

Happy, Healthy and Ready to Learn: Insure All Children!

A Toolkit for School-Based Child Health Outreach and Enrollment



DEAR LORD
BE GOOD TO ME
THE SEA IS SO
WIDE AND
MY BOAT IS
SO SMALL



Children's Defense Fund

AASA
THE SCHOOL SUPERINTENDENTS ASSOCIATION

Background

The Children's Defense Fund (CDF) Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities. AASA, The School Superintendents Association, is the nation's oldest and largest organization of school system leaders with a long history of working for the well-being of children in public schools.

CDF and AASA have long recognized the critical importance of access to high-quality health care to student achievement. Both are strong advocates of Medicaid for meeting children's health care needs and for enrolling low-income children in Medicaid and later the Children's Health Insurance Program (CHIP) that began in 1997. Realizing the critical role of schools in the lives of children and families and the importance of superintendent leadership for any school policy, program or practice to be successful and sustained, the two organizations set out in 2011 to identify and enroll eligible children in Medicaid and CHIP in school districts in several states with some of the largest numbers of uninsured children.

CDF and AASA center their policy and program investments on systemic change, capacity building, and sustainability of effort and dissemination that encourages replication. Both are headquartered in the Washington, D.C. area and each has a state presence. CDF offices in six states cover 34.2 percent of all children, 36.7 percent of all poor children, and 31.2 percent of all uninsured children in America. AASA represents nearly 13,000 educational leaders and has 49 chartered state affiliates. Together our state offices leverage policy advocacy, support and actions to help local school superintendents and staff achieve common goals related to enrolling children in health insurance. State offices reinforce the project's goals as well as the critical task of ensuring implementation and sustainability.

CDF and AASA since 2011 have launched child health insurance initiatives in 15 school districts (see Appendix 1) large and small, urban and rural in California, Georgia, Louisiana, Mississippi, and Texas to identify and enroll eligible children in Medicaid and CHIP. Between 2011 and 2016, this work has been supported by: The Centers for Medicare & Medicaid Services; United Healthcare Foundation; CVS Caremark Charitable Trust; The California Endowment; and The Atlantic Philanthropies. CDF and AASA looked to school districts to help bring essential health insurance to more children. This toolkit, supported by The Atlantic Philanthropies, contains lessons learned from districts in each of these states, with a major focus on the past three years in four school districts in California and three school districts in Texas.

The Children's Defense Fund acknowledges the vision of the Michael and Susan Dell Foundation who more than a decade ago imagined a time when schools informing parents about health insurance options for their children would become routine policy and procedure. Their early support of CDF's work with school districts in Texas laid the groundwork for the model we offer with AASA today.

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Introduction

The multiple challenges public education faces — fiscally, economically, politically and socially — are complex. But there are simple solutions we can leverage right now to transform learning. One of them is making sure that eligible students have health insurance.

– Daniel A. Domenech, Executive Director, AASA, The School Superintendents Association ¹

Giving every child a healthy start should be every parent's goal. Getting enrolled in health coverage — and staying enrolled — should be simple and seamless. No parent should face barriers to enrolling their children in the health coverage they need to survive and take advantage of the educational opportunities required to succeed in our global economy.

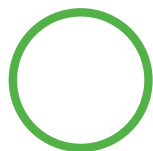
– Marian Wright Edelman, President, Children's Defense Fund

Schools are in a unique position to identify and connect eligible but uninsured children to health insurance. Our goal in offering this toolkit is to provide school and community leaders and parents and child advocates with a framework to

build community support for connecting children to health insurance through schools and to provide the practical steps schools need to take to implement a successful and sustainable campaign. This toolkit sets the stage for school districts to partner with community agencies to identify and enroll eligible students in health insurance through a proven strategy in a simple, routine and cost effective way. When we insure our children, we ensure our future. Asking this simple question, **“Does your child have health insurance?”** on important annual school forms, is central to ensuring all children in your school district are happy, healthy and ready to learn.



Does your child have health insurance?



Our vision is a country where every child has access to comprehensive, affordable health insurance that is easy to get and easy to keep. Children must enter school healthy and ready to learn. The role schools play in student lives is complex and ever-expanding.

To ensure students are ready and able to achieve academically, schools must be poised to meet the myriad health, emotional and social needs that can negatively impact student performance. Too many children are uninsured or underinsured, overweight and undernourished, or miss too many school days because of chronic illnesses like asthma. Far too many are victims of homelessness and other adverse childhood experiences. Children of color are disproportionately suspended from school, missing valuable learning time.

These challenges are exacerbated by the growing number of children in public education from low-income families. Based on data from the National Center for Education Statistics, a study by the Southern Education Foundation revealed that for the first time, low-income children are the new majority in public schools.² Educators alone are not equipped to solve serious social and economic problems and cannot erase early trauma or challenges children may bring to school. But educators can help change schools. From the moment children cross the threshold, they are in a special place — a place where good things should happen not by chance, but by design.

Medicaid and the Children’s Health Insurance Program (CHIP) provide a safety net for low-income children in the school system by increasing their access to health care and reducing the financial burden of health care costs for their families.

Thanks in large part to Medicaid and CHIP, the number of uninsured children in the U.S. is at a historic low. While our country has made incredible progress expanding health insurance* for children, nearly 4.5 million children under age 18 (6 percent) remain uninsured — one in seventeen. School-aged children (ages 6-17) are more likely than younger children to be uninsured, and account for nearly three out of four uninsured children in the nation. *That 2.8 million uninsured children are eligible for Medicaid or CHIP right now but not yet enrolled creates an opportunity for schools to help close the gap.*³ The children who remain uninsured are often the hardest to reach because of various enrollment and retention barriers. They are also more likely to come from families with mixed immigration status, who are homeless, or frequently left behind.

Story

Brandon, a six-year-old in the Houston Independent School District in Houston, TX had two working parents until his father was laid off. Brandon lost his health insurance when his father lost his job. Brandon’s mother, employed by the school district, quickly scrambled to try to enroll her son who has asthma in new insurance, but met some obstacles and didn’t know where to turn. An outreach worker in Brandon’s school stepped in and helped her find insurance for Brandon through the Children’s Health Insurance Program. With his new health insurance, doctors discovered Brandon also had high blood pressure and prescribed medication to control it. Now the school nurse monitors his blood pressure every day and Brandon is healthy and happy to be in school learning.⁴



Why Should Schools Be Engaged in Health Insurance Outreach and Enrollment?

Whether you are an educator, parent or child advocate you already know that teaching healthy children helps close achievement gaps. Schools are trusted entities in students’ daily lives and you take that trust seriously. No one has to tell you that sick children can’t learn. You bear witness to this every day in your classrooms and communities.

When children are well, they do better on all indicators of achievement: academic performance, attendance, grades, cognitive skills, attitudes and in-class behavior.⁵ And the converse is true. Preventable health issues such as hunger, physical or emotional abuse and chronic illness can lead to poor performance in and increased absenteeism from school. Violence, physical inactivity, substance abuse and other risky health behaviors are all linked to consistent underachievement.⁶

How can schools ensure every child in the classroom is physically and emotionally healthy? A major determinant is having health insurance. Schools have an amazing advantage because the children are already in your care, and your vantage point offers a perspective that community agencies,

* For the purposes of this toolkit, “health insurance” is used to broadly define all types of health coverage for children, including Medicaid.

parents, state and local officials, faith-based organizations and businesses value. The mission of public education has always been to help produce healthy, successful students who can build strong communities.

CDF and AASA suggest you approach this effort systemically from the start. Some of the small changes you will need to make will impact all students as soon as you make them. Even if outreach and enrollment efforts begin in targeted schools, many of the tools needed to identify, refer and assist families to enroll students in health insurance will already be in place when you expand to all schools in your district.

The urgent need for schools and health agencies to work together to benefit the health and education of all students was stressed in a January 2016 joint letter⁷ from the U.S. Secretary of Education and the U.S. Secretary of Health and Human Services to all Chief State School Officers and State Health Department Officials and copied to all governors. It encouraged schools and health agencies to work together to support quality education and quality health care for all children. The Departments released a toolkit⁸ of steps school districts and health agencies can take to strengthen their bond to benefit children. They call these steps “high impact opportunities.” The first high impact opportunity they highlight is the work of CDF and AASA. So get started now.

Toolkit User’s Guide

We offer this toolkit to school and community leaders, child advocates and parents. It is not a roadmap, but we hope it is a clear set of steps, useful tools, tips, and lessons learned from school districts and communities that have taken on ensuring their classrooms and neighborhoods are filled with healthy, educated, well-rounded, productive, contributing members of society.

This toolkit has five sections each focused on specific steps required of school district administrators and staff to ensure uninsured children who are eligible for health insurance enroll: **Build Your Team**, **Identify Uninsured Children**, **Reach Out**, **Enroll Children by Engaging Partners**, and **Sustain for the Future**. Each section details **why** we need to do this work, **who** are the key players, and **how** to accomplish the task. As you read through the toolkit, links to external resources are available in the endnotes. These resources can also be found in the online version of the toolkit at www.insureallchildren.org. As you begin your work, we encourage you to visit the online toolkit to determine your focus by taking a ten question spotlight assessment to identify which of these five sections most needs attention in your school district. We also encourage you to interact with other school system leaders by Sharing Stories of activities from your district and joining conversations on social media using the hashtag #InsureAllChildren.

Build Your Team



People support what they create.

– Meg Wheatley, “Margaret Wheatley’s Ten Principles for Creating Healthy Communities”⁹

WHY

Why Build a Team? As a district or school, you have decided to address the challenge of children without health insurance. The next steps are to 1) build a team; 2) identify uninsured children; 3) add a health insurance question to your annual forms; 4) enroll students and/or develop partnerships to enroll students; and 5) develop a plan for sustainability and evaluation of your effort.

It’s important to build a team of those:

- Who have the authority to make decisions or system changes;
- Whose function in the school district is related to health and wellness;
- Who have strong connections to parents and community agencies; and
- Who can affect school and district policies.

The core team — the worker-bees — may interact on a daily basis. Other team members may not be able to participate in all activities, but need to be involved from the very beginning and regularly kept apprised of progress.

Identifying and enrolling eligible children in health insurance is an undertaking, requiring many skills in order to provide a seamless set of identification, outreach, referral and enrollment information and services for students.

As an educator, you already value teamwork in classrooms with and among students and in teachers’ and administrators’ professional development. The recent Every Student Succeeds Act (ESSA)¹⁰ that replaces the No Child Left Behind Act¹¹ supports schools in this role, iterating that integrated teamwork is vital to a well-rounded education. The same principle of teamwork applies here.

WHO

Who Should Be on the Team? Critical to the foundation of the CDF/AASA proven strategy are the superintendent, the district information technology lead, and the district’s coordinator or director of school health.

The buy-in and engagement of the superintendent will facilitate implementation, compliance and replication of the health insurance initiative. The superintendency is a bully pulpit in your community. It provides an important platform from which to advocate that healthy children are better learners, so schools have a role in identifying students without health insurance and helping them obtain coverage. The superintendent represents your team's vision for healthy children and can engender support throughout the community.

The key to identifying students without health coverage is asking parents the simple question: **"Does your child have health insurance?"** A Simple question, yes — but it takes the information technology (IT) department to update school databases with the field for health insurance status, make that question part of an annual school district enrollment form, and develop mechanisms to report the results back to the team. Check out CDF and AASA's Health Insurance Question Template (see Appendix 2) for sample language.

The team's strongest advocates are often school health professionals including school nurses, who are familiar with sources of health care in your community and will already know children who may not have a regular source of care. Without being prescriptive, teams can also benefit from members representing additional health professionals and paraprofessionals, athletic coaches, family and community liaisons, district public relations/communications staff, school social workers, student support services representatives, school board members, students and parents or other caregivers.



Does your child have health insurance?

Once the team has been established, a team lead should be selected. The team lead's responsibilities include program oversight; leading meetings; resolving conflicts; serving as a liaison to school personnel including the superintendent, community agencies, and families; conducting data review; outreach planning; and more.

Recruit a Multi-Disciplinary Team

Building support in other departments throughout the year can be helpful in building your network. You may consider doing presentations to leadership in other departments and to the school board about the health care needs in your district and how their participation in the outreach campaign would help ensure its success. The success of your efforts can be multiplied with more hands on deck!

With which other school departments might you connect?

- **Nurses:** School nurses are often the first to discover a child is uninsured. Turn to them to help identify children with immediate and chronic health care needs.
- **The Athletic Department:** Coaches and staff in the Athletic Department can help identify uninsured children who are having trouble getting required physicals.
- **Migrant Education Program:** The school district's Migrant Education Program staff can help provide additional hands-on support to migrant families such as home visits and assistance linking them to community services.
- **Parental Involvement Assistants (PIA's) or Parent Liaisons:** Parental Involvement Assistants and Parent Liaisons are assigned various roles within the school district and often represent the voice of the parents in school committee meetings and school events.
- **The Public Information Office:** Staff can help develop effective messaging, and place announcements online and through social media by incorporating videos.

HOW

How Do You Build Successful Teams? Successful teams regularly reassess to ensure they have the right internal and external mix of people, partnerships, potential and power. They call on their networking skills to get to know “who’s in the room” at meetings and conferences, who can be engaged and to whom the team should communicate progress or project needs.

Successful teams are not only diverse in terms of areas of expertise or influence, but they need to continually seek to educate and expose others in the district and community to enrollment efforts. Teams can broaden their membership to include community businesses, local and state political representatives, and district union representatives which may prove beneficial for action planning and sustainability.

District Spotlight: Building Successful Teams

Mountain View School District, El Monte, California

The Mountain View School District in El Monte, CA, creatively built a multi-disciplinary team that included the superintendent, school board members, key school administrators, school nurses, school office managers, community liaisons and health clerks. To build community, establish need, and get buy-in, the district brought key team members “on board” a “Gilligan’s Island” themed-tour of their community. The “crew” boarded a bus for their “three-hour tour,” which took them to visit several local health clinics serving children and families in the El Monte community. At each site, the school district team learned about the great need in their community for assistance with health insurance enrollment, as well as the myriad of services offered to their students. The strongly motivated team then developed a seamless referral process to guarantee that all uninsured children in the district would be connected to the enrollment assistance needed.



Successful teams keep things simple and piggyback on systems already in place. Teams need to identify the appropriate, routine district forms where a question about a child's health insurance can be added. ***The school enrollment form is where CDF and AASA recommend school districts begin, but the school enrollment form may not be an annual form in every district*** (see Appendix 2). In some school districts, the emergency contact form, the student health card, or another form is required annually at the start of the year. You will learn more about adding the health insurance question to key school forms in the next section.

Successful teams track data and measure outcomes to evaluate what's working and what is not. Teams need to develop strong strategic work and sustainability plans right from the start to guide their efforts. Sustainability plans help teams set goals and establish guidelines for achieving and measuring the impact of their activities. Within a sustainability plan, districts should incorporate action plans that will drive implementation for the initiative and capture school district successes, challenges and lessons learned. CDF and AASA encourage action planning because successful teams have a plan — and a back-up plan or two.

Successful teams ask questions, take educated risks and are not afraid to modify their plan or their team's composition.

Story

In El Monte, CA, the Mountain View School District's Health Clerk was an essential part of the district's team to ensure all eligible children were enrolled in health insurance. Two siblings originally from Mexico were trying to enroll in the district but lacked the required immunizations and physical exam. Their guardian, an older sister, was referred to the Health Clerk who connected them to a local healthcare facility partnering with the district. There she got assistance with the application and successfully enrolled her younger siblings in Medi-Cal, California's Medicaid program. The children then got the physical exams and immunizations needed to complete their health screenings, and were healthy and happy to be able to attend school.

Identify Uninsured Children



For some time, my parents were undocumented, struggled financially and did not always have access to basic services, such as medical care. We did not have preventive care, rather we visited doctors and clinics when something wasn't feeling right and the pain just wouldn't go away. There were times, where for different circumstances, i.e. lack of transportation, urgent needs made us take drastic measures. For example, I remember walking into someone's garage for dental treatment. That memory stayed with me, as it was something that just didn't look right — it had all of the furnishings but it was inside a garage. Unfortunately, we were not the only family there, others were also visiting and using these services.

– Gudiel Crosthwaite, Assistant Superintendent Educational Services, Lynwood Unified School District, Lynwood, California

WHY

Why Must Uninsured Children Be Identified and Enrolled? Health affects every aspect of a child's life — including the ability to grow, learn, play and succeed. Academic achievement and health are closely linked. Children who cannot focus due to a toothache or who don't have the needed glasses to see the chalkboard or hearing aids to hear their teachers and classmates are less likely to achieve in the classroom. Children with health insurance are better equipped to handle health-related issues such as chronic illness, hunger and physical or emotional abuse — which untreated can lead to poor academic performance.¹² Children are more likely to have health insurance if their parents do,¹³ and insured children are more likely to experience educational success and overall well-being than their uninsured peers.¹⁴ As a trusted community partner, schools can play a unique role in identifying uninsured children and families and connecting them to health insurance.

WHO

Who Are the Uninsured Children? While our country has made incredible progress expanding health coverage for children, nearly 4.5 million children under age 18 (6 percent) remain uninsured — one in seventeen. School-aged children (ages 6-17) are more likely than younger children to be uninsured, and account for nearly three out of four uninsured children in the nation. Hispanic children are uninsured at higher rate than White children (9.7 percent compared to just 4.6 percent). Children living in families on the brink of poverty and children living in the South and in rural areas are also less likely to be insured. More than 90 percent of uninsured children are U.S. citizens and nearly 90 percent live in families with at least one working family member.¹⁵ However, more than 60 percent of uninsured children — 2.8 million — are eligible for health coverage through Medicaid or CHIP.¹⁶

The Health Insurance Landscape for Children¹⁷

Depending largely on family income, immigration status, and whether or not their parents have affordable health insurance through their employer, most children get their health coverage through one of four sources:

Medicaid

Today, Medicaid is the largest provider of health coverage for children, providing affordable health coverage to more than 36 million low-income children and children with disabilities. Children in families with incomes up to 138 percent of the Federal Poverty Level (\$33,465 for a family of four) are eligible for Medicaid in every state, and many states have increased their eligibility levels to cover children at higher income levels. There are also special eligibility categories for children with disabilities, foster children and children who have aged out of the foster care system. Medicaid covers most medically necessary services children need to survive and thrive with very low or no cost sharing, including many services not covered by typical employer insurance that can help students with health challenges succeed. Medicaid may be known by a different name in different states.

The Children's Health Insurance Program (CHIP)

The Children's Health Insurance Program (CHIP) sits on the shoulders of Medicaid and provides child-appropriate health insurance to more than 8 million children in working families across America. Maximum income eligibility for CHIP varies by state, from as low as 175 percent of poverty in North Dakota to as high as 405 percent in New York. In some states, CHIP is part of the Medicaid program, and in others is a stand-alone program with a distinct name. Like Medicaid, CHIP's benefits and provider networks are designed to ensure children have access to child-appropriate services, providers, specialists and facilities at a very affordable cost for families.

The New Health Insurance Marketplaces

In 2009, Congress passed landmark legislation to reform America's health care system. That legislation, known as "The Affordable Care Act" (ACA) or "Obamacare" created a new health insurance exchange or "marketplace" to facilitate the purchase of affordable health insurance for qualified families. Children living in families that make too much to qualify for the state's Medicaid or CHIP program with incomes below 400 percent of poverty (up to about \$97,200 for a family of four) who do not have an offer of "affordable insurance" from their employer are eligible for tax credits to help them purchase health insurance through the state's marketplace. Child-only plans are also available through the marketplace to help cover children who may be eligible for insurance, but have a parent who is not (e.g. citizen children who have an undocumented parent). In none of the marketplaces are the benefits or cost-sharing for children comparable to those in Medicaid or CHIP.

Private, Employer Sponsored Insurance (ESI)

Employer-sponsored insurance (ESI) is still the most common source of health insurance for children across the United States. Children enrolled in ESI are covered by a health plan that is provided through their parents' job. Typically, the employer pays for a portion of the cost of the health plan and the employee is responsible for the remainder.

HOW

Identifying Uninsured Children in School Settings: CDF and AASA's Approach

CDF and AASA's tested model provides school districts a basic question to add to their school registration materials: **"Does your child have health insurance?"** Children whose parents answer "no" or "I don't know" and give their permission can then be contacted for application assistance.

How Can Your School District Add the Question to Annual School Forms and Identify Uninsured Children?

1. Estimate the Number of Uninsured Children. Determining the number of uninsured children living within your school district's boundaries is essential for making the case to your school district leadership about the need to engage in this work. Once done, reasonable targets can be set for the number of uninsured children you seek to enroll. Learn how to obtain data from the U.S. Census Bureau to estimate the number of uninsured children in your school district by visiting our guide (see Appendix 3).

2. Add a Health Insurance Question. Work with your team to develop and add a question about health insurance to a form parents are already required to complete annually. Is it the school enrollment form? Registration form? Emergency or health card? Use the CDF/AASA Health Insurance Question Template (see Appendix 2) to determine the best language for your school district. Be sure to also include language obtaining parental permission to contact them to follow up about health insurance.

Does Your Child Have Health Insurance?

☐ Yes ☐ No ☐ I don't know

If you checked **"No,"** your child may be eligible for free or low-cost health insurance through Medicaid or CHIP.

☐ **Please check this box to get more information or assistance in obtaining health insurance for your child(ren).**

☐ I would like assistance with renewing my child's health insurance.

I consent to (*School District/Community Health Enrollment Partners*) contacting me with more information.

Parent/Guardian Signature _____ Phone: _____

Date: _____



Does your child have health insurance?

3. Use the School District's Data System. Once the mandatory form has been filed by the parent or guardian, it's critical that the district office(s) transfer any data captured on paper into the district's electronic records system. Maintaining up-to-date information in a safe and secure database that allows key school personnel to access the data will yield better and more coordinated action. For districts that already have electronic enrollment systems and require parents to enroll their students online, consider making the question about health insurance a *mandatory field* to ensure all parents report their child's insurance status.

4. Don't Forget About Special Populations. Some of the most vulnerable children in your school district may still be uninsured. You can work within your existing programs and services to reach out to these children and families and inquire about health insurance. Some examples of special populations include:

- **Homeless children and children in foster care.** Consider options to reach homeless children and those in foster care through your district's homeless liaisons and foster care points of contact, partnering with service agencies and providers, and adapting any special intake forms your district may already use with these students.
- **Pregnant and parenting teens.** Does your district have special programs for pregnant and parenting teens? If so, these programs present an opportunity to inquire about health insurance and help connect not only the young parents, but also their newborns.
- **Children from immigrant families.** Immigrant children are more likely to be uninsured, and their families may be unaware of programs for which their child may be eligible. Undocumented parents may be hesitant to apply for insurance for their child even if their children are citizens, out of concern about deportation. Often schools are trusted messengers for these immigrant families and can play an important role in educating immigrant families about their child's health insurance options.

How Does Immigration Status Impact Eligibility for Health Insurance?¹⁸

Immigration status is a critical factor in eligibility for health insurance. While there are some federal guidelines states must follow in setting eligibility rules for public coverage, states also have some flexibility. As a result, eligibility differs from program to program and state to state. Because schools enroll all children regardless of immigration status, they are particularly well suited to communicate with undocumented families. It is very important to remind parents they do NOT have to disclose their own immigration status when enrolling an eligible child, and that information they share when applying is not to be used by immigration officials.

The following chart details eligibility for health insurance programs by immigration status:

	DOCUMENTED IMMIGRANTS					UNDOCUMENTED IMMIGRANTS
	GREEN CARD HOLDERS			REFUGEES, ASYLEES, AND OTHER HUMANITARIAN IMMIGRANTS	OTHER LAWFULLY PRESENT INDIVIDUALS (EXCEPT DACA)	
	CHILDREN	PREGNANT WOMEN	NON-PREGNANT ADULTS			
AFFORDABLE CARE ACT (ACA) subsidies and mandate	✓	✓	✓	✓	✓	✗
MEDICAID	STATE OPTION During first 5 years	STATE OPTION During first 5 years	✗ After 5 years	✓	✗ STATE OPTION If under 19 or pregnant	✗ STATE OPTION Except emergency services
CHIP	STATE OPTION During first 5 years	STATE OPTION During first 5 years	✗ After 5 years	✓	✗ STATE OPTION If under 19 or pregnant	✗ STATE OPTION Prenatal care services only

This chart was adapted from one originally created by the National Immigration Law Center and The Georgetown Center for Children and Families.

Story

Martin arrived in Compton, California as an unaccompanied minor without health insurance. His nomadic journey across America included violence, poverty and separation from his mother and siblings. When Martin enrolled in the Compton Unified School District, a staff member connected him to a social worker. As an unaccompanied minor, the district provided gift cards for clothes and food, helped him get eyeglasses and health insurance. With his new insurance, Martin was able to receive the therapy he needed to address the trauma from the violence and his multiple relocations. He credits his successful graduation from high school with honors and admission into 11 universities to the support he received from the school district. Martin is now following his dream of becoming a college graduate and creating a better life for himself and his family.

- ***Children of school district employees.*** There may be district employees with children who are eligible for but not enrolled in health insurance. Share information about outreach and enrollment opportunities with your part-time and hourly waged employees including food service workers, custodial staff, bus drivers and others who may not have access to employer-sponsored health insurance for themselves or their dependents.

School Districts and Parental Permission to Share Data

When seeking to enroll uninsured children in health insurance, it is a common practice for schools to work with external partners and agencies. Therefore, it is very important that school personnel understand the importance of parental consent and put into place the necessary protections for data sharing.

Patient health care records maintained by schools are considered education records and are subject to the Family Educational Rights and Privacy Act (FERPA)¹⁹ and not the privacy portions of the Health Insurance Portability and Accountability Act (HIPAA).²⁰ Under FERPA, a school district may disclose personally-identifiable information from a pupil record with written consent from a parent, guardian or adult pupil. Therefore, when amending forms to add a question about health insurance, we recommend adding an additional question regarding parental consent immediately following it.

The Department of Education has developed a data-sharing toolkit that helps simplify the concepts of FERPA and its parameters relative to the sharing of personally identifiable information from education records.²¹

HIPAA generally covers medical information maintained by or for what is called a “covered entity.” The two types of covered entities under HIPAA of interest here are health coverage plans (like Medicaid or CHIP) and health care providers (like a doctor or hospital). HIPAA’s privacy rule requires covered entities to protect health records and other identifiable health information by using safeguards like requiring a child’s parent or guardian to sign before sharing a copy of health records with anyone. HIPAA also gives parents rights over their child’s health information, including the ability to obtain a copy of their child’s health records and correct any misinformation.

Reach Out



WHY

Why Do Outreach? Schools are in a powerful position to bring critical information about affordable health insurance to students and their families, and to identify and enroll children in health insurance so they have access to preventive care and other important health care benefits. The importance of this work cannot be overstated. The extensive benefits for everyone involved include better student, teacher and school performance. Parents, of course, benefit by seeing their children flourish.

- **Improve Student Outcomes and Graduation Rates.** Schools can make an impact in ensuring children are prepared to learn and thrive. Research shows when students have health insurance, they are better able to learn, attend school, graduate, go to college and even become higher income earners as adults. In addition to helping children, the district's graduation rates improve.²³
- **Schools Can Secure Payment for School Health Services.** A critically important 2014 Medicaid rule change by The Centers on Medicare & Medicaid Services (CMS)²⁴ now allows public school-based providers to receive payment for health services provided to students enrolled in Medicaid, even if the services are furnished without charge to other students. Called the Free Care Rule, it has expanded the ability of school-based providers that meet Medicaid requirements to receive Medicaid payment for providing Medicaid services to Medicaid eligible students, such as immunizations, health check-ups and services provided by on-site school clinics. Recognizing the important role that school health services can play, CMS states that “whether implemented for children with special needs under the Individuals with Disabilities Education Act (IDEA), or for routine preventive care, on-going primary care and treatment in the form of a school-based or linked health clinic, school-centered programs are often able to provide medical care efficiently and easily without extended absences from school.”
- **Parents are Educated and Empowered to Do What's Best for their Children.** Low-income parents struggling to make ends meet often do not have the time or resources to learn about health coverage options for their children. Schools are powerful messengers and can provide critical information and connect children to quality care. They can educate parents and empower them to act.

Children Benefit When their Parents Have Health Insurance ^{25, 26}

Just as parents benefit when their children are insured, expanding access to health insurance for parents impacts their children. When parents are insured:

- **Eligible children are more likely to enroll in health insurance.**
 - In Massachusetts, expanded health insurance for adults cut the rate of uninsured children by half. More generally, studies have shown that 84 percent of children have the same insurance status as their parents.
- **Children are more likely to remain enrolled.**
 - Covering parents makes it less likely that children will have breaks in their own coverage.
- **Children are more likely to receive the health care they need.**
 - Children with insured parents have a higher likelihood of receiving check-ups and other needed care than children with uninsured parents.
- **Healthy parents positively impact child's well-being.**
 - For example, when left untreated, maternal depression can be very damaging to child development. When poor mothers have access to care, it is more likely their depression will be treated.
- **Healthy families are more financially secure.**
 - When sick parents are uninsured, their ability to work may be compromised. In addition, almost 25 percent of uninsured people have medical bills they cannot pay. These bills can tip the delicate balance of struggling to make ends meet. The impact can devastate families and even lead to homelessness.

WHO

Who Does Outreach? When thinking about outreach activities, the logical person to begin coordinating and thinking strategically about spreading the message will likely be one affiliated with school health services. This person should begin the planning and include the superintendent's office, coaches, teachers, nurses, social workers and communications department staff and develop an outreach strategy or campaign. Community partners to consider engaging include your local health care advocates and providers; local enrollment assisters; local media; legislators; local businesses and other community leaders.

HOW

How to Conduct Outreach. The CDF and AASA team has identified four key steps to planning your health insurance outreach campaign.

1. **The first step is to clearly determine and define who you want to reach with your campaign.**
Is there census, school employee or community data that show where the greatest needs are?

Gaining knowledge about the number of uninsured children living within your school district's boundaries can help team leaders set reasonable goals. In the **IDENTIFY** section you read about determining how many students are uninsured in your district. The guide (see Appendix 3) walks you through how to use the U.S. Census website. Don't overlook your own school employees whose children may be eligible.

District Spotlight: Uninsured School Employees and Their Children

Edinburg Consolidated Independent School District, Texas

Edinburg Consolidated ISD recognized that some hourly wage school employees are unable to afford the employee offered insurance and many didn't know there were other options available for their children, including Medicaid, CHIP and the ACA's Marketplace.

In order to assist the employees and their children, the school adopted a campaign that aligned with the fall open enrollment dates and the spring end-of-school year activities. By offering the campaign twice a school year they were able to help those who may be unemployed during the summer months. For many employees, this type of information had not been offered before. Some had insurance coverage that cost them around 40 percent of their paycheck every month or had chosen to go without insurance because they didn't realize there were affordable options. Once informed, employees like bus drivers, cafeteria workers and maintenance personnel actively applied and qualified for health insurance for their children. There may be hourly employees at your school who need assistance with insurance. It's time to reach out! Refer to this great handout from The Centers for Medicare & Medicaid Services for additional ideas: Connecting Kids To Coverage 10 Things Schools Can Do.²⁷



10 Things Schools Can Do

Millions of children in the United States are uninsured, but are eligible for health coverage under Medicaid or the Children's Health Insurance Program (CHIP). Many of their parents and family members may be eligible for Medicaid, too. Outreach and enrollment efforts are needed to help link them with coverage and the health care they need.

From the youngest children in preschool and Head Start, to teens in high school, America's students are better equipped to excel when they are getting the health care services they need. Families trust information from their child's school, so schools are natural partners for finding and enrolling eligible children. Outreach groups eager to work with schools should always start by reaching out to the superintendent or principal or other administrative decision maker.

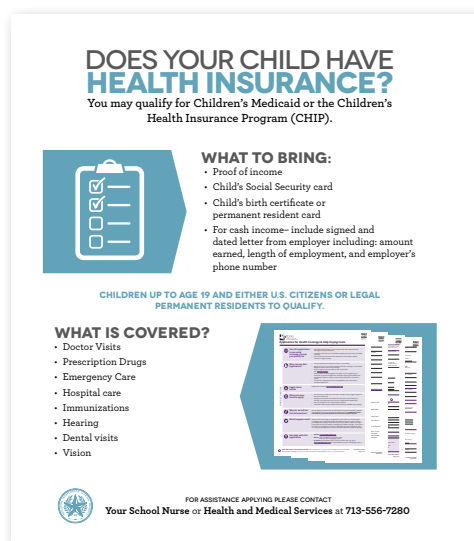
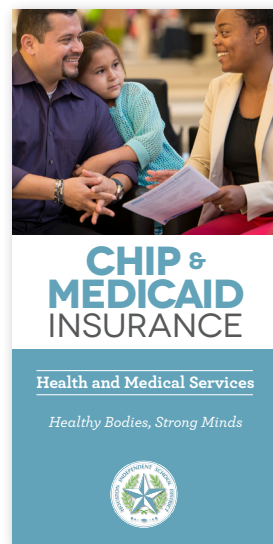
Schools may want to consider the following activities:

1. **Engage all members of the school community.** In addition to teachers, counselors, and school nurses, don't forget secretaries, cafeteria workers, coaches, bus drivers, janitors and PTA members. They often know students who may be missing out on health care and can link them to coverage.
2. **Train school staff to provide application and renewal help.** School staff can help families complete applications troubleshoot problems and remind parents when it's time to renew coverage. In states that have adopted the Presumptive Eligibility option (see "Policy Tools," below), school staff may be able to enroll eligible children temporarily, giving families time to complete the enrollment process.
3. **Team up with experienced partners.** Community groups with trained staff know how to help families enroll and renew coverage. When a school partners with a health care provider, families may also get a reliable source of care for their children. This brief [video](#) shows a vibrant school-health center partnership in Rhode Island.
4. **Make outreach part of the school's routine.** Add insurance status questions to school registration or emergency contact forms and provide help to families with uninsured children. Some schools have used these forms to track progress year to year with the goal of achieving 100% coverage. Schools can add a check-box to the School Lunch application so parents can authorize information to be shared with people able to provide assistance with enrollment in health coverage.

2. The second step is to fine tune your outreach strategy. Once you select your target audience, think through the best ways to connect with them.

Determine the type of outreach. There are many options for getting your message out. For example, you can use your school website, social media channels, radio and TV spots, newspaper articles and text messages. You may also want to implement robocalls to families, have t-shirt sales, use informational brochures, short flyers and posters or put an announcement on the school marquee. To make sure families know what information is needed to enroll their children in health insurance, include a checklist of required items in your radio/TV talking points, flyers, brochures and online information. Visit the online toolkit at www.InsureAllChildren.org to see examples of these outreach strategies.

For additional outreach resources, the U.S. Department of Health and Human Services and the U.S. Department of Education released the Healthy Students, Promising Futures toolkit.²⁸ This toolkit offers practical “high-impact opportunities” for helping schools strengthen coordination between health and education systems at the local and state levels. In addition, The Centers for Medicare & Medicaid Services launched the Connecting Kids to Coverage Campaign²⁹ and partnered with organizations across the country to improve children’s health. The Connecting Kids to Coverage Campaign has a wealth of excellent materials that are free, customizable, and available in many languages, including English, Spanish, Chinese, Korean, Vietnamese, Haitian Creole, Hmong, Portuguese and Tagalog. An example of how Houston ISD customized a Connecting Kids to Coverage poster is below.



Customizable Automated Phone System Robo Calls or E-Mail Messages for School Districts

Dear Parent:

As a result of the changing economy, you may have recently lost health insurance for yourself and your family. Our _____ school cares about the health and well-being of our students. Did you know that your child may qualify for the Children's Health Insurance Program or Children's Medicaid? This Saturday, _____, outreach workers will be available to help families apply for these programs and to answer questions about other health care resources. For more information, please check the school website/front office, or call (____) _____-_____.

Dear Families:

_____ school wants every eligible child to have health coverage. Did you know that your child may qualify for the Children's Health Insurance Program or Medicaid? A family of 4 making up to \$49,959 may qualify. For more information on ways to apply please check the school website or front office (____) _____-_____.

Good afternoon staff:

Did you know that your child may be eligible for health insurance through the Children's Health Insurance Program or Medicaid? A family of 4 can make up to \$49,959 to qualify. The programs offer comprehensive benefits including well-child visits, immunizations and specialty care all for \$50 or less per year. Would you like help applying for health coverage or do you want to learn more about the eligibility requirements? If so, please join us at the employee benefits information meeting where staff will be on hand to answer questions about these two programs. You can also visit the Employee Benefits website.

3. Organize events. Planning an event is one way to help reach your target community.

School Events: Are there already existing events upon which to piggy-back? Ideal events for outreach include back-to-school nights, health fairs, report card days, parent nights, school registration period, open enrollment for the Health Insurance Marketplace, Christmas and Valentine's Day celebrations, etc.

When planning school events, take into consideration the ideal time of year. Be prepared for your outreach event and consider what languages should be used in the resources offered. Make sure you are able to communicate with everyone who attends! Remember to visit the Outreach Tool Library on the insurekidsnow.gov website for resources in multiple languages.

Plan Timely Child Health Outreach Events

It is important to remember that Medicaid and CHIP have year round enrollment. Families can sign up any time to get their children health coverage. However, an important time to consider planning outreach events is during the three-month Marketplace open enrollment period — typically November 1 – January 31. Because the Marketplace provides an opportunity for whole family coverage, it is often a time when parents already have health insurance on their minds. Research shows that when parents have health insurance, children are more likely to be insured, stay insured and have access to the care they need.

District Spotlight: Capitalizing on Outreach Opportunities

Alief Independent School District, Texas

Alief ISD in Houston, TX capitalized on the health insurance marketplace open enrollment season by hosting enrollment events that would attract parents of uninsured children. To plan their outreach, they partnered with SRA, an organization in the Houston area that provides trained navigators to help families apply for health insurance.

After careful evaluation of their first year of collaboration, they decided to increase advertising and host events early in the evenings as parents were coming home from work. Alief and SRA reviewed the calendar and selected three to four days during each month of the open enrollment period that wouldn't clash with the district's testing schedules or SRA's heavy enrollment times.

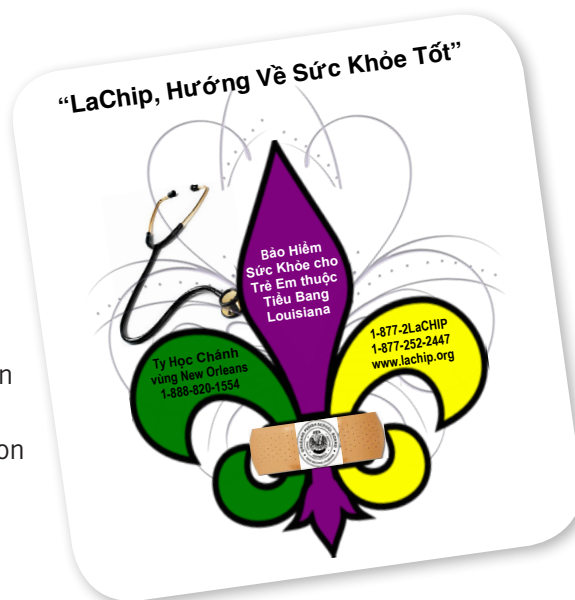
Alief produced flyers directing families to specific campuses in the evening for health insurance marketplace enrollment assistance and Medicaid/CHIP services. All families were seen by appointment and walk-ins were scheduled with either SRA or at another location on a different date.

Alief's health outreach coordinator reviewed the details of what each family needed to bring to their appointment. Each person who scheduled an appointment was also contacted by SRA for reminders and to answer any additional questions they might have. Through this partnership, Alief ISD was able to assist an average of 12 families per evening.

4. Develop a communications strategy. Start by assessing your district's internal communications and marketing resources and capacity.

A communications plan can have a number of goals that align with your already existing district communications plan — no need to reinvent the wheel. Do you have an in-house district communications manager who can work with your team to develop a strategic communications plan for the school year?

Your district likely has a school newspaper, a television spot, and/or social media outlets that can easily support your activities. You should also consider community partners who have networks and additional resources of their own that can be helpful to your project. Be creative and consider what messages are important to the audiences you strive to reach. The Orleans Parish School District in New Orleans, Louisiana selected the traditional New Orleans fleur-de-lis as the primary image to be used in a series of promotional efforts throughout the community. The logo, produced in three languages, included information about Louisiana's Children's Health Insurance Program (LACHIP). To maximize visibility, the district team placed this image on magnets, flyers, and the district website.



District Spotlight: Creative Use of Media

Mountain View School District, California

Mountain View School District in El Monte, California partnered with the Children's Defense Fund-CA, a local health care partner, and their local cable television channel to produce a show that would discuss the district's health and wellness initiative. In this show, they described the district's goal of reaching all uninsured students and enrolling them in health insurance. School district administrators sent messages to various audiences including students, parents, community organizations, elected officials and the general public. The show also featured a community health partner who talked about various health programs available to families in the El Monte community. It aired weekly and clips of the show were later used in outreach activities.



5. Recognize stories are the most effective tool in your toolbox.

Stories make programs and policy issues personal; they create connections between people. That is why sharing a story can be one of the most effective ways to communicate. Stories can create buy-in to do this work with district administrators and staff. Stories can help families who may be reluctant to enroll their children or do not understand the importance of health insurance. Stories help build community partnerships and relay reasons why agencies should become engaged in this work. Stories are the most effective tool in your toolbox, because they help people understand and connect.

Collecting Stories ³⁰

STEP 1: Get Organized. Identify the policy you want to change or reinforce and select a story that illustrates your point. For example:

- School-based health outreach programs work. More schools should do it. Look for a story that illustrates a child getting much needed health care services after enrolling in health insurance at school.
- Medicaid is important for the health of a child and their ability to thrive in school. Legislators must protect Medicaid. Look for a story that illustrates a child thriving in school after getting enrolled in Medicaid.
- Legislators should take advantage of cost-effective opportunities to expand coverage options for parents. Look for a story that illustrates how a child's performance at school suffers when their parents can't get the health care they need.
- State lawmakers should ensure that all parents have access to health insurance for themselves. Look for a story that illustrates a child whose parents got insured through the Health Insurance Marketplace and now their child is thriving in school because of the more stable (emotional or financial) home environment.

Step 2: Make the Ask. Speak to families about sharing their story.

Example: "Would you be willing to share your story with us? We are collecting stories that help explain the importance of children having health insurance to _____ (pick your audience, i.e. funders/policy makers) so that we can _____ (explain the change you want to see)."

It is important for families to see how sharing their story is part of a larger effort and how they can help make the needed change.

Step 3: Collect the Story.

- Ask families to tell you their story in their own words. (Some families may feel comfortable writing down their own story).
- Ask them relevant questions. (If they have written their story themselves, ask them clarifying questions when you see their draft).
- Get details that will make this individual's story relatable to others. For example, did they go to college, what field do they work in, how long have they lived in the community, how many children do they have?
- If something sounds fishy, get more information. You may think that you are collecting a story about a parent who does not have access to healthcare insurance, when in fact they have access to the Marketplace, but did not know it.
- Always ask the family if you can share their name and the story. Ask if they would be willing to share their story with a reporter if the opportunity ever arises. (Keep this information in your notes for the next time the superintendent, the school board, or a funder needs a story for the media to share publicly).
- If possible, try to take a picture of the individual or ask that they provide a picture of themselves and their family. If you have video capabilities and the family is comfortable with it capture some footage. *NOTE: Whenever taking pictures or video, be sure to get a signed media release form.

Step 4: Use the Story. Stories can give families courage by realizing others are in the same situation. They can also influence broader policy decisions and persuade legislators of the importance of providing health care insurance for all our nation's children.

Enroll Children by Engaging Partners



WHY

Why Schools and Community Agencies Partner? School districts offer a unique setting for identifying uninsured children and connecting them to affordable health insurance. Many families look at schools as a safe haven for their children and trust the school personnel. Offering assistance, education and resources for children's health insurance enhances the family-school relationship. The process for health insurance enrollment varies by state. Sometimes school personnel can directly enroll students in health insurance, but some states have established certified enrollment agencies to assist families. The key to successful child health insurance enrollment is the collaboration between school districts and community partners.

WHO

Who Enrolls Students? School health professionals are an integral part of the team. Often an employee or trained volunteer will assume the responsibilities of school outreach worker. This person is the liaison between the family and other community agencies, helping connect families to health insurance and other services they need.

In Edinburg Consolidated ISD, health insurance screening has been built into the daily operations of the Parental Involvement Assistants (PIAs). Each of the district's 41 school campuses has a PIA who, among other responsibilities, calls absent students' homes every morning to ask why students are missing school. If a child is home sick, the PIA asks about their insurance status and, if the student lacks insurance, offers the parent assistance filling out an application. This exceptional partnership is highlighted in Marian Wright Edelman's Child Watch® Column.³¹

Story

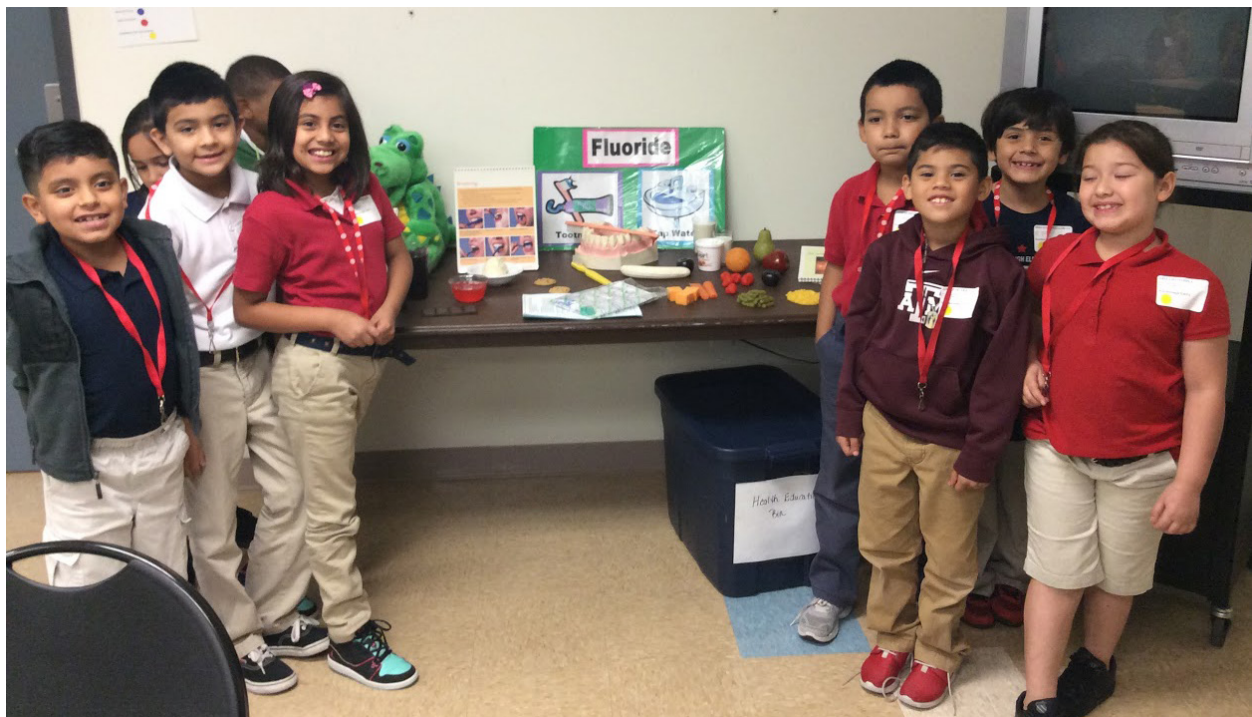
In the Edinburg Consolidated Independent School District in Edinburg, TX the story of a 12-year-old with a pre-existing health problem and no insurance captures the heartbreak and limitations for children without access to health care. With a debilitating heart condition, Evelyn could not participate in any physical activities and often ended up in the nurse's office suffering from shortness of breath. The nurse urged Evelyn's mother to take her to a heart specialist. But her mother, even with a full time job, could not support her family and afford the doctor's fees. Through the school's health enrollment outreach efforts, the school nurse referred Evelyn and her mother to an outreach worker who successfully helped them navigate the health insurance application process. Weeks later, Evelyn had open heart surgery to replace a faulty valve. Now Evelyn's mother has become an ambassador for the school's enrollment efforts and has become more involved with her daughter's education.

It's also important to mention that some school districts have school-based health centers, which are an invaluable resource for meeting children's health needs. Often they are clinics located in schools or near school grounds, and they typically provide preventive health maintenance, primary health and mental health care, and acute care treatment for students. Families and employees within the district often access primary care at school-based health clinics sometimes these clinics are open to residents of surrounding communities.

School districts should also establish partnerships with community health providers to help with enrollment. Partnerships can increase impact and awareness while broadening the school district's reach to uninsured children and families. Community partners can also provide expertise and guidance to school districts and in some cases support the district's capacity to meet the needs of their students.

Some examples of community partners that can help schools with various health outreach and enrollment efforts include, but are not limited to:

- Health and social service agencies,
- Community clinics and hospitals,
- Nonprofit organizations,
- Local businesses, and
- Health trade associations and coalitions.



District Spotlight: Leveraging Partnerships with Health Care Providers in the Community

Edinburg Consolidated Independent School District, Texas³²

To address the urgent need for more health care services for uninsured children and families in the Rio Grande Valley, the Edinburg Consolidated Independent School District (ECISD) partnered with Doctors Hospital at Renaissance (DHR) in July of 2015 to open a school-based health clinic. The clinic was built to provide easy access to health care providers who can diagnose and treat most minor health conditions. All ECISD students and their families, regardless of health insurance or immigration status, can access care at the clinic on a sliding scale basis.

Clinic staff help identify children who are eligible for but not enrolled in health coverage through Medicaid and CHIP. The clinic's financial counselors help families apply for health coverage for the students who may qualify for Medicaid and CHIP and refer family members to other community agencies as needed.

The ECISD/DHR partnership was key to elevating access to health care services in this community. DHR, the largest health system in South Texas, invested in a state of the art health clinic and committed staff to serve the children and families in Edinburg. DHR also supports the district's health care priorities and delivery capacity. The ECISD/DHR partnership has also inspired other health care providers in the region to get involved, including the donation of a mobile clinic now bringing health care services to some of the district's most remote and rural families.

Houston Independent School District, Texas

Houston ISD, with nine school-based health clinics, has a partnership with the Texas Children's Mobile Clinic Program to provide free comprehensive health care to uninsured children at schools with a high rate of children receiving free and reduced lunch. On dates when mobile clinics are scheduled to be on campus, the health outreach worker offers health insurance application assistance to families and connects them with other local health care resources while their children are receiving health services in the mobile unit. For children who do not qualify for Medicaid or CHIP, referrals are made to local community health centers. This Houston ISD/Texas Children's Mobile Clinic partnership helps with two common challenges of enrollment: 1) Ensuring parents make and keep appointments for application assistance by meeting with them during the time their child is seen by the clinic staff, and 2) Providing an opportunity to dispel myths and misconceptions related to families with mixed immigration status. Undocumented parents are less likely to apply for health coverage for their children because of a *mistaken belief* that their lack of citizenship disqualifies their citizen children for Medicaid or CHIP. Undocumented parents also fear deportation if they apply for Medicaid or CHIP for their children. This partnership gives the outreach worker time to educate families and break down those barriers to enrollment.

HOW

How to Enroll Children. Since the implementation of the Affordable Care Act (ACA), the process for applying for Medicaid and CHIP has evolved from primarily paper applications to include online applications and the ability to apply over the phone. Enrollment and renewal processes vary across the 50 states.³³

New Application Challenges: While these new systems were designed to simplify the eligibility and enrollment process for families, those applying for health insurance for the first time may still find it confusing and intimidating. The role of the health outreach worker or a certified application counselor is to guide families through this process, explain the options to apply for health insurance, the importance of submitting all supporting documents with the application to avoid delays, and explain the eligibility process so families understand the steps and know what to expect.

New Application Tips: It is always good practice to provide families before their appointment with a checklist of the documents and information they will need in order to submit a complete application to avoid causing delays in determining eligibility. Edinburg Consolidated ISD developed a checklist in the form of a bookmark.

Renewal Applications: Families enrolled in Medicaid or CHIP must submit annual renewal applications in order to maintain their health coverage. This is an especially important time to reach out to families, as a lapse in health coverage is common.

Families who use the online resource available in their state to apply for benefits also can use it to renew and submit required information. They can receive e-mail messages or letters in the mail reminding them about the renewal and requirements to complete the process. The same process is followed for families who use paper applications that are faxed in to apply for benefits. The state's Medicaid agency sends renewal letters/packets

TIME SENSITIVE

**FILL OUT THE FORM INSIDE AND
RETURN IT BY THE DUE DATE**

stamped with a time sensitive message to remind families about the importance of submitting the renewal application and forms in a timely manner.³⁴

Referrals: When children apply for health insurance, it is important to be aware of the different needs, medical and otherwise, students and families face, and to have a process and contacts in place to try to assist with these needs. You may need to seek referrals to either internal or external partners or both, for assistance.

Internal Referral: Most of the time you may be able to refer to another department within the school district to assist the family, including a school-based health center, a pupil support program or a family resource center.



What to bring:

- ❖ Birth certificate/
Permanent
Resident card
- ❖ Social security card
- ❖ Proof of income,
recent paystubs,
self-employed
letter, or income
tax return



Services:

- ❖ Doctor visits
- ❖ Vaccinations
- ❖ Prescriptions
- ❖ Dental care
- ❖ Eye Exams
- ❖ Other services

We **DO NOT** ask
about citizenship
status of the
parents, **ONLY** the
child.

OPEN enrollment
year round!

**Edinburg Consolidated
ISD developed a bookmark
with checklist**

External Referral: There may be a need to connect the family with resources not offered in the district. An external referral may be made to a Federally Qualified Health Center, often called community health centers, for uninsured children who have immediate medical needs that cannot be met in the district. Or there may be a need for housing assistance information for a student experiencing homelessness or a family that has faced a house fire or flooding. Many states have implemented an information and referral system that allows someone in need of services to access information easily over the phone or internet. An example can be found at www.211california.org.



How to Be Strategic in Approaching Partners. Strategic partnership development is a process that requires advanced planning and preparation, negotiation and assessment. Partnerships can fill gaps in services the school district does not have the internal capacity to provide. But it is important to try and determine if a partnership will lead to fruitful gains for both the school and the partner. CDF and AASA adapted a Partnership Assessment Tool (see Appendix 4) to help guide districts towards making key decisions about continuing, improving or ending partnerships. Partnerships require ongoing communication and assessment. Someone should routinely be asking questions and checking to determine how things are working for both the school and the partner.

District Spotlight: Internal Assessment Leads to Great Partnerships

Lynwood Unified School District, California

Lynwood USD in Lynwood, CA does not have school nurses at each school site, but every school does have a health clerk. Through an internal assessment of their capacity, the district determined the health clerks needed training to learn more about the health insurance options available to their uninsured students in order to help facilitate enrollment. Thanks to assistance from a community partner, the health clerks not only learned more about health insurance options, but were also connected with a community agency to help conduct education, outreach and enrollment in their district. While Lynwood USD had recently opened a community health center, in order to meet their needs at the time, they benefited from capitalizing on services offered by community partners. The children and families of Lynwood continue to benefit because the school district took the initiative to connect with outside organizations.

Alief Independent School District, Edinburg Consolidated School District, and Houston Independent School District, Texas

Alief ISD, Edinburg Consolidated ISD, and Houston ISD partnered with Children's Defense Fund-Texas to become Community Partner Program sites for the Texas Health and Human Services Commission (HHSC). Through this partnership school district staff were trained about how to get the most out of the HHSC's benefits application and management website, www.YourTexasBenefits.com. With this information they can better serve district children and families through the application process and have an increased ability to track and report on the number of families helped, essential for program sustainability. This is an example of how three partners with similar goals worked together to make the enrollment application process more efficient for Texas families and for their own educational programs.

The Role of a Memorandum of Understanding (MOU). When two parties become partners it's important to establish key goals, parameters and protocols. A written agreement such as a memorandum of understanding (MOU) can be useful to both school administrators and local health clinics who are working together to reach, educate and enroll children and families in health insurance.

District Spotlight: Developing a Memorandum of Understanding with a Community Partner

El Rancho Unified School District, California

The El Rancho Unified School District in Pico Rivera, CA formed a partnership with the St. Francis Medical Center in Lynwood, CA and created a MOU that has proven helpful to both parties.

Key components in the partnership MOU include:

- The name of the parties involved, addresses and contact information,
- Each party's goals and objectives in the collective effort,
- A list of each party's responsibilities in the partnership,
- A description of protocol and key processes that each party is to follow,
- A description of resources committed to the partnership, if and when applicable,
- A list of external partnerships and funding agreements and commitments,
- The timeline and terms of partnership,
- The specifications for amending the MOU and terminating the partnership,
- The signatures of managers, superintendents and other key personnel, and
- The effective date of MOU execution.

Tips for Maintaining Partnerships

1) Complementary Goals: Partnerships work when both parties have identified vested interests that justify the scope of the collaborative. It is critical that once the partnership has been established, both parties work closely to continuously assess goals and objectives, and be committed to making sure both parties' needs are met and sustained. **When school districts set up key systems to support partnership activities, the partnership is less likely to stumble and more likely to yield a productive relationship.**

2) Communication: Partnerships are most effective when a point of contact is established at both the school district and the partnering organization. When both parties know their contact person, it enhances relationships and fosters efficiency and trust. The contact person, can facilitate effective communication and channel information to the proper department staff.

3) Flexibility: Both parties should be flexible in defining successes. While enrolling children in health insurance will be the main objective that defines success, it may turn out that one partnership is more effective in carrying out educational workshops for parents. This does not mean the partnership was unsuccessful — it may mean redefining success and changing the goal for that partnership.

District Spotlight: Assessing a Key Partnership

Mountain View School District, California

The Mountain View School District in El Monte, CA has been working with CDF and AASA since 2011 when the district embedded a health insurance status question on the school enrollment form. The form requested parental consent to allow the district to refer uninsured children and families to local community partners for enrollment assistance. The district identified a large number of uninsured students in that first year — approximately 1,200 — and committed to increasing local partnerships with community health clinics.

The Partnership Assessment Tool (Appendix 4) served as an effective guide for the district when making hard but critical decisions about partnering agencies. In one instance, after careful assessment, the district concluded that a particular agency lacked the necessary communication skills and reliability to continue a healthy partnership. After this experience, when it came time to find a new partnering clinic, the district had a better idea of the type of partner they needed.

District Spotlight: Redefining Success

Houston Independent School District, Texas

Houston ISD is an exceptionally large urban school district encompassing 283 schools and 215,000 students. The district's Health Services department had a limited number of staff who could assist in identifying and connecting uninsured children to health insurance. Therefore, they sought out planned opportunities that would assist the largest number of families in one setting.

One option was the Family Learning Academy hosted by the Family and Community Engagement department (FACE) in the district. Family Learning Academies were held on Saturdays at several high school campuses throughout the district and families were encouraged to attend to learn about the multitude of programs and services offered to Houston ISD students. However, at the first event families were more interested in using the time at the Family Learning Academy to learn more about health coverage options for their children than in enrolling them in Medicaid or CHIP.

Rather than opt out of the remaining Family Learning Academy dates, the health outreach team developed a workshop for the academy that would provide the families with the most recent information on children's health insurance and allowed time after the workshops to answer questions for families who needed assistance. While the Health Services department sought to increase their enrollment numbers through the partnership with Family and Community Engagement, in the end the partnership's success was in outreach and education. By redefining their metric for success, the team was able to make this partnership work for all involved.

If partnerships are planned with the future of the relationship in mind, it is important to acknowledge when it should be terminated or simply wind down. That process requires monitoring because some collaborations are designed to achieve a certain objective, and once achieved, or once the window for achieving the objective has closed, it may be time to shut the door.

Challenges

Enrollment Challenges: School-based health enrollment does not come without challenges. Disconnected phone numbers and frequent relocation within and outside the district boundaries make it difficult for outreach workers to find or contact families for follow up. To combat these challenges, school districts found it helpful to ensure that clear instructions about application, enrollment and renewal processes are explained and reinforced. Following up ensures children who have been helped with the application get insured and remain insured. Maintaining a consistent system of communication with families who have been assisted by the outreach team is essential. Sign-in sheets with contact information or a spreadsheet that captures names and phone numbers can be useful in keeping in contact with families.

Reporting Challenges: Like many other programs, it is important to evaluate and report on process and outcome metrics. Often programs know they are doing good work, but the challenges of capturing the data on who has applied and been enrolled in insurance are real and daunting. To facilitate this process, the program evaluators for the CDF/AASA school-based outreach and enrollment project, with the help of the planning team, created the Telling Your Story (TYS) Template³⁵ and the Monthly Reporting Template.³⁶ These templates were used to help districts track the services schools and partners provided to uninsured families. The YYS Template was designed to capture the process or program implementation details of this work, and the Monthly Reporting Template was used by district teams to track monthly enrollment information. These forms are very important and useful, but it still is challenging to get, track and gather all of the referral and enrollment information between schools and partners. Team leaders must dedicate themselves to communicating and monitoring program process and outcome metrics.

Referral Challenges: For schools, one of the trickiest communication paths to monitor and track are referrals to community partners. The first challenge is monitoring and determining whether the child's needs were met either at the school or with the community partner. Has the child's family received the needed information and assistance for enrollment? To answer this question, Lynwood Unified School District in California established a systematic approach to facilitate improved communication and tracking between schools and partners (see Appendix 5).

Sustain for the Future



We are very thoughtful and specific about what we spend our money on. This (children's health) is one of the things that is a priority. But if we only talk about it as health care, then it becomes difficult to sustain. If we talk about wellness and preventive health, it all becomes part of the fabric of our district.

– H.D. Chambers, Superintendent, Alief Independent School District, Houston, Texas

Leaders in education need to create, not just a structure of change, but a culture for change. A culture in which new ideas and practices are critically assessed and selectively incorporated on a continual basis.

– Martin Galindo, Superintendent, El Rancho Unified School District, Pico Rivera, California.

WHY

Why is Sustainability Important? Sustainability planning is a critical element of child health insurance enrollment in schools because it allows a project team to better understand what program components are necessary for long-term success. Ultimately a sustainability plan will help a team turn big ideas into manageable and actionable steps. It's important to remember that you may need to make adjustments along the way. Your team needs time to assess the current project and determine which activities are and are not working. This flexibility allows teams to continue to improve on systems and strengthen buy-in. Having your sustainability plan in writing allows project team members to communicate and even market their efforts to a broader group of school district and community stakeholders.

WHO

Who is Essential to Sustaining Health Outreach and Enrollment? In order to conceptualize and organize around project goals and objectives it is beneficial to have a sustainability plan in writing that has been sanctioned by your school or district leaders. This plan provides a roadmap for successful program implementation by the project team and lasting collaboration among project partners.

HOW

How to Achieve Sustainability. There isn't one way to think about and plan for sustainability. Ultimately effort committed to planning for sustainability early on provides your district team with a path to follow as you and your partners work toward the goal of insuring children.

Through CDF and AASA's work in schools, and our systematic approach to program evaluation, we have outlined a way to think about and plan for program sustainability while incorporating concepts shared in research completed at the Center for Public Health Systems Science at Washington University.³⁷ **One of the first steps while meeting with your project team is to brainstorm answers to this statement: "For this project to successfully continue over time it needs..."** The answers will provide a framework for developing a sustainability plan.

Below is an exercise to do with your project team to help increase program capacity and plan for sustainability.

Team Exercise for Sustainability Planning

1. Call a meeting for the project and sustainability team members.
2. Ask your team, "For this project to successfully continue over time it needs..." Have the team brainstorm responses to this question and generate a set of ideas.
3. In order to understand how the ideas are related to one another, the group can sort concepts into lists based on similarity. Have the team eliminate or combine statements that represent the same idea.
4. Now crosswalk your grouped lists with this conceptual framework. Teams can 'theme' their lists under one of the nine domains important for increasing sustainability. They include:
 - Political support
 - Funding stability
 - Partnerships
 - Organizational capacity
 - Program evaluation
 - Program adaptation
 - Communications
 - Public health impacts
 - Strategic planning

1. Political Support

When thinking about political support and sustainability, it is necessary to consider both the internal and the external environments which influence program funding, initiatives and acceptance. For example, internally every school district has a school improvement plan. Usually this plan is multi-year and is built on research-based strategies to improve outcomes for students. Children's health insurance must be a part of every district's school improvement plan. The data on the connection between health and education is clear. And the strategy of adding the question about health insurance to an annual district form makes collection of information on eligible students routine and almost effortless to sustain.

Externally, superintendents and other school district leaders can spread the message to local legislators with whom they often have direct contact and to other superintendents in their area. When superintendents get on the agenda of a local legislative convening, they have the stage to talk about health insurance, what it has done for children and schools in their district, and how improved school achievement will benefit the community. Superintendents who often are consumed by work in their own districts appreciate learning what works from their peers.

Encourage the district superintendent to contribute to newsletters or write letters citing examples of what has been done for children in their district, including impact on local district policy. To learn more, see the box below and then visit the online toolkit for more detail on how California advocates achieved policy change.

Policy Change Can Help School Districts Initiate and Sustain Their Outreach and Enrollment Work³⁸

States can take steps to facilitate school district action to connect uninsured students to health insurance. Children's health advocates in California, led by the California Coverage and Health Initiative, developed a policy idea for legislation that would incorporate schools as key messengers and a natural outreach conduit to impact the health trajectory of uninsured children. After working closely with health advocates, schools and members of the state legislature, California passed legislation in 2014 mandating that public school districts provide information to families about health insurance options and enrollment assistance on school enrollment forms for the school years 2015 – 2018.

2. Funding Stability

Medicaid Administrative Claims: Medicaid provides health coverage and medical services to millions of low-income children and their families. Schools are the logical place for Medicaid outreach activities that inform students and their families about the availability of Medicaid and CHIP and for Medicaid eligibility and enrollment activities, and arranging for services, including outreach and some service coordination activities. Schools should establish a system to appropriately identify those activities and costs which are claimable under Medicaid in accordance with federal requirements.

To help schools and school districts prepare appropriate claims, visit the online toolkit for a guide to Medicaid School-Based Administrative Claiming.³⁹

Because each state is responsible for the operation of its Medicaid program, it is important for the school district to work closely with the State Medicaid Agency for policy and technical assistance. This collaboration will help to ensure compliance with administrative claiming requirements.

Third Party Billing Agent: The Jefferson Parish Public School System in Louisiana turned to a third-party billing agent to ascertain how many students were newly enrolled in Medicaid or Louisiana's CHIP program known as LACHIP. After the school districts' efforts to enroll more eligible children in Medicaid and LACHIP, reports generated by Beacon Analytics confirmed that Jefferson Parish had 5,000 more students in their district receiving services that were reimbursable by Medicaid/LACHIP. As Superintendent James Meza said: *"To maximize and sustain revenue for services provided to our special education students, Beacon Analytics implemented a full-scope program...Engaging with Beacon has helped the district manage the changing environment of Medicaid."*⁴⁰

Opportunities for Schools to Secure Funding for School Health Services and for Efforts to Connect Education and Student Health

The Medicaid Free Care Rule

A critically important Medicaid rule change made in 2014 allows public schools to receive funding for health services they provide to students enrolled in Medicaid. Known as the Free Care rule, it expanded the ability of schools meeting the Medicaid requirement to receive payment as Medicaid providers for providing free care to Medicaid-eligible students. Reimbursable services include routine preventive care, on-going primary care, immunizations and services provided by on-site school clinics.

The Every Student Succeeds Act

The Every Student Succeeds Act (ESSA), which replaced No Child Left Behind (NCLB), devolves much power back to the local level, challenging states and districts to re-think how they are supporting schools and students to accomplish their missions. ESSA explicitly recognizes the need for schools to support the total child and offers a “well-rounded education” as the new goal of public education. This responsibility to focus on the importance of the social, emotional, physical and civic development of children and youths, and not solely on their academic development should help build strong children and make stronger communities tomorrow.

Through ESSA’s schoolwide Title I programs, local school districts can now consolidate and use Title I and other federal, state and local funds for programs where at least 40 percent of the students are from low-income families. Schools will be able to implement school-wide health programs, such as hiring a school nurse and counselors, adding school-based mental health programs and more. Schools will also now report chronic absenteeism which is closely related to a child’s health. ESSA specifically mentions the services under this provision may be delivered by a nonprofit or for-profit external provider with experience using effective strategies. This creates an opportunity for collaboration between the local health and education sectors. Local school districts must reserve one percent of this funding to support parent engagement, critical to successfully identifying and enrolling eligible students in health insurance.

ESSA also maintains “21st Century Schools” and adds a new program requiring states to spend 20 percent of Title IV funds on well-rounded educational opportunities. Twenty percent of those funds are to be focused on “safe and healthy students” and can be used to support wrap-around services, including case managers, counselors and psychologists allowing schools to think more holistically about student health and to create a healthy, safe school environment.

3. Partnerships

Fostering relationships and collaborative agreements with partners is the key ingredient for the sustainability of your work. Community partners have unique skills and resources to contribute to your project. Partnering with community clinics, health and social service agencies, nonprofit organizations, and others increases the number of individuals concerned with your project’s sustainability and offers more access to a range of resources.⁴¹ In the **ENROLL CHILDREN BY ENGAGING PARTNERS** section of the toolkit, there are great tips on partnerships and their role in children’s health insurance outreach and enrollment.

4. Organizational Capacity

In 2015 CDF and AASA convened a Community of Practice to provide a forum for our school district partners to share lessons learned. Staff from the Mountain View School District in California found they were continually finding ways to build lasting infrastructure for the long term sustainability of serving the whole child. With the leadership of Superintendent Lillian Maldonado-French, Mountain View designated a director of wellness, a coordinator of health, a dietitian, a public information officer, and an information technology employee to implement various areas of wellness including identifying uninsured children and families in their school district. The superintendent identified the staff and resources she felt necessary to effectively manage the program and its activities. One of the best practices from the Mountain View School District is the work of the information technology personnel who revised the student database to require the health insurance question as a mandatory prompt as part of enrollment. The Mountain View School District has a dynamic team working hard to increase the organizational capacity of this work.

5. Program Evaluation

Without program evaluation, CDF and AASA would not be able to share this valuable toolkit full of best practices and lessons learned in children's health insurance outreach and enrollment. It is through the evaluation work of Shattuck and Associates, an independent planning and evaluation firm, that the Telling Your Story (TYS) Template and the Monthly Reporting Template were created to routinely collect important process and outcome information. We are pleased to share the templates and the best practices from our time doing this work. We encourage all school districts beginning this work to establish a way to monitor and evaluate along the way. By committing to program evaluation at the beginning of your work, districts can be most effective in building strong teams to identify, reach, enroll, and sustain children's health insurance outreach and enrollment. Further discussion of evaluation is on pages 35 - 37.

6. Program Adaptation

Don't expect your plan for implementing child health insurance outreach and enrollment to be perfect the first time around. At every step along the way, take the time to identify areas that need improvement. Some goals may simply not be attainable. Other goals may need revised timelines. In some areas you may be doing better than expected. Whatever the case, seek out feedback and adapt program practices, because the importance of connecting children to health insurance to improve educational outcomes is well-established. Project leaders who are open to feedback and show a willingness to adapt and improve practices over time are better positioned for building lasting programs.

7. Communication

Not only do teams need to be flexible and willing to adapt, but teams must establish open communication among everyone involved. Communication is absolutely pivotal. Broadly speaking, there are three groups to ensure open and lasting communication with: administration and teachers; schools and families; and student support services and community partnerships. Taking the time to assign people to routine communication and follow-up with all involved will build trust and rapport and advance program sustainability and potentially change policy.

A centralized school district website is an excellent way to communicate with administrators, teachers, families and community partners. On your website teams can share and connect with people through storytelling. CDF and AASA recognize the importance of connecting and making the experience real. A true story can be one of the most effective ways to communicate with

- 1) policymakers on a needed policy change;
- 2) funders on the effectiveness of your program;
- 3) potential partners on reasons they should become engaged in your work; and
- 4) supporters on why they should continue to champion your work.

Stories make programs and policy real — they create connections between people.

8. Public Health Impacts

In the introduction to this toolkit, CDF and AASA emphasized what we all know, the fact that poor health severely limits a child's ability to learn and in order to improve academic achievement, later success, and upward social mobility, it's necessary to ensure a child's access to health insurance.⁴² When you begin this extremely rewarding work of enrolling children in health insurance through schools, orient your team around a vision statement: one that considers your overarching goal to ensure students are happy, healthy, and ready to learn. Establish a vision that considers and incorporates ways to integrate health metrics and health goals into school improvement plans.

9. Strategic Planning

What really helped us as a school district was alignment. We wanted to fully support our students and we needed to engage with other programs, efforts and resources. We had to engage in a collaborative education with others and the strategic plan became the foundation. As a result of the conversations, and thanks to the support of our board and leadership, we wanted to support the whole child. We were able to identify our gaps and bring in the social workers and caseworkers and that has an impact on attendance, suspension and academic achievement.

— Gudiel Crosswaithe, Assistant Superintendent, Educational Services, Lynwood Unified School District, Lynwood California

It takes a visionary team with a strategic plan to succeed with enrolling students in health insurance through schools. Every school district has a school improvement plan that is often multi-year and built on research-based strategies to improve outcomes for students. These district improvement plans are shaped by the advice of the School Health Advisory Council (SHAC). The SHAC will help the district ensure that local community values are reflected. Be sure the SHAC is a part of and informed about the district's work on health insurance enrollment, as members are often required to make annual reports to the school board, which in turn sets local district policy.

At Alief ISD, the Director of Special Populations understood the importance of being part of the SHAC committee and informing members about the district's work on health insurance enrollment. She led the effort in making change happen. Through her leadership, Alief ISD has systematically incorporated district-wide policy support for children's health insurance enrollment through the district's strategic plan. It was through her involvement and the collaborative decision-making between partners within and outside the district that policy change occurred. Just like Alief ISD, your project team can ensure that information on identifying and enrolling eligible students in health insurance is part of your district's School Wellness Policy. But remember, don't stop there — spread the word to local legislators with the help of your superintendent.

How to Use Evaluation to Ensure Success and Sustainability

Program evaluation serves many functions, one of which is verifying that your efforts are producing the desired result of more students enrolled in health insurance. It is essential to the future sustainability of your efforts. Although increased health insurance enrollment is a critically important outcome, the ultimate goal of this work is to ensure that students are healthy and ready and able to achieve academically. An evaluation of your program provides a way to use data to talk about and measure your successes and challenges.

To monitor progress, CDF and AASA encouraged action planning and evaluation to help districts determine actionable goals and objectives, to plan and implement this initiative, and capture school district successes, challenges and lessons learned. In the Telling Your Story (TYS) Template and Monthly Reporting Template, district teams were provided a means for tracking and reviewing program implementation or process information — the “how,” as well as enrollment outcome information, and the number of children insured. Program process information is particularly helpful in this relatively new endeavor of connecting students to health insurance through schools. Process evaluation allows staff to determine if there are areas that need to be modified, kept the same or completely changed because the effort is not achieving the desired result.

Process Data: The process data are the culmination of information gathered in this comprehensive toolkit. In this section we highlight some of the most valuable data captured in the YYS Template.

- **Administrative:** School districts identified the forms they use to ask the health insurance question, “**Does your child have health insurance?**” As noted in the **IDENTIFY** section, some of the forms are:
 - Student Health Inventory and Insurance Screening Forms
 - Health Collaborative Referral Forms
 - Student Emergency Cards
 - Homeless Youth Needs Assessment Form
 - Sport Enrollment Forms
- **School Promotion:** Districts were asked to detail steps the team had taken to ensure the sustainability of disseminating educational materials. Districts are regularly posting information on websites as well as educational flyers. Not only is the information regularly being distributed in print and social media, but health insurance has become part of the agenda at parent and public meetings. Some districts have even added health insurance information to the report cards, emphasizing the strong link between education and health.
- **Community and Family Outreach:** Districts have taken steps to ensure outreach efforts are sustainable by designating personnel to assist with the project and compensating them with stipends for their extra efforts. In addition, in some districts the front office administrators and health room employees are now routinely asking, “**Does your child have health insurance?**” School districts are also engaging students in poster competitions for getting the word out about children’s health insurance. Some have enlisted the local newspapers to cover stories about efforts to enroll students and families in health insurance.



Does your child have health insurance?

- **Sustainability:** School districts have been able to institute many practices into routine school procedures and through school policies. District Improvement Plans have been revised to include children's health outreach activities and student databases have been updated to include mandatory fields for students' health insurance information. Key personnel have been identified and trained to assist with health education and insurance enrollment, and districts have capitalized on strategic planning with community partners to minimize duplication of outreach and enrollment efforts and to expand resources.

Challenges: The district teams have had great success connecting children to health insurance, but the successes have not come without lessons learned and challenges. Educating and enrolling children in health insurance through schools is new territory and requires a multidimensional approach involving multiple school personnel and community partners. Some of the challenges our district teams encountered were:

- Carving out the time necessary to do this important work with other job duties,
- Training staff to assist families at community education and enrollment events,
- Having enough staff available for evening community events,
- Publicizing and having good turn-outs at outreach and enrollment events,
- Tracking and reporting education and enrollment numbers,
- Inputting student health insurance data into the district database,
- Generating reports related to insurance status from the database, and
- Coordinating with community partners.

Keeping enrollment data, following up with parents, and knowing if the child enrolled, if they did not enroll and why, ensures we can continue to provide the resources and assistance needed to support the child and family.

– Dr. Virginia Roberts, Director of Pupil Services, Compton Unified School District, Compton, California

Outcome Data: To track outcome measures between 2013 and 2016, district teams reported monthly to their team leaders using the Monthly Reporting Template. Within this template, districts reported on the following:

- Number of uninsured students in their district at the beginning of each school year,
- Estimated number of students and families reached with awareness or outreach activities,
- Estimated number of referrals for insurance enrollment, and
- Total number of newly enrolled or re-enrolled children in health insurance.

The primary outcome measure for this initiative was the number of children enrolled in health insurance. Between 2011 and 2016, fifteen school districts large and small, urban and rural in California, Georgia, Louisiana, Mississippi, and Texas enrolled 12,917 children in health insurance. In addition, districts in California and Texas shared children's health insurance information with an estimated 300,000 families and made nearly 4,000 referrals for health insurance enrollment.

Monthly Calls: Throughout the project, team networking and sharing was encouraged on monthly calls. Emphasis was placed on connecting with people and building relationships. Teams were not just asked to report on 'data,' but also to capture and share real life stories. CDF and AASA understand and value the importance of capturing and sharing stories because it is often through sharing a story that policies are changed.

The TYS Template and the Monthly Reporting Template: Designed to gather detailed and informative data over time, these templates track progress as your district works toward getting all students insured. Each is meant to be used to help identify what is working and what is not working. Information from the templates should be reviewed at least every quarter throughout the year. This will help gauge program progress and guide efforts. Evaluation tools such as the Action Planning Template, the TYS template and the Monthly Reporting Template will help you and your team communicate, define your path and monitor each step along the way.



Additional Resources to Consider As You Embark Upon School-Based Outreach and Enrollment

CDF and AASA are not alone in our efforts to #InsureAllChildren. National, state and local partners across the country recognize the critical link between health insurance and healthy students. As you begin the important work of ensuring all children in your school and community have health insurance, we encourage you to review these other toolkits which also focus on promising strategies schools can take to ensure healthy students.

- The Center on Budget and Policy Priorities' Guide to School-Based Outreach for Health Coverage Enrollment:
<http://www.cbpp.org/sites/default/files/atoms/files/8-3-16health.pdf>
- The Center for Medicaid and CHIP Services' Connecting Kids to Coverage National Campaign: School-Based Outreach and Enrollment Toolkit:
<https://www.insurekidsnow.gov/downloads/library/misc/toolkit-schoolbasedoutreachandenrollment.pdf>
- The U.S. Department of Education and U.S. Department of Health and Human Services: Healthy Students, Promising Futures: State and Local Action Steps and Practices to Improve School-Based Health:
<http://www2.ed.gov/admins/lead/safety/healthy-students/toolkit.pdf>



For more information visit:
www.InsureAllChildren.org
or contact:

InsureAllChildren@childrensdefense.org and InsureAllChildren@aasa.org

Appendix 1

Participating School Districts in CDF and AASA's School-Based Outreach and Enrollment, 2011-2016

Alief Independent School District (Houston, Texas)

Clarke County Public Schools (Athens, Ga.)

Clarksdale Municipal School District (Clarksdale, Miss.)

Cleveland School District (Cleveland, Miss.)

Compton Unified School District (Compton, Calif.)

Edinburg Consolidated Independent School District (Edinburg, Texas)

El Monte Union High School District (El Monte, Calif.)

El Rancho Unified School District (Pico Rivera, Calif.)

Gwinnett County Public Schools (Gwinnett County, Ga.)

Houston Independent School District (Houston, Texas)

Jefferson Parish Public Schools (New Orleans, La.)

Louisiana Recovery School District (New Orleans, La.)

Lynwood Unified School District (Lynwood, Calif.)

Mountain View School District (El Monte, Calif.)

Orleans Parish School Board (New Orleans, La.)

Identifying Uninsured Students by... Adding a Question about Health Insurance Status on School Annual Forms



The Children's Defense Fund and AASA, have spearheaded school-based health outreach partnerships with schools whose efforts have led to successfully identifying large numbers of uninsured children. When school districts follow a simple method: Adding a question about a child's health insurance status on annual school forms, we move closer to getting all children enrolled with health coverage so they come to school healthier and ready to learn.

School districts may consider adding a question(s) about health insurance to include:

- Annual Enrollment Registration
- Student Emergency Care Card
- Immunizations Forms
- Student Questionnaires/Surveys
- School Sports Team Health Forms
- Other _____



Think creativity! Are there other school forms your district can add this question to in order to identify students who need health insurance?

Below is a template for your school district to consider when revising your annual school forms that are sent to parents:

Does your child have health insurance?

☐ Yes ☐ No ☐ I don't know

If you checked "No," your child may be eligible for free or low-cost health insurance through Medicaid or CHIP.

☐ Please check this box to get more information or assistance in obtaining health insurance for your child(ren).

☐ I would like assistance with renewing my child's health insurance.

I give (*School District/Community Health Enrollment Partners*) consent to contact me with more information.

Parent/Guardian Signature _____ Phone: _____ Date: _____

* Note: Consider review from your school district's legal counsel. Consider translating this form in other languages as needed.

Appendix 3

How To Estimate The Number Of Uninsured Children In Your School District

Gaining knowledge about the number of uninsured children living in your school district's bounds is essential in making the case to your school district leadership about the need to engage in this work, as well as to set reasonable targets for the number of uninsured children you seek to enroll.

CDF and AASA use the U.S. Census Bureau's American Community Survey 1- or 5-Year Estimates of Uninsured Children Under Age 18. The most recent year available is from 2014. Depending on the size of your district, only one of the two measures (1-year or 5-year) may be available. If both are available, we recommend using the 5-year estimates.

Let's get started!

1. Go to: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
2. Click "Advanced Search" and then "SHOW ME ALL"

← → ↻ factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

United States Census Bureau

AMERICAN FactFinder

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MAIN COMMUNITY FACTS GUIDED SEARCH **ADVANCED SEARCH** DOWNLOAD CENTER English Español

► Community Facts

► Guided Search

▼ **Advanced Search**

Search all data in American FactFinder, with access to all geographic types and datasets.

SHOW ME ALL

► Download Center

Popular Tables

Population and Housing

- Annual Population Estimates (2015 PEP, PEPPANNRES)
- Demographic and Housing Estimates (2014 ACS, DP05)
- General Housing Characteristics (2014 ACS, DP04)
- General Demographic Characteristics (2010 Census, DP-1)

Poverty and Income

- General Economic Characteristics (2014 ACS, DP03)
- Age, Race, Sex and Education
- Selected Social Characteristics (2014 ACS, DP02)
- Educational Attainment (2014 ACS, S1501)

3. Type “S2701” HEALTH INSURANCE COVERAGE STATUS” into the “topic or table name” search box and click “GO”

The screenshot shows the American FactFinder search results page. The search box contains "S2701: Health Insurance Coverage Status" and the "GO" button is highlighted. The left sidebar shows the search options, including Topics, Geographies, Race and Ethnic Groups, Industry Codes, and EEO Occupation Codes. The main content area displays the search results, including the search terms and the selected topic.

Search - Use the options on the left (topics, geographies, ...) to narrow your search results

Your Selections

Your Selections is empty

[load search](#) | [save search](#)

Search using the options below:

Topics
(age, income, year, dataset, ...)

Geographies
(states, counties, places, ...)

Race and Ethnic Groups
(race, ancestry, tribe)

Industry Codes
(NAICS industry, ...)

EEO Occupation Codes
(executives, analysts, ...)

To search for tables and other files in American FactFinder:

1 Enter search terms and an optional geography and click GO

topic or table name: S2701: Health Insurance Coverage Status state, county or place (optional)

☐ topics ☐ race/ancestry ☐ industries ☐ occupations

GO ?

-- or --

Select from **Topics**, **Race and Ethnic Groups**, **Industry Codes**, **EEO Occupation Codes**.

- these are added to 'Your Selections'
- the Search Results are updated

2 Next, select **Geographies** (states, counties, cities, towns, etc.)

- these are added to 'Your Selections'
- the Search Results are updated

3 Select one or more Search Results and click **View**

4. Check the box for S2701 HEALTH INSURANCE COVERAGE STATUS 2014 ACS 1-Year Estimates

The screenshot shows the American FactFinder search results page. The search box contains "S2701: Health Insurance Coverage Status" and the "GO" button is highlighted. The left sidebar shows the search options, including Topics, Geographies, Race and Ethnic Groups, Industry Codes, and EEO Occupation Codes. The main content area displays the search results, including the search terms and the selected topic.

Search - Use the options on the left (topics, geographies, ...) to narrow your search results

Your Selections

Search using...

Search: S2701: Health Insurance Coverage Status

[clear all selections and start a new search](#)

[load search](#) | [save search](#)

Search using the options below:

Topics
(age, income, year, dataset, ...)

Geographies
(states, counties, places, ...)

Race and Ethnic Groups
(race, ancestry, tribe)

Industry Codes
(NAICS industry, ...)

EEO Occupation Codes
(executives, analysts, ...)

Search Results: 1-13 of 13 tables and other products match 'Your Selections' per page: 25

Refine your search results: topic or table name: state, county or place (optional)

☐ topics ☐ race/ancestry ☐ industries ☐ occupations

GO ?

1 Selected: [View](#) | [Download](#) | [Compare](#) | [Clear All](#) | [Reset Sort](#) ?

Show results from: All available years | All available programs

ID	Table, File or Document Title	Dataset	About
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2014 ACS 5-year estimates	?
☒	S2701 HEALTH INSURANCE COVERAGE STATUS	2014 ACS 1-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2013 ACS 5-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2013 ACS 3-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2013 ACS 1-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2012 ACS 5-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2012 ACS 3-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2012 ACS 1-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2011 ACS 3-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2011 ACS 1-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2010 ACS 3-year estimates	?
☐	S2701 HEALTH INSURANCE COVERAGE STATUS	2010 ACS 1-year estimates	?
☐	S2701 Health Insurance Coverage Status	2009 ACS 1-year estimates	?

1 Selected: [View](#) | [Download](#) | [Compare](#) | [Clear All](#) | [Reset Sort](#) ?

- On the left, click on “Geographies,” and then select the geographic type: “School District (Unified)/Remainder – 970. Select your state and then scroll through to find your School District. Click “Add to your Selections” and then “Close”

factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none

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MAIN COMMUNITY FACTS GUIDED SEARCH **ADVANCED SEARCH** DOWNLOAD CENTER

Search - Use the options on the left (topics, geographies, ...) to narrow your search results

Your Selections

Search using...
Search: S2701: Health Insurance Coverage Status
clear all selections and start a new search
load search | save search

Search using the options below:

Topics (age, income, year, dataset, ...)

Geographies (states, counties, places, ...)

Race and Ethnic Groups (race, ancestry, tribe)

Industry Codes (NAICS industry, ...)

EEO Occupation Codes (executives, analysts, ...)

Search Results: 1-13 of 13 tables and other products match "Your Selections"

Select Geographies

List Name Address Map

Select geographies to add to Your Selections

Select from: ☒ most requested geographic types ☐ all geographic types

Select a geographic type:
School District (Unified)/Remainder - 970

Select a state:
Florida

Select one or more geographic areas and click Add to Your Selections:

Nassau County School District, Florida
Okaloosa County School District, Florida
Okeechobee County School District, Florida
Orange County School District, Florida
Osceola County School District, Florida
Palm Beach County School District, Florida
Pasco County School District, Florida
Pinellas County School District, Florida
Polk County School District, Florida
Putnam County School District, Florida

ADD TO YOUR SELECTIONS ABOUT THIS GEOGRAPHY

Didn't find your geographic type? Click the 'all geographic types' radio button above, or try the Name, Address or Map geography search options instead.

- Click on “Health Insurance Coverage Status”

factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none

United States Census Bureau

AMERICAN FactFinder

Feedback FAQs Glossary Help

MAIN COMMUNITY FACTS GUIDED SEARCH **ADVANCED SEARCH** DOWNLOAD CENTER

Search - Use the options on the left (topics, geographies, ...) to narrow your search results

Your Selections

Search using...
Search: S2701: Health Insurance Coverage Status
School District (Unified)/Remainder
Palm Beach County School District, Florida
clear all selections and start a new search
load search | save search

Search using the options below:

Topics (age, income, year, dataset, ...)

Geographies (states, counties, places, ...)

Race and Ethnic Groups (race, ancestry, tribe)

Industry Codes (NAICS industry, ...)

EEO Occupation Codes (executives, analysts, ...)

Search Results: 1-13 of 13 tables and other products match "Your Selections" per page: 25

Refine your search results: topic or table name state, county or place (optional) GO ?

topics ☒ race/ancestry ☐ industries ☐ occupations

Selected: View Download Compare Clear All Reset Sort

Show results from: All available years All available programs

ID	Table, File or Document Title	Dataset	About
S2701	HEALTH INSURANCE COVERAGE STATUS	2014 ACS 5-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2014 ACS 1-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2013 ACS 5-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2013 ACS 3-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2013 ACS 1-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2012 ACS 5-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2012 ACS 3-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2012 ACS 1-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2011 ACS 3-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2011 ACS 1-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2010 ACS 3-year estimates	i
S2701	HEALTH INSURANCE COVERAGE STATUS	2010 ACS 1-year estimates	i
S2701	Health Insurance Coverage Status	2009 ACS 1-year estimates	i

Selected: View Download Compare Clear All Reset Sort

7. This will give you a detailed report on health coverage in your school district bounds that you can access by either selecting view (to see on the screen as noted below) or download (to receive in an Excel file).

The screenshot shows the American FactFinder interface. The top navigation bar includes links for MAIN, COMMUNITY FACTS, GUIDED SEARCH, ADVANCED SEARCH, and DOWNLOAD CENTER. The 'Advanced Search' section is active, displaying 'Result 1 of 1' and a 'VIEW ALL AS PDF' button. The search results are for 'S2701 HEALTH INSURANCE COVERAGE STATUS' from the '2014 American Community Survey 1-Year Estimates'. The table is titled 'Palm Beach County School District, Florida' and displays data for 'Total', 'Number Uninsured', 'Percent Uninsured', 'Number Insured by Coverage Type', and 'Percent Insured by Coverage Type'. The table includes columns for 'Subject', 'Estimate', 'Margin of Error', and 'Coverage Type'. The 'AGE' section is expanded, showing data for 'Under 18 years', '18 to 64 years', '65 years and older', and '19 to 25 years'. The 'SEX' section is also expanded, showing data for 'Male' and 'Female'.

Palm Beach County School District, Florida										
Subject	Total		Number Uninsured		Percent Uninsured		Number Insured by Coverage Type		Percent Insured by Coverage Type	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total civilian noninstitutionalized population	1,385,937	+/-3,434	226,177	+/-10,986	16.3%	+/-0.8	1,159,760	+/-11,117	83.7%	+/-0.8
AGE										
Under 18 years	272,095	+/-542	28,673	+/-3,966	10.5%	+/-1.5	(X)	(X)	(X)	(X)
18 to 64 years	801,372	+/-3,343	192,363	+/-9,212	24.0%	+/-1.1	(X)	(X)	(X)	(X)
65 years and older	312,470	+/-784	5,141	+/-1,470	1.6%	+/-0.5	(X)	(X)	(X)	(X)
19 to 25 years	114,342	+/-3,230	36,548	+/-3,469	32.0%	+/-2.8	(X)	(X)	(X)	(X)
SEX										
Male	668,764	+/-3,121	124,084	+/-6,937	18.6%	+/-1.0	(X)	(X)	(X)	(X)
Female	717,173	+/-1,031	102,093	+/-6,495	14.2%	+/-0.9	(X)	(X)	(X)	(X)

Look at the “AGE” section and find “Under 18 years.” This is the row you want to focus on. The first column is total number of children under age 18 estimated to be LIVING in the school district boundary. (Note: this is NOT the number of children ENROLLED in your school district). The third column is an estimate for the number of children who are uninsured living in the school district bounds and the fifth column is the percent of uninsured children living in the school district bounds.

CDF and AASA typically set out to enroll approximately one-third of the uninsured child population in the district’s geographic bounds. The one-third calculation controls for children living in the school district bounds who are not enrolled in the school system (either because they are too young and not yet eligible, or they are enrolled in an alternative school setting), as well as those who are ineligible due to their immigration status or income. In states where coverage in Medicaid and CHIP has been extended to children regardless of their immigration status, we set a goal of enrolling 40 percent.

Appendix 4

A Closer Look at Existing School District Partnerships

	Questions	Yes	No	Need to Assess
1	Our school district has a clear understanding of the services provided by our different local health partner(s)?			
2	Our school district has a clear understanding of our local health partners' capacity to enroll?			
3	Is it clear how joining this partnership will facilitate the achievement of our school districts' enrollment goals?			
4	Does our school district have the resources- financial, people and technology- needed to contribute our portion of the partnership being considered?			
5	Can we honestly say that resources are accessed when required?			
6	Are we willing and able to work in collaboration and mutuality with this local health partner?			
7	Have we worked before with any similar health partner, and was that a positive experience?			
8	Are we willing to share control and participate in shared decision making with these particular health partners?			
9	Are we willing and able to be flexible about how things get done and not be insistent that it be done our way, and will this meet our expectations of quality work?			
10	Have we in the past, and are we now able to work with our less resourced partners with mutual respect, avoiding any sense of domination and superiority? Would these health partners give us high rating in this regard?			
11	Is there support for this initiative in our school district, and would this partnership become a valuable part of our school district's portfolio?			
12	Can we commit to devoting the leadership and management time required of us in this partnership effort?			
13	Have we had sufficient experience in working with partnerships so that we can say that our "partnering" competencies are good enough to carry our performance commitments?			
	Goals			
1	Assess whether your school district has a real concern about existing partnership(s), perhaps the partnership is not right for your district right now.			
2	Assess whether your district has some concerns. Does your school district need to give special attention devoted to what concerns your district most?			
3	Assess if your district thinks this is a fairly good partnering opportunity that may need some improvement and strengthening and if so, in what areas?			
4	Assess if the partnership(s) are a good partnering opportunity and sustainable.			

Adapted from "The Capacity Project Toolkit: Partnership Building: Practical Tools to Help You Create, Strengthen, Assess and Manage Your Partnership or Alliance More Productively"; Wilma Gormley and Laura Guyer- Miller; United States Agency for International Development; March 2007 <http://www.who.int/workforcealliance/knowledge/toolkit/35.pdf?ua=1>

Appendix 5

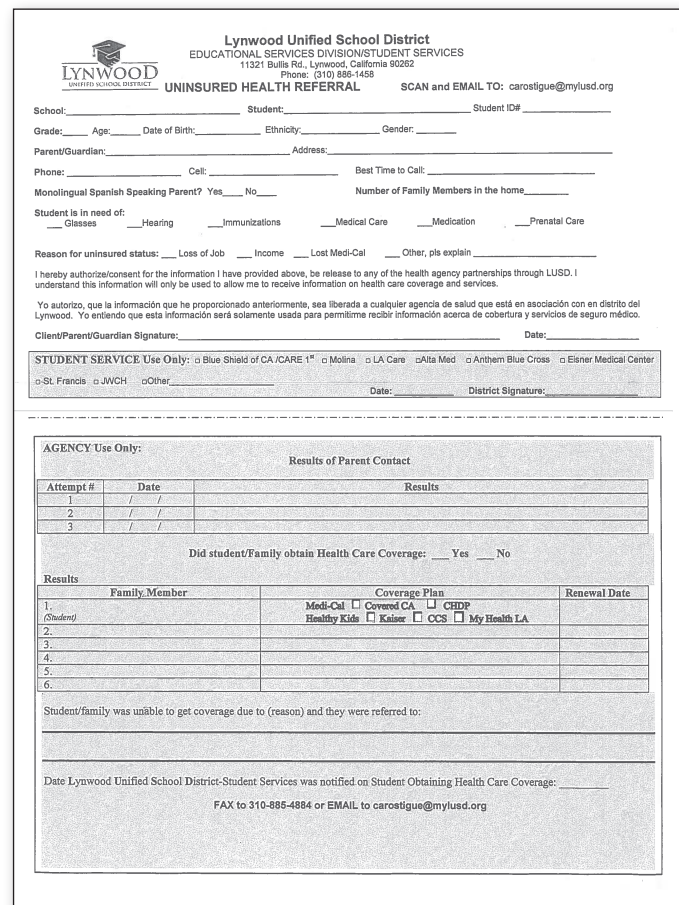
Uninsured Student Referral Form

The Lynwood Unified School District in Lynwood, California designed a one page Uninsured Student Referral Form to be used by the student services department that oversees outreach and enrollment activities.

It's goal is to keep a student's health insurance status and any outreach and referral tracking information documented in one place. The Uninsured Student Referral Form gives both the school district and the enrollment partner important information with the ability to update as needed.

The form includes key student information that can then be entered into the student database for future reference and includes the following elements:

- Student contact and background information
- Additional family members' information
- Parental consent information
- Uninsured status/reason
- Students' health insurance program plan, if applicable
- Health insurance renewal date and status, if applicable
- Medical needs of student
- Results, date(s) and contact attempts by community clinic partner(s)
- Results, date(s) and contact attempts by the school district
- Whether the student/family obtained health insurance, what kind, and the renewal date



The form is titled "Lynwood Unified School District EDUCATIONAL SERVICES DIVISION/STUDENT SERVICES" and "UNINSURED HEALTH REFERRAL". It includes fields for School, Student, Student ID#, Grade, Age, Date of Birth, Ethnicity, Gender, Parent/Guardian, Address, Phone, Cell, Best Time to Call, and Monolingual Spanish Speaking Parent. It also has a section for "Student is in need of" with checkboxes for Glasses, Hearing, Immunizations, Medical Care, Medication, and Prenatal Care. A "Reason for uninsured status" section includes checkboxes for Loss of Job, Income, Lost Medi-Cal, and Other. A consent section follows, with a signature line for the Client/Parent/Guardian and a date. Below this is a section for "STUDENT SERVICE Use Only" with checkboxes for various insurance plans. The bottom section is titled "AGENCY Use Only" and contains a table for "Results of Parent Contact" with columns for Attempt #, Date, and Results. It also includes a section for "Did student/Family obtain Health Care Coverage" and a table for "Results" with columns for Family Member, Coverage Plan, and Renewal Date. The form concludes with a statement about notification and contact information.

Lynwood Unified School District
EDUCATIONAL SERVICES DIVISION/STUDENT SERVICES
11321 Buila Rd., Lynwood, California 90262
Phone: (310) 885-1428
SCAN and EMAIL TO: carostigue@mylUSD.org

UNINSURED HEALTH REFERRAL

School: _____ Student: _____ Student ID# _____
Grade: _____ Age: _____ Date of Birth: _____ Ethnicity: _____ Gender: _____
Parent/Guardian: _____ Address: _____
Phone: _____ Cell: _____ Best Time to Call: _____
Monolingual Spanish Speaking Parent? Yes ___ No ___ Number of Family Members in the home: _____
Student is in need of: _____
Glasses _____ Hearing _____ Immunizations _____ Medical Care _____ Medication _____ Prenatal Care _____
Reason for uninsured status: ___ Loss of Job ___ Income ___ Lost Medi-Cal ___ Other, pls explain _____
I hereby authorize/consent for the information I have provided above, be release to any of the health agency partnerships through LUSD. I understand this information will only be used to allow me to receive information on health care coverage and services.
Yo autorizo, que la información que he proporcionado anteriormente, sea liberada a cualquier agencia de salud que está en asociación con en distrito del Lynwood. Yo entiendo que esta información será solamente usada para permitirme recibir información acerca de cobertura y servicios de seguro médico.
Client/Parent/Guardian Signature: _____ Date: _____
STUDENT SERVICE Use Only: ☐ Blue Shield of CA /CARE 1st ☐ Molina ☐ LA Care ☐ Alta Med ☐ Anthem Blue Cross ☐ Eisner Medical Center
☐ St. Francis ☐ JWCH ☐ Other _____ Date: _____ District Signature: _____

AGENCY Use Only:

Results of Parent Contact

Attempt #	Date	Results
1	/ /	
2	/ /	
3	/ /	

Did student/Family obtain Health Care Coverage: ___ Yes ___ No

Results

Family Member	Coverage Plan	Renewal Date
1. (Student)	Medi-Cal ☐ Covered CA ☐ CHDP Healthy Kids ☐ Kaiser ☐ CCS ☐ My Health LA	
2.		
3.		
4.		
5.		
6.		

Student/family was unable to get coverage due to (reason) and they were referred to: _____

Date Lynwood Unified School District-Student Services was notified on Student Obtaining Health Care Coverage: _____
FAX to 310-885-4884 or EMAIL to carostigue@mylUSD.org

Endnotes

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