

**Best Practices Brief**  
**Reaching Out to Children 0-5 and their Families about Health Insurance**  
**Children’s Health Outreach Initiatives**  
**Healthy Kids Initiative**

**Background**

Since 2003, First 5 LA has funded the Los Angeles County Department of Public Health to administer the Healthy Kids Outreach Partnership under the Children’s Health Outreach Initiative (CHOI) program. Under this program, CHOI contracts with 15 community organizations (and an additional 10 subcontracting agencies) to provide health coverage outreach, enrollment, utilization, and retention services to uninsured children ages zero to five in Los Angeles County.

A myriad of issues ranging from complex eligibility requirements to documentation status concerns make outreach to this target population challenging. Moreover, country of origin, education, income and language also add to the complexity of how families receive information. <sup>1</sup> Over the course of the last four years, these agencies have developed and implemented several strategies aimed at effectively identifying and reaching families. Key innovations, lessons learned, and challenges are addressed in this brief.

**Promising Strategies**

**Partnerships**

Many agencies have emphasized the value of establishing partnerships within the community. Based on the aggregated information on these partnerships collected by CHOI, there are two different types of partner organizations:

- An organization with a “captive” audience. For example, agencies have partnered with Women, Infants and Children (WIC) programs to provide onsite enrollment assistance as many recipients are families with young children who are required to report to the WIC site periodically. Other examples of such partner organizations/venues are Family Resource Centers, youth camps, the Los Angeles County Office of Education (LACOE), juvenile halls, Service Planning Areas, Health Centers, and country consulate offices.
- A grass-roots organization with close and trusted ties to the community. Agencies also partner with organizations that have a trusted presence in the community. A good example is a church or faith-based organization. Presence at a church or faith based organization and public support through religious leaders provides the agency an opportunity to outreach to the families who attend services.

## **Community Liaisons**

The promotora or health advocate model has been a successful means to outreach to parents. Promotoras go door-to-door in neighborhoods to share health related information with families. Agencies note that the home visitation strategy has been instrumental in reaching people who may be fearful of the “system” (e.g. public charge concerns, etc.) and therefore do not seek public services. Additionally, the promotora network effectively targets those families who are socially isolated, with children 0-5 not enrolled in pre-schools.

## **Schools**

Schools and preschools have proved to be a fertile ground to identify uninsured children and are generally recognized as trusted entities by families. Agencies have tried a variety of methods to target children and their parents through venues including the following:

- Working with Head Start and other early childhood development programs in Los Angeles County to outreach to children and families
- Working with school nurses to open doors for agencies that would like to outreach on school sites
- Participating in major school year events and staying connected at the Kindergarten level

For example, in addition to the routine back to school months of August and September, the month of February is known as “round-up” time for parents and their children who will be attending kindergarten the upcoming school year. Agencies can take this opportunity to meet with the families and inform them of health coverage programs.

- Outreaching to parents of children entering their first year of public school. State law requires all children to have a physical exam, dental screening, and up-to-date immunizations before their first year in public school, at kindergarten or first grade.

## **Worksite**

Worksites provide another opportunity to connect with low-income, working parents of uninsured children. Onsite, education is provided on the importance of health coverage and application assistance. Three fourths of uninsured Californians are in working families.<sup>2</sup> On a more local level, a recent Urban Institute study of Los Angeles County Healthy Kids members indicated that more than 70% of Healthy Kids families have parents employed full-time.<sup>3</sup>

## **Clinics/Providers**

Clinics/Providers have yielded high numbers of applications. For example, data shows that clinics have generated a large number of Healthy Kids applications (data breakdown for 0-5 years is not available).<sup>4</sup> This may be because families are already seeking medical services, such as prenatal obstetric care, so clinics have a “captive” audience. In addition, several agencies have found it helpful to connect their health coverage assistance with clinics and providers who serve their target population including expectant mothers and children.

Below is a table that summarizes statistics of the CHOI agencies by the types of strategies discussed above.

**Table of CHOI outreach strategies by number of events and number of persons contacted, July 2003 – June 2007**

|                              | <b>Number of Events</b> | <b>Number of Persons Reached</b> |
|------------------------------|-------------------------|----------------------------------|
| WIC Center                   | 4,448                   | 72,998                           |
| Clinics/Health Care Agencies | 5,807                   | 83,918                           |
| Schools                      | 2,812                   | 76,645                           |
| Church/Faith-based           | 351                     | 18,140                           |
| CBO/Cultural Centers         | 1,743                   | 27,606                           |
| Worksites                    | 343                     | 9,121                            |
| Street/Door-to-Door          | 905                     | 46,821                           |
| Retail Venues/Swap Meets     | 488                     | 11,891                           |
| County/Gov. Facilities       | 905                     | 28,342                           |
| Early Childhood              | 431                     | 8,536                            |
| Various Offsite Locations    | 4,312                   | 110,418                          |
| <b>Total</b>                 | <b>22,545</b>           | <b>494,436</b>                   |

In addition to the above mentioned strategies, the following methods have also been instrumental in maximizing outreach efforts to children and families.

### **Provide Additional Services**

In order to attract families, some agencies have begun to offer other services in addition to health coverage assistance. Linking one service with another has added value to what the agencies already do and has helped agencies to attract families that they otherwise might not have identified. Some examples of services offered by agencies are: prenatal classes, early intervention connection for disabled children, vision and hearing testing, and enrollment services for WIC, Food Stamps and Medi-Cal.

### **Advertising**

Targeting specific population groups by placing advertisements in local ethnic newspapers and magazines offering assistance with enrolling in health coverage is another promising strategy. Although it is recognized that television and radio are also effective vehicles, the focus of this document is on strategies that Healthy Kids contractors have used.<sup>1</sup>

## **Lessons Learned**

### **Developing Relationships**

For agencies collaborating with other entities, maintaining a regular presence at a site makes it possible for people to develop a relationship with the agency as well as to easily refer friends and family members to the agency for assistance.

### **Social Networks (i.e. friends and family)**

When working with populations in small or ethnic-specific communities, agencies have found name recognition and trust are very important for families, especially for families with mixed documentation status and have public charge concerns. Data suggests that some immigrant communities rely on friends and family for information, so developing creative ways to promote messages within social networks is an area worth exploring.<sup>1</sup> For example, the 2005 Urban Institute survey, demonstrated that almost 23% of new enrollees heard about Healthy Kids through a friend or family member.

### **Public Charge**

Public charge is an issue that continues to be an obstacle for agencies. It's important to continue providing information to parents and outreach workers to dispel myths surrounding the issue of immigration and public charge. Concerns include:

- Families being asked during their citizenship tests whether they have accessed public programs
- Families becoming reluctant to speak to outreach workers or take advantage of their services after an INS raid
- Misinformation in the community regarding public charge

Additionally, new documentation verification requirements under the Deficit Reduction Act (DRA) may further hinder agency efforts to outreach to families due to the complexity of the process.

<sup>1</sup> Metamorphosis Report, Volume 1.2, 2006

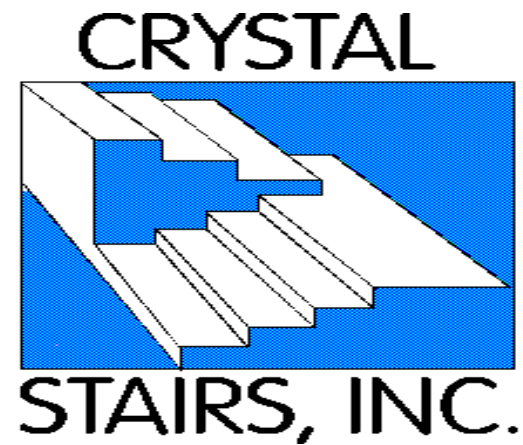
<sup>2</sup> UCLA Health Policy Research Brief, February 2005 "Job-based Coverage Drops for Adults and Children but Public Programs Boost Children's Coverage"

<sup>3</sup> 2005 Survey of LA Healthy Kids Enrollees-Urban Institute Los Angeles Healthy Kids Evaluation

<sup>4</sup> Los Angeles Healthy Kids Evaluation-Urban Institute First and Second Quarter Process Report-2006

# Crystal Stairs, Inc. Children's Health and Wellness Medical Coverage Workshop #1

1. How to make an appointment with your doctor
2. What to do with a prescription
3. Your relationship with your doctor
4. Your right as a patient
5. What to do if you change plans
6. How to change your doctor
7. How to change your health care plan



**Crystal Stairs, Inc.  
Children's Health and Wellness  
Medical Coverage Workshop #2**

1. Who to contact if you have problems with your Health care services  
How can they help?
2. How to challenge situations with your doctor
3. How to launch a complaint
4. How to be an advocate for your child
5. General Health and Safety Issues



**Crystal Stairs, Inc.  
Children's Health and Wellness  
Medical Coverage Workshop #3**

1. Prevention
2. When to use the Doctor's Office or Clinic, Urgent Care or Emergency Room
3. What to do when your child gets sick
4. Well child visits
5. When and where your child can receive vaccinations
6. Mobile Unit
7. Nutrition and Exercise For your Child



**8. The Truth About Folk Medicine**

**9. General Health and Safety Issues**

Crystal Stairs, Inc.  
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## FOCUS GROUPS

### **Purpose:**

Feedback gathered from program participants give insight on the utilization of program services and retention in the program. The objective is to conduct a series of bilingual focus groups that serve to gather input and feedback from participants who are navigating the health care system. The focus group sessions concentrate on specific program components for each session (i.e. outreach, enrollment, utilization and retention.) Sessions enable program staff to identify and correct inconsistencies with program materials, identify and address possible barriers to client participation, and help assess the success of various program strategies. The staff will modify session materials and strategies as necessary to meet program objectives.

### **Methodology:**

In preparation for the sessions, a mailing list of current agency facilitated participants is developed from the existing CHOI database. Invitations to attend the sessions are addressed to parents and families three weeks prior to the scheduled date. All participants respond to the indicated hotline number to RSVP. Participant space is limited to 10 clients per session (English and

Spanish). Invitations are followed-up by phone calls to confirm participation.

The session is facilitated by the construction of open-ended questions aimed at the targeted program component (i.e. utilization, retention, etc.) that encourage participant feedback and dialogue. Session dialogue revolves around participants and is guided by the program specialists seated at the table. Sessions are audio taped with participant knowledge for further review.

**Potential Questions for a Focus Group on Retention:**

1. What kind of problems have you had with your annual recertification or annual program renewal?
2. What kind of help did you receive with filling out the recertification or renewal application?
3. When you received your medical cards, what kind of explanation or information did you receive regarding how, or under what circumstances your benefits could end?
4. Are you satisfied with your doctor or healthcare plan?
5. Was the paperwork for the renewal/redetermination complicated? Please explain.
6. Were you aware that you must report any change in address, income, family size, or employment status?
7. Is your eligibility worker available to you when you need to speak to her/him regarding changes, obtaining additional forms, extension of deadlines, etc?

8. Were you aware that you had to renew every year? Do you know where to receive assistance for your renewal?
  
9. Did the specialist inform you that he or she could help you with your renewal?