Covering Kids and Families Evaluation

Outreach in a Time of Budget Tightness

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INTRODUCTION

Purpose: The fiscal situation in many states has deteriorated dramatically over the last couple of years, raising questions about whether and how Covering Kids and Families (CKF) grantees' outreach has been affected, how grantees are responding, and whether promising new approaches can be identified for use under a constrained budget. CKF grantees had previously only practiced outreach in a much more positive fiscal environment. As part of our evaluation's formative feedback to the Robert Wood Johnson Foundation on the CKF program, we convened a meeting of state and local grantees to exchange information and explore this issue in depth, under the guidance of neutral experts. This highlight memo synthesizes the information we gathered from these grantees about promising or successful outreach strategies for use in times of budget tightness. This information may be useful to both the Foundation and the CKF program if it aids understanding of how grantees approach outreach in the new environment and if it helps to improve the effectiveness of outreach. This process also provided the evaluation team with front-line experience with a major program goal: outreach implementation.

Method: We gathered data from the state and local grantees at a "Reverse Site Visit." We developed a protocol incorporating the key questions we wanted to ask the grantees and shared this with the four outside experts who were to guide the discussion at the meeting. In addition, the grantees were asked to come to the reverse site visit prepared to talk about the budget circumstances they currently faced and promising, successful or "best" outreach practices that they had used. On April 22, 2003, state grantee and local grantee representatives from five states attended the reverse site visit in Washington D.C. with staff from the CKF evaluation project and the four outside experts. (The meeting was observed by staff from the Foundation and the National Program Office.) Appendix A lists the attendees. The sessions followed the protocol and were facilitated by the outside experts and the evaluators. This highlight memo synthesizes the main points agreed on both by the grantees during the April 22 session and by the evaluators and the experts in a followup meeting on April 23, 2003.

Findings: The central finding from this meeting is that in a time of state budget crisis, which often results in reduced resources for outreach and enrollment and lower enrollment targets, the roles and opportunities open to CKF state and local grantees as they pursue outreach have begun to change. While this may lead to changes in specific outreach strategies and activities, it more fundamentally highlights the importance for grantees to implement basic principles of effective outreach, management, and

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collaboration. In describing their experiences and outreach activities, state and local grantees identified some of these principles. Other principles emerged from the discussions among the grantees, the evaluators and the outside experts. These practices and principles are described in this memo along with illustrations from the grantees. A second finding is that grantee outreach roles, strategies, and activities had already begun to change as a result of program maturation. Separating the effects of budget change and program maturation is difficult, but both developments reinforce the need for flexible and responsive outreach strategies.

A CHANGING AND UNCERTAIN FISCAL ENVIRONMENT

Some states were considering measures that could severely limit SCHIP and Medicaid enrollment, but most grantees have not yet felt the pinch of cutbacks, or were uncertain how their activities would be affected. At the time of our meeting, state legislatures were negotiating budgets, so a variety of drastic cuts and changes in SCHIP and Medicaid were on the table. Many of the state grantees, indeed, were engaged in education and advocacy aimed at heading off the most drastic cuts. However, grantees recognized that some, but not all, of the proposed changes and cuts would be adopted, and suggested that changes in their outreach (and other CKF activities) would depend upon which changes were adopted. States were discussing or introducing such things as:

(1) Cutbacks in eligibility and enrollment, such as enrollment caps, reductions or elimination of parental eligibility for SCHIP and Medicaid, and ending continuous 12-month eligibility
(2) Reductions or elimination of benefits (such as optional benefits like adult dental care)
(3) Staff reductions through early retirement, layoffs, or failure to replace
(4) Cuts in provider payments
(5) Changes in procedures designed to discourage enrollment including those that erode processes simplified earlier (for example, reintroducing asset tests and face-to-face interviews and eliminating self reporting of income), and increasing waiting times before applicants can be covered
(6) Elimination of SCHIP and Medicaid outreach budgets, or cuts in the outreach budget such as ending enrollment incentives
(7) Ending the SCHIP program entirely

WHAT IS OUTREACH AND HOW HAS IT BEEN CHANGING?

Grantees' outreach goals and activities are broad. Since the Covering Kids program began in 1998, outreach has included traditional media and "group" events intended to increase program awareness and initial enrollment, such as back-to-school campaign and health fairs. They have also included education of community-based (including faith-based) organizations (and their leaders) and employers. Traditional outreach has also included educating individuals through one-on-one counseling and employing application assistors to aid families to enroll in SCHIP or Medicaid.

Grantees goals had begun to broaden and their activities had become more focused even before the state budgets became severely constrained. Grantees indicated that there had been a shift in outreach goals even before the state budgets got tight. These shifts—related to program maturation—included:

(1) A broadening of goals, for example:

- Expanding the focus to include renewal and retention and not just initial application and enrollment. Program turnover has been relatively high (60 percent turnover was mentioned, and grantees believe that many people leaving the program are still eligible).

- Providing information about the health system more broadly and not just about insurance coverage. The focus of this information provision is on how to use the health system. In Texas, this focus was directly related to enrolling applicants—because in that state all new enrollees must complete a session on appropriate use of health services or they lose simplified eligibility status—the state grantee developed a video to educate clients on appropriate use of care. Elsewhere, activities were less focused.

(2) Increased emphasis on the effectiveness and efficiency of outreach. As state budgets have become tighter, CKF grantees have worked hard to identify those strategies that "work," and that are most effective and efficient. (This shift was a response to both program maturation and, more recently, to budget tightness. Because the grantees were responding to both changes simultaneously, it is not easy to distinguish which was the primary force for the increased focus on effectiveness in any given situation.) For example:

- Grantees have shifted focus; they are trying to be "the" most accurate source of information on SCHIP and Medicaid (rather than just providing information about the program). CBOs, faith-based organizations, and employers are examples of targets. These organizations are also approaching the grantees.

- Related to this, grantees see themselves as a source of training for their community partners. One example is technical assistance for community partners on the application process and eligibility rules for Medicaid and SCHIP, including meetings scheduled for this purpose. Another example is use of coalition meetings to educate community partners on immigration issues and the health care coverage available to different community members.

- Another focus is on particular populations rather than broad populations. For example, use of newspapers and other media that are targeted to specific populations such as Hispanics and Asians, and to reach those who have just become unemployed through meetings sponsored by human resource staff in affected businesses.

- A greater selectivity of partners—for example, an increase in working with faith-based organizations that people trust and with employers, who can educate their employees about insurance coverage options—was also mentioned.

ILLUSTRATIONS OF PROMISING PRACTICES

Little information is available about successful outreach practices—let alone "best practices." Grantees recognized the importance of continued attention to the most effective ways of spending limited resources on outreach and were therefore very interested in sharing what they believed to be promising or successful practices. Grantees also cautioned that effective practice is easier when you have had more experience (most of the grantees had earlier experience as a CK grantee or outreach experience in other programs). The following discussion of promising practices, with examples, is drawn from activities described by the grantees as at least promising at the reverse site visit. (From this discussion, we

developed underlying principles—see the last section.) Although specific examples are listed under only one heading, many of these examples actually deploy several of the practices at once.

Introduce incentives. Grantees described numerous ways in which they introduced financial or other incentives into their outreach to encourage their partners to be more active in outreach themselves. One local grantee [Texas] held a conference for school nurses and family support specialists where they trained 300 nurses during one half-day session that was held during normal business hours. The nurses came because they were able to get continuing education credits for the training, were invited to attend by the local school district, and did not need to give up an evening or weekend. This conference resulted in over 1,000 applications compared to 43 in the prior period.

Be flexible and open to opportunistic use of connections. Grantees described numerous examples of opportunistic strategies. For example, Texas uses a lot of volunteers in its outreach, including high school students. Other local grantees got their coalition members involved in outreach activities. The Connecticut local grantee, for example, uses its quarterly coalition meetings to provide education and training to coalition members on such topics as immunization and when to use health care, and provides information about barriers to access that coalition members might be able to change. In Illinois, coalition members do outreach events.

Build on earlier activities and piggyback activities on others. One local grantee [California] developed a "fotonovela" or picture serial in Spanish that told a story about the family Garcia. This activity was actually part of a domestic violence prevention activity of the grantee agency, and provided information about what to do if you encountered domestic violence. The grantee believed both that this strategy was applicable to outreach (and was planning to use it for that purpose) and that it was transferable to other grantees (especially those with Hispanic families). The first part of the fotonovela serial ended with a "continued in Part 2, as a result of which hundreds of families called asking for part 2 and this provided an opportunity to offer them information about agency programs. Grantees agreed that effective activities often build on other activities, with each new activity improving on the last, thus implicitly following a Continuous Quality Improvement type model.

Partner with providers and local agencies. This is a fruitful area for outreach directed to improving retention. Health plans are a prime target, because they often have the best address information. (Note though, that in some states, health plans are prohibited from doing outreach, whereas in other states, the states encourage them to do so.) But hospitals, group practices, and clinics are also potential partners. State grantees spoke of showing partners how to run meetings (on outreach or other subjects) effectively and efficiently. The Florida state grantee described the importance of intense efforts with another type of partner—the county eligibility agencies—to get them to do outreach, because the state is not training them or supplying them with materials.

Deploy business strategies. Chambers of commerce, professional associations, and employers can be useful partners in outreach. Some grantees had a lot of difficulty making contact with these groups—although three strategies were mentioned as effective: (1) being persistent; (2) having coalition members interested in working with these groups; and (3) using other contacts to help them make new ones. But when there was a response they said it was critical to act immediately, call back, or get down to the office. Once engaged as a partner, these groups can be very effective. For example, Texas described its partnership with Dell, the computer company. Dell sponsored a mass media campaign in four counties, thus reaping public relations kudos, while helping community members.

Get endorsement from trusted partners. This strategy borrows legitimacy from others, which improves the likelihood that people will hear and accept the messages disseminated (particularly important for immigrant families). For example, in Illinois the local grantee had planned a faith unity campaign that was to take place shortly after the reverse site visit. This campaign incorporated several strategies to improve its effectiveness; they included a press release together with distribution of a CD with messages that could be given from the pulpit or included in church bulletins, together with the offer to do a church event. The grantee would track the number of attendees, the number of materials handed out and the number of applications submitted as a result.

Become a source of accurate information and dissemination. These grantees had already begun to focus on being seen to be a key source of accurate information. This is partly in response to the budget crisis—as a direct result of which (fewer outreach dollars) and an indirect result of which (fewer eligibility agency staff available) misinformation is circling about the SCHIP and Medicaid programs. Moreover, if and when the program changes, there is a potential for the grantees to lose credibility because information provided previously is no longer accurate. Providing accurate information to trusted partners as well as to businesses and individuals is a way of overcoming credibility problems and of maintaining enrollment and retention.

A second aspect of this best practice is an expansion of information provided by grantees, to include information on how to use the health system effectively, in order to optimize access to providers and thus make the best use of insurance coverage once gained. For example, one local grantee [Florida] made a "family access guide" that described how to use and stay on the program, how to pay premiums, how to access primary and specialist physicians and appropriate use of the emergency room.

Grantees can also work with state agencies to identify problems that need correction and then develop a training curriculum, as the local California grantee did.

Be more targeted in outreach to specific populations. The local California grantee was targeting "hard to reach populations" and used information from the state on enrollment by zip code which was matched with census data to get SCHIP penetration rates and thus to identify areas to target; it sent out flyers to schools in those areas.

Have a shared, strategic vision of where you are going, in addition to an immediate tactical plan and specifically plan for budget change. Only one of the grantees specifically mentioned strategic planning—California state. In a process of evaluating alternative outreach opportunities, along with agency resources and constraints, the grantee developed an infrastructure for outreach, and focused on creative, but cost effective, ideas.

Plan for budget change. It was apparent that the grantees had begun to think about what they might do in a different environment, but most were waiting for the other shoe to drop. That is partly because their states were in the midst of their legislative sessions at the time of the reverse site visit, and it was not at all clear whether the most dire budget prognostications would actually ensue, or indeed whether they would actually have a final budget before the end of the calendar year in some cases. Without going into detailed strategies, clearly, grantees needed (and had started) to think about doing outreach in an environment where states no longer provided an outreach budget.

Outreach in a Time of Budget Tightness

BEST PRACTICES: LESSONS LEARNED ABOUT UNDERLYING PRINCIPLES

After describing specific activities and strategies, grantees agreed that there are underlying principles to effective outreach practices. During the ensuing discussion, the following principles were elucidated:

1. Effective strategies are ones that are ***doable—they must work***. For example, one of the most common outreach activities is one-on-one counseling to increase enrollment. This is known to work, even if it is not always the most cost-effective way to increase enrollment. Grantees however, were increasing the effectiveness of this activity by targeting more narrowly to groups with lower enrollment rates.

2. Effective practices should have ***measurable outcomes or should incorporate measurement*** whenever possible. Not all outreach activities are amenable to measurement. When it is not practicable, grantees need to pay attention to their own good sense about whether a practice is productive or good value for the dollar. But many activities are amenable to measurement. For example, it is valuable to track where completed applications come from in order to find the most prolific source of applications or the source of applications from specific populations (such as targeted ethnic minorities). One local grantee [Florida] recommended placing a numeric code on a sample of application forms related to specific events—in order to count how many of the forms distributed are actually submitted—and thus to find which are the most effective avenues for distribution. The grantee based this recommendation on an activity in Spring 2002 in which they coded 10 percent of the 35,000 applications mailed to people who had indicated an interest in getting insurance coverage information (by checking a box on a free and reduced school lunch program application). Over a year later, coded applications were still being received.

3. Successful strategies will usually be ***transferable or adaptable to other locations***. Effective strategies are usually ones that are not specific to one state or locality, but may be adapted to other locations and circumstances.

4. ***Outreach must be better targeted in the current budget environment.*** In a world with reduced state outreach budgets and loss of enrollment incentives (as well as increasing discussion of capped enrollment), one with more constrained budgets than any of the grantees had ever experienced, the necessity of targeting outreach was quickly recognized.

5. Finally, the NPO has the goal that grantees should be ***institutionalizing the infrastructure of outreach*** so that it does not have to be continually reinvented—the grantees were very aware of and supportive of this goal. The principle here is to avoid having to repeat activities year after year, by changing it once and for all. For example, grantees persuaded other organizations with which they were already working (such as the school lunch program or local maternal and child health programs) to add questions to their own application forms about whether the applicant had health insurance coverage and whether they would be interested in hearing about low-cost coverage. Other examples include such important and effective practices as working with the state to simplify the application form, which need only be done once. Texas was trying to institutionalize outreach in the schools by working through the school nurses. Florida got the state to include better instructions with application forms on what documentation noncitizens needed to include with their application. It is a measure of how tight the budgets are in some states that some of the infrastructure changes made in recent years are now being abandoned. Nevertheless the principle remains.

APPENDIX A

REVERSE SITE VISIT ATTENDEES

TABLE A.1

STATE AND LOCAL GRANTEE PARTICIPANTS

Attendee	State	Organization/Affiliation
State Grantees:		
Victoria Martin	California	Community Health Councils, Inc.
Judith Solomon	Connecticut	Children's Health Council
Mary Figg	Florida	University of South Florida
Laura Leon	Illinois	Illinois Maternal and Child Health Coalition
Sonia Lara	Texas	Texas Association of Community Health Centers
Local Grantees:		
Teresa Alvarado	California	Multi-Cultural Community Alliance (Fresno County Opportunities Commission)
Barbara Edinberg	Connecticut	Bridgeport/Stratford Pilot Intervention
Terri Weichman	Florida	Palm Beach County KidCare/Covering Kids Workgroup
Theresa Wilson	Illinois	CKF Chicago Area Coalition (Westside Health Partnership)
Barbara Best	Texas	Harris County (Children's Defense Fund)

TABLE A.2

OUTSIDE PARTICIPANTS

Attendee	Organization/Affiliation
Experts:	
Donna Cohen Ross	Center on Budget and Policy Priorities
Len Nichols	Center for Studying Health System Change
Lee Partridge	Health Management Consultant
Vernon Smith	Health Management Associates, Inc.
Evaluators:	
Eileen Ellis	Health Management Associates, Inc.
Ian Hill	Urban Institute
Karen Sautter	Mathematica Policy Research, Inc.
Holly Stockdale	Urban Institute
Debra Strong	Mathematica Policy Research, Inc.
Judith Wooldridge	Mathematica Policy Research, Inc.
Observers:	
Kelly Hunt	Robert Wood Johnson Foundation
Nicole Ravenall	National Program Office