations are based on a review of State best practices, undertaken by the three Federal agencies in preparation for a report to the President in July 2000.

It has become clear that simply planning and funding these programs is not enough to ensure that they cover the children who need them. More must be done to lower the barriers and increase the incentives for enrollment, and to reach out to the children and families who are uninsured. Surveys show that eligible families are nearly unanimous in identifying schools as a trusted source for information about health insurance, and a convenient location for the enrollment process. A recent study by the General Accounting Office confirmed that the vast majority of eligible but uninsured children are school-age or have school-age siblings.

JCTION

The State's role in outreach through the schools is indispensable. The professionals who staff State agencies are acutely aware of the benefits of insurance coverage, especially in providing preventive care and treatment for chronic conditions that would otherwise impair learning. State agencies have the resources and financial incentives to deploy powerful outreach tools that rely on economies of scale, such as communication networks, data tracking systems, mass media campaigns, and materials production. State agents are well positioned to forge the partnerships that have proven so productive in increasing enrollment in Children's Health Insurance Programs. States are uniquely able to improve coordination among similar programs with overlapping eligibility requirements. Perhaps most important, the State can set goals for insuring eligible children and provide leadership in efforts to reach those goals.

At the Federal level, Congress and the President of the United States have taken the lead in establishing the goal, giving the charge, and providing the resources to enroll every eligible child in a health insurance program. Enactment of the SCHIP program in 1997 constituted the largest expansion of children's health insurance since the passage of Medicaid in 1965. The matched block grant program allocates $40 billion in Federal funds over 10 years for flexible program expansion as determined by each State. Hundreds of millions of additional dollars are available to support the outreach efforts necessary for the States to succeed.

On October 12, 1999, President Clinton issued an Executive Memorandum explicitly directing the Secretaries of Health and Human Services, Agriculture, and Education to collaborate in making school-based outreach to enroll children in SCHIP and Medicaid an integral part of school business.

This guide offers suggestions, ideas, and examples of what States can do to enhance the school-based outreach effort.

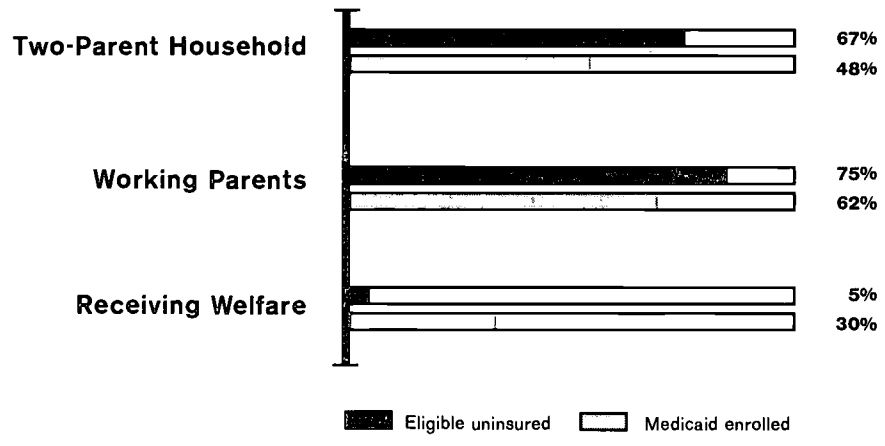
Who Are The Uninsured?

The vast majority of uninsured children come from two-parent households. Seventy-five percent of their parents are working. Only 5 percent of families with eligible uninsured children receive welfare payments. Seventy-eight percent of the parents of eligible, uninsured children are themselves without health insurance. Yet the overwhelming majority of these parents—91 percent—report that having health insurance coverage for their family is very important. And 93 percent report a willingness to enroll their children if they can.

The parents of uninsured children are largely indistinguishable from families who have health insurance except along an important dimension—they have less disposable income. The majority of uninsured persons in America are in families under 200 percent of the Federal Poverty Level. Ninety-six percent of higher-paid workers (earning more than $15 per hour) have access to health insurance through their jobs, but only 55 percent of low-wage workers (earning less than $7 per hour) have job-based coverage available to them or their families.

In addition to this wage gap, which has widened over time, Medicaid enrollment has decreased since Federal welfare reform delinked Medicaid eligibility from cash assistance in 1996. This law also made some qualified aliens ineligible for Medicaid for the first five years after their immigration date. Between 1996 and 1998, the number of children with incomes below the Federal poverty line who were covered by Medicaid dropped from 9.2 to 7.9 million. The rate of uninsured children below the Federal Poverty Level rose from 24.1 to 26.5 percent between 1997 and 1998 alone.

Family and Work Status of Eligible and Medicaid Families

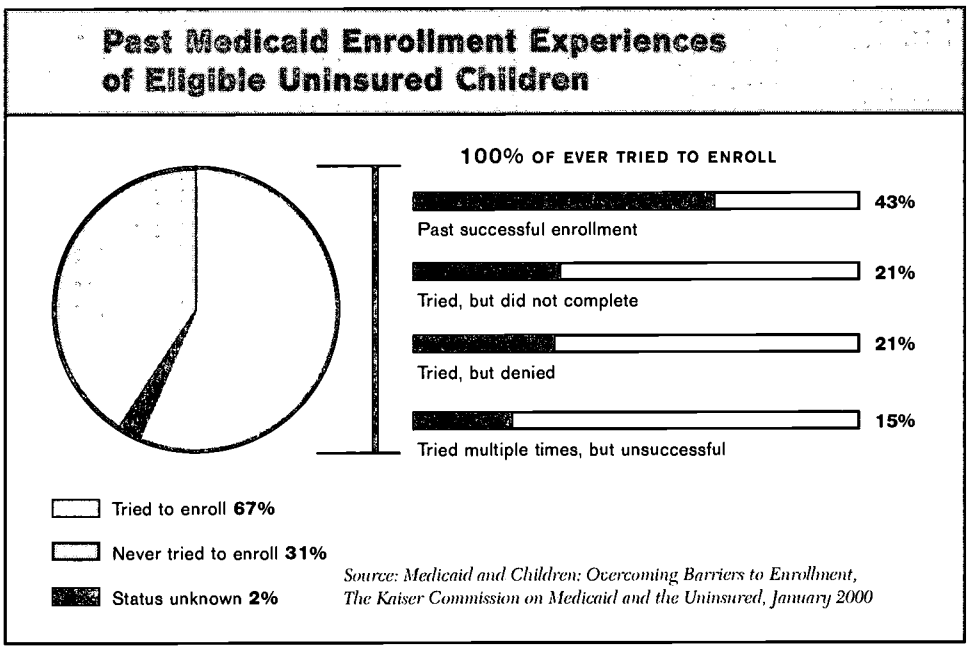


Source: Medicaid and Children: Overcoming Barriers to Enrollment, The Kaiser Commission on Medicaid and the Uninsured, January 2000

Why Are They Uninsured?

Research conducted by the Kaiser Commission on Medicaid and the Uninsured showed that more than two-thirds of low-income parents have tried to enroll their children in Medicaid, but 57 percent of these attempts were unsuccessful.

Forty-three percent of the children whose parents failed in attempts to enroll them had been previously enrolled in Medicaid. In fact, a majority of all eligible uninsured children (56 percent) have been previously enrolled in Medicaid. More than a third of these parents reported that their children's coverage was dropped because their financial situation changed. The financial fluidity of low-income families, many of whom are dependent on seasonal income, underscores the need for efforts to ensure continuous coverage for those who need it. It also highlights the need for retention programs and continuous outreach to the eligible uninsured.



Of the 67 percent of parents who tried to enroll their children but were unsuccessful:

- **21 percent tried but could not complete the process,**
- **21 percent tried but were ultimately denied, and**
- **15 percent tried numerous times and reported problems both in completing the process and obtaining approval.**

The reasons given by parents of eligible children who had not tried to enroll their children are very similar to the reasons why those who did try failed.

A principal underlying theme for failure to try and failure to achieve coverage is the perceived difficulty of the process. Among those who had tried but were unable to complete the process, the reasons cited for quitting were:

- **difficulty of getting all the required papers (72 percent),**
- **overall hassle of the enrollment process (66 percent),**
- **belief that the process was complicated and confusing (62 percent),**
- **belief that they earned too much (62 percent), and**
- **(among Spanish speakers only) materials not in my language (46 percent).**

Confusion and misinformation were rampant among the parents of eligible, uninsured children. Large proportions of these parents did *not* know that:

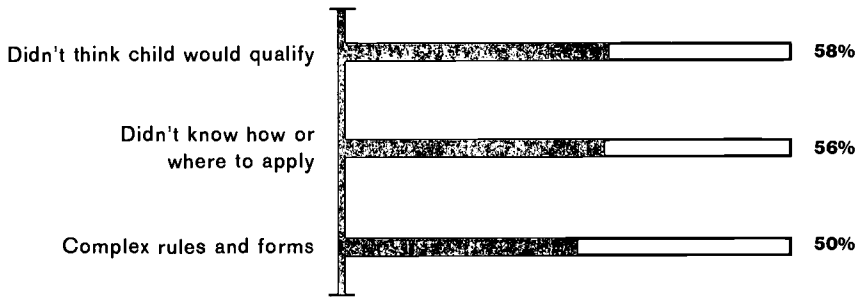
- **there is no time limit on enrollment (79 percent),**
- **some but not all the children in a family may be eligible (62 percent),**
- **children may be eligible even if a parent is employed (40 percent),**
- **the family does not have to be on welfare for a child to qualify (39 percent),**
- **the family can own a car and the child may still be eligible (35 percent),**
- **eligible children can live with both parents (29 percent).**

Having to (or believing one had to) go to the welfare office to enroll was also a barrier, especially for working parents.

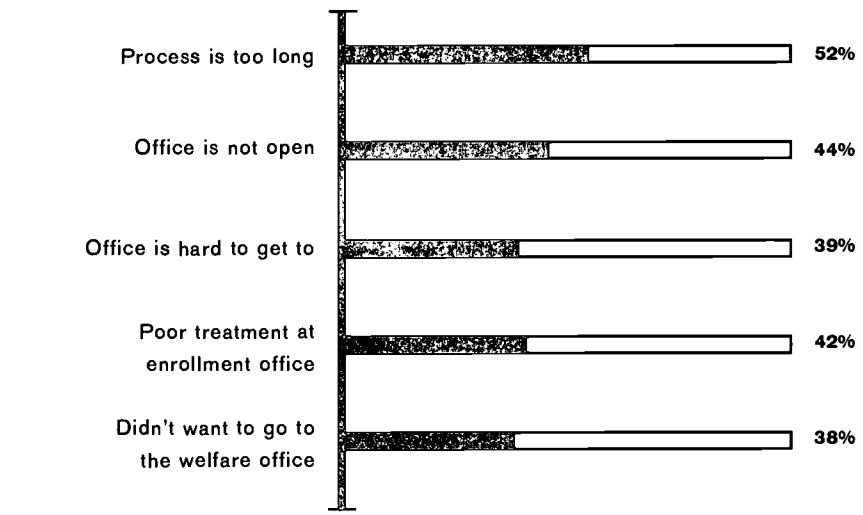
This research shows that lower-income parents want health insurance for their children, and believe that it is important. However, they do not believe that they qualify, they do not understand the rules, they do not trust that they can complete the process, they do not think that application materials are available in their language, and they do not want to go to the welfare office to apply. Not coincidentally, the vast majority of the parents of eligible, uninsured children—74 percent—say they have never talked to anyone, and never received any information about enrolling in Medicaid.

Reasons Cited Why Parents Have Never Tried to Enroll Their Child in Medicaid

1. LACK OF KNOWLEDGE AND KNOW-HOW



2. DIFFICULT ENROLLMENT PROCESS



3. LANGUAGE ISSUES

Source: Medicaid and Children: Overcoming Barriers to Enrollment, The Kaiser Commission on Medicaid and the Uninsured, January 2000

WHY SC

WHY ARE SCHOOLS THE BEST CONDUIT TO THE UNINSURED?

I rob banks because that's where the money is.

WILLIE SUTTON

Schools are the single best link between State programs that insure eligible, low-income children and the parents of these children. This is true for several reasons.

Schools are among the most trusted and credible messengers in our society. Schools already supply a range of valuable services and support systems outside of formal education to the residents of their communities. Schools provide the meeting place for many different interest groups, the fields for sports activities, the center for social events, and the site for extended child-care. Schools are ubiquitous. Schools are convenient. And schools are stable.

The bonding between communities and their schools is mutual. Schools know, understand, and are invested in the families within their catchment areas. Because of their extended exposure to the children they serve, schools are often able to target special populations for special needs. Schools know which children receive related services for low-income families. Schools know where English is not spoken in the home, and where it is, but not as a first language. Schools are uniquely situated to tailor any statewide effort for targeting outreach populations in their own communities.

Many schools are already working with community partners involved in activities that relate to health and could serve as links to outreach for health insurance coverage. For example, schools must ensure that all children are immunized. Many schools require physical examinations for new students, a doctor's permission for participation in sports, and minimal information on insurance coverage. Some schools conduct outreach for other public insurance programs, such as Medicaid's Early and Periodic Screening, Diagnosis and Treatment provisions.

HOOLS

Almost all schools participate in the National School Lunch Program, providing free and reduced price meals to many of the same children who would qualify for enrollment in Medicaid and SCHIP.

Many schools also have professionals on their staffs who could facilitate the application process for Medicaid and SCHIP. The school nurse or health technician is a natural champion for insuring all kids. Social workers, guidance counselors, occupational and speech therapists, case managers, hearing therapists, day care workers, and school secretaries can also help recruit eligible children and assist in the application process.

Evidence and experience support the notion that schools are the best avenue for reaching uninsured kids. The State of Florida, which now has 10 years of experience with school-based outreach, collaborates with the Institute for Child Health Policy at the University of Florida to conduct research and evaluation. The Institute has documented dramatic increases in insurance coverage through the State's Healthy Kids Program. During the 1995-96 school year alone, hospitals in Healthy Kids communities reported a 30 percent decrease in pediatric charity work and a 70 percent decrease in pediatric emergency department visits. When asked how they learned about insurance coverage for their children, the number one response of new enrollees (ranging from 50 to 59 percent depending on ethnic group) was "through the schools."

When the South Carolina Department of Health and Human Services tracked the source of applications for their Partners for Healthy Children program, they discovered that 11,143 new enrollees had come from school-based sources. The next most frequent source, providing 6,229 applications, were County Department of Social Services offices.

In the period from July 1, 1999 to mid-April, 2000, School Health Connections, California Department of Health Services, documented that schools ranked as the number one referral source for information and applications to Children's Health Insurance Programs. The school lunch effort elicited the highest number of requests. Altogether, school-based outreach resulted in 50,000 requests from families for applications and information.

To help all schools do as well as these leaders in the field, *Healthy Children Are Ready To Learn: Promoting Health Insurance for Your Students* is being distributed to school district administrators, superintendents, and their staffs across the country. The guide provides step-by-step instructions for - school-based outreached focused on working with community partners and the State. It has been designed as a companion to this guide for States.

Schools appreciate the benefits of health insurance and are eager to help enroll uninsured children. But most schools are already burdened with too many responsibilities and too few resources. To be true partners in outreach efforts, schools must receive significant support from their partners, especially their partners in State agencies.

SUPPORT

What Can States Do To Support School-Based Outreach?

> *We can't improve academic performance and attendance rates unless kids are healthy and have proper support, like eyeglasses and hearing aids. It's a moral issue to use schools as a catalyst for ensuring that government services are delivered.*
>
> Paul Vallas, CEO, Chicago Public Schools

The term "outreach" connotes a multifaceted approach, and indeed, the most successful recruitment programs are comprehensive efforts that employ a variety of different tactics. However, those with the most experience and success in insuring eligible children report that the single most effective strategy is to get an application into the hands of everyone who is eligible, supplemented by a variety of efforts to raise awareness, educate, and assist in the application process.

This section includes several suggestions for and examples of ways that States have supported successful school-based outreach. The first section describes efforts to streamline the application form and the application process. The next section describes ways that States provide funding and in-kind support to help schools that are already stretched beyond their means. The third section describes systems that support school-based outreach through communication, data-tracking, and evaluation. The final section includes several specific strategies to increase the success of school-based outreach.

Reduce the Barriers That Impede Enrollment

As the Kaiser Commission survey showed, "most barriers to Medicaid enrollment are not inherent to the program but are problems with practical, feasible solutions that all States can implement." The single greatest impediment to enrollment is the length and complexity of the application process. Fortunately, this problem has a straightforward solution that is already underway in most States.

A 50-State survey of Medicaid and SCHIP programs reported in April 2000 by the Center on Budget Policy and Priorities shows that States have made significant progress in simplifying and streamlining the enrollment process, and coordinating new programs with existing ones. Encouraging findings from this survey include:

- **of the 32 States that have separate SCHIP programs, 27 use joint applications with Medicaid;**
- **39 States have eliminated face-to-face interviews for children in Medicaid, no State requires face-to-face interviews in its separate SCHIP program;**
- **41 States have eliminated the asset test for children in Medicaid, or in both Medicaid and SCHIP where they exist as separate programs;**
- **seven States allow self-declaration of income in Medicaid for children, or in both programs where SCHIP is separate;**
- **seven States have adopted presumptive eligibility in Medicaid for children, five States have adopted presumptive eligibility in their separate SCHIP programs;**
- **35 States redetermine eligibility at 12-month intervals;**
- **43 States have eliminated face-to-face interviews for redetermination in Medicaid for children and in separate SCHIP programs where they exist.**

Nevada's Covering Kids and the Nevada Division of Health Financing and Policy are working together to obtain software that supports a computer-based application process that could reduce the length of application submission from six days to as little as six minutes.

Provide Financial and In-Kind Resources

Schools everywhere are overburdened, not just with the challenges they face in education, but with the many additional responsibilities they have as well. This is why it is so important for the State as a partner to do as much of the work as possible, rather than simply advising the schools to do it. This is also why the State must help to defray the costs for what has to be done to insure all kids.

The money saved on expensive, inappropriate care of uninsured children in emergency settings, the improved school performance of insured kids, and the Federal matching funds make Medicaid and SCHIP a good financial deal for the State. But outreach and enrollment require manpower and cost money. Schools already make significant in-kind contributions of space, equipment, supplies, and personnel; they need financial assistance to provide additional staff, training, and materials.

Administrative funds for SCHIP are currently capped at 10 percent of what States spend to provide coverage. This may limit the amount of outreach efforts that schools can undertake and may require States to provide additional funding for this purpose. The health care costs for children are much lower than they are for older persons. The administrative costs for children are not. Because of this cap, it is likely that States will need to find other ways to finance school-based outreach.

The administrative funds available through Medicaid are an important resource for financing outreach efforts, and are generally available on a 50/50 matching basis. The State share of Medicaid and SCHIP outreach that is calculated for the Federal match can come from a variety of sources, including State revenues, intrastate intergovernmental transfers, or private (but not provider-related) donations. In order for schools to use administrative matching funds, the State Medicaid agency must put in place an interagency agreement that delineates the activities to be supported and the methodology for developing the claims. For example, in several States, Federal Medicaid funds are used to match the administrative expenditures incurred by States for the costs of salaries of school nurses who perform outreach activities.

States can also use their allocations of the $500 million Federal fund available under section 1931 of the Social Security Act, in accordance with guidance issued in the January 6, 2000 letter to State officials and the May 14, 1997 Federal Register notice. States can also use Temporary Assistance to Needy Families (TANF) block grant funds or State Maintenance of Effort funds for outreach and training activities for Medicaid and SCHIP. Finally, in a number of States, tobacco settlement funds are being considered as a source for outreach funding.

Some States provide additional funding through their Departments of Education and/or Health Services. Some States award mini-grants for good outreach proposals. Private foundations, commercial enterprises, and school districts may also contribute. Grants are available for outreach through Federal programs including the Maternal and Child Health Services Block Grant, the Rural Health Outreach Grant Program, the Health Systems Development In Child Care/Community Integrated Service Systems grant program, and others.

States can help schools by identifying, acquiring, and providing the resources that schools need for good outreach. Allowing flexibility in the use of those funds can also be very helpful.

In New Jersey the State legislature passed a special appropriation that pays the school $25 for every family they help enroll in NJKidCare.

In California, the Department of Health Services amended the Medi-Cal State plan to allow Local Education Agencies (LEAs) to bill for health services provided to children who are eligible for Medi-Cal. This LEA billing generates revenues that can be used in a variety of ways, including support for health insurance outreach, enrollment, retention, and utilization efforts.

Implement Processes That Support School-Based Outreach

As a critical partner in the school-based outreach effort, the State can work with leaders statewide to set the standards, the goals, and the tone for success. This includes providing the kind of moral and practical support that will empower and inspire all partners in cooperative efforts to insure every eligible child. Perhaps most important, the State can involve the schools in planning, designing, and implementing outreach efforts. This involvement will help the schools to feel invested in the outcome, and encourage all the players to work as true partners.

Establish Data Systems To Monitor and Track Accomplishments

Monitoring progress is important for many reasons. It lets the State evaluate programs, identify successful strategies, build in steps for success, reward those who achieve, and inspire those who do not. Having to report on results reinforces the accountability of partners in outreach. Active monitoring and data collection can be fed into a corrective feedback loop to help all participants get better at what they do. Information on best practices can be captured and disseminated as model programs.

In addition to tracking and documenting progress, States and schools should be sharing information that can be used to target the populations most in need. The barriers to data sharing (e.g., different and sometimes conflicting privacy regulations) should be removed where possible.

In partnership with the State of Illinois, the Chicago Public School (CPS) system uses mapping databases to geo-code demographic variables that highlight concentrations of CPS students likely to be eligible for KidCare based on their eligibility for the National School Lunch Program.

NJKidCare worked with a school that had a computerized listing of all their children. Through database matching, NJKidCare was able to identify 4,000 children in the school who were already enrolled in SCHIP or Medicaid. This narrowed down the target for additional enrollment efforts to the remaining 2,500 children in the school, and saved significant resources.

Designate a School-Based Outreach Coordinator

Placing someone at the State level in charge of school-based outreach provides the leadership and coordination necessary for this important effort. This coordinator works closely with and facilitates communication and collaboration between the State Medicaid/SCHIP agencies, the State Education Agency, the school districts, and schools. The coordinator can help direct resources, broker partnerships, and connect schools with local eligibility workers.

Establish Communication Systems To Share Information and Encourage Creativity

The State can assist schools by simply giving them a forum or a medium through which the schools can communicate with each other. This forum might be a Web site for posting progress and success. It might be a targeted, interactive listserv that allows individuals to announce upcoming piggy-back opportunities and to report successful strategies for improving linkages between schools and communities. It might be periodic, multiline teleconferences for discussing the results of past activities. It might be a newsletter that reports on innovative approaches. All of these communication systems can also be used to support training and ongoing technical assistance.

Two heads *are* better than one. Often individuals do not know what they think until they hear themselves say it to someone else. Sometimes ideas die just because their inventors were afraid to try them alone. A good communication system would foster creativity by allowing State officials and schools throughout the State to share their ideas.

Well functioning communication systems can also be used to identify and provide access to experts. Not everyone has to be good at everything, but there are enough roles for everyone to contribute. For example, all people don't enjoy public speaking, but some people are naturally good at it. If a speaker gets good reviews, she can be identified as particularly effective, and offered other outlets. An interactive communication system can allow individuals to specialize and develop expertise which, if shared, would increase the efficiency and effectiveness of the entire school-based outreach effort.

Consumers Union's Healthy Kids, Healthy Schools program in California established a Web site to serve as a central information resource for schools. The site includes reports on school-based enrollment projects throughout the State, collateral materials and templates for promotion and education, a database of contact information for involved personnel, announcements of policy developments, and an outreach kit that details replicable outreach and enrollment models and best practices.

Evaluate, Publicize, and Reward

Every school will know its own neighborhood best and be best positioned to customize outreach efforts to its surrounding community. However, every school can also learn from others and get better at what it does. The State can foster this learning and improvement by evaluating progress toward the goal of insuring every eligible child and using the results to honor and reward those who do best.

Many social reformers complain that the press only covers bad news. But one reason this is true is that the press does not get many well-packaged good news stories. Good evaluation results can provide the necessary hook for an optimistic story, or an in-depth series (during slow news times of the year) on how the State is collaborating with the schools to produce healthier, happier, academically successful, and more productive citizens.

A good evaluation program and a system to reward success would also create the kind of healthy competition that boosts everyone's performance.

Specific Activities To Increase Success

Piggy-Back Opportunities

Simple coordination can increase the success of separate but related efforts and make life a lot easier. There are many intersections of time and effort on which States and schools can capitalize for better results. In the Kaiser Commission study 53 percent of the parents of both Medicaid-enrolled and Medicaid-eligible but uninsured kids said they would be much more likely to enroll their children in the health insurance program if their application was automatic when they applied for free and reduced price school lunches for their children.

The Chicago Public School (CPS) system uses Report Card Pick-Up Days to raise awareness of KidCare and to offer application assistance. With State help, CPS trained 2,000 volunteers to serve on-site as outreach workers during these times, when parents are required to personally attend a teacher/parent conference to receive their children's report cards.

The California Healthy Kids, Healthy Schools program spearheaded a pilot project with the Department of Health Services, the Managed Risk Medical Insurance Board, and the Department of Education to use the National School Lunch Program as a vehicle for promotion and outreach for children's insurance. Participating schools included a Healthy Families/Medi-Cal Request for Information form in the free and reduced price school lunch application and information packet that is sent to all parents. The School Lunch Program is now the number one source of requests for applications to these insurance programs.

Partnering For Success

Many fruitful partnerships have been formed to conduct school-based outreach for children's health insurance. Some institutions make natural partners because they have vested interests in achieving the same goal. These include hospitals, clinics, and other health care providers looking for ways to increase their reimbursements and reduce their charity care. They also include the departments that administer TANF, food stamps, and other assistance programs. Other institutions have similar missions or like-minded, service-oriented people who could partner with children's health insurance outreach for education and training. These potential partners include universities, with rich pools of student volunteers, and a variety of community-based organizations that attract community leaders and volunteers.

As a companion to this guide, the Departments of Health and Human Services, Education, and Agriculture have produced a booklet to encourage the provider community to become partners with States and schools to increase enrollment in Medicaid and SCHIP. This guide, "Getting Students Insured: Working with Schools to Enroll Eligible Children" is available for States to pass on to potential partners. See the References section on page 21 of this guide for ordering information.

In some cases schools already have talented partners who can be persuaded to work on this effort as well. But where these partnerships do not yet exist, school personnel are often too busy to take on the additional burdens, especially the added expense of identifying, recruiting, and training partners. To the fullest extent possible, the State should do at least the initial legwork required to form these partnerships. More important, the State should fund the partnerships to ensure that they work.

Nevada's Covering Kids coalition applied for 16 VISTA workers for three years. In June 2000, these VISTA workers, each sponsored by a local community partner, were placed throughout the State to serve as community health advocates by developing and implementing school- and community-based outreach to potentially eligible families. The VISTA workers were offered as a "two-for-one" deal, with their costs divided among the 16 Covering Kids coalition partners (approximately $4,746 per partner per year).

Develop Culturally Appropriate Outreach Materials

The chances of not having health insurance are particularly high for low-income minorities. Twenty-eight percent of Native American/Alaska Native children, 27 percent of Hispanic children, 18 percent of African American children and 17 percent of Asian American/Pacific Islander children are uninsured, compared to 9 percent of white children who are uninsured. Given the high proportion of Hispanic parents — almost half — who report that not having materials in their native language poses a major barrier to their application for children's health insurance programs, culturally appropriate materials can be very valuable. Of course, "culturally appropriate" means more than simply translating materials from English into other languages. The State can be very helpful by drafting, testing, and producing these specialized materials because not all schools are able to produce them.

The California Department of Health Services, Department of Education, and Managed Risk Medical Insurance Board sent a joint mailing to all county and district superintendents, school nurses, and Healthy Start coordinators asking that they distribute Healthy Families/Medi-Cal for Children information flyers in back-to-school packets, at back-to-school nights, with school lunch menus, and at other venues throughout the year. The flyers, available in 11 languages, can be ordered in bulk quantities.

NJKidCare discovered that their State slogan — "Health Insurance That Works As Hard As You Do" — did not resonate in the Hispanic community. After focus group testing, they adopted a slogan for their Spanish-language materials that roughly translates as "Applying Is Easier Than Teaching A Child To Walk."

> *Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has.*
>
> MARGARET MEAD

DEVELOP MEDIA CAMPAIGNS OR MEDIA MATERIALS

Some States support school-based outreach through statewide media and public relations efforts. These campaigns have included radio and TV spots, bus cards, print ads, billboards, and a variety of collateral materials including posters, water bottles, toothbrushes, and rulers that display a toll-free hotline number to call for more information. Some States have developed media materials in different languages in efforts to reach non-English speaking ethnic groups.

A better way to reach specific populations might be for the State to develop generic materials that schools can then adapt and use, especially with local media. These materials might include "Swiss cheese" press releases (i.e., drafts that tell the story, give pertinent facts, and include relevant quotes that can then be attributed to local spokespersons) about recent developments or upcoming events. Large newspapers and television stations routinely ignore such press releases, but the smaller the media outlet, the greater their reliance on written materials that do the work of reporters. Local and community newspapers, sometimes called "weeklies" or "shoppers" can be highly effective in targeting and communicating with special populations. Daily newspapers with large circulation reach many more people, but they are discarded quickly; weeklies, especially those printed in languages appropriate for their selected readership, are typically kept in the home for long periods of time.

Schools are the best way to reach uninsured children. And States must be active partners to engage and facilitate the outreach work to be done in schools. Through funding, data collection and monitoring, coordination and communication, and creating outreach and media materials, State agencies can put the resources and supports in place for successful school outreach.

Working together, Medicaid, SCHIP, and schools can improve the health and lives of America's children.

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