

INVOLVING THE SCHOOL COMMUNITY



October 2001

Prepared for *Covering Kids* by

Donna Cohen Ross and Meg Booth
Center on Budget and Policy Priorities
820 First Street NE, Suite 510
Washington, DC 20002
voice 202-408-1080
fax 202-408-1056
www.cbpp.org

IN
CHILDREN'S
HEALTH
COVERAGE
OUTREACH

*covering
Kids*[™]



INVOLVING THE SCHOOL COMMUNITY IN CHILDREN'S HEALTH COVERAGE OUTREACH

Health coverage is now available to nearly all of the nation's six million low-income, uninsured children through Medicaid or a State Children's Health Insurance Program (SCHIP). The majority of these children — more than four million — are between the ages of six and 18 and are likely to be in school.¹ As trusted community institutions, schools have become a focal point for children's health insurance outreach and enrollment activities throughout the country. Dedicated school staff, working in partnership with community-based organizations and state and local children's health insurance agencies, are helping children get enrolled. Any event or activity that brings school staff in direct contact with families can be viewed as an opportunity to provide information about the availability of children's health coverage and to offer application assistance. There is a role for every member of the school community, including superintendents, principals, teachers, school secretaries, school nurses, School Lunch Program staff, guidance counselors, social workers, coaches and support staff who have developed relationships with children and families. Students and parents can participate as well.

Here are ways members of the school community can become involved:

School superintendents and principals can take the lead to bring Medicaid and SCHIP eligibility workers into schools to enroll students.

School administrators are key to establishing outreach and enrollment activities in schools. Often community groups and agencies interested in offering services in schools must first contact the local school administrator to get permission. They can help facilitate logistics, motivate school staff to participate and assure parents that the activity has school support.

Any event or activity that brings school staff in direct contact with families can be viewed as an opportunity to provide information about the availability of children's health coverage and to offer application assistance.

- The Superintendent in Charleston County, South Carolina, kicked off a children's health coverage enrollment drive by sending a letter to parents letting them know that enrollment services would be available at school registration. To publicize these

events, the county Medicaid Director, her staff and *Covering Kids* teamed with state legislators, school administrators, businesses, medical professionals, mayors, and the local minor league River Dog baseball players to hold a press conference at the baseball stadium. When school opened, principals arranged for county

eligibility workers to attend at least one event in each of the county's 79 schools to help families apply for coverage. Eligibility workers, set on enrolling as many eligible children as possible, helped families that were unable to supply needed documentation with their applications by conducting a computer search of the Employment Security Commission database to verify their income. If eligibility could not be confirmed on the spot, it was guaranteed to be determined by the next day. Enrollment events also were held at Wal-Mart stores during the "no sales tax days," when many families shop for school clothes and supplies. *Contact: Anne Hill, Charleston County Medicaid Director, SC Covering Kids, (843) 792-7481.*

School counselors can provide application assistance. School counselors and social workers can help identify and enroll eligible children at school-based health clinics, registration events and school health fairs. Since they have regular one-to-one contact with children and families, and often work with them on sensitive family issues, they are in a good position to follow up to make sure that children get enrolled and utilize necessary health services.

- In the DeSoto County, Mississippi, school district, a committee of school personnel and community leaders was formed to develop strategies for identifying uninsured children. *Mississippi Covering Kids* trained committee members, including eight elementary school counselors, on the basics of the state's Medicaid and SCHIP programs. The counselors met with families on kindergarten registration day to provide information and applications to interested families. The counselors helped 200 families complete applications. *Contact: Janet Smith, Mississippi Forum on Children and Families, MS Covering Kids, (601) 355-4911.*

Coaches can get into the game. Most states require student athletes to have a physical examination prior to participating in any school-sponsored sport. Students without health insurance may find it difficult to get a physical because they do not have easy access to a provider or because they are unable to pay the cost of the exam. Some states also require students to have health coverage in order to play. Thus, a lack of health coverage can prevent students from fully participating in school activities.

- Outreach workers from the West Virginia Primary Care Association teamed up with the Secondary School Coaches Association to alert all middle and high school coaches about the availability of health coverage through the state's children's health coverage programs, referred to as WV CHIP. Coaches in West Virginia have a strong incentive to help families obtain health coverage for their children, since all students participating in athletics in the state are required to have health insurance. Schools offer a limited plan that covers school sports injuries but does not cover medical needs that arise off the field or court. Coaches have been eager to join outreach activities so they can help student athletes obtain health insurance that will provide the full array of benefits children need. Many now give families WV CHIP applications and the outreach worker's phone number to contact

if they need help. To further encourage student athletes to apply for health coverage, state funding was allocated to purchase 350 WV CHIP backpacks filled with school supplies. In some communities the backpacks are being raffled off to students receiving sports physicals at community health centers. *Contact: Brian Cunningham, West Virginia Primary Care Association, WV Covering Kids, (304) 346-0032.*

School Lunch Program staff can help identify children eligible for coverage. The School Lunch Program can be an effective vehicle for identifying children eligible for health coverage programs and helping them to enroll. Children eligible for free or reduced-price school meals are likely also to qualify for coverage under Medicaid or SCHIP.

Many school districts attach to the school lunch application a flyer informing families about children's health coverage and explaining how they can get help applying. Alternatively, after eligibility for free or reduced-price meals has been determined, a health coverage flyer can be attached to the notices informing families that their children qualify for school lunch, targeting the information to the families with children most likely to be eligible for health coverage.

Recent federal legislation has made it possible to use the school lunch application to do more than refer families to health coverage. School Lunch Programs now can share information from a school lunch application with Medicaid and SCHIP under certain conditions. (Families that do not want to have their information shared have the option to keep their school lunch application confidential.) Sharing such information can help

Recent federal legislation has made it possible to use the school lunch application to do more than refer families to health coverage. School Lunch Programs now can share information from a school lunch application with Medicaid and SCHIP under certain conditions.

jump-start the children's health insurance eligibility determination process. School districts across the country are exploring the best ways to harness this new capability. *For details on the rules for sharing data and on how the school lunch application is being used to facilitate children's health coverage enrollment, see Donna Cohen Ross, "Enrolling Children in Health Coverage: It Can Start With*

School Lunch," Center on Budget and Policy Priorities, Washington, DC, and Covering Kids, Columbia, SC, January 2001. Access the report at www.cbpp.org/pubs/health.htm or at www.coveringkids.org.

Family Support Workers can help meet families' individual needs. School districts may employ members of the community to help families gain comfort in the school

environment, orient them to school procedures and help link them to needed social services. Families often place a high degree of trust and confidence in these workers, generally called “parent liaisons” or “family support workers.” In recent years a number of school districts have realized the valuable contribution such individuals can make in helping get children enrolled in health coverage.

- In Seattle Public Schools, a grassroots contingent of Family Support Workers (FSW) operating in 58 elementary schools has been trained to reach out to families of children likely to qualify for health coverage. Funded by the City of Seattle, the Families in Education Levy, United Way of King County, the Washington Hospital Association and Medicaid administrative funds, the project is in its fourth year. A multi-language back-to-school flyer distributed to all school children gets the ball rolling, letting families know how they can directly contact the FSW in their school for assistance. Interested families are referred to a specially trained member of the FSW Medicaid Team, who helps them apply. The Medicaid Team is committed to providing equitable services to all families and pays close attention to families that speak languages other than English to ensure that language barriers do not prevent children from getting insured. In conjunction with Pacific Medical Center’s Cross-Cultural Health Project, the Medicaid Team provides interpreters who help families with applications during home visits. Interpreters have provided assistance in languages such as Spanish, Vietnamese, Tagalog, Cantonese, Japanese and Amharic. As of August 2001, FSWs have enrolled a total of 1,049 children in health coverage. *Contact: Theresa Lucrisia-Bradley, Seattle Public Schools, tlbradley@seattleschools.org.*

Schools can assist school personnel whose own children may be eligible for health coverage. School employees who may have lower earnings, such as support staff, part-time workers, and newly hired or entry-level staff, may be interested in children’s health coverage programs because their own children may qualify. Staff trainings or new employee orientations provide an opportunity to help enroll their children. *(Note: In some states, uninsured children of school employees may not be permitted to enroll in the state’s SCHIP program if the parent has access to the state employee’s health plan. State rules vary. However, children of school employees who qualify for Medicaid can enroll in that program even if they have access to or are enrolled in the state employee’s health plan or other private coverage.)*

- Denver Public Schools provided small training sessions to over 900 school bus drivers, primarily for the purpose of teaching drivers how to document that children with disabilities were receiving Medicaid-reimbursable transportation. The training also included details on children’s health coverage programs and how to enroll. Many of the bus drivers indicated that their own children appeared to qualify for coverage. The school district responded by assigning school personnel — including school nurses, psychologists, physical and occupational therapists and counselors — who had been trained by Colorado’s SCHIP program to

assist employees with the application process. School foodservice workers also indicated high interest in the program for their own families. The school district now plans to include health coverage information in the fall training for all staff and to make district Medicaid staff available to provide application assistance. These activities may explain why Colorado found school districts to be one of the top ten employers of parents with children enrolled in the state's SCHIP program, Child Health Plan Plus. *Contact: Connie Garcia, Denver Public Schools, (303) 764-3819.*

Students can be teachers in the community. Students can be an important source of information for other students and their families. Communities have enlisted high school cheerleaders, school athletes, bilingual students and others in children's health insurance outreach activities. These students bring with them creative, effective ways to deliver the message to their peers and their families. University and college students also can contribute to community-based outreach efforts. The American Medical Students Association (AMSA) actively encourages its members to get involved in such activities.

- Since 1997, students in Chicago Public Schools have had to fulfill a community service requirement before graduating from high school. One way students can work toward completing the 40 "service learning hours" they need to earn a diploma is to participate in the "Be a Youth Advocate" training offered by the Illinois Caucus for Adolescent Health. Over two weekends, students receive training on the top adolescent health issues, where and how to get health services, adolescent's rights when receiving health services and

Communities have enlisted high school cheerleaders, school athletes, bilingual students and others in children's health insurance outreach activities.

how to pay for health services — which includes information on the state's children's health insurance program, KidCare. Students interested in continuing work on health care access are linked with KidCare activities, such as conducting presentations for community organizations, handing out flyers at report card pick-up days at school, or assisting KidCare application agents in their neighborhood. *Contact: Beatrice Ponce de Leon, Illinois Caucus for Adolescent Health, (312) 427-4460 or Denise Taylor, Chicago Public Schools, (773) 553-1839.*



Endnotes

1. Center on Budget and Policy Priorities analysis of the March 2001 Current Population Survey, U.S. Bureau of the Census.

This brief is one in a series of papers devoted to conducting children's health coverage outreach in schools. Other briefs in this series include:

***Enrolling Children in Health Coverage Programs:
Schools Are Part of the Equation***

***Children's Health Coverage Outreach: A Special Role for
School Nurses***

***Conducting Children's Health Coverage Outreach in
Non-Traditional Educational Settings***

***Enrolling Children in Health Coverage Before They Start
School: Activities for Early Childhood Programs***

A resource page, which lists organizations that can provide more information, is attached. The full series can be found at <http://www.coveringkids.org> or at <http://www.cbpp.org/shsh>.

About Covering Kids

Covering Kids is a national health access initiative for low-income, uninsured children. The program was made possible by a \$47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid, SCHIP and other health coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. *Covering Kids* receives direction from the Southern Institute on Children and Families, located in Columbia, South Carolina.

About the Center on Budget and Policy Priorities

The Center on Budget and Policy Priorities, located in Washington, DC, is a non-profit, tax-exempt organization that studies government spending and the programs and public policy issues that have an impact on low- and moderate-income Americans. The Center works extensively on federal and state health policies, and provides technical assistance to state policymakers and policy organizations on these issues and on the design of child health insurance applications, enrollment procedures and outreach activities. The Center is supported by foundations, individual contributors and publication sales.

***The views expressed in this paper are those of the authors, and
no official endorsement by The Robert Wood Johnson Foundation
is intended or should be inferred.***