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Covering Kids & Families® Evaluation

Performing Outreach With Limited Resources: CKF Grantees' Successes and Challenges Over Three Years

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About the *Covering Kids & Families*® Evaluation

Since August 2002 Mathematica Policy Research, Inc., and its partners, The Urban Institute and Health Management Associates have undertaken an evaluation to determine the impact of RWJF's investment in the *Covering Kids & Families* (CKF) program, as well as to study factors that may have contributed to, or impaired, its efforts. The evaluation will continue through November 2008.

The evaluation focuses on these key issues:

- **Documenting and assessing the strategies and actions of CKF grantees and their coalitions aimed at increasing enrollment of children and families and the barriers to their implementation.**
- **Assessing the effectiveness of CKF grantees and their coalitions in conducting outreach; simplifying the application and renewal process; and coordinating efforts by existing health insurance programs to expand coverage measuring progress on CKF's central goal—expanding enrollment and retention of all eligible individuals into Medicaid and Children's Health Insurance Program (CHIP).**
- **Assessing the sustainability of CKF activities after Robert Wood Johnson Foundation funding ends.**

Findings from the evaluations can be found at *www.rwjf.org/coverage/product.jsp?id=20929*.

Introduction

This report synthesizes descriptions of the outreach efforts supported by the Robert Wood Johnson Foundation (RWJF) *Covering Kids & Families*® (CKF) program, highlighting the successes and lessons learned from these programs. We combine quantitative and qualitative data from CKF grantees to analyze trends in their use of media and in-person outreach. While CKF grantees faced funding and staffing limitations, demand for their services was high due to decreases in state-funded outreach efforts. The grantees responded by finding innovative ways to stretch and supplement their resources, such as partnering with other organizations to perform outreach or tailoring their outreach efforts to reach specific populations. Given the evidence that outreach efforts have a positive effect on enrollment (Kincheloe, Frates and Brown, 2007), this information is especially pertinent in light of an ongoing focus at both the federal and state level on children's enrollment in public coverage programs.

Established in 2002, CKF expanded efforts to enroll eligible children in Medicaid and the Children's Health Insurance Program (CHIP). Built on RWJF's previous Covering Kids Initiative (CKI), CKF was a four-year, $55 million initiative designed to increase the number of children and families with health care insurance coverage. CKF funded grantees in 45 states and the District of Columbia. These state grantees subsequently sponsored more than 140 local community projects.

The program provided grant funds, communications support and technical assistance to its grantees, which included local nonprofit organizations, advocacy groups, state agencies and universities. Working within a framework guided by state and local coalitions, grantees pursued activities in the following three strategic areas: 1) conducting and coordinating outreach programs; 2) simplifying enrollment procedures; and 3) coordinating existing public health insurance programs.

RWJF has funded a multiyear evaluation of CKF by Mathematica Policy Research, The Urban Institute and Health Management Associates. Generally, evaluation efforts have concluded that CKF has helped to simplify enrollment and coordinate CHIP and Medicaid (Wooldridge, 2007). The current report was developed under Phase II of the CKF evaluation, and explores the variety of outreach methods employed by the CKF grantees and projects.

The Centers for Medicare and Medicaid Services (CMS) encouraged states to use outreach to spread awareness of the new health coverage provided by CHIP. States were required to describe outreach efforts in the CHIP plans they submitted to the federal government and to document their progress in annual reports. This policy led to unprecedented investments in outreach at the state level (Dubay, Hill and Kenney, 2002). Subsequently, CHIP enrollment climbed steadily during the program's first few years, and ongoing CHIP outreach has had a spillover effect on enrollment for traditional Medicaid, thereby increasing overall rates of public insurance coverage for children (Cohen Ross, Horn and Marks, 2008). Recent estimates from the U.S. Department of Health and Human Services indicate that Medicaid and CHIP cover 79 percent of the combined programs' target population (Dorn, 2007). The CKI program coincided with initial CHIP outreach efforts, and the CKF program ramped up just as states—prompted by state budget shortfalls and competing funding priorities—began to pull back from intensive CHIP outreach (Hill, Courtot and Sullivan, 2005). In turn, CKF outreach funding helped to fill a growing funding gap (Cohen Ross and Cox, 2004; Howell and Courtot, 2005).

Covering Kids & Families grantees have played an important leadership role for organizations conducting outreach across the states. In a recent analysis of CHIP program annual reports, Williams and Rosenbach (2007) found that the CKF initiative was instrumental in forging key partnerships between state and local organizations. Outreach efforts funded by CKF have varied widely but mainly encompass media efforts, utilization of existing databases to identify potentially eligible children, training for volunteers, and community-based efforts.

Previous evaluation efforts have found that state grantees were more involved in media outreach than local projects. State grantees generally had more experience with media and targeted a statewide audience that was more easily reached with this type of outreach (Paxton, Wooldridge and Stockdale, 2005; Howell and Courtot, 2005). Howell and Courtot synthesized data from state grantee and local project reports and described strategies in media outreach, planned outreach events, and one-on-one outreach. That report was the first such effort to systematically describe the outreach activities of CKF grantees and projects as a whole, yet it was limited in scope. Most measures in the initial outreach synthesis focused on just one quarter of reporting activity, whereas the measures in this report reflect overall trends in outreach across several six-month reporting periods. Like the initial report, the current report also draws on qualitative data from state grantees and local projects regarding the outreach successes and barriers they encountered throughout the grant period.

Methods

We used qualitative and quantitative data from the CKF Online Reporting System, a periodic online report that included closed-ended and open-ended questions regarding staffing, coalition activities, outreach activities, media and public relations activities, simplification and coordination.

In this paper, we use the term "state grantee" or "grantee" to apply to the entity in each state that received a grant from RWJF to implement *Covering Kids & Families*. We use the term "local project" or "project" to refer to the local entities within each state that received subgrants from the state grantees to implement CKF locally. Grantees and projects were both required to complete online reports, at three-month intervals, before April 2005, and at six-month intervals for reports submitted thereafter.

In order to ensure that we examined the most complete data,[1] we excluded data from the earliest and latest reporting periods. While most grantees and projects began reporting in the second quarter of their grant periods, some did not start reporting until the third quarter. We analyzed data starting with the third quarter of each grantee or project's grant period.[2] We excluded data from the last reporting period of each grantee or project, because many grantees had their grant periods extended and reported on a period of more than six months at a time during their extensions. Ultimately, the analysis includes data from a three-year period for each grantee.

Our qualitative analysis uses responses from 47 state grantees[3] and 151 local projects to the following two questions, which grantees and projects[4] were required to answer once every six months:

> **What has been the most significant success(es) related to the implementation of your outreach strategies, including media and public relations, during this reporting period? (Please describe the evidence you have to document the strategy as a success.)**
>
> **What has been the most significant barrier(s) to the implementation of your outreach strategies, including media and public relations, during this reporting period? (Please describe how you know it is a barrier, what was done to address it, and the result.)**

We extracted these qualitative responses from the CKF Online Reporting System, analyzing responses from grantees and projects separately. If a grantee or project reported a specific success or barrier two or more times during the three-year data period, that success or barrier was counted just once for that grantee or project. We ranked successes and barriers according to the number of unduplicated times each was mentioned.

For the quantitative analysis, we extracted data from the CKF Online Reporting System and performed the analysis using statistical analysis software. Besides discarding the earliest and latest reporting periods, we limited the analysis further to grantees and projects that submitted a report for every reporting period within the three-year period selected.[5] The final dataset for the quantitative analysis includes 45 of 47 state grantees and 119 of 157 local projects. We analyzed trends over the six, six-month reporting periods included in our analysis. (See Appendix Table A-1 for the range of dates included in these reporting periods.)

We limited bias from data reporting counts by eliminating outliers that were more than three standard deviations above the mean of a specific measure. As a result, the number of state grantees or local projects included in a specific measure or for a specific reporting period may vary.

Findings

The state grantees and local projects used much of their CKF funding to perform outreach. This outreach took a variety of forms, including broad-based and targeted outreach methods across several mediums. We investigated the trends in use of outreach methods over time as well as grantees' and projects' reports of their successes and barriers in implementing these methods. We present findings related to media outreach, school-based outreach, and in-person outreach.

Overall Successes and Barriers

School-based outreach was the most commonly reported successful outreach strategy for both state grantees and local projects, as reported by approximately 60 percent of grantees and projects (Table 1). Many state grantees and local projects coordinated their media efforts with "Back-to-School" campaigns, utilizing this opportunity to capitalize on parents' focus on getting kids ready for school. One local project attested:

> **"Back-to-School" provides a perfect venue to reach large numbers of potentially eligible families.** *(Local project, New York)*

TABLE 1

Successes and Barriers to Implementing CKF Outreach Strategies, State Grantees and Local Projects

(47 Grantees; 151 Projects)

Most Commonly Mentioned Successes

State Grantees

1. Outreach at schools
2. Partnering with other organizations
3. Press events
4. Training sessions on Medicaid/CHIP eligibility guidelines and enrollment
5. Publicity and education on Medicaid/CHIP policy changes via listservs, Web sites and other outlets
6. High-quality press or outreach materials
7. Partnering with public program administrators and eligibility officials
8. Conferences for outreach workers
9. Strong relationship between CKF state grantees and local projects
10. Involving the CKF state coalition in outreach activities

Local Projects

1. Outreach at schools
2. Partnering with other organizations
3. Outreach at already-established events
4. Outreach through health care providers
5. One-on-one application assistance
6. Training sessions on Medicaid/CHIP eligibility guidelines and enrollment
7. Visibility in community (at events)
8. Newspaper and magazine articles and advertisements
9. Word-of-mouth referrals
10. Linking local activities to statewide *Cover the Uninsured* initiative

Most Commonly Mentioned Barriers

State Grantees

1. Limited state outreach funding due to cost containment strategies
2. Working with media outlets (especially media's willingness to cover stories)
3. CKF agency staffing issues (turnover, vacancies, understaffing)
4. Time constraints
5. Negative or unsupportive state political environment
6. Unable to meet outreach community's resource or training needs
7. Complexity of Medicaid/CHIP policies
8. "Diminishing returns" as grant period progresses (eligible but uninsured populations harder to reach)
9. Working with businesses
10. Medicaid/CHIP program integrity compromised due to cost-containment strategies

Local Projects

1. Working with media outlets (especially media's willingness to cover stories)
2. Medicaid/CHIP program policy changes
3. Time constraints
4. CKF agency staffing issues (turnover, vacancies, understaffing)
5. Unable to meet outreach community's resource or training needs
6. Insufficient media budget
7. Complexity of Medicaid/CHIP policies
8. Targeting areas with most need
9. Working with businesses
10. Distance/travel required to conduct outreach in a large catchment area

Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

Another local project described participating in a conference at a school district:

> **By far the most effective outreach strategy in this reporting period was participating in the ADHD conference sponsored by the Lebanon (Tenn.) Special School District. The parents who were there already had a health concern about their children, and in order to care for children with ADHD it is imperative that they attain and maintain health care coverage. Since the conference was school-sponsored, parents had the confidence to ask more questions and make needs/problems known.** *(Local project, Tennessee)*

Schools were safe locations that parents knew well and trusted. Moreover, many CKF groups faced resource and time constraints, and schools were sites where large numbers of children and their caregivers could be reached on a regular basis.

Grantees and projects found other ways to make the most of their scarce resources. Partnering with other organizations to conduct outreach was the second most commonly reported success for both state grantees and local projects, as reported by about 40 percent of grantees and projects. One state grantee reported:

> **Working with a university has been significant, as well as working with the HMOs who have a significant amount of resources to use for media and public relations, outreach at schools, "Back-to-School" campaigns, and training sessions on Medicaid or CHIP eligibility guidelines.** *(State grantee, Florida)*

Among other reported successful strategies, state grantees were more likely to mention media-based strategies, while local projects more often mentioned person-to-person outreach at local events.

When reporting barriers to outreach, more than 45 percent of state grantees mentioned limited state outreach funding, making this the most commonly reported barrier for that group (Table 1).

> **The greatest challenge during this period was the environment brought on by the state budget; keeping outreach and public relations at the same level during the coming months will be a challenge.** *(State grantee, Michigan)*

> **With fewer and fewer organizations able to develop HUSKY (the Connecticut CHIP program) materials because of budget cuts, CKF has become the primary source for information and materials throughout the state.** *(State grantee, Connecticut)*

Time constraints were another major barrier, as reported by 25 percent of state grantees and local projects. One local project reported on how this barrier influenced the mix of activities it could engage in:

> **Our greatest challenge is deciding what has to be put on the back burner, since we can't do everything we'd like to, due to time constraints.** *(Local project, Ohio)*

Other commonly mentioned barriers were working with media outlets, staffing constraints, difficulty meeting the needs of the community, the complexity of Medicaid and CHIP policies, and working with businesses. Despite these barriers, grantees and projects implemented a number of strategies to reach eligible, uninsured families and assist them with enrollment in public health insurance programs. These strategies are described in greater detail below.

Media Outreach

Media outreach took many forms and was heavily used by grantees and projects. Every grantee and nearly every CKF local project conducted media outreach during the three-year analysis period (Table 2). Media efforts included outreach through print sources, television, radio, press events and outdoor advertising. All types of media outreach were prevalent among grantees and projects. Paid advertising was the least common media approach, but was still adopted by more than half of all grantees and projects at some point over the data period. On the other hand, almost every CKF group—state grantees and local projects alike—reported using newsletters, listservs and mailings to publicize and share information about public insurance programs.

Due to the differing goals, target audiences and resources of state grantees and local projects, these entities used media outreach and the different types of media at different rates. State grantees were slightly more likely than local projects to report activity for media outreach (100% versus 98%). In particular, state grantees were more likely to use earned media (including press conferences, press releases, op-ed pieces, letters to the editor and drop-in articles) than local grantees (96% versus 78%). This is consistent with the qualitative information provided above. Press events, for example, were the third most commonly reported success for state grantees, as reported by 30 percent of grantees (Table 1).

TABLE 2

Types of Media Outreach, CKF State Grantees and Local Projects, July 2002–July 2006

	State Grantees	Local Projects
Any Media Activity	100%	98%
Any Newsletters, Listservs, Mailings	98%	95%
Any Earned Media[1]	96%	78%
Any Media Mention	93%	91%
Any Public Service Announcements	69%	76%
Any Paid Advertising	58%	55%
Any Outdoor Media[2]	56%	71%
Number of Grantees and Projects	**45**	**119**

Notes:
1. "Earned Media" refers to instances where grantees or projects held press conferences or sent press releases, Op-ed pieces, letters to the editor, or drop-in articles.
2. "Outdoor Media" refers to instances where grantees or projects placed outdoor posters, billboards, or bench or bus advertisements.
Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

State grantees also took advantage of the Internet as a cost-effective means of mass communication. In particular, grantees noted that listservs and organization Web sites were a best practice in media outreach. A full third of state grantees reported that media were used to convey important information about Medicaid and CHIP policy changes to the outreach community and to share information about effective outreach strategies among local projects. One state grantee even described reaching parents of unenrolled children:

> **Our new Web site has been a great tool for consumers and professionals working with families. The site has driven a number of parents to me who were experiencing major barriers with enrollment.** *(State grantee, Missouri)*

In comparison to state grantees, local projects more often reported utilizing public service announcements. Additionally, local projects were substantially more likely than state grantees to have utilized outdoor media (71% versus 56%). This likely reflects their closer ties to the community and a greater awareness of appropriate locations for posters

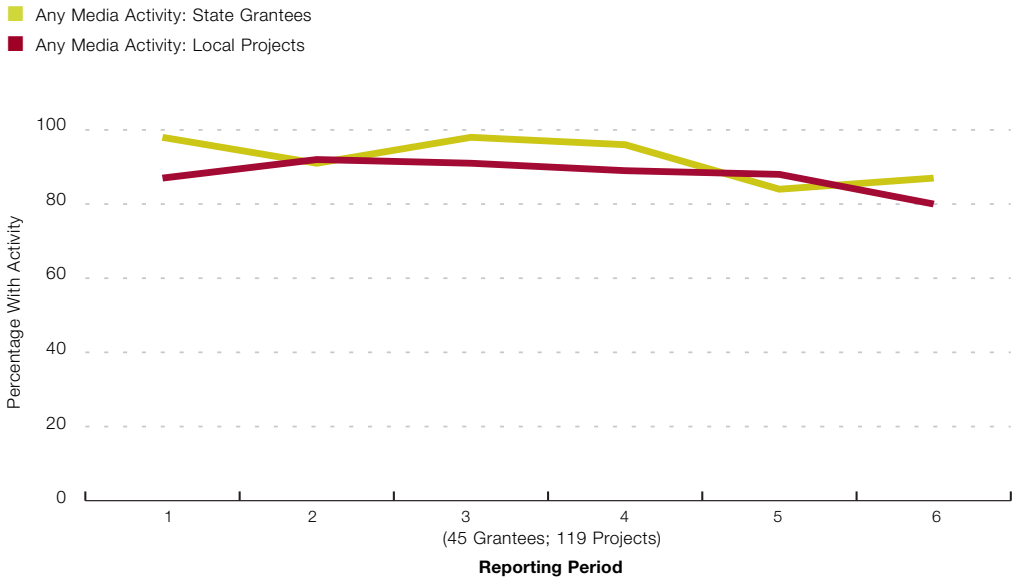
or billboards. Like the Web sites used by state grantees, outdoor media offers an easy way to reach a large number of people. As one local project reported:

> **We have utilized billboards with the simple message, 'Kids Uninsured? Call us we can help' with our phone number. It is a very bright pink and easy to read and gets very good visibility during the winter.** *(Local project, Michigan)*

Although media outreach remained popular, both state grantees and local projects relied less on this outreach approach over time, with reductions of about 10 percentage points in the rate of use of any media between the first and last reporting periods (Figure 1). In their comments on successes and challenges in the Online Reporting System, state grantees and local projects reported that a strong media campaign is more effective at the beginning of the grant period, because it helps to foster broad awareness of coverage programs and the role of CKF organizations in helping families obtain coverage.

FIGURE 1

Trends in Media Outreach, CKF State Grantees and Local Projects, July 2002–July 2006



Source: *Covering Kids & Families* Online Reporting System, 2002–2006

In addition to the slight decline in media outreach over time, grantees and projects reported on the challenge of maintaining media coverage. While more than 90 percent of state grantees and local projects reported receiving a media mention, some reported that the media's interest in their efforts declined over time. One CKF state grantee noted that attempts to gain media coverage sometimes conflicted with the broader goals of CKF:

> **Media will often ask, "So what's new about the campaign this year?" Because we have a pretty standard practice and formula for events like "Back-to-School," and because we want to be consistent with our message, it is a challenge to find a spin that makes reporters want to cover the story every year.** *(State grantee, Maine)*

Funding posed an additional challenge. Of local projects, 16 percent reported that insufficient funding for media efforts was a significant barrier, making this the sixth most commonly reported barrier for this group (Table 1). To address shortages in their own media budgets, state and local CKF organizations alike reported that they coordinated resources for media outreach with other stakeholders in the outreach community. For example, one state grantee noted success in working with partners at universities and health plans–groups with significant "resources to use for media and public relations" (State grantee, Florida)–and a local project reported partnering with other community groups to plan events such as "Back-to-School" and "Cover the Uninsured Week" (Local project, Alaska).

In-Person Outreach

In-person outreach approaches include: 1) presentations and training sessions; 2) outreach events; 3) fixed outreach/enrollment sites; and 4) other diverse types of one-on-one outreach (such as door-to-door and street outreach).

Presentations and Training Sessions

Of state grantees and local projects, 18 percent reported that training sessions were a successful outreach strategy (Table 1). One local project noted:

> **Of particular importance has been the training and presentations we have been doing to various community groups, many through coalitions of community workers. This ability to give basic education to many who work directly with families has helped to spread the word.** *(Local project, Wisconsin)*

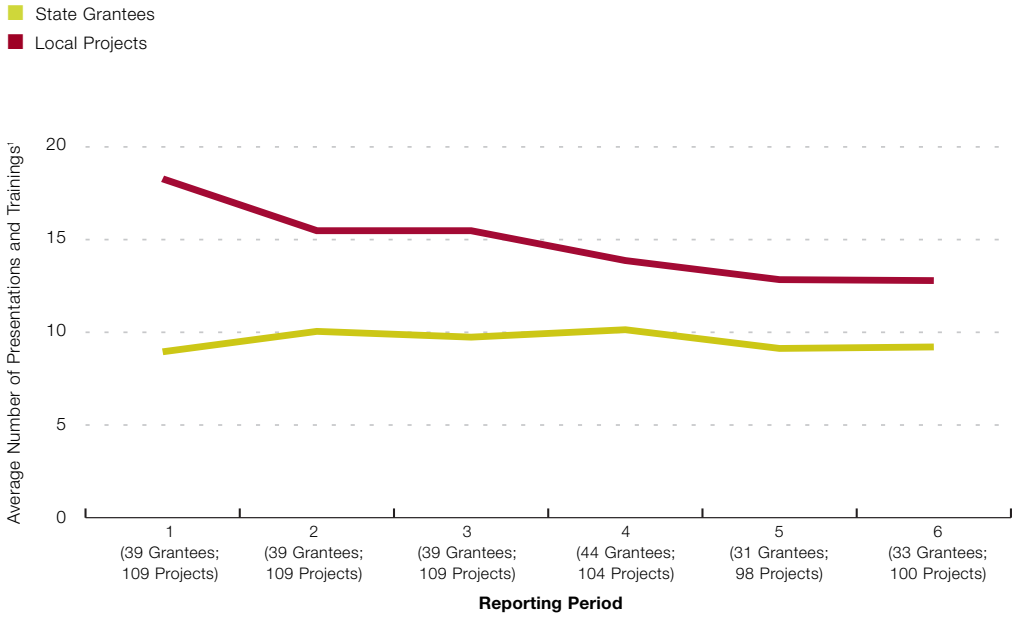
Presentations and training sessions were made to professional audiences, parent groups, employers or other community groups. These events afforded grantees the

opportunity to provide information on current Medicaid/CHIP eligibility guidelines and enrollment policies and facilitate enrollment. These strategies were especially important in states where existing or proposed program policies were complex or difficult to understand. Participants were encouraged to use the information to spread awareness about coverage programs, assist families with applications for coverage, or make referrals to CKF groups for application assistance.

Throughout the study period, local projects conducted more outreach training sessions and presentations on average than their state-level counterparts. Of grantees or projects that held any presentations or training sessions in a given reporting period, local projects conducted an average of 13 to 18 presentations and training sessions per reporting period, and state grantee-sponsored training sessions and presentations averaged between nine and 10 (Figure 2). While the average number of presentations and training sessions conducted by state grantees remained relatively stable over time, the average number conducted by local projects declined substantially from 18 presentations and training sessions in the first period to 13 in the final period.

FIGURE 2

Trends in Average Number of Presentations and Training Sessions, CKF State Grantees and Local Projects, July 2002–July 2006



Note 1: Number of presentations and training sessions is averaged over the number of grantees or projects that reported any presentations or training sessions in a period.
Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

Outreach Events

Given the community-based focus of many outreach events (such as health fairs), local projects reported hosting a greater number of outreach events on average than state grantees. Local projects relied on "community visibility" at public events as a key part of their outreach efforts. Local CKF groups strove to become a well-known and trusted resource in their community for information and assistance with public coverage programs. Attending outreach events and maintaining a public presence helped CKF projects accomplish this objective. According to one local project:

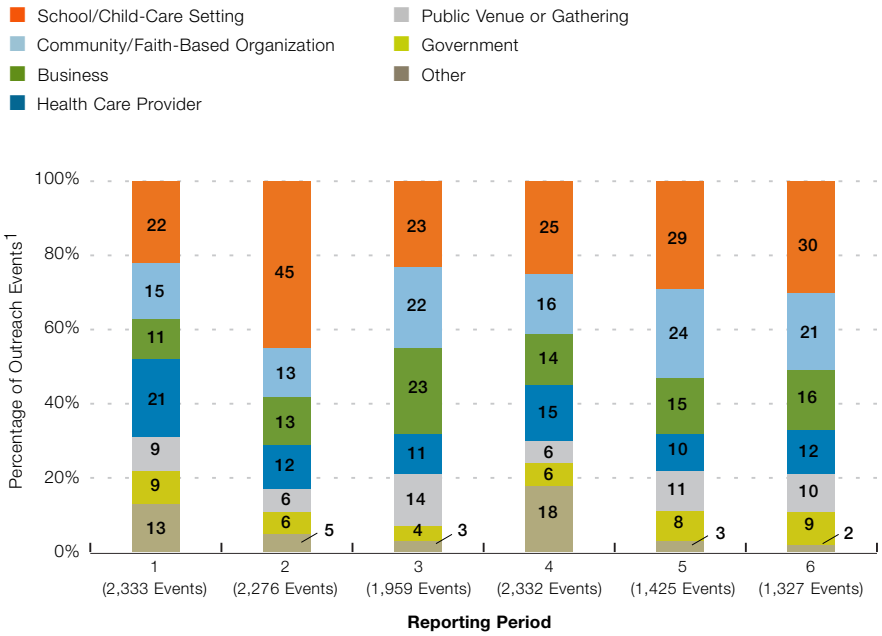
> **In the past six months we have had two extremely successful "Community Baby Showers" which provided information and resources on the new BadgerCare Prenatal Program for Non-Qualified Immigrant Women to over 150 families per event.** *(Local project, Wisconsin)*

Outreach events took place at a variety of different locations (Figure 3).[6] School/child-care settings were the most popular location for outreach events, encompassing between 22 percent and 45 percent of outreach events, depending on the reporting period. This trend was consistent with grantees' and projects' reported success with school-based outreach (Table 1). One state grantee reported on the frequency of outreach events held in conjunction with "Back-to-School" campaigns:

> **"Back-to-School" continues to be a highly successful outreach strategy for Iowa. This year, there were back-to-school outreach and enrollment events in 55 of the 99 Iowa counties. In addition, there were a total of 62 events that took place in the state. Highlights of back-to-school 2005 included: exhibit booths at local county fairs including collaboration with 4H clubs and county fair boards, school registration booths, outreach to superintendents, school administrators and school nurses….** *(State grantee, Iowa)*

FIGURE 3

Trends in Outreach Event Locations, CKF State Grantees and Local Projects, July 2002–July 2006



Note 1: Percentage of outreach events is calculated as a proportion of the total number of outreach events reported by grantees and projects in each period.
Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

A community/faith-based organization was the next most popular setting (ranging from 13% to 24% of events). State grantees and local projects also held many outreach events at businesses (such as restaurants and malls) and health care providers (such as hospitals and community health centers) (10% to 21%).

The location of outreach events was partly determined by budgetary concerns. Local projects indicated that conducting CKF outreach at already-established, non-CKF events allowed them to tap into a ready-made audience. For projects struggling with a limited budget, this could be an especially useful way to reach a large number of eligible individuals without expending a great deal of resources, according to one state grantee:

> **Attendance/exhibiting at the National Youth At Risk Conference in Savannah, Ga., provided us the opportunity to reach a new audience and to reach professionals generally not open to in-services. Conference participants included police officers, parole officers and employees from the Office of Juvenile Justice, Juvenile Courts, Housing Authorities and treatment facilities. Also in attendance were teachers, counselors, social workers and school administrators.** *(State grantee, Georgia)*

A local project also noted that taking advantage of already-established events was one way to target certain groups:

> **Display booths set up at the agriculture conferences are excellent ways to do outreach with farm/rural families in the state. With local legislators present at the conferences, it provides a means for educating key decision-makers of the importance of the health care programs.** *(Local project, Iowa)*

CKF grantees and projects tailored their efforts to more effectively connect with uninsured and eligible families in certain groups. Table 3 shows trends in how heavily different populations were targeted through outreach events during the three-year data analysis period. Elementary-aged children and their parents were the most targeted group throughout all reporting periods; at one point, 80 percent of grantees and projects that conducted outreach events were targeting this population with their outreach activities. At the same time, more than half of the grantees and projects conducting outreach events in each period targeted adolescents. One local project explained the impact of an outreach event held at a local high school:

> **Our event at the Seaford High School Wellness Center opened doors for insurance enrollment to high school students who have no insurance. These students were not even aware they were eligible to receive insurance, especially the 18-year-olds.** *(Local project, Delaware)*

TABLE 3

Trends in Target Population of Outreach Events: Percentage of State Grantees and Local Projects Reporting Selected Target Populations,[1] CKF State Grantees and Local Projects, July 2002–July 2006

	Reporting Period					
Target Group	**1**	**2**	**3**	**4**	**5**	**6**
Elementary-aged children and their parents	75%	72%	77%	74%	80%	74%
Preschool children and their parents	72%	70%	72%	68%	73%	67%
Latino/Hispanic Americans	65%	69%	68%	66%	70%	66%
Moderate income families	68%	66%	65%	61%	59%	55%
Adolescents	65%	63%	67%	56%	63%	60%
African-Americans	58%	60%	63%	61%	56%	55%
Families of newborns	57%	62%	60%	52%	59%	53%
Parents (regarding their own health needs; e.g., adults with poor literacy)	51%	52%	48%	48%	52%	48%
Immigrants	45%	46%	44%	52%	49%	46%
Rural families	35%	45%	46%	46%	47%	42%
Health care providers	40%	44%	39%	36%	35%	40%
Number of Grantees and Projects	141	137	130	132	128	132

Note 1: Percentages are calculated as a proportion of grantees or projects that reported any outreach events in a period.
Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

Grantees and projects also reached out to diverse racial or ethnic groups, and they consistently targeted Latino/Hispanic Americans, African-Americans and immigrants. One local project noted the difficulty of connecting with undocumented parents of eligible children:

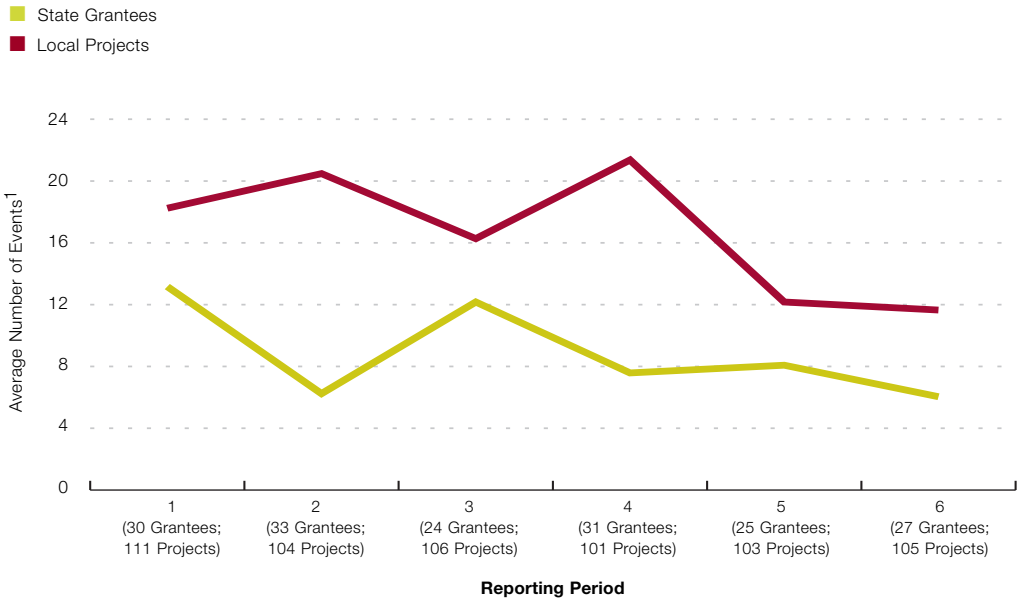
> **Our most significant barrier has been a lack of trust on the part of undocumented parents. This has been identified as a barrier by the NJ FamilyCare staff. We know that there are many undocumented parents whose children may be eligible for services through NJ FamilyCare and they are unaware.** *(Local project, New Jersey)*

The types of groups targeted in outreach events were similar over time, with one exception: moderate-income families. While they were often targeted at events, fewer grantees and projects targeted this group over time (declining from 68% to 55% of grantees and projects conducting outreach events). Grantees and projects may have encountered more challenges targeting families with moderate incomes, since—compared to lower-income families—the former group did not have established connections with other social services programs and were generally less aware of their eligibility for public coverage.

Over time, the number of outreach events declined for both state grantees and local projects (Figure 4). State grantees that conducted outreach events reported hosting an average of 13 outreach events in the first six-month reporting period, and half as many by the final reporting period. Over the three-year study period, the average number of outreach events reported by local projects that conducted outreach events fell from 18 events on average in the first reporting period to 12 events on average in the last reporting period.

FIGURE 4

Trends in Average Number of Outreach Events, CKF State Grantees and Local Projects, July 2002–July 2006



Note 1: Number of outreach events is averaged over the number of grantees or projects that reported any outreach events in a period.
Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

Fixed Outreach and Enrollment Sites

Fixed site outreach provided an opportunity for state grantees and local projects to maintain a constant presence in areas frequently visited by families, including public program eligibility offices and community-based organizations. Through this presence, state grantees and local projects gained the trust and cooperation of the eligible and uninsured. A local project highlighted this accomplishment by noting one of its biggest successes:

> **…assisting families in their own community, in a non-threatening environment, to access available public programs and health care.** *(Local project, Washington)*

Given the number of local projects reporting success with fixed outreach/enrollment sites, it is not surprising that local projects were twice as likely to use fixed outreach/enrollment sites as state grantees.

Local projects, in particular, relied heavily on fixed site efforts for their outreach strategy, especially when trying to reach special populations. One local project reported:

> **Our availability at the main Variety Health Center facility (in Oklahoma City) is critical because the Hispanic community comes there for help even if they are not Variety patients.** *(Local project, Oklahoma)*

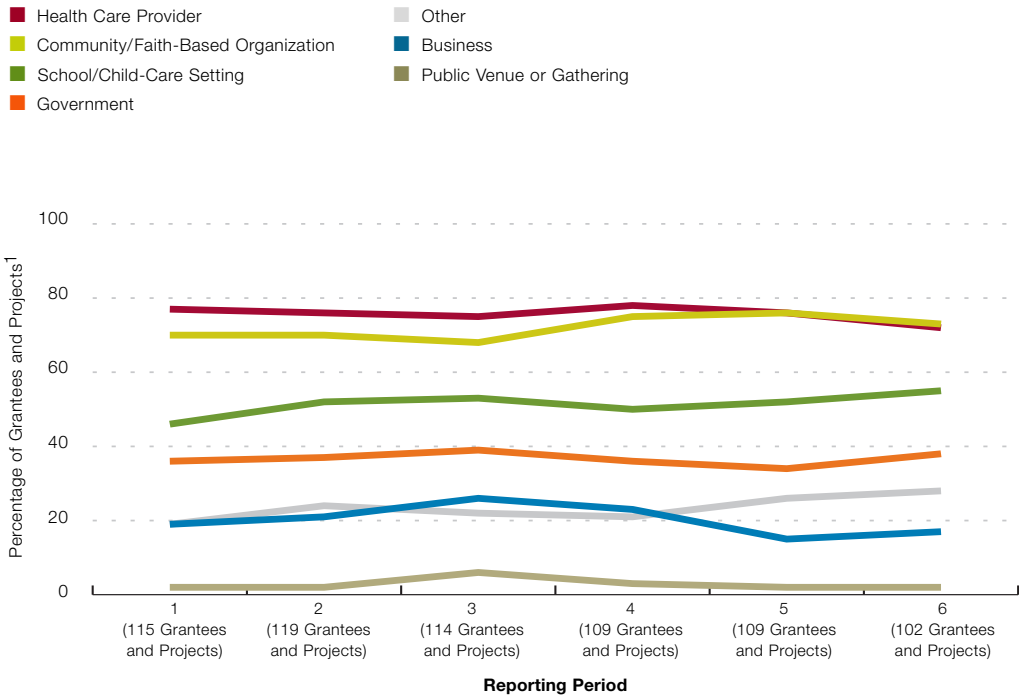
The same local project further explained:

> **For outreach to the Latino population, what works best is being consistent (at a couple of locations) on a regular schedule and in a place considered 'safe' and comfortable by the families we are trying to reach.** *(Local project, Oklahoma)*

For each reporting period, most CKF state grantees and local projects supported some outreach and enrollment activities at fixed sites. Figure 5 shows the percentage of grantees and projects reporting fixed outreach/enrollment sites that conducted activities at each type of location.[7] Community/faith-based organizations, health care providers and school/child-care settings were the most heavily used locations for fixed outreach/enrollment sites. Further, grantees' and projects' experiences with fixed outreach/enrollment sites at health care providers and schools may have been reflected in their reported successes. About 60 percent of grantees and projects reported outreach at schools to be successful, and 19 percent of local projects reported outreach through health care providers as a success (Table 1).

FIGURE 5

Trends in Location of Fixed Outreach/Enrollment Sites, CKF State Grantees and Local Projects, July 2002–July 2006



Note 1: Percentages are calculated as a proportion of grantees and projects that reported any fixed outreach/enrollment sites in a period. Percentages do not sum to 100 because grantees and projects could report more than one fixed outreach/enrollment site.
Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

With few exceptions, the relative popularity of each type of site remained stable over time. The use of school/child-care settings increased over time, while use of businesses decreased somewhat. Throughout all six reporting periods, businesses were among the least used locations for fixed outreach/enrollment sites. Of state grantees and local projects, 12 percent noted that working with businesses was very challenging for them (Table 1). One local project explained the tenuous nature of relationships with businesses:

> **Business outreach can be complicated. When a business relationship is developed it is usually formed with an employee. Employees can be promoted, resign or be discharged.** *(Local project, Nevada)*

Another local project found that businesses were resistant to endorsing public coverage:

> **Our greatest challenge continues to be breaking into the business community. In the small sampling of business opportunities we have had, we found that employers were skeptical of having a "state" program introduced to their workers and endorsed by them. Many of the employers would allow us to distribute material, but were not interested in hosting an informational event.** *(Local project, Connecticut)*

This trend is consistent with the decline in reported targeting of middle-income families, who were often reached at fixed business locations.

Compared to local projects, state grantees used government locations frequently. State grantees may have been better able to develop collaborative relationships with government officials, explaining their greater presence at these locations. In fact, nearly a quarter of state grantees mentioned that their partnerships with public program administrators and eligibility officials were one of their greatest successes (Table 1).

Application Assistance

Another key role of CKF grantees was to provide families with application assistance at fixed outreach and enrollment sites, outreach events and in other settings. The largest concentration of application assistance occurred at fixed outreach and enrollment sites, accounting for more than half of all applications assisted in each reporting period (Table 4). Applications assisted at outreach events and those assisted through other one-on-one outreach each accounted for less than a quarter of all applications assisted. However, 16 percent of local projects noted that one-on-one application assistance was a successful outreach strategy, making this the fifth most commonly reported success for that group (Table 1). One local project noted that one-on-one outreach was its "most successful strategy to reach parents" because it allowed the project to assist non-native English speakers with the application process and translation of letters mailed by the state (Local project, Connecticut). For local projects that reported any application assistance, there was a higher average number of applications assisted than for state grantees that reported application assistance, in all reporting periods except the first and last (Table 5).

TABLE 4

Trends in Application Assistance, by Location, CKF State Grantees and Local Projects, July 2002–July 2006

	Reporting Period					
	1	2	3	4	5	6
At Fixed Outreach and Enrollment Sites						
Number of Grantees and Projects	82	90	94	88	89	80
Number of Applications	17,292	19,349	24,433	19,089	15,872	15,871
Average Number of Applications per Grantee/Project[1]	211	215	260	217	178	198
At Outreach Events						
Number of Grantees and Projects	80	80	89	73	75	71
Number of Applications	6,752	6,746	4,677	5,787	4,300	3,479
Average Number of Applications per Grantee/Project[1]	84	84	53	79	57	49
One-on-One Application Assistance						
Number of Grantees and Projects	55	64	57	52	55	52
Number of Applications	6,468	7,437	3,936	6,306	5,587	7,652
Average Number of Applications per Grantee/Project[1]	118	116	69	121	102	147
Any Application Assistance						
Number of Grantees and Projects	123	129	126	119	126	118
Number of Applications	30,512	33,532	33,046	31,182	25,759	27,002
Average Number of Applications per Grantee/Project[1]	248	260	262	262	204	229

Note 1: Number of applications assisted is averaged over the number of grantees or projects that reported any applications assisted in a period.
Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

TABLE 5

Trends in Number of Applications Assisted, CKF State Grantees and Local Projects, July 2002–July 2006

	State Grantees			Local Projects		
Reporting Period	**Number of Grantees**	**Number of Applications**	**Average Number of Applications per Grantee[1]**	**Number of Projects**	**Number of Applications**	**Average Number of Applications per Project[1]**
1	19	5,801	305	104	24,711	238
2	24	5,391	225	105	28,141	268
3	21	4,265	203	105	28,781	274
4	19	3,740	197	100	27,442	274
5	22	4,305	196	104	21,454	206
6	21	4,816	229	97	22,186	229

Note 1: Number of applications assisted is averaged over the number of grantees or projects that reported any applications assisted in a period.
Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

Application assistance remained steady over the six reporting periods, with state grantees and local projects assisting a total of about 30,000 applications per reporting period. When averaged over the number of grantees and projects that assisted with applications in each period, this figure translates to about 250 applications per grantee or project in each six-month reporting period. While this number could seem low (only averaging about 10 applications per week), it is important to remember that CKF outreach was most often directed toward getting families to complete applications themselves or to go to other non-CKF sources of application assistance. Also, application assistance was just one of the activities that CKF grantees and projects undertook with limited funding and staff. One local project described how staffing shortages impacted the attention given to applicants, saying:

> **The greatest challenge was seeing clients on a walk-in basis. With only myself here to assist clients, there were times I was working with three different clients, in three different rooms, assisting them each with completing the application process.** *(Local project, North Dakota)*

Two other local projects mentioned factors that made it difficult to complete the paperwork required for an application. One reported that the biggest challenge to completing applications was getting the necessary documentation, noting:

> **At health fairs and community events, applications are easily filled out, but often parents don't have pay stubs with them to turn in at the moment.** *(Local project, Arizona)*

Another local project cited the processing time required for applications:

> **Clients are aware of the delays and are hesitant to enroll due to this inconvenience.** *(Local project, New Jersey)*

Summary and Conclusions

The community visibility that CKF grantees attained through their outreach strategies enabled them to earn the trust of families eligible for Medicaid and CHIP, to inform them about guidelines and changes to these public coverage programs, and to assist in completing applications. In fact, over their grant periods, grantees and projects assisted with more than 180,000 Medicaid and CHIP applications.

At the same time, limited funding and staffing issues challenged CKF grantees and projects to stretch their resources in order to implement their outreach strategies. Decreases in state-sponsored outreach funding increased the demand for CKF grantees' and projects' services, compounding these challenges. Grantees and projects responded in two primary ways:

- *CKF grantees and projects forged partnerships with organizations whose resources complemented their own.* For example, collaborating with HMOs brought greater access to funding for media outreach and public relations, while working with local schools allowed grantees and projects to reach and gain the trust of large numbers of potentially eligible families. Grantees and projects also gained considerable media coverage during "Back-to-School" campaigns.

- *Grantees and projects also customized their outreach strategies to fit the needs of their state and local communities.* Given their limited funding, it is no surprise that grantees and projects customized their outreach strategies to use their funding efficiently, "fit their unique needs, and target specific populations. They took advantage of opportunities to perform outreach at already-established events, and relied heavily on media outreach to reach large numbers of families. CKF groups also tailored their outreach to reach different populations. For example, a group targeting rural families used booths at an agricultural fair, while a group targeting the Latino/Hispanic population set up a fixed outreach site at a health center with a substantial Latino/Hispanic clientele.

In conclusion, the CKF grantees raised awareness, at both a statewide and local community level, of the availability of public health insurance programs for low- and moderate-income families. Not every CKF-assisted application resulted in enrollment in an insurance program, but with a total of more than 180,000 applications completed over the CKF grant period, CKF apparently made a significant and direct contribution to the number of new enrollees in Medicaid or CHIP. Moreover, CKF-sponsored outreach through various media outlets and at important community sites undoubtedly prompted some families to seek out applications and enroll on their own–an indirect contribution to increased enrollment in public coverage programs. In these ways, the CKF program resulted in new insurance coverage for children and families across the country.

This synthesis of CKF outreach activities also demonstrates that grantees and projects made important gains during the grant period that cannot be quantified as simply as the number of assisted applications. Considerable numbers of grantees and projects alike reported on the successful relationships that they formed throughout the grant period–with government agencies, health care providers and other child and family advocates in their state. The CKF grant also provided an opportunity for grantees and projects to develop and improve skills related to using the media effectively, carrying out community-level training sessions and presentations, and targeting activities to specific populations. These capacity-building investments have the potential to benefit the organizations that participated in CKF for decades to come, as they work to improve the well-being of children and families in their states and local communities. Finally, the effort that CKF grantees and projects put into carefully and consistently documenting their outreach activities through the online reporting system–as well as the numerous evaluation products that resulted from their efforts–must not be overlooked as important and valuable results of the CKF grant. The experiences of the CKF grantees and local projects can provide important lessons as the nation continues to seek out new and improved ways to reach and enroll uninsured children and families in the public coverage programs for which they are eligible.

Endnotes

1. The first and last reporting periods had considerably less data because many of the grantees were either not yet reporting (early periods) or had already completed their reporting requirements (late periods).
2. For the state grantee and local projects in Delaware, we started analysis with the second quarter of the grant period.
3. Because the lead grantee in Alabama changed during the grant period, the information entered into the CKF Online Reporting System for that state includes reports from two different grantees.
4. We omitted six local projects from the qualitative analysis because they never answered the two questions on which the analysis is based.
5. We also excluded the state grantee from Alabama from analysis because a change in the lead grantee caused a gap in reporting.
6. When reporting on events, grantees and projects were asked to indicate the type of location at which the event took place. The online reporting system provided 20 different categories, including an "Other" category. If this category was chosen, grantees and projects were then asked to describe the location of the event. Using the 19 location types and the descriptive responses, we grouped some types of locations together in order to simplify analysis. Any state/local program eligibility site, social services office, public housing office, WIC office, or other government site was considered a government location. Public venues or gatherings, such as museums, sports venues, conferences, convention centers, fairs or parks were grouped together.
7. Grantees and projects could maintain more than one fixed outreach/enrollment site. As a result, percentages of grantees and projects reporting fixed outreach/enrollment sites at the seven types of locations do not sum to 100.

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TABLE A-1

Range of Dates Included in Each Reporting Period for Quantitative Analysis, CKF State Grantees and Local Projects, July 2002–July 2006

Reporting Period						Number of State Grantees	Number of Local Projects
1	**2**	**3**	**4**	**5**	**6**		
7/02–12/02	1/03–6/03	7/03–12/03	1/04–6/04	7/04–12/04	1/05–6/05	10	30
8/02–1/03	2/03–7/03	8/03–1/04	2/04–7/04	8/04–1/05	2/05–7/05	1	3
9/02–2/03	3/03–8/03	9/03–2/04	3/04–8/04	9/04–2/05	3/05–8/05	1	2
10/02–3/03	4/03–9/03	10/03–3/04	4/04–9/04	10/04–3/05	4/05–9/05	4	7
11/02–4/03	5/03–10/03	11/03–4/04	5/04–10/04	11/04–4/05	5/05–10/05	3	9
12/02–5/03	6/03–11/03	12/03–5/04	6/04–11/04	12/04–5/05	6/05–11/05	1	2
1/03–6/03	7/03–12/03	1/04–6/04	7/04–12/04	1/05–6/05	7/05–12/05	8	19
3/03–8/03	9/03–2/04	3/04–8/04	9/04–2/05	3/05–8/05	9/05–2/06	6	16
4/03–9/03	10/03–3/04	4/04–9/04	10/04–3/05	4/05–9/05	10/05–3/06	4	10
6/03–11/03	12/03–5/04	6/04–11/04	12/04–5/05	6/05–11/05	12/05–5/06	5	16
7/03–12/03	1/04–6/04	7/04–12/04	1/05–6/05	7/05–12/05	1/06–6/06	1	2
8/03–1/04	2/04–7/04	8/04–1/05	2/05–7/05	8/05–1/06	2/06–7/06	1	3
Total						**45**	**119**

Source: *Covering Kids & Families* Online Reporting System, 2002–2006.

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