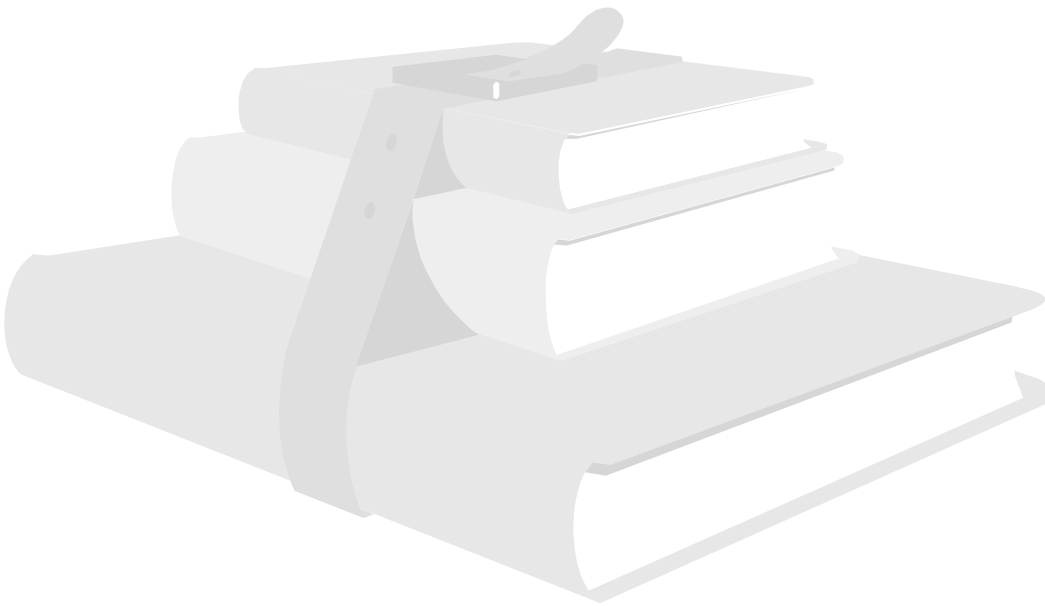


# CONDUCTING CHILDREN'S HEALTH COVERAGE OUTREACH



IN NON-  
TRADITIONAL  
EDUCATIONAL  
SETTINGS

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Prepared for *Covering Kids* by

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CENTER ON BUDGET  
AND POLICY PRIORITIES

# CONDUCTING CHILDREN'S HEALTH COVERAGE OUTREACH IN NON-TRADITIONAL EDUCATIONAL SETTINGS

Health coverage is now available to nearly all of the nation's six million low-income, uninsured children through Medicaid or a State Children's Health Insurance Program (SCHIP). The majority of these children — more than four million — are between the ages of six and 18 and are likely to be in school.<sup>1</sup> As trusted community institutions, schools have become a focal point for children's health insurance outreach and enrollment activities throughout the country. Dedicated school staff, working in partnership with community-based organizations and state and local children's health insurance agencies, are helping children get enrolled. Any event or activity that brings school staff in direct contact with families can be viewed as an opportunity to provide information about the availability of children's health coverage and to offer application assistance.

Reaching out to enroll eligible children in health coverage programs during regular school activities can be among the most productive outreach efforts. However, non-traditional school settings and school-based programs should not be overlooked as places to identify eligible children and get them enrolled. Although there were 47 million students in public schools in 2000, an additional five million children attended private schools and an estimated 636,000 children received education at home.<sup>2</sup> Thus, children who may need health coverage may be missed by outreach efforts if such activities take place solely in public schools. Outreach activities can be conducted for students in alternative schools, vocational schools, adult education classes and private and parochial schools. School-based programs, such as Family Resource Centers and after-school recreation and tutoring programs, also can be important venues for outreach and enrollment.

**Some of the activities going on around the country include:**

**Alternative or Vocational Schools.** Alternative schools may provide educational and other services to students at high risk of dropping out, children with special needs and young parents and other young adults who may function better in a non-traditional educational setting. Many times alternative schools focus on skill-building activities to prepare students for life after high school. The emphasis in many schools on life skills may lend itself to teaching students about accessing health care services, including the importance of obtaining health coverage.

- The Union Baker Educational Service District in Oregon serves high-risk students, many of whom are lower-income students between the ages of 14 and 22. Outreach workers from *Covering Kids* went into this alternative school to

present information on health coverage and to enroll eligible students in the Oregon Health Plan, which encompasses Medicaid and SCHIP. Many students were eligible for coverage under the Oregon Health Plan or — since many students are parents themselves — they could enroll their own children. The outreach effort has been able to help students initiate the application process. *Contact: Melissa Over, Union Baker Educational Service District, Health Net for Rural Schools, OR Covering Kids, (541) 962-3089.*

- In Connecticut, at Synergy High School in East Hartford and the Teen Parent Program at Rockville High School in Vernon, information about the state’s children’s health coverage program, HUSKY, has been fully integrated into the curriculum. Outreach workers helped students who also are parents enroll their own children. (Synergy High School houses a child care center.) The students are taught about the benefits of the HUSKY program, the importance of choosing an HMO and how to navigate the managed care system. The curriculum also focuses attention on the need for well child care and the importance of making sure children get routine health screenings. *Contact: Erin Jones, Outreach Manager, The Connecticut Children's Health Project, CT Covering Kids, (860)550-6744, ext. 280.*

**Adult Education Classes.** Adult literacy and English as a Second Language (ESL) classes present great opportunities to share information about health coverage options for uninsured children. Some instructors use the application and promotional materials to lead a discussion about health insurance, and they help students complete the application as a class activity. ESL classes may be particularly good places to reach families that face difficult barriers to obtaining coverage, such as families with immigrant members and those who are not proficient in English. (*Note:*

**Outreach activities can be conducted for students in alternative schools, vocational schools, adult education classes and private and parochial schools. School-based programs, such as Family Resource Centers and after-school recreation and tutoring programs, also can be important venues for outreach and enrollment.**

*In many states<sup>3</sup> some immigrant children who are not eligible for federally funded health coverage programs can receive health coverage under programs financed entirely with state or local funds. Children and adults who meet Medicaid income guidelines can get emergency health services under Medicaid, regardless of their immigration status.)*

- In Everett, Massachusetts, Kids United By Awareness (KUBA) has provided children’s health insurance information and application assistance at ten ESL classes sponsored by the Everett Literacy Program. In addition to the literacy classes, the organization runs a resource center to assist with job searches, landlord/tenant issues and referral to mental health counseling and other services. On the two nights each week when ESL classes are held at a local high school, KUBA is there to help families complete and submit health insurance applications. Many families, due to immigration status, are ineligible for publicly funded health coverage but are referred to alternative options, such as school-based health centers, to receive health care. *Contact: Anne Anozzi, Kids United By Awareness (KUBA), (617) 394-2414.*

**Many times alternative schools focus on skill-building activities to prepare students for life after high school. The emphasis in many schools on life skills may lend itself to teaching students about accessing health care services, including the importance of obtaining health coverage.**

**Private schools.** It is often assumed that children attending private schools are not likely to be eligible for free or low-cost health insurance, yet there may be many children in private schools missing out on coverage for which they qualify. Private schools, like public schools, participate in the School Lunch Program and serve free or reduced-price school meals. Students receiving such meals are likely to qualify for coverage under Medicaid or SCHIP. Private schools that enroll low-income children may be affiliated with religious organizations, have a vocational or other special emphasis, or they may be unaffiliated.

- Catholic schools in Missouri are working hard to inform students, parents and church members about MC+, Missouri’s Medicaid expansion program. The four Catholic dioceses in the state are encouraging parishes, schools and hospitals to get involved. Outreach through the Disciples in Mission program, which conducts community outreach, has asked Catholic school principals to include MC+ information in their newsletters, to send information home with students, to display posters, to identify families that may be eligible — including children receiving free or reduced-price school meals — and to share MC+ information with other organizations in their community. *Contact: Candace Smith, Missouri Catholic Conference, (573) 635-7239.*


**Family Resource Centers.** Family Resource Centers are school-based or school-linked child care and family support programs. They were developed to respond to changing patterns of work and family life that, in recent decades, have meant new concerns for parents,

especially a pressing need for affordable, quality child care. These changes also have meant new challenges for educators to ensure that children arrive at school ready to learn and receive the support they need to succeed academically.

- In Kentucky, state-funded Family Resource Centers (FRC) serve children up to age 12. They provide child care for preschoolers, after-school care, parent education, and child care provider training, as well as health services and referrals. In Brandenburg, a rural community, the FRC coordinator and her assistant provide services at FRCs in two elementary schools each school day. They are available evenings and weekends by appointment and also make home visits. A presentation on KCHIP, Kentucky's children's health insurance program, is provided at school open houses, and follow-up articles run in the FRC newsletter. FRC staff also receive the names of families that indicate on the School Lunch Program application that they are interested in KCHIP, and they help those families apply. Special efforts are made to reach families with children in kindergarten and sixth grade, the years students are required to undergo physical exams. *Contact: Andrea Pike-Goff, Family Resource Center Coordinator for Brandenburg Elementary and James R. Allen Primary School, (270) 422-7540.*

**Millions of school-aged children attend after-school and summer programs while parents are working. Such programs offer good opportunities to provide information on children's health coverage to families with eligible children. They also may assist families in getting their children ready for the coming school year — a good time to help them obtain health coverage so they can ensure children get the immunizations and check-ups they need.**

**After-School and Summer Programs.** In addition to the young children who may be in child care full-time, millions of school-aged children attend after-school and summer programs while parents are working. Such programs offer good opportunities to provide information on children's health coverage to families with eligible children. They also may assist families in getting their children ready for the coming school year — a good time to help them obtain health coverage so they can ensure children get the immunizations and check-ups they need.



Home Schools. Some 636,000 children in the United States are being schooled at home, and the number of children receiving educational instruction from a parent has been increasing in the past decade. The increase in the number of children receiving educational instruction from a parent has been attributed to strong parental religious beliefs and anxiety about the quality of public schools. Families of children who are being home-schooled may not have access to information about health coverage programs to the same extent that children in a public school system do.

**Getting information to families of home-schooled children is particularly challenging. If states distribute curriculum or testing guides to these families, children’s health insurance materials could be included in these mailings.**

Getting information to these families is particularly challenging. In some states, home-schooled children must meet curriculum or testing requirements. It may be possible to provide children’s

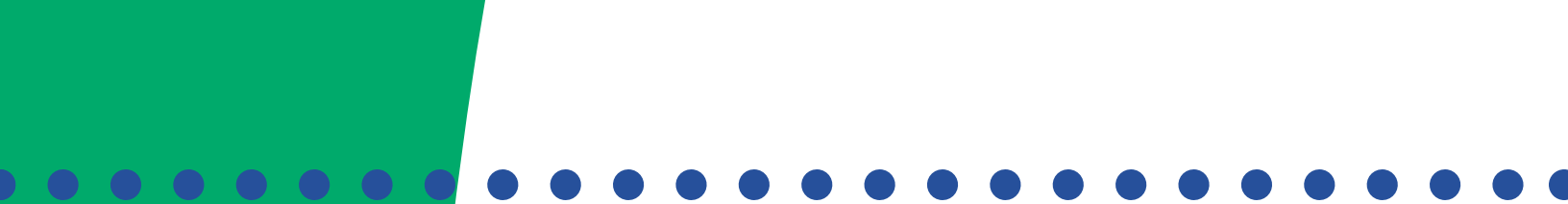
health insurance promotional materials and applications when curriculum and testing guides are distributed. Families whose children are home-schooled also may be reached through home-schooling networks and through conferences or publications.



## Endnotes

1. Center on Budget and Policy Priorities analysis of the March 2001 Current Population Survey, U.S. Bureau of the Census.
2. U.S. Department of Education, National Center for Education Statistics, Private School Survey (PSS), 1997-98.
3. The following states use state-funded programs to provide health coverage to some categories of immigrants who are not eligible for coverage under the federally funded coverage programs: California, Connecticut, District of Columbia, Florida, Hawaii, Illinois, Indiana, Maine, Maryland, Massachusetts, Minnesota, Nebraska, New Jersey, New Mexico, New York, Oklahoma, Pennsylvania, Rhode Island, Texas, Washington and Wyoming. For more information on immigrant eligibility for health coverage by state, please refer to the forthcoming *Guide to Immigrant Eligibility for Federal Programs 2001* by the National Immigration Law Center (NILC), or visit NILC's website at <http://www.nilc.org>.





This brief is one in a series of papers devoted to conducting children's health coverage outreach in schools. Other briefs in this series include:

***Enrolling Children in Health Coverage Programs:  
Schools Are Part of the Equation***

***Involving the School Community in Children's Health  
Coverage Outreach***

***Children's Health Coverage Outreach: A Special Role for  
School Nurses***

***Enrolling Children in Health Coverage Before They Start  
School: Activities for Early Childhood Programs***

A resource page, which lists organizations that can provide more information, is attached. The full series can be found at <http://www.coveringkids.org> or at <http://www.cbpp.org/shsh>.

***About Covering Kids***

*Covering Kids* is a national health access initiative for low-income, uninsured children. The program was made possible by a \$47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid, SCHIP and other health coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. *Covering Kids* receives direction from the Southern Institute on Children and Families, located in Columbia, South Carolina.

***About the Center on Budget and Policy Priorities***

The Center on Budget and Policy Priorities, located in Washington, DC, is a non-profit, tax-exempt organization that studies government spending and the programs and public policy issues that have an impact on low- and moderate-income Americans. The Center works extensively on federal and state health policies, and provides technical assistance to state policymakers and policy organizations on these issues and on the design of child health insurance applications, enrollment procedures and outreach activities. The Center is supported by foundations, individual contributors and publication sales.

***The views expressed in this paper are those of the authors, and  
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