Pennsylvania Partnerships for Children

Blending School Lunch and Health Coverage Applications: Lessons Learned

Pennsylvania Partnerships for Children

Briefing paper: February 2004

Test reveals promise and pitfalls

A two-year Pennsylvania pilot test that boosted health coverage enrollment by combining applications with school lunch forms resolved critical timing and logistical issues. However, its intense coordination and staff time demands could undermine its value as a long-term enrollment strategy.

In Pennsylvania, any child income-eligible for free and reduced school meals and snacks, more widely known as school lunch, also qualifies for Medicaid or CHIP, Pennsylvania's SCHIP program. The combined application test was inspired by a 2001 national study, "Enrolling Children in Health Coverage: It Can Start with School Lunch," showing that many of the children eligible for health coverage but unenrolled actually participated in school lunch. While other projects in Massachusetts, Colorado, New Jersey, Ohio, Oklahoma, New Mexico, and Washington had used school lunch as a source for referrals for health coverage application assistance, this project aimed to let families apply for both simultaneously.

The Consumer Health Coalition in Allegheny County had already been working with the Pittsburgh Public Schools to generate referrals for application assistance by reviewing schools' emergency information cards. Through that project, CHC developed relationships with appropriate school district administrative staff, established confidentiality agreements, and received approval from the School Board. However, results were mixed. Because there were delays in receiving the emergency card information and making contact, the contact information became invalid for 35 percent to 40 percent of families. Still, among families who were reached, a significant number of children were enrolled.

A school lunch strategy seemed plausible to shorten the time between completion of a form by families and delivery of that information to the health coverage programs. There would be no delay if families could meet their need for coverage by applying directly. For the school year 2001-02, the first year of the test, participation was offered to low-income districts in Allegheny County. Pittsburgh School District and two smaller school districts, Wilkinsburg and Duquesne, agreed. The Consumer Health Council, PPC, and the Pennsylvania departments of Public Welfare and Insurance collaborated on a form that would allow families to answer all of the questions necessary for both school lunch and health coverage. The group also designed a process for distributing, collecting, and forwarding the applications to the Allegheny County Assistance Office, which would

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Pennsylvania Partnerships for Children is a strong, effective, and trusted voice to improve the health, education, and well-being of the Commonwealth's children. Joan L. Benso, President and CEO.

Overcoming challenges

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determine Medicaid eligibility and forward applications that appeared eligible for CHIP to the CHIP insurers.

The Department of Insurance, through its communications subcontractor, printed and distributed 40,000 combined school lunch and health coverage applications on carbonless duplicating paper. The graphic of an apple highlighted school lunch questions, while a red cross illustrated health coverage questions, and the four-page application included information about health coverage. Ideally, a family could apply for only the programs they wanted by following the visual cues. Once the completed form arrived at the school, staff was to separate the carbonless copy from the original, collate the pages with proof of income, and send it to the County Assistance Office.

Theory gave way to reality and created unintended consequences in that first year. School districts did not receive the revised school lunch form until late September. That delay combined with families' confusion over the new form to initially suppress school lunch enrollment. Some families completed part of the form but did not return all of the pages. In some cases, families correctly completed the form and returned it with income documentation — but schools kept the income information to document school lunch eligibility.

The disruption to school lunch participation was labeled a serious negative outcome. School officials remained committed to the idea that health coverage makes for better students, but funding for many school programs, such as Title I, are tied to school lunch participation rates. To remedy the immediate problem, the schools made a second distribution of the traditional school lunch forms to students, and the Pennsylvania Department of Education allowed the districts to report their numbers later than usual.

In all, 1,319 applications were returned with health coverage information completed. Of that group, 519 were already enrolled in Medicaid, 507 did not attach income information, and 216 children were ultimately enrolled. Without hard data, it is difficult to know why the number returned was so small. Possible reasons include confusion over the form itself; difficulty in assembling proof of income; confusion over the opportunity offered for both school lunch and health coverage, and incomplete applications.

Changes in Year Two

In year two, 2002-03, several adjustments made in response to year one's challenges averted disruptions to school lunch programs. Pittsburgh declined to participate in a second year, but the project expanded beyond Allegheny County districts to four more in Southeastern Pennsylvania, Westmoreland County, and Greene County, the application form was completely redesigned. The typical short form for school meals was distributed to students, and an additional short form sought the remaining information needed for health coverage. The package minus the envelope was delivered to school districts through the Pennsylvania Department of Education e-mail system for Food and Nutrition services. School districts could then customize it with their information and print them.

The package included an envelope for returning the completed health form and proof of income, which was printed and distributed by the Insurance Department. When families returned the envelopes, school staff copied the school lunch application, attached it to the envelope, and forwarded it to the County Assistance Office. A handful of families enclosed all the forms in the envelope, but school staff anticipated that and opened envelopes as appropriate.

Late-August training sessions, developed and held for school staff and County Assistance directors in Pittsburgh and West Chester, were another important change. With the changes, year two's implementation did not disrupt

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Facilitating cooperation

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school lunch enrollment or suppress participation rates. In total, 211 applications were received, and 104 children were enrolled in health coverage. A school district with social workers in each school building had the highest success rates.

Impact

Two years of pilot testing have revealed promise and pitfalls. There are many critical junctures in making the effort pay off in enrollment:

- School districts must receive the health forms and envelopes in time to coordinate distribution at the beginning of the school year.
- Parents must understand the opportunity offered by the combined forms, and complete the forms and return income verification.
- Schools must be willing to supply the staff needed to collect the forms and envelopes, copy the school lunch forms, and attach the health form envelope. Then they must forward the forms to the local County Assistance Office.
- The County Assistance Office must agree to honor the forms as viable applications and process them under "any form" protocols.
- Staff from the schools and the CAOs must communicate effectively using joint training sessions or other methods to reach agreement on process and procedures.

Under the two years of pilot testing, the yield in the number of actual enrollments has been relatively small. Staff resources used are significant and require approval by many state and local administrators. Cooperation must be facilitated school building by school building. Given limited resources, are there more effective strategies to reach eligible children and enroll families through their child's school? Would self-declaration of income make a significant difference?

Other strategies used in school settings include the use of emergency card information for follow-up enrollment contacts, conducting enrollment events in schools, collaborating with school nurses to identify uninsured children and reach out to their families, and outreach at school sports events, back-to-school nights, kindergarten registration, and report card days. These strategies allow contact with eligible families without the clerical burden of the school lunch application strategy. And, in some instances, strategies used have produced a higher rate of enrollment.

Further exploration of school-based strategies will continue under Covering Kids and Families, and information regarding those strategies will be shared.

Learn more

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Published by Pennsylvania Partnerships for Children, a strong, effective, and trusted voice for improving the health, education, and well-being of the Commonwealth's children. Joan L. Benso, President and CEO. *Blending School Lunch and Health Applications: Lessons Learned* is part of the Covering Kids and Families project, funded by the Robert Wood Johnson Foundation.

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