COVERING KIDS AND FAMILIES EVALUATION

Partnering with Schools and Providers to Expand Health Insurance Coverage to Low-Income Families

Holly Stockdale
Embry Howell
Ian Hill

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Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
Tel: (609) 799-3535
Fax: (609) 799-0005

The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 833-7200
Fax: (202) 223-1149

Health Management Associates
120 N. Washington, Suite 705
Lansing, MI 48933
Tel: (517) 482-9236
Fax: (517) 482-0920

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Introduction

Starting in the late 1980s, nationwide efforts broadened health insurance coverage for low-income children and their families. What began as a series of expansions in Medicaid eligibility for children culminated in the creation of the State Children's Health Insurance Program (SCHIP) in 1997. At a time when there were still an estimated 10 million children without health care coverage in the United States, SCHIP provided states with $40 billion over 10 years to further expand health insurance to uninsured children. That same year, the Robert Wood Johnson Foundation (RWJF) launched its first Covering Kids (CK) initiative. By providing funds and technical assistance to community-based initiatives in every state, Covering Kids helped states expand outreach and simplify application processes to enroll greater numbers of low-income children. The Covering Kids and Families (CKF) program, introduced in 2002, is an expansion of this effort.

A $55 million dollar four-year enterprise, CKF is currently supporting outreach and enrollment in over 140 local community-based projects in 45 states and the District of Columbia. The program provides grant funds, communications support, and technical assistance to its grantees, which include local non-profit organizations, advocacy groups, state agencies, and universities. Working within a framework guided by state and local coalitions, grantees pursue activities in the following three strategic areas: 1) conducting and coordinating outreach programs, 2) simplifying enrollment procedures, and 3) coordinating existing public health insurance programs. The major difference between CKF and its predecessor program Covering Kids (CK) is its emphasis on reducing the number of uninsured adults as well as the number of uninsured children in selected states.

To help RWJF assess the overall effectiveness of the CKF initiative, Mathematica Policy Research, Inc. (MPR) and its partners, The Urban Institute and Health Management Associates, were hired to conduct a formative evaluation of the program in 2001. The evaluation is assessing the grantees' outreach, simplification, and coordination strategies, and the influence of environmental factors on their strategies. Data are being collected from site visits, telephone interviews, focus groups, grantee quarterly reports, surveys, and enrollment information. This paper, examining CKF outreach activities with schools and providers, is one of several providing information and analysis to the Foundation on grantees' implementation experiences.

Methodology

As part of the Covering Kids and Families evaluation, four to five day site visits were conducted to the following ten states in March through June 2003: Arkansas, California, Colorado, Illinois, Massachusetts, Minnesota, New Mexico, New York, Texas, and Virginia. In addition to regional and geographic diversity, sites were selected based on the size of the state's uninsured population, type of CKF grantee (state agency, non-profit, or university), degree of state financial distress, and target populations identified by the grantee.

On each visit, researchers divided their time interviewing respondents in the state capital and in two local project sites (usually one urban and one rural). Respondents included state and local grantee staff, coalition members, Medicaid and SCHIP officials, Department of Social Service administrators, health care providers, child health advocates, and health plan representatives. In addition to questions regarding current strategies and activities, respondents were asked for their perspectives on implementation, the economic and policy environment in the state, program structure, and access to health care for low-income families. For this report, information collected during the site visits was supplemented with narrative data on grantee

outreach and media activities retrieved from the evaluation's on-line reporting system. Finally, brief follow-up phone calls were made to CKF project staff in January and February 2004 to acquire additional details.

In some instances, the quantitative data captured in the on-line reporting system do not match what we heard during site visit interviews or in our follow-up phone calls to CKF project staff. For example, although some projects did not report staffing a provider site with a CKF outreach worker in their on-line reports, certain project directors indicated providing this type of assistance during site visit interviews. Therefore, while we attempted to portray outreach efforts as accurately as possible, we realize that our data sources do not always provide a complete profile of all outreach activities.

Additionally, findings related to the effect of certain activities are based primarily on CKF project directors' responses to three questions asked during site visit interviews:

- "What are the five most important strategies you have followed to achieve CKF goals?"
- "Would you say that your outreach strategies have been successful, and why or why not?"
- "How has enrollment changed as a result of these efforts?"

Quantitative evidence of an activity's effectiveness will only be available later in the evaluation when an analysis of enrollment is completed.

Findings

Covering Kids and Families grantees partner with a variety of locally-based institutions to increase enrollment through outreach. In a time of dwindling resources and budget cutbacks, partnerships become especially important as CKF projects struggle to develop cost-effective and efficient ways of enrolling families into public health insurance programs. This report describes

in detail the types of outreach activities grantees have pursued with two of Covering Kids and Families most prominent partners, schools and providers. Table 1 displays the numbers and types of school- and provider-based outreach activities reported by state and local CKF grantees in 2003 (See Appendix Table A1/A3 for detail).

Table 1: Number of School- and Provider-Based Outreach Activities (Jan– Dec 2003)

	Schools	**Providers**
Presentations	601	647
Training Sessions	115	163
Number of One-Time Outreach Events	2,210	402
Estimated Number of Families Reached at One-Time Outreach Events	190,201	37,375
Number of CKF-staffed Outreach Sites	51	112

Source: CKF On-Line Reporting System

Specific examples of outreach efforts include distributing flyers and brochures on state Medicaid and SCHIP programs at community events; training school and provider staff in application and enrollment procedures; coordinating targeted mailings to uninsured families; and helping school and provider employees to identify and refer eligible families to a CKF outreach worker for assistance. CKF grantees believe that collaborating with schools and providers is cost-effective and efficient for two primary reasons. First, these partnerships improve grantee access to the populations they are trying to reach. By targeting parents and children where they come regularly for another reason (i.e., uninsured children at schools and uninsured families at provider sites), CKF projects can reduce the amount of resources they spend on finding low-income, eligible families. Second, CKF grantees acquire additional assistance in reaching these populations, as school and provider staff are usually willing to donate at least some time and resources to expand health insurance coverage to needy families.

School-Based Outreach Activities

Although the Robert Wood Johnson Foundation requires that Covering Kids and Families projects collaborate with schools on outreach during its annual Back-to-School campaign (discussed in the following section), most grantees partner with schools to enroll children all year round. To demonstrate how widespread this activity is, CKF state and local grantees gave 601 presentations to school personnel during the months of January 2003 through December 2003 (See Appendix Table A1). This is in addition to 133 mailings and 115 training sessions for school employees during this same time period.

When asked why they are pursuing a school-based outreach strategy, staff from the Polk County Arkansas project expressed, "schools are the hub in the community…that is where the kids are." "The school system approach was adopted because it is a universal contact for all families with children," relayed the state grantee from Minnesota. The Houston, Texas CKF project, which trains school nurses to provide application assistance to families, indicated that schools represent the ideal location to sustain CKF outreach and enrollment activities when the program ends: "the goal (in working with schools) is to develop a system of outreach that will continue after the grant expires." Finally, we heard that parents are more willing to sign their children up for coverage at schools because they can avoid the stigma associated with visiting their local social service office.

Many grantees believed that the key to building and maintaining successful relationships with schools is acquiring support from superintendents and principals. One way to do this is to emphasize the importance of having healthy students. A flyer from Virginia's school outreach campaign reads, "Healthy Kids Make Great Students." Other state and local project directors indicated that it is important to be flexible when collaborating with schools. A CKF outreach

worker from one project in upstate New York remarked: " You need to be flexible because each superintendent of a district may want to do things differently." Finally, at least two grantees reported that recruiting a key contact at the school to serve as a health care champion can be a helpful strategy for acquiring support. A health care champion is a committed and trusted individual willing to take ownership of the project and move it forward. This can be a nurse, superintendent, social worker, or other school official. For example, the director of school special projects for the Houston Independent School District (Houston, Texas) is that area CKF project's champion, whereas a school health director is the CKF project's champion in a rural area of Warren County, New York.

Rarely are CKF projects able to acquire broad-based support for outreach among all schools in their target area. Some superintendents are unwilling to participate because they do not see it as part of their mission. According to staff from the Arkansas Advocates for Children and Families in Little Rock, certain superintendents "don't see it as their responsibility to provide health care in the schools." An outreach worker from the Saratoga, Washington, and Warren Counties coalition in Albany, New York stated that, "each district has its own politics" making it difficult to work with schools in certain communities. Additionally, school nurses are not always able to commit time to enrollment-related activities. The CKF local project in Jonesboro, Arkansas reported: "While the school nurses understand the importance of enrollment and see the benefit, they already have so many higher priority job requirements that they just don't have the time to do it." To persuade more nurses to support health insurance outreach efforts, the state grantee in Arkansas negotiated with the state Medicaid agency to pay nurses for each completed application they submit.

In site visit interviews we learned about the many different types of CKF-sponsored outreach activities undertaken with schools. They include one-time outreach events or activities that take place during the RWJF Back-to-School campaign, other one-time outreach activities, and ongoing outreach activities facilitated by school nurses and/or social workers. Detailed examples of these activities are described below.

Back-to-School Outreach Activities. During the months of August and September the Robert Wood Johnson Foundation embarks on an extensive *Back-to-School* communications campaign to inform families that they may be eligible for public health coverage. The goal is to encourage parents, as they are getting their children ready for school, to think about enrolling their children in Medicaid or SCHIP. To get its message across, the Foundation partners with GMMB, a strategic communications firm, to assist grantees with certain media and outreach activities.

Based on reports generated by the on-line reporting system (See Table 2 below and Appendix Table A2/A4 for detail), approximately two-thirds of outreach events and one-third of CKF's school-based presentations and mailings took place during the Back-to-School campaign months in 2003. CKF state and local projects also reported reaching 190,201 families at school-based outreach events (48 percent during Back-to-School months) and assisting 8,619 families (26 percent during Back-to-School months) to complete their Medicaid and SCHIP applications during 2003.

Table 2: Year 2003 School-Based Outreach Activities

	Jan – Dec 2003	Back-to-School Months*	% Occurring During Back-to-School Months
Presentations and Mailings	734	216	29%
Training Sessions	115	19	17%
One-Time Outreach Events	2,210	1,488	67%
Estimated Number of Families Reached at One-Time Outreach Events	190,201	90,711	48%
Estimated Number of Families who Received Application Assistance	8,619	2,250	26%

Source: CKF On-Line Reporting System
* Data collected from reports ending in the months of August, September, and October 2003.

Here are some examples of typical *Back-to-School* activities:

- As part of its 2003 *Back-to-School* campaign, staff from the Texas Association of Community Health Centers in Austin volunteered at Children's Health Discovery Day. At the event health care providers discussed nutrition and safety with families, and offered free check-ups, dental exams, and immunizations for kids. In addition to distributing flyers and brochures on children's health insurance, CKF outreach workers provided on-site application assistance to families. The event, which reportedly attracted 1,447 people, was held at the Austin Children's museum.

- The Sutter Lakeside Community Services grantee in the rural town of Lakeport, California reported placing 8,000 health insurance flyers with information on Medi-Cal and Healthy Families (California's SCHIP program) in their school district's annual *Back-to-School* Packets. As indicated in the project's quarterly reports, approximately 200 families requested application assistance as a result of this effort.

- In partnership with local schools and its chamber of commerce, the Joint Committee for Children's Health in Everett, Massachusetts organized a "Take Me Back to the River Festival" on September 6th, 2003. CKF outreach workers attended the event to help parents complete MassHealth applications and provide information to interested families. A TV reporter conducted an interview with the CKF project director at the festival, which was broadcast several times during September. The project reported mailing out over 100 applications and receiving 30 calls from families the week after the event.

- The Saratoga, Washington, and Warren Counties CKF project in upstate New York reportedly sent out 5,000 flyers on health insurance to parents in the school's annual transportation mailings – packets mailed to families before the start of each school year listing school bus pick-up times and locations. To reinforce the message that the flyers had been approved by the school's health office, the project printed them on pink paper, the school's preferred color for communicating health-related information.

Other One-Time Outreach Activities. CKF projects also organize school-based outreach activities at other times throughout the year. Some examples of these are described below:

- In February 2003, the Children's Defense Fund in Houston, Texas held a press-conference at Will Rogers Elementary School to kick-off Valentine's Awareness Month – a collaboration between the Houston Independent School District and the local Covering Kids and Families grantee to promote children's health insurance coverage in the greater Houston Area. As part of the initiative, outreach workers mailed out 210,000 bilingual valentines to parents asking them to give their children the gift of health insurance. Within each mailing was a "parent interest form" which families could return to the local grantee for applications and additional information. Grantee staff reported mailing out 11,400 applications in response to these parent interest forms.

- In New York, the Saratoga, Washington, and Warren Counties CKF project reported organizing a campaign to distribute outreach flyers at its annual Parent/Teacher night. During the event families were handed a flyer with their child's report card listing the phone number and contact information for the closest enrollment site. (In New York, application and enrollment assistance can only be provided by state-trained Facilitated Enrollers, many of whom are out-stationed at various community-based organizations throughout the state).

- The state Covering Kids and Families grantee in Arkansas, The Arkansas Advocates for Children and Families, has conducted a statewide annual "coaches campaign" to enlist the help of school athletic coaches in expanding health coverage for children. Each year, the Arkansas Activities Association, the state organization that oversees junior and senior high school athletics, holds its annual rules meeting for approximately 450 public school coaches. As part of the campaign, CKF outreach workers attend this meeting and encourage coaches to support healthy athletes. With a slogan "Competition is a good thing. An uninsured child is not.", the brochures contain information on how to apply for ARKids (the Arkansas Medicaid and SCHIP program), phone numbers for application assistance, and information on eligibility and benefits for children.

Ongoing Partnerships with School Personnel. Many CKF local projects train school personnel, usually nurses, to provide application assistance and refer families to CKF outreach workers on an ongoing basis. Application assistors meet with parents one-on-one to assess their children's eligibility for Medicaid and SCHIP and help families complete the required paperwork. For example:

- The Healthy Connections grantee in Arkansas regularly trains school nurses to assist applicants throughout its rural service area. Both school officials and nurses are supportive of the initiative and currently 75 of 312 school districts are participating. Training sessions are held approximately once every three months and anywhere from 10 to 20 nurses attend. One elementary school nurse indicated that approximately 50 percent of her school population is eligible for Medicaid/SCHIP, thereby illustrating the importance of this type of collaboration.

- In the rural community of Lakeport, California school nurses help the local CKF grantee conduct outreach in two ways. Sometimes nurses refer parents to a CKF outreach worker for additional information and application assistance. Other times nurses get parents to complete a consent form granting an outreach worker permission to contact them. Signed consent forms are faxed to the CKF grantee for follow-up.

- With a long-term goal of developing a coordinated system of outreach and enrollment that will remain sustainable when grant funds expire, the Children's Defense Fund project in Houston, Texas trains school nurses on TexCare application procedures and outreach strategies. Houston school districts have since expressed a willingness to take on additional follow-up activities. For example, parents are presently being asked to return a "parent interest letter" or consent form to a CKF outreach worker who then contacts the families to assist them with their applications. Next year they would like to have the form sent to the nurses and have the nurses follow-up when requested.

- In Virginia, the state CKF grantee, the Virginia Healthcare Foundation, partners with a large integrated health care system in Fairfax County to conduct a multi-level outreach campaign in local schools. Referred to as the Partnership for Healthier Kids, community-based outreach workers target those schools designated as "high needs" by the district superintendent. These are schools with a high percentage of children enrolled in the Free and Reduced Price Lunch program. At the start of each school year, a school outreach coordinator - either a school nurse, social worker, or teacher - reviews students' emergency contact forms to determine if health insurance is listed. If no health insurance is listed, the school sends each family a letter in one of 6 different languages requesting that they sign an attached consent form and return it to a Partnership outreach worker. The outreach worker then contacts those parents to

provide additional information on health insurance and sets up appointments to help them apply.

- The Campaign for Better Health Care in Chicago tried collaborating with nurses in the city schools, but without much success. Unlike most states, school nurses in Illinois work in several schools and do not have time to perform health insurance outreach. Instead, the local project targeted school social workers. Willing to distribute flyers and make referrals to CKF outreach workers, social workers have been particularly responsive and committed to the project. In schools where they are state-certified, social workers will provide on-site application assistance.

Health Care Provider-Based Outreach Activities

Health care providers such as public and private nonprofit hospitals, federally-qualified health centers and clinics, and private physicians can also be vital partners in the Covering Kids and Families program. Similar to schools, provider sites offer an easy and convenient place to reach low-income children and families.

Grantees gave 647 presentations and 163 training sessions to providers during the 2003 calendar year (See Table 3 below and Appendix Tables A5/A6 for detail). This is slightly more than the number provided to schools (601 presentations and 115 training sessions). They also reported organizing 402 provider-based outreach events, reaching 37,375 people at these events, and helping 1,202 families complete their applications.

Table 3: Year 2003 Provider-Based Outreach Activities

	Number of Outreach Activities
Presentations	647
Training Sessions	163
Number of One-Time Outreach Events	402
Estimated Number of Families Reached at One-Time Outreach Events	37,375
Estimated Number of Families who Received Application Assistance	1,202
Outreach Sites	
Hospitals	35
Other Health Provider	77

Source: CKF On-Line Reporting System

While schools sometimes excuse themselves from participating in efforts to expand health insurance coverage by maintaining that it falls outside of their mission, it is the mission of healthcare providers to promote health - a responsibility clearly compatible with that of increasing insurance rates. Additionally, because public providers are legally obligated to provide care to those who cannot afford to pay, they have a direct financial incentive to help enroll uninsured families into Medicaid and SCHIP. Doing so improves the odds that they will be compensated for the care they provide.

Most outreach activities that CKF grantees are participating in with local health care providers are similar to those taking place in schools. They include distributing applications and information to patients, referring patients to CKF outreach workers, and delivering application and enrollment assistance to uninsured patients at the provider site. One key difference is that the application assistance provided at local hospitals and clinics is often offered by a CKF outreach worker as opposed to an employee of that institution. Grantees in 27 of the 45 CKF states reported outstationing a CKF outreach worker to provide application assistance at a health care provider site in 2003. Grantees in only five states reported outstationing CKF outreach workers in schools (See Appendix Tables A1/A5 for details).

By and large, we learned that grantees experience relatively few barriers to collaborating with public health care providers on this type of outreach. In those cases where CKF local projects are not working closely with hospitals or clinics it is usually because either the state is already outstationing an eligibility worker to provide application assistance to uninsured families or the provider is paying for its own staff to provide this type of assistance. While some grantees reported cooperating with private providers, this is clearly less prominent. One reason for this

could be that in some communities, private providers are less likely to serve large numbers of uninsured patients and therefore have less of a financial incentive to enroll these families into public health insurance programs.

Examples of these provider-based outreach strategies are described below:

Hospitals. Typically, Covering Kids and Families outreach workers visit hospitals anywhere from once a month to once a week to distribute information and help families apply for coverage. However, in communities where hospitals employ their own outreach worker, grantees have had to become more creative in their approach. Examples are listed below.

- In Polk County, Arkansas, the Healthy Connections grantee has established a relationship with an inpatient and outpatient mental hospital, VISTA Health at Fort Smith. A Healthy Connections outreach worker works full-time at the hospital providing on-site application assistance to uninsured adults and children. After receiving referrals from staff psychiatrists and therapists, the outreach worker contacts the family to determine eligibility and set up an appointment to complete an application. According to a representative from the hospital, "the on-site presence of someone to assist with enrollment at the hospital has made a huge difference." The grantee reports processing an average of 20-25 applications per week.

- The Pueblo Coalition for the Medically Underserved in Colorado is conveniently situated next door to a local hospital. Financial assistance workers at the emergency room escort uninsured patients and/or family members next door to the Coalition's office to complete an application.

- In Chicago, Illinois an outreach worker from the Campaign for Better Health Care visits a local hospital regularly for two hours to provide application and enrollment assistance. She describes completing between 12 and 15 applications each time. Prior to the outreach worker's visit, the hospital posts flyers and advertises the date, time, and location of the event in its newsletter. A list of documentation requirements is also advertised to inform parents of what they need to bring to complete an application.

- The United Way project in Charlottesville, Virginia was so successful at enrolling families at the University of Virginia pediatric clinic that the hospital recently hired a full-time application assistance agent to take the place of the CKF outreach worker. The outreach worker, who was originally spending 11-12 hours per week at the clinic, can now focus on training registration staff at the hospital's emergency room to

distribute and collect consent forms from families asking if they would like someone from the United Way to contact them about health insurance. The project reports receiving 174 referrals from hospital employees during July through December 2003.

Federally-Qualified Health Centers and Clinics. Particularly in rural areas, partnering with federally-qualified health centers (FQHCs) and public clinics is essential. Because health care services are provided to anyone regardless of insurance coverage, these clinics usually see many uninsured patients. CKF partnerships with these institutions are described below.

- The Pueblo Coalition in Colorado collaborates with a local community health center, the Southern Colorado Family Medicine clinic, on outreach and enrollment activities. The state of Colorado recently implemented an enrollment cap in its SCHIP program. Before the cap, CKF outreach workers provided on-site application assistance at a nearby community health center and made phone calls to uninsured patients to encourage them to enroll. The Coalition is now collaborating with the center on retention-related activities. In upcoming months, health center financial assistance staff will provide the Coalition with a monthly list of patients eligible for renewal. The Coalition has a flyer prepared to send to these enrollees reminding them that their renewal application is due.

- In Rochester, Minnesota the Olmstead County CKF grantee and the Salvation Army Free Health Clinic have cooperated to increase Medicaid enrollment. Prior to the Covering Kids and Families Initiative, clinic registration staff referred Medicaid eligible patients to the local county eligibility office for enrollment assistance. However, the clinic noticed that often patients returned to the clinic without insurance. Now a CKF outreach worker visits the clinic two evenings a week to help families complete their applications on-site. The project reports assisting approximately 15 families per week through this activity.

- The Partners for a Healthier Community grantee in Springfield, Massachusetts supports an extensive network of outreach workers in the city called Community Health Advocates (CHAs). Each month the grantee organizes a "Community Health Accessibility for People" meeting to bring these workers together to discuss their enrollment strategies as well as to receive training. At present these CHAs work in the Springfield Southwest Community Center, Holyoke Health Center, Brightwood Health Center, Mason Square Neighborhood Health Center, and Health Care for the Homeless.

Private Physicians. Relationships between CKF grantees and private physicians are less common, but some CKF grantees have managed to establish such partnerships. This typically

occurs in rural areas where physicians provide the only source of ambulatory care for the uninsured. For example:

- An outreach worker from the Sutter Lakeside Community Services grantee in Lakeport, California regularly distributes flyers and brochures on health insurance options for families to private physicians in the area. Some doctors have, in turn, distributed consent forms to patients and faxed them to the grantee for follow-up.

- Private physicians in Charlottesville, Virginia distribute materials to potentially eligible patients and refer them to the United Way local grantee for follow-up. The project reports receiving referrals from private doctors for at least 85 children during the first 6 months of 2003. Fifty-two of these children have since enrolled in the program.

- In Colorado, the Pueblo Coalition for the Medically Underserved reports receiving support from local dentists. About 35 dentists in the rural community have recently agreed to distribute flyers to patients encouraging families to renew their coverage.

Conclusions

For the Covering Kids and Families grantees, partnering with schools and providers has been a crucial strategy for reaching out to and enrolling low-income families into Medicaid and SCHIP. The diverse mix of outreach activities discussed in this report demonstrates considerable creativity and flexibility - characteristics that are particularly important in the current economic climate when resources are scarce and funding sources are limited. Equally encouraging is the emphasis that projects are placing on sustainability. Examples of sustainable types of activities include establishing ongoing relationships with institutions already serving low-income, uninsured families (i.e. schools and providers); training staff employed with these institutions to both conduct outreach and provide application assistance; and simply building awareness among the leaders of these institutions and the community about the importance of providing health insurance coverage to children. The hope is that at least some of these activities will continue when CKF resources disappear.

While grantees report organizing more presentations and training sessions at provider sites, they describe reaching many more families with their school-based outreach events, particularly during the Back-to-School months. This is an interesting finding, particularly because grantees report more challenges in collaborating with schools than with providers. But it may also be difficult to measure the effects of outreach delivered at provider sites as staff will often refer families to other locations for application assistance. On the other hand, at school-based outreach events, most application assistance is provided on-site and easier to track. Although further research is needed to assess the true impact of CKF's school and provider-based outreach initiatives on actual enrollment numbers, this preliminary analysis is an early indication of their perceived success by the grantees.

APPENDIX A

DETAILED STATE TABLES

Table A1: School-Based Outreach Activities (Jan 2003 - Dec 2003)				
State	*Presentations for School Personnel*	*School mailings*	*Training for School Personnel*	*School Outreach Sites (CKF-Staffed)*
Alabama	14	3	1	
Alaska	9	1		
Arizona	15	3	31	19
Arkansas	29	6	4	
California	7	2		4
Colorado	11	2		26
Connecticut	20	1	1	1
Delaware	4	2		
District of Columbia	2	1		
Florida	33	7	8	1
Georgia	41	5	22	
Hawaii	2	2		
Idaho	13	8		
Illinois	2	1	2	
Indiana	37	7	1	
Iowa	18	3		
Kentucky		1		
Louisiana	3	6		
Maine		1		
Maryland	16	3		
Massachusetts	14	7		
Michigan	17	6	2	
Minnesota	12	1		
Mississippi	37	5	4	
Missouri	28	2	3	
Nebraska		1		
Nevada	55	1	5	
New Hampshire	2	1		
New Jersey	9	2	1	
New Mexico	2	1	17	
New York	12	1		
North Carolina	6	6	3	
North Dakota	8	2		
Ohio	10			
Oklahoma	8	1		
Oregon	21	3	1	
Pennsylvania	13	3		
Rhode Island	5	1		
Tennessee	5	3		
Texas	3	1	4	
Utah	19	4	3	
Virginia	11	6		
Washington	14	3		
West Virginia	6	3		
Wisconsin	6		2	
Wyoming	2	4		
Total	**601**	**133**	**115**	**51**

Source: Covering Kids and Families Web-Based Quarterly Reporting System

Table A2: School-Based Outreach Activities, Back-To-School Months*			
State	*Presentations for School Personnel*	*School mailings*	*Training for School Personnel*
Alabama	6		
Alaska	2	1	
Arizona	2	1	
Arkansas	12	2	2
California	2	1	
Colorado	2	2	
Connecticut	5		
Delaware	1	1	
District of Columbia			
Florida	14	2	6
Georgia	2		1
Hawaii	2	1	
Idaho	9	2	
Illinois	2		1
Indiana	11	2	
Iowa	4	1	
Kentucky			
Louisiana		2	
Maine			
Maryland	4		
Massachusetts		3	
Michigan	8		
Minnesota	3	1	
Mississippi	13	1	
Missouri			
Nebraska		1	
Nevada	12		1
New Hampshire		1	
New Jersey	2		
New Mexico			
New York	9	1	
North Carolina		2	3
North Dakota	8	1	
Ohio	1		
Oklahoma	1	1	
Oregon	5	1	
Pennsylvania	2	2	
Rhode Island	3		
Tennessee	3	1	
Texas	2	1	2
Utah	7	1	1
Virginia	4	3	
Washington	2	2	
West Virginia	4	1	
Wisconsin	5		2
Wyoming			
Total	**174**	**42**	**19**

Source: Covering Kids and Families Web-Based Quarterly Reporting System
* Data collected from reports ending in the months of August, September, and October 2003.

Table A3: Application Assistance Provided at School-Based Outreach Events (Jan 2003 - Dec 2003)			
State	***Number of Events***	***Number Reached at Event***	***Number Who Received Application Assistance***
Alabama	38	20,222	113
Alaska	8	725	15
Arizona	29	3,866	591
Arkansas	36	10,750	445
California	41	3,888	47
Colorado	2	683	
Connecticut	1	200	2
Delaware			
District of Columbia	5	2,545	24
Florida	4	1,301	76
Georgia	14	3,565	43
Hawaii	4	26	14
Idaho	35	2,570	87
Illinois	26	4,825	122
Indiana	10	3,078	173
Iowa	13	2,520	23
Kentucky	638	6,825	
Louisiana	8	1,595	30
Maine	38	1,282	4
Maryland	28	8,871	84
Massachusetts	2	1,257	24
Michigan	28	1,749	21
Minnesota	97	1,317	260
Mississippi	52	39,785	103
Missouri	11	8,700	20
Nebraska	3	540	
Nevada			
New Hampshire	9	775	15
New Jersey	7	1,639	173
New Mexico	1	300	
New York	830	17,075	5,234
North Carolina	2	240	5
North Dakota	2	32	10
Ohio	4	5,573	18
Oklahoma	4	312	7
Oregon	2	475	
Pennsylvania	15	8,356	75
Rhode Island	4	665	
Tennessee	22	8,258	
Texas	5	151	36
Utah	2	1,600	228
Virginia	18	7,375	275
Washington	12	790	19
West Virginia	42	1,530	19
Wisconsin	48	1,670	174
Wyoming	10	700	10
Total	**2,210**	**190,201**	**8,619**
Source: Covering Kids and Families Web-Based Quarterly Reporting System			

Table A4: Application Assistance Provided at Outreach Events, Back-To-School Months*			
State	*Number of Events*	*Number Reached at Event*	*Number Who Received Application Assistance*
Alabama	5	12,095	
Alaska		200	
Arizona	15	2,333	287
Arkansas	12	7,777	258
California	22	1,075	21
Colorado			
Connecticut	1	200	2
Delaware			
District of Columbia	2	2,100	23
Florida	1	565	57
Georgia		472	15
Hawaii	2	12	10
Idaho			
Illinois	9	470	
Indiana	5	523	7
Iowa	2	100	5
Kentucky	635	6,550	
Louisiana			
Maine	34	1,000	
Maryland	15	1,772	84
Massachusetts			
Michigan	20	754	13
Minnesota	14	88	34
Mississippi	11	38,000	
Missouri			
Nebraska	3	100	
Nevada			
New Hampshire			
New Jersey			
New Mexico			
New York	601	25	1,234
North Carolina	1	100	
North Dakota			
Ohio	4	4,873	8
Oklahoma	2	50	
Oregon	1	400	
Pennsylvania	5	2,665	65
Rhode Island	1	80	
Tennessee		200	
Texas	3	110	23
Utah			
Virginia	4	2,842	6
Washington	8	400	3
West Virginia	42	1,130	10
Wisconsin	1	1,300	75
Wyoming	7	350	10
Total	**1,488**	**90,711**	**2,250**

Source: Covering Kids and Families Web-Based Quarterly Reporting System

* Data collected from reports ending in the months of August, September, and October 2003.

Table A5: Provider-Based Outreach Activities (Jan 2003 - Dec 2003)				
State	*Presentations for Providers*	*Training for Providers*	*Provider Outreach Sites (CKF-Staffed)*	
			Hospital	Other Health Provider
Alabama	8		1	
Alaska	21	17	7	1
Arizona	17	3		7
Arkansas	26	6		
California	58	15		20
Colorado	1			
Connecticut	11	2		
Delaware	6			
District of Columbia	2	4		
Florida	22			2
Georgia	58	3		
Hawaii	1		1	2
Idaho	5	4	1	
Illinois	12	1		
Indiana	9	6	3	6
Iowa	8		1	
Kentucky	2	2		
Louisiana	8		1	
Maine	10	6		
Maryland	73	1	1	
Massachusetts	9			
Michigan	5	1		
Minnesota	17		1	3
Mississippi	35	12		
Missouri	12	2	1	2
Nebraska	2			4
Nevada	9	4		
New Hampshire	3	8		1
New Jersey	15	11	5	10
New Mexico	3	10		
New York	9			
North Carolina	26	5	1	
North Dakota	4	4		1
Ohio	12		1	5
Oklahoma	2	2		2
Oregon	24	13	1	
Pennsylvania	7		3	3
Rhode Island	14		1	
Tennessee	6	3		1
Texas	10	1		
Utah	4	1		
Virginia	11	6		
Washington	37	7	3	3
West Virginia	1	1	1	1
Wisconsin	12	2	1	3
Wyoming				
Total	**647**	**163**	**35**	**77**
Source: Covering Kids and Families Web-Based Quarterly Reporting System				

Table A6: Application-Assistance Provided at Provider-Based Outreach Events (Jan 2003 - Dec 2003)			
State	*Number of Events*	*Number Reached at Event*	*Number Who Received Application Assistance*
Alabama	6	936	40
Alaska	22	847	9
Arizona	3	696	183
Arkansas	149	1,612	82
California	11	371	19
Colorado	1	200	0
Connecticut	0	0	0
Delaware	0	0	0
District of Columbia	1	60	0
Florida	1	671	0
Georgia	6	1,735	93
Hawaii	8	193	25
Idaho	29	1,254	52
Illinois	40	3,448	57
Indiana	14	1,335	2
Iowa	7	1,300	61
Kentucky	1	350	0
Louisiana	6	2,697	43
Maine	2	180	10
Maryland	11	320	0
Massachusetts	7	180	1
Michigan	1	75	3
Minnesota	2	72	0
Mississippi	4	340	10
Missouri	0	100	125
Nebraska	0	35	0
Nevada	0	0	0
New Hampshire	0	0	5
New Jersey	2	437	0
New Mexico	0	0	20
New York	5	480	0
North Carolina	2	198	0
North Dakota	0	0	0
Ohio	7	800	2
Oklahoma	4	2,130	50
Oregon	2	405	3
Pennsylvania	9	1,802	43
Rhode Island	2	825	12
Tennessee	6	1,800	130
Texas	1	550	55
Utah	0	0	0
Virginia	12	6,242	42
Washington	7	620	13
West Virginia	7	1,106	3
Wisconsin	0	230	6
Wyoming	4	743	3
Total	**402**	**37,375**	**1,202**
Source: Covering Kids and Families Web-Based Quarterly Reporting System			