

The intersection of health coverage and education

Coverage impacts school success

The primary job of school districts is educating children, a responsibility for which they are increasingly held accountable, so health care coverage might not seem like a high priority for educators. But because healthy students are better learners, attending to children's health will help schools meet their academic goals.

Health coverage is critical to a child's well-being and future, so the federal government and states partner to provide two children's health coverage programs: Medicaid and, in Pennsylvania, CHIP, the Children's Health Insurance Program. Both offer comprehensive health benefits at low or no cost to families who meet age and income guidelines. A child under 19 living in a family of four can qualify for free health coverage with family income up to \$40,000, and above that, for low-cost coverage with family income up to \$47,000.

School districts benefit when children have health coverage because:

- Children with health coverage are less likely to miss school, contributing to success in No Child Left Behind's school attendance performance measures.¹
- Preventable and treatable health problems can compromise most students'

ability to perform well on tests.²

- Vision problems can hamper school achievement, but students with Medicaid or CHIP can get needed corrections because vision care and eye-glasses are covered.
- Children with health coverage are less likely to have an untreated health condition, more likely to see a doctor when they are sick, and more likely to get prescriptions filled.³
- Health coverage can meet students' behavioral health and assessment needs.

Health coverage outreach in Pennsylvania

A significant number of Pennsylvania children lack health coverage, and the population is always changing. Reaching uninsured children and enrolling them is the focus of the Robert Wood Johnson Foundation's Covering Kids and Families (CKF) Initiative. With Pennsylvania Partnerships for Children (PPC) as the lead agency, CKF has four local projects testing innovative outreach strategies in two urban and two rural communities. The local sites are Philadelphia Citizens for Children and Youth; Wellspan Health in York and Adams counties; Cornerstone Health Care in Fayette, Washington, and Greene counties; and

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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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Consumer Health Coalition in Allegheny County.

Outreach efforts are pivotal in connecting eligible children to health coverage because a range of obstacles often block their way:

- Children move in and out of health coverage based on their parents' status. A parent who gains or loses a job, marries, divorces, adds or loses a family member, or moves may lose health coverage in the process.
- Many families are unaware of available programs. Still other families are aware of the programs but don't believe they qualify. Many assume they earn too much.
- Many families are aware of the programs but need help in applying. Language and literacy barriers or confusion over the application process can keep families from enrolling.

A history of working with schools

All of the Covering Kids and Families local projects have worked with schools, for a reason that seems obvious to them: schools are where the kids are. Focus groups have also revealed that parents, who often mistrust the overblown claims of insurance offers, expect to

hear about health coverage from their children's schools – a trusted source of information.

But reaching parents through schools has been harder than originally expected. The mission of schools to educate students must be preeminent, and connecting to school management has required creativity, flexibility, and persistence.

In developing strategies for working through schools, the local projects found several key elements critical to success:

- Finding a champion within the school district and understanding the tasks already required of schools.
- Offering a variety of outreach options.
- Assuring credibility by following through with parents.
- Being persistent in marketing the effort to schools or school districts.

The outreach and enrollment partners – the Covering Kids and Families sites – have also learned that they must assure schools that they will assume the bulk of the work or, if more is required of the schools, that the amount of work be communicated clearly from the beginning.

Finding a champion

A champion is someone in a school setting who can make health coverage outreach a priority. Effective champions share a set of common characteristics, and they hold a range of positions in a school district. A champion must be able to convey the importance of health coverage to the health and well-being of children, communicate its impact on school performance, articulate the need within the district or school building, and oversee the specifics of the outreach effort, including the day-to-day workings from beginning to end. In some instances, this champion may be one individual, or it can be a high-level administrator who delegates the task. In any case,

some of the most effective champions are:

- School superintendents or their assistants, who can direct strategic participation for maximum benefit to the district.
- School principals, who can mobilize their buildings into outreach activity.
- School nurses, who see the need for health coverage every day. Parents consider them a trusted and credible source of information.

In other states, champions have included individual teachers, school counselors, and coaches who have collaborated with local projects on outreach and referral efforts.

In building champions, it is essential to

A first step: Establishing relationships

remember that school district officials must remain focused on their mission of educating children of all abilities and backgrounds. Outreach efforts create extra administrative work, and the perception of disruption or overload can affect the school district's view of an outreach proposal. Educators are likelier to become health coverage champions when they get help integrating outreach into their everyday responsibilities. For instance, efforts that start small – perhaps a successful but small-scale effort in one school building or with one event – can lay the groundwork for expansion. It also helps if a committee of community partners can build a case, using local data or a needs assessment to convince school district officials that participation would advance the district's strategic goals.

In developing relationships with school district personnel, the four pilot sites and other community efforts have employed different champion-building strategies:

- School nurses have been cultivated through several strategies. Nurses have provided referrals, mailed information home, sought the district's participation, and convinced their building principals of the importance of health coverage and outreach to families. (PCCY, Wellspan,

Cornerstone and Consumer Health Council)

- Individual parents who have enrolled through or worked for a pilot site have asked the principal or school nurse in their child's school building to undertake an outreach project. (Cornerstone)
- One school district with a large social work staff undertook a wide range of outreach projects, including combining school lunch applications with health coverage applications, assisting families with assembling income documents, translating application instructions, and issuing outreach flyers to every student twice yearly. The effort was prompted by the interest of the social work department's director. (West Chester School District)
- A Northeastern Pennsylvania foundation convened a group of school personnel to consider health enrollment strategies. One outcome of the meeting was a training session on CHIP and Medicaid outreach and enrollment for school nurses and counselors and their community partners, including Head Start, homeless shelters, and local health clinic staff. (PPC and the Rider-Pool Trust)

Outreach options

A range of outreach models are available:

Events: Sharing information and offering enrollment assistance at existing school events can be effective. By folding outreach into back-to-school nights, health fairs, kindergarten registration, sports events, and parent conferences, schools can reach parents with only a small time commitment and minimum disruption. Schools can also make space available during existing events for outreach projects to stage enrollment events, helping families learn about coverage and complete applications in a private setting. Typically, enrollment events are scheduled as

private, one-on-one sessions that provide parents with assistance in completing the application form, assembling and copying the necessary verification documents and, in some cases, choosing a plan and primary care provider. (PCCY, Wellspan, Cornerstone)

Letters sent to parents from the superintendent, school principal, or school nurse can explain how to access information on health coverage and help in applying. The local pilot project can create the letter for the signer's approval, and the school district or local proj-

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Outreach options

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ect can distribute it. The letter should describe the importance of health coverage in helping children become better learners. (Cornerstone)

Outreach flyers can be sent home to every school child. By state law, the Department of Insurance must distribute CHIP information to every school student annually. Some local projects have timed additional enrollment help around flyer distribution. On a smaller scale, flyers can be designed for individual school buildings. (Cornerstone, Wellspan)

Emergency contact cards can be revised with a question on the family's insurance information. School districts can screen the cards for a lack of insurance information and contact families to share information on available coverage, or they can refer families to application assistance through the local projects or other community partners. Revising emergency contact cards generally requires school district approval, but some school principals can amend them. (PCCY, DVHC, CHC)

School lunch programs offer two outreach avenues, but they differ widely in effectiveness and ease:

- **Identify families who would like more information.** Eligibility for school lunch and health coverage is similar, so some

Pennsylvania school districts have attached information about coverage directly to the school lunch form, while districts in other states added a check off box for more information. Follow up is required. School districts must either provide information directly to families or share a list of interested families with an outside organization.

- **Solicit applications directly.** Some school districts have revised the school lunch form to help families apply for health coverage and school lunch at the same time. However, this strategy has the heaviest impact on school districts' workloads, because they must print and distribute additional forms, copy the school lunch form, collate that copy with the health application form and verification, and deliver it to the local eligibility office. Although effective efforts can be developed, they require careful planning. For instance, one large school district whose school lunch enrollment process was disrupted in the first year of a pilot test declined to participate in the second year. (For more on the challenges and logistics, see *Blending School Lunch and Health Applications: Lessons Learned*, a Covering Kids and Families briefing paper at www.papartnerships.org/pdfs/Blending_School_Lunch_and_Health_Coverage.pdf).

Credibility and integrity

As with all health coverage outreach, lessons learned about families and parents can be applied to make efforts more effective:

- Parents value privacy. They don't want to be identified as unable to provide for their children, and they will not easily share personal information. Outreach messages noting that privacy will be respected through such mechanisms as private appointments, confidentiality and discreet notices can go a long way in assuring parents.
- Parents need concrete information about

what the programs cover, who qualifies, maximum income limits, how to get additional information, and how to apply. Flyers and brochures should contain this information or, at least, note a telephone number or Web site for more information.

- Many families need assistance in completing the application process, particularly in assembling income verification. In many communities, organizations or agencies can provide application assistance, such as

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Credibility and integrity

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some United Ways or local hospitals through their financial counselors. Counselors at the state's Helpline, 1-800-986-KIDS, can also take applications.

- Families often need multiple invitations before they will make the effort to apply. Ideally, when families respond to an invitation, they should receive as much information and support as possible towards completing the enrollment process.

Covering Kids and Families projects have built trust among educators by demonstrating that the effort will yield returns. Even initial projects that produce only a few enrollments build experience that can be used to generate more responses in subsequent years. With each round, local projects demonstrate their commitment to the follow-up work needed to secure enrollment, and parents build interest among each other through word of mouth – a remarkably effective tactic.

Persistence: A key element

When schools and outreach projects partner, their patience and persistence in building relationships and testing and revising strategies can pay off in many ways. More children get health coverage and access to needed supports, such as school and sports physicals, immunizations, and vision and hearing assessments and treatment. School districts expand their resources to improve and enhance children's health status, which can improve school attendance and academic achievement.

Learn more

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Notes

¹ Journal of the American Medical Association.

school report card background paper, 2003.

² Association for Supervision and Curriculum Development, Healthy

³ Journal of the American Medical Association.



**Pennsylvania
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