



Outreach and Enrollment Fundamentals

Fall 2019

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How Can My Organization Connect American Indian and Alaska Native Children to Health Coverage? A Guide to Fundamentals and Promising Practices

Indian health care providers and other Tribal entities are connecting eligible, uninsured American Indian and Alaska Native (AI/AN) children to Medicaid and the Children's Health Insurance Program (CHIP) through community outreach and enrollment activities. Federal agencies and private charitable organizations make this work possible through funding, communications support, and technical assistance, such as that provided through the federal Connecting Kids to Coverage (CKC) grants program.

In addition to simplified enrollment, and in some states expanded eligibility, outreach and enrollment activities have helped to lower the percentage of uninsured low-income children nationwide. Although AI/AN children have benefited from these policies and activities, 8 percent of AI/AN children were still uninsured in 2016, which is nearly double the percentage for all children in the United States.¹ Better access to health insurance and high quality health care could help to address asthma, obesity, infant mortality, and other illnesses that are more common in AI/AN children than in other children, according to the U.S. Department of Health and Human Services (DHHS) Office of Minority Health.

The Indian Health Service (IHS), a federal agency within DHHS, is responsible for furnishing comprehensive, culturally appropriate health services to approximately 2.6 million, per federal statute and regulations. To carry out this mission, the IHS operates its own hospitals and clinics, and it partners with Tribes as authorized by the Indian Self-Determination and Education Assistance Act, as amended. The IHS also

About This Guide

This guide is designed for directors, managers, and coordinators who lead outreach and enrollment activities for Indian Health Care Providers (IHCPs) or other Tribal entities.

It is based on the work of 12 organizations—mostly IHCPs—that participated in the Connecting Kids to Coverage (CKC) outreach and enrollment grants program beginning in July 2016 or July 2017, as well as resources listed at the end of this guide.

Part I of the guide covers the core activities of an outreach and enrollment initiative. It describes how to make contact with a target population, get a message across, and provide direct assistance with enrollment.

Part II discusses the capacities that make the core activities possible. It describes ways to foster community relationships and trust, staff and support a team, build strong partnerships, and learn for improvement (Figure A).

The Centers for Medicare & Medicaid Services (CMS) Division of State Coverage Programs administers CKC. The CMS Division of Tribal Affairs works with AI/AN communities and Tribal leaders to facilitate access to culturally competent health care for eligible AI/AN Medicaid and CHIP beneficiaries in Indian Country.

provides funding for Urban Indian Health Organizations to operate Urban Indian Health Programs (UIHPs) under Title V of the Indian Health Care Improvement Act, as amended. Collectively, the IHS, Tribes, Tribal organizations, and UIHPs that operate health care programs are referred to as Indian health care providers (IHCPs).

Once enrolled in Medicaid and CHIP, children have greater access to specialty care and can receive care from a broader network of providers. That's one reason why IHCPs are eager to enroll eligible AI/AN children and families in Medicaid and CHIP. Another reason is that, when Medicaid and CHIP beneficiaries receive covered services in the Indian health care facilities, the IHCP is reimbursed and can use the funds to hire more staff, purchase equipment, renovate facilities, and meet accreditation and certification standards.

This guide will help organizations that conduct outreach and enrollment activities by answering the question: *What does it take to enroll AI/AN kids now?*

Figure A. Indian Health Care Providers do many things well to connect AI/AN children to coverage



Note: Effective outreach and enrollment initiatives are made up of three core activities (inner ring) and four supporting capacities (outer ring). IHCPs and other Tribal entities can use this model to visualize and organize their activities, communicate their resource needs, and assess their strengths and weaknesses. Grant-making organizations can use the model to monitor progress and plan technical assistance.

Quick Tips for Engaging Communities

- Get ideas for events from the calendars of Tribes and Tribal organizations, school districts, public libraries, parks and recreation departments, and chambers of commerce.
- Ask outreach and enrollment workers to wear distinctive clothing so they stand out at busy events and are recognizable wherever they go.
- When collecting contact information, request two telephone numbers in case one is a mobile phone for which the monthly minutes could expire. This way, outreach workers will be able reach a family member or friend as a back-up.

PART I Core outreach & enrollment activities

IHCPs and other Tribal entities that are leading outreach and enrollment initiatives perform three core activities. They:

1. Make contact with AI/AN families in their communities
2. Convey culturally relevant messages
3. Provide direct assistance with enrollment

Making contact with AI/AN families

IHCPs and other Tribal entities identify AI/AN children and families who are eligible for Medicaid and CHIP but uninsured by engaging them in their communities and/or using internal databases and medical records to identify these families. Whichever approaches and tools they use, organizations focus on interacting with members of the AI/AN community in culturally appropriate ways.

Engaging with Tribal communities. Buy-in from Tribal leaders makes it easier for outreach workers to engage the broader community. Before outreach workers go into the community, they should consult Tribal leaders about both their plans and the potential benefits that Medicaid or CHIP coverage would bring to the child, family, and community.

When CKC Tribal grantees interact with community members about Medicaid and CHIP, they pay attention to the quality of these interactions. They honor diverse Tribal traditions, ways of knowing, and communication protocols. Outreach workers who are not AI/AN can begin to build trust by both admitting that their knowledge of AI/AN cultures is limited and inviting community members to educate them about specific cultural attitudes and protocols.

When choosing which community events to attend, CKC Tribal grantees consider whether and when AI/AN families will be there, and whether the event is a good setting to have a conversation about health insurance. For example, some grantees have had success sharing information about Medicaid and CHIP at community events that have a practical focus, such as helping families to obtain Tribal identification cards, scholarships, and other benefits and services. They have had less success at events that have a sacred, celebratory, or cultural focus.

When outreach workers make a connection, they exchange contact information with families so that they can follow up directly.

“Inreach” and internal referrals. CKC grantees that are IHCPs have data at their fingertips that allow them to identify and contact families with eligible, uninsured children. Electronic medical records are one potential source of information about children’s insurance status. Grantees use the records to contact families by phone, letter, or email in order to confirm their insurance status and to offer help with submitting an application for coverage or renewing Medicaid or CHIP coverage. Some grantees build “e-alerts” into their systems to provide timely assistance with renewals. Some IHCPs use state Medicaid and CHIP eligibility portals to check family members’ insurance status. In addition, IHCPs can use the state’s online application portal to screen uninsured children for Medicaid and CHIP eligibility and assist with enrollment help at the point of care.

Many CKC Tribal grantees train clinical and administrative staff to treat every interaction with families as a chance to ask about health care coverage and to refer families who may need enrollment help to internal resources. All staff should be encouraged to use “warm handoffs,” in which one team member introduces and transfers families to an enrollment worker in person. These exchanges are proactive, reduce delays in the application process, and help families to feel taken care of—not passed along. Warm handoffs are most likely to occur when enrollment workers are stationed near colleagues who are likely to be in contact with uninsured families, such as in hospital pediatric departments or appointment-scheduling areas.

Outstationing. Like federally qualified health centers and certain hospitals, Indian health programs that are operated by Tribes and urban Indian organizations may be eligible to have state outreach and enrollment workers “outstationed” at their facilities to help low-income pregnant women and the parents of infants and children apply for Medicaid and CHIP at the health care facilities rather than in traditional eligibility offices. Such arrangements promote trust and are usually quite convenient for families.

Third-party referrals. Because outreach workers can’t be everywhere at once, they may wish to ask other organizations to refer families with potentially eligible children to them. CKC Tribal grantees educate referring organizations about the health-related needs of AI/AN communities, the benefits of coverage for AI/AN families and communities, and the basics of Medicaid and CHIP. Some even provide screening questions that referring organizations can use to identify families that need health care coverage. To show their gratitude, grantees thank referring organizations often and share positive stories about enrolling families that would not have been possible without their referrals.

Messages that Resonate with Families

- Medicaid and CHIP are health insurance programs that protect families from unexpected medical costs. They also let families see non-Tribal providers close to home or while away.
- IHCPs use Medicaid and CHIP revenue to increase or improve the services they provide to Tribal communities.
- Income-eligibility levels may be higher than many families assume. Many AI/AN people qualify for Medicaid because certain kinds of income for AI/AN such as most Indian trust income are not counted when Medicaid eligibility is determined.
- Children may qualify for Medicaid or CHIP even if their parents don't.
- Specialty care, dental care, and transportation could be covered benefits.
- Older children and teens might need proof of health insurance to play organized sports.

Self-referrals. Families seeking enrollment assistance may contact a CKC Tribal grantee that they learned about through word of mouth; a poster, postcard, pamphlet, or social media post; or an ad on a Tribal radio or television station. CKC Tribal grantees cultivate self-referrals by handing out materials at events and leaving postcards at IHCP facilities, WIC² centers, and other places where families are likely to see them. Grantees that buy radio or television ads may limit their spots to the annual Marketplace open enrollment period because this is when the volume of ads for all audiences is greatest. However, it is important to note that Tribal members may obtain coverage through the Marketplace at any time, and this is an important message for connecting children to health coverage.

Conveying a culturally relevant message

When raising awareness or offering help with enrollment, CKC Tribal grantees know that culturally relevant messages and effective delivery are both important. As noted, when eligible AI/AN children enroll in Medicaid or CHIP, Tribal communities benefit through the enhanced resources that flow to IHCPs, and children have greater access to health care services.

From awareness to opportunity. AI/AN families may not know how IHCPs work with Medicaid and CHIP. They may believe that Medicaid and CHIP undermine Tribal sovereignty and self-determination. Or, they may believe they should not have to enroll in Medicaid or CHIP because they believe their health care is an obligation of the federal government. CKC Tribal grantees explain to families that IHCPs operate on a limited budget and that third-party reimbursement is for the good of the community. The grantees also convey the message that Medicaid and CHIP coverage can often help families who need specialty care and gives all enrolled families the flexibility to see many IHCPs, as well as other providers. They explain that to receive Medicaid coverage, a person must enroll in Medicaid and try to overcome the mistrust of families that may be reluctant to provide income and other private information to the federal or state governments. Even though applying for Medicaid or CHIP may seem challenging, grantees show that they have the skills and experience to make the process easier.

Message development. To encourage a community to accept Medicaid and CHIP, and to motivate families to apply, CKC Tribal grantees develop messages that counteract mistrust, stigma, and misunderstandings. Some grantees get their messaging ideas by asking families to share their opinions and experiences at focus groups. They also ask families about the information sources that they trust the most, such as elected and traditional Tribal leaders and groups, IHCP clinicians and other staff, and local media. Grantees increase participation in focus groups by holding them at convenient times and places, serving refreshments, and offering gift cards or other tokens of

Quick Tips for Message Delivery

- Don't reinvent the wheel! Use or adapt materials from the [CMS Outreach and Education Resources](#) web page and the links at the end of this guide.
- Develop a simple income-eligibility chart so that families can see if they qualify without sharing personal details about their income.
- Use photos of culturally appropriate outreach and enrollment workers and enrollees, and use native color palettes in print and digital materials.
- Partner with Tribe-affiliated TV and radio stations, and use social media to promote outreach and enrollment initiatives.
- Provide application materials and help in the languages of the families you serve.
- Keep it simple: stick to the basic facts and a sixth-grade reading level.

appreciation. If it isn't possible to talk directly with families, grantees may instead ask experienced outreach and enrollment workers for ideas about messaging and messengers.

Message delivery. Culturally appropriate messages should be delivered by messengers whom AI/AN community members trust and identify with, such as Tribal leaders and/or fellow community members.

CKC Tribal grantees have had success with a variety of message formats, including broadcast media (Tribal TV and radio stations, and social media); print materials (brochures, posters, billboards, and palm cards); and face-to-face interaction (by giving talking points to people who interact with families, including outreach and enrollment workers, partners, and community leaders). Like all CKC grantees, Tribal grantees tend to use multiple formats at the same time to amplify their messages.

Provide direct enrollment assistance

Once families decide to apply for or renew Medicaid or CHIP, enrollment workers can help them complete and submit an application or complete a renewal. They follow up with families as needed until a determination is made. Enrollment workers can also help families who are denied or terminated from coverage appeal the decisions. Enrollment and renewal procedures may vary by state, but the following good practices apply everywhere.

Productive appointments. The enrollment process requires attention to detail, preparation by families, and the sharing of personal information—all reasons for enrollment workers to provide direct help by appointment. They prioritize meeting in person at places and at times that are convenient, comfortable, and familiar to families. IHCPs, WIC centers, inter-Tribal consortiums, public health departments, and public libraries can be good meeting places in cities and suburbs if they're near public transportation and get decent foot traffic from AI/AN families. The venues should also have semi-private or private meeting spaces. Enrollment workers who regularly appear at the same place and at the same time signal their commitment to the community and to making the enrollment process convenient for families. In rural areas, where families have fewer transportation options, enrollment workers may do the bulk of the traveling to meet families. Evening and weekend appointments may be most convenient for working families.

Technology plays a key role in the extent to which an appointment is productive. When working offsite and in remote areas, enrollment workers may use laptops, Wi-Fi hotspots, portable printers, and smartphones. When using this technology the enrollment workers must comply with IHCP data safeguards and protect each individual's personally identifiable information as they provide one-on-one enrollment assistance to families.

Quick Tips for Productive Appointments

- Enrollment workers should remind families about upcoming appointments and the documents they should bring with them.
- Enrollment workers sometimes need help in real-time with tricky questions. They should be able to reach an experienced team member by phone or video chat to keep appointments on track.
- Enrollment workers should use their time efficiently. Having a portable office (best approach) makes it easy to catch up on case notes or phone calls between appointments.

This technology will provide enrollment workers the flexibility to work with families to help them securely complete both online and paper applications, and provide families with a printed confirmation page and account number. When workers follow up with a family after in-person appointments, they should use whatever communication method (telephone, text, or email) the family prefers.

Helpful and persistent customer service. When helping AI/AN families complete an application for Medicaid or CHIP, enrollment workers should design appointments that align with local protocols for effective and respectful communications. For example, in some Tribal communities, overly familiar small talk can seem disingenuous or rude, and immediately asking families personal questions to complete an application quickly can be off-putting and confusing. Practice and role play with peers and focus groups can improve interactions with families.

Effective assistance doesn't end when applications are submitted. Many CKC Tribal grantees set service-delivery standards, asking enrollment workers to follow up with families two weeks after an application is submitted and then every week after that until eligibility is determined. If a determination hasn't been made after six weeks, enrollment workers identify and troubleshoot problems by making an appointment with the family and the agency that processes applications. This persistence helps the grantee to build a relationship with the family and moves applications past procedural hurdles. Several CKC Tribal grantees work with Tribal liaisons in state health and human services agencies to identify and resolve Medicaid and CHIP enrollment issues that affect AI/AN families.

Record keeping and enrollment verification. Good record keeping enhances high quality direct assistance. For instance, some CKC Tribal grantees design databases in which outreach and enrollment workers enter information about any interactions with the families they're helping. Good record keeping also helps enrollment workers to meet service-delivery standards and can make it easier for them to collaborate to move a case forward. Organizations that have sophisticated databases can program them to remind enrollment workers when the date for renewing a child's coverage is approaching. Sorting spreadsheet data by the renewal date is another good way enrollment workers can prioritize their activities during renewal campaigns. While some beneficiaries can be renewed automatically with the state using electronic sources of data, some beneficiaries will need to respond to a pre-populated renewal form. Organizations can help families by making sure they received the renewal forms.

Verifying that applicants have successfully enrolled in Medicaid or CHIP is a vital step in connecting children to coverage and cultivating a relationship with

AI/AN families. Many CKC Tribal grantees verify enrollment with a state or county agency. Double-verifying enrollment directly with families has other important benefits: to confirm that families realize that their children are covered, to discuss how to use covered benefits at non-IHS or Tribal Facilities and when families are away from home, and to explain the renewal process.

PART II

Supporting capacities

Four supporting capacities help organizations succeed at the core outreach and enrollment activities:

1. Foster community relationships and trust
2. Assemble and support a capable team
3. Build strong partnerships
4. Commit to real-time learning

Foster community relationships and trust

Families may be more likely to respond favorably to the idea of enrolling their children in Medicaid or CHIP when they trust the organizations and the people who are offering to help them apply. Building rapport and trust with a community takes time and effort; many CKC Tribal grantees have established trusting relationships through years of stable and consistent service. Local AI/AN communities recognize and trust these organizations because they have been visible, accessible, and transparent.

Visibility. Families are more likely to trust organizations that they see and hear from a lot. CKC Tribal grantees increase their visibility by sending outreach and enrollment workers to popular community events, especially those hosted by AI/AN organizations or local Tribes. Some Tribal grantees that advertise community events through social media include photos or videos of their outreach and enrollment workers in their posts so that families will be more likely to recognize them in person.

Some CKC Tribal grantees sponsor their own outreach events. IHCPs have had success in hosting health fairs in their facilities or in holding regular enrollment-assistance sessions at youth shelters or other community centers. Small, recurring events make it possible for outreach and enrollment workers to interact and strengthen ties with families and youth. For their part, the leaders of Indian organizations could increase their visibility and begin to establish reciprocity with potential partner organizations by serving on public health advisory councils, on the boards of local associations, and in neighborhood development efforts.

Accessibility. CKC Tribal grantees make their outreach and enrollment services accessible through culture and language. For example, they hire outreach and enrollment workers who are immersed in the cultural

background of the communities they serve, and they offer informational materials in the languages that families speak. Tribal grantees make complex information accessible by explaining the relationship between IHCPs and Medicaid and CHIP as one that can increase community health resources and improve options for families. The grantees also make the application process accessible by creating a convenient, welcoming, and supportive environment so that families feel respected and comfortable while discussing sensitive information. They also return phone calls from families within 24 hours.

Transparency. CKC Tribal grantees build trust by being transparent about themselves and about Medicaid and CHIP. They speak directly about the community and the individual benefits of enrollment. They clearly communicate the point that assistance with enrollment is free (some mention that grant funding makes this possible), that they're not selling insurance, and that they're not collecting personal information for non-programmatic reasons. They're also up-front and clear about what to expect from the enrollment or renewal process, and about how long each may take. Grantees can monitor an application's status to keep families informed until an eligibility determination is made.

An added benefit of striving for visibility, accessibility, and transparency is word-of-mouth referrals. Many AI/AN clients learn about Medicaid and CHIP outreach and enrollment initiatives from their families or friends who have benefited from the CKC program.

Staff and support a team

When staffing a successful outreach and enrollment team, organizations should look for individuals who have a combination of attributes and skills that can be enhanced by training and team culture.

Attributes and skills to look for. Outreach and enrollment workers need strong interpersonal skills if they are to relate to families in both group settings and one on one. Effective workers are familiar with local communication protocols and cultural norms so that families trust them enough to feel comfortable discussing personal topics.

Some CKC Tribal grantees decided that outreach and enrollment workers who are members of a Tribal community have the best chance of earning trust. Others encourage non-AI/AN staff to be open about their outsider status, genuine in their interest to learn about local AI/AN cultures, and sincere in their offers to help AI/AN families apply for and enroll in Medicaid and/or CHIP.

In addition to having strong interpersonal skills, enrollment workers should be good problem solvers. Guiding a family through the enrollment process

involves knowledge, creativity, and diligence. It also takes a well-organized person to help many families at once. Families' unique circumstances may affect how quickly they move through the process and the potential for setbacks. As noted, outreach and enrollment staff who work for IHCPs must be able to convey key information about IHCPs, Medicaid, and CHIP in a way that's easy for families to understand.

On-the-job training. Outreach and enrollment workers complete training and certification so they can help families apply for Medicaid and/or CHIP (and perhaps other benefits) for their children. Basic certification ensures that workers understand the eligibility criteria and the mechanics of applying and enrolling. Many CKC Tribal grantees invest in additional training to expand their staff's expertise. They dive deeper into the nuances of Medicaid and CHIP eligibility for AI/AN families, cultural humility, sensitivity and awareness, how to approach people at large community events, and how to engage reluctant people and tactfully ask about their insurance status and other personal topics.

Some CKC Tribal grantees require new outreach and enrollment workers to spend at least two weeks shadowing their more experienced colleagues. This exposes new hires to the styles and approaches that experienced staff use, the circumstances in which different styles work best, the community members' common questions and attitudes about Medicaid and CHIP, and a variety of family circumstances and appropriate enrollment solutions. Shadowing also helps established outreach and enrollment workers to introduce new staff to the community.

Team culture. Effective CKC Tribal grantees foster a culture based on teamwork among outreach and enrollment workers and the staff who coordinate and supervise them. When these workers feel and function as a team:

- They'll be more open to learning from and helping each other.
- Morale stays higher even when the work feels discouraging or lonely.
- Services improve.

Effective outreach and enrollment teams have as much in-person interaction with community members as possible. The frequency depends on the distance between where team members live, where they work, and where they interact with community members. Many CKC teams meet every Monday to talk through the week ahead, the caseload of families receiving direct assistance, and any problems that arise as state or county agencies process applications. Teams that are too far apart for frequent in-person meetings may have fewer but longer in-person meetings combined with video calls.

Potential Partners

- Tribal TANF programs
- Tribal Head Start, Early Head Start, WIC Centers, and Home Visiting programs
- Tribal child support programs
- Tribal Low Income Home Energy Assistance Programs
- Other social service providers
- State and local governments
- Public health departments
- Housing authorities
- School districts
- Community centers
- Libraries
- Youth treatment centers
- Food distribution agencies
- Homeless shelters
- Family education centers
- JobCorps Centers

Coordinators of effective teams promote collaboration and collective achievement rather than competition. A spirit of collective achievement could inspire a team member to handle appointments for an overbooked colleague. Serving a stressed parent today instead of asking him or her to reschedule could be the difference in a child getting coverage. On the contrary, competition could lead team members to seek applications from children who are ineligible, which does a disservice to the community and wastes resources. Staff who are the most committed to outreach and enrollment work truly care about the communities they serve and benefit from a cooperative working environment.

Build strong partnerships

Many CKC Tribal grantees form partnerships with other health care providers or social service agencies to gain access to local AI/AN populations, provide enrollment services, and receive referrals. The grantees choose partners based on the compatibility of their mission with the partner's mission and on the partner's credibility in the local AI/AN population.

Identify and enlist good partners. Organizations team up to accomplish goals that they cannot accomplish separately. Strong outreach and enrollment partnerships are based on what partners have in common and on their unique contributions to solving a problem. With this in mind, CKC Tribal grantees identify prospective partners who share their mission to improve the health and quality of life of AI/AN children and families. The grantees convey to potential partners how Medicaid and CHIP enrollment furthers that shared mission and how a partnership would serve each organization's interests. For example, a partnership between a shelter for urban youth and a CKC Tribal grantee that provides health care to Alaska Native families could readily benefit both partners. The shelter would be connecting teens to culturally appropriate health care services, including direct medical services, alcohol and substance abuse services, mental health services, and health promotion and disease prevention services. The grantee would be reaching AI/AN community members outside its clinic walls, potentially increasing its third-party reimbursements by having more insured patients.

Once Tribal CKC grantees establish a mutually beneficial partnership, they clarify their respective roles, responsibilities, and expectations. A written memorandum of understanding (MOU) is a good way to do this. MOUs may be especially useful when partnerships involve formal obligations, resources, or specific staff responsibilities.

Although mission compatibility and mutual interests would seem to make schools an obvious partner for CKC grantees—whether Tribal organizations or not—establishing these partnerships is often tricky. Some CKC Tribal grantees partner successfully with school districts in various ways, such

Quick Tips for Strong Partnerships

- Seek out partners with strong ties to AI/AN families and families.
- Aim for reciprocity. For example, when a Tribal organization offers enrollment help at a partner's location, the Tribal organization benefits from exposure to the client population, and the partner organization benefits from the ability to help clients in a new way.
- Ask school administrators to send information to families who may need health insurance.

as presenting information about Medicaid and CHIP at parent meetings. They rely on principals, nurses, teachers, and athletic directors as points of contact. However, others have found that schools or school districts restrict partnerships, whether for practical reasons or as a matter of policy. Organizations that are exploring school-based partnerships should invest wisely, but probably not exclusively, in such efforts.

Examples of targeted school-based partnerships include school-based clinics, Tribally run schools, Title VII Indian Education programs, as well as alternative schools. Several CKC Tribal grantees have reached AI/AN children in other types of educational programs, such as alternative high schools and youth military academies. Grantees also have partnered with residential youth substance abuse treatment centers, since children who were not already on Medicaid were often eligible for expedited processing and coverage. Staff at these programs were often glad to leave Medicaid enrollment to grantees so they could use their resources on other activities.

Cultivate good relationships. Once a partnership is established, it takes work to maintain it. Effective strategies for doing so include frequent, open communication between grantees and partners via face-to-face meetings, phone calls, trainings, and email. Some grantees designate a “go-to” person who serves as the primary contact when partners have questions or need support. Still other CKC Tribal grantees build good will by exchanging progress updates, sharing program successes, and publicly thanking their partners for their contributions.

Commit to real-time learning

Organizations that routinely succeed in helping more children apply, enroll, or renew aren't lucky—they're dedicated to learning and improving. Here are some ways in which teams can learn together and apply what they've learned immediately.

Make it manageable. Organizations disappointed by their application, enrollment, and renewal numbers might feel stumped about how to improve. It helps to think about the numbers as a product of many activities. Learning for improvement entails breaking those activities down in order to manage them more easily.

For example, beginning with the three core activities, an organization could consider its relative strengths and weaknesses with respect to making contact with AI/AN families, conveying a message that motivates families to apply for coverage for their children, and providing direct help with enrollment. If making contact with AI/AN families is a challenge, a manageable question for the team might be: *How can we reach a larger share of eligible but uninsured AI/AN families in the coming months?*

Quick Tips on Learning from Community Members

- Don't assume that you understand families' experiences and opinions; be humble and ask about them.
- Build learning questions into the talking points that outreach and enrollment workers use with AI/AN families, and ask them to keep a log of their answers. For example:
 - *How did you hear about us?*
 - *Is there any way I could have been more helpful today?*
 - *What could be keeping other families in this community from applying for coverage?*

Perhaps the organization needs to bolster a supporting capacity, such as creating and training a team, fostering community rapport and trust, or building strong partnerships. Each of these capacities lets the organization set a manageable target for critical thinking and creative solutions as the team becomes more skilled at making contact.

Use a before-and-after approach. Many outreach and enrollment initiatives last two or more years, allowing time for an iterative learning process recommended by experts in implementation improvement. Effective managers will build learning into regular meeting agendas. They may have teams answer a few questions before and after they complete a discrete piece of work (for example, a single outreach event, a month of office hours at a WIC center, or a three-month relationship with a partner that promised referrals) for a productive learning exercise. A well-functioning team of outreach and enrollment workers can answer before-and-after questions in 20 to 30 minutes.

Good “Before” Questions:	Good “After” Questions:
<ul style="list-style-type: none">• What are our intended results?• How will we know if we achieve them?• What challenges might we encounter?• What have we learned from similar situations?• What can we do to make success more likely?	<ul style="list-style-type: none">• What were our actual results?• What was most important in achieving those results?• What will we keep or improve in the future?

Be inclusive. Everyone (Tribal leaders, outreach and enrollment workers, administrative support staff, partners, and allies) who contributes to an organization's outreach and enrollment initiative can also contribute to learning. It is up to the managers of an initiative to create a supportive, open atmosphere in which collaboration, cooperation, and the sharing of ideas can flourish. Competitive team members don't share what they learn, and they hide their missteps, both of which hinder an initiative's progress. Collaborative team members do not blame others; they also share their successes and failures, and ask for help because they trust their leaders and colleagues. Managers may need to prompt and encourage input from team members or partners who aren't used to offering their opinions.

Health insurance coverage is vital to the well-being of AI/AN families. Connecting AI/AN children to Medicaid and CHIP coverage is challenging but rewarding work for both the organizations and the partners that implement outreach and enrollment initiatives. Organizations must do many things well to connect children to coverage; how quickly they accomplish this depends on their ability to support the three core activities through partnerships, teamwork, community relations, and continual learning.

Culturally Appropriate Outreach Materials

CMS Tribal Affairs develops outreach and education materials to increase the awareness and understanding of Medicaid, CHIP, other health insurance benefits available to AI/AN populations, and special provisions available to Tribal members and their families because of the permanent reauthorization of the Indian Health Care Improvement Act and other provisions of the Affordable Care Act. CMS Tribal Affairs produces a monthly drop-in ad for Tribal newspapers and magazines, and it translates these ads into public service announcements and outreach materials, such as brochures and fact sheets.

You can access all the outreach materials on CMS Tribal Affairs' website: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/index.html>.

[American Indian and Alaska Native Medicaid Enrollment Fact Sheet Customization Guide, CMS 2018](#) - A guide to customizable fact sheets that can be used for AI/AN outreach and enrollment

[Native Language Public Service Announcements from CMS, 2019 and earlier](#) - Public service announcements in five Native languages (Navajo, Yupik, Ojibwe, Lakota, and Zuni)

[Connecting American Indian and Alaska Native Children to Health Coverage, InsureKidsNow Webinar, 2016](#) - A panel of experts discusses strategies for identifying and engaging AI/AN communities and Tribal organizations in order to promote Medicaid and CHIP enrollment, and connect children to coverage.

[Children's Health Insurance Plan Basics](#) - A fact sheet on the basics of the Children's Health Insurance Plan

[Children's Health Check list](#) - A checklist to make sure that children get the preventive care they need during well visits to the doctor

[Dental Health for Children](#) - A fact sheet on dental health coverage for children

Endnotes

¹ Haley et al. “Uninsurance and Medicaid/CHIP Participation Among Children and Families.” Washington, DC: The Urban Institute, September 2018.

² WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

This guide was prepared by Mathematica as part of the evaluation of the Medicare Access and CHIP Reauthorization Act of 2015 (P.L. 114-10, MACRA) Connecting Kids to Coverage Outreach & Enrollment grant program. Please contact ConnectingKids@cms.hhs.gov for more information.

