



Messages that Motivate Enrollment in Medicaid and CHIP

Connecting Kids to Coverage National Campaign

Webinar Transcript January 29, 2013

Sandy Won: ...from the Connecting Kids to Coverage Campaign, and we are thrilled to have so many of you join us today for our webinar on Messages that Motivate Enrollment in Medicaid and CHIP. To get us started, I am going to pass this over to Donna Cohen Ross with CMS to welcome and introduce our webinar today.

Donna Cohen Ross: Great, thank you so much Sandy, and let me add my thanks to everyone for joining us this afternoon. We are very excited to be kicking off the webinars that will really be the meat of our campaign. All of the important information about strategy, materials, everything we need to really run an effective campaign. So we are very glad for all of you who have joined us today. As Sandy said, our topic is about messaging. We will talk about the importance of messaging, what goes into an effective message. We'll talk about some specific messages that we are going to be using and promoting based on research. And of course, messaging and the messengers are fundamental to our effective outreach and enrollment efforts. We are also very, very excited to be showcasing the debut of our new materials that will soon be available to all grantees and partners across the country. So before we close up shop today we will be showing you what those materials look like and you will be hearing more about where you can find them and what will be available to you. So without taking any more time, I'm going to turn it back to Sandy. I think she is going to give us some logistics.

Sandy Won: Thank you Donna. So I just wanted to run through a couple of technical details as we get started here. Because we have so many of you on the phone today, we will be keeping your lines muted throughout the webinar. We will have two chances for question and answers though, so we are going to go through our messaging presentation and provide an open Q&A. When we have this question and answer portion, you can ask questions, throughout the webinar through your Chat feature, by typing in the Question box in your Control Panel on the right hand side of your screen. These questions you can ask while the presentation is going on and we will collect them and try to address as many of them as possible. There is also a feature that allows you to raise your hand, it is the little hand icon in the



Control Panel. You can use that to indicate you have a question as well and we will do our best to call on you during the Q&A session. Please be aware that if you are logged onto the audio through your computer, you will need microphone capabilities in order to ask a question. So with those housekeeping issues out of the way, I am going to introduce Alison Betty from GMMB who is going to get into our messaging presentation.

Alison Betty: Great, thanks Sandy. Hi everybody. It is good to at least talk with you again, I wish I could see your faces. But we are really pleased to take this time at the beginning of the year to talk about messaging, kind of where we are on Medicaid and CHIP enrollment, the best ways to motivate people to take that step, pick up the phone, get online, whatever it may be, walk into an office, and get their kids and hopefully themselves enrolled too. So just a little bit of 101 here so that you are clear that what we are offering here today isn't meant to be too prescriptive, but just to remind you of some of the charismatics that we see. But the good news is that this research has not changed dramatically in the past ten years that I have been doing it and more for many of you. There are some kind of nuances here and there that we are going to walk through today, but likely this will all feel pretty familiar. We just wanted to do a little bit of a refresher. So what is messaging, right? It is what you want to say, it is certainly not what they want to hear. Often when we go through reviewing research like this, we will see a survey that says, you know, a certain percent of people believe blank. Well, that doesn't necessarily mean that we want to tell them what they believe, we want to be able to explain to them either why they might be misinterpreting it or what they can do to change their situation. So we want to meet them where they are. We know that our audience is very skeptical, very busy, and juggling a lot of things. So we try to find ways to get these messages to them, kind of as many touch points as possible. And of course, this is about persuasion, I won't call it selling. It is not a popularity contest. Sometimes we find that messages that might be the more uncomfortable ones are in fact the ones that work the best in testing. So what really makes [...break in audio...] clear and simple, make it as short as possible. I implore you to make it as short as possible when you are sitting there writing it. We all are in that place where we get stuck because there are so many details that we might need to share about a program, or lots of different types of audiences that need different information. The simpler, the shorter, the better. Keep it personal and relevant to their lives. Use very plain language, we talk a lot about making sure we are reaching audiences with low literacy levels. But frankly that really stands for everyone, just making it as simple and direct as



possible. Keeping it persuasive, that means timely and relevant to the issues that are going on in their lives. Use themes and words that resonate, we certainly know a lot of that from research to date. And be credible. We want to be able to use proof points that just prove the basic facts of why Medicaid and CHIP, why they might be eligible for Medicaid and CHIP. So let's talk a little bit about perceptions of both programs. They are both very well recognized and valued among parents, they are frankly valued among everybody. The last bit of research we did on this was for the Robert Wood Johnson Foundation a few months ago, I think many of you have seen that. And it really did bring home that point. Medicaid and CHIP are valued, people want health insurance. They don't need to be told that it is great, they need to be told that they can get it and that there is an option for them. So parents are willing to enroll their kids, they are eager to do so. And those that are on the program are satisfied with the care that their child does receive. Now, I get a lot of questions about stigma, and are there stigma with either of these programs. I would say, across the board, absolutely not. What there is skepticism. What there are experiences where people may have had problems with the application process in the past, and not necessarily by the way with the actual care or service of CHIP and Medicaid, but with getting in. And they find it difficult to enroll. But that has been made easier over time with the condensed applications and some have been moved online. And just overall they have been more simplified. And we are really pleased to see that. But that skepticism does exist, and there are clear barriers. Parents may not think that their children are eligible, that can be for a couple of reasons. They may think that they make too much money, particularly on CHIP. They may think the enrollment process is just too difficult. We see that a lot still with the applications that are combined of Medicaid and CHIP because there might be some different requirements. And parents often don't know where to go online to enroll or where to get an application. So they may have had an experience years ago where they were given a paper application. But now going online they may not know exactly where to find that, and as we all know some of those websites can be a lot of information in one place. The top motivator for parents overall has always been peace of mind. And that is just the basic premise of insurance, right, that just comes from knowing that your child is covered no matter what happens, that your child will get the care that they need. And getting that coverage of course at a price they can afford. Talking about the benefits always really brings it home, so understanding what the benefits and services actually are. And knowing that their child is likely to be eligible, that it is possible. So let's talk a little bit about how we try to cut through some



of that skepticism and put it together in some messages that we have found to be really testing the best. This "peace of mind" idea, busy parents do have their hands full as we all know. And they can use an extra hand. Medicaid and CHIP offer low cost or free health insurance for kids and teens up to age 19. And now there's one less thing to worry about. So you see this kind of language across a lot of our materials. It is not meant again to convince them that insurance is a good thing, they know that all too well. It is meant to relate to them, to a concept and an idea that they are familiar with. That yes, parents are busy, and boy wouldn't it be nice if there was one less thing to worry about? Affordability. We have said for many years and it continues to test the best, I promise you this is, we've seen this really head and shoulders above the others. We don't talk about affordable coverage, we talk about Medicaid and CHIP offering low-cost or free health insurance for kids and teens. And for those of you who have heard me say this before I apologize for being redundant, but "low-cost" and "free" really need to go together. Affordability of course is relative to everybody, so when we say "low-cost" and "free" we avoid the issue of talking about just "free", which number one often isn't true. And number two, people perceive things that are free of not having real value. So put aside of that is that if we just say "low-cost" they may say, well, you know, that is low cost but probably not low-cost enough for me. We put them together and low- cost starts to look a lot lower. Of course we always want to list the services. Medicaid and CHIP cover key services, including immunizations, doctor and dental visits, hospital care, mental health services, prescriptions and more. Over time we have seen a lot of resonance around dental coverage. So we try to include that where possible. And this list is essentially in the list of priority in terms of how well it tested across different services. Income eligibility. I know this one sometimes is tough because suggesting an income for one person is different than a family of four. Generally, we have seen great success with using a family of four earning up to a certain amount a year, or more, can still qualify. We don't mean to be coy with that. What we are trying to do is get accurate, but at the same time, give them a number so they think it is actually possible, that their kids might be eligible. Over the past year we have seen some great new research around Hispanic and Latino families and their reaction to messages, as well as parents of teens. And those are two really high priority audiences for us on this campaign this year. So generally the motivators are largely the same but there are a couple of different nuances here. Outreach efforts should acknowledge parents' role as caregivers. We don't always have to talk to them as parents, we can talk to them as parents and caregivers. We want to emphasize how health coverage



is important to a child's success. Just trying to draw that broad picture of a healthy child is one that succeeds in school and succeeds in life. Community partners are key here. We always want to be looking for partnerships where we've got sources of information, and particularly in smaller, very tight knit, cross cultural communities, that can be valuable. And address those perceived barriers. So let's talk about that. I know this is tricky because people are worried about kind of leading with their chin on this information, but I encourage you to be as direct about some of the citizenship barriers these audiences may perceive, and perception is not quite reality here. But do offer reassurance: when you apply for Medicaid and CHIP for your child, only the child's citizenship or immigration status is considered. And as directly as you can say that, all the better. We saw a great deal of trust amongst these audiences in Medicaid and CHIP programs. In fact, often when we asked what they would do they would say, walk right into a Medicaid office. So there is a great deal of trust there when the language is very direct. Of course we want to address language barriers and remind them that somebody on the other end of the phone will be speaking Spanish. And encourage them to enroll again. This is I think important for those who have had experiences enrolling and have not been successful. If you can say that the law has changed, go ahead and do it. Again, it might feel like leading with your chin because you just fixed a problem. The flip side is these people are so familiar with the program and so familiar with the experience of enrollment that they do need to know that detail. That the application process is easy and of course that you can get assistance from a Spanish-speaking representative. So these are just some examples of how to more directly address some of those barriers. Moving onto teens. So as we all know, we see the numbers spike more, the uninsured numbers spike more, with teens. And you know we generally think that is for a couple of reasons. One is that these teens are often out of a regular immunization schedule or vaccination schedule. They are strong and are active and may not really need to be seeing a doctor as often as the little ones. Therefore their parents may be less anxious about a teen's health than one of a younger child. And they may be getting some care at school, they may be getting some of this through sports. So while they really do value insurance, the urgency may be a little bit different and they may not be thinking that their teen is eligible because they may be familiar with programs like Head Start and WIC that are for the real little guys. So generally we've seen that these messages across the board work very well, all of these messages work very well with parents of teens. All you really have to say is "kids and teens" if you are worried about those audiences. But we really didn't see a whole lot



that jumped out that was entirely different from the basic messaging that we have seen with the rest of parents who might have smaller children. So do refer to children and teens, and we've spelled it out there. And do remind them that teens need health insurance, that school age children and teens need check-ups and immunizations to attend school and play sports. We did see a little bit of an uptick in the messaging when we talked about activities that teens can be partaking in. These are just examples, we've seen some folks in states talk more specifically about other issues that affect teens like family planning and confidentiality and seen some success there as well. So that is a really quick run through of the highlights of the messaging, and I think what we'd like to do is move on to Q&A. I'll pass it back over to Sandy.

Sandy Won: Yeah, and just as a reminder to everyone on the technical details of asking a question, there is a question box in the Control Panel to the right of your screen, and you can type questions into that. We also have a Raise Your Hand feature, it is a little hand icon in your Control Panel, and you can use this to indicate if you have a question and we will do our best to call on you. So just let us know if you would like to ask a question. We have gotten a couple of questions in as we have been chatting. So one of the questions was messages aimed at retention and enrollment. And I am going to ask Alison to answer that.

Alison Betty: Yeah, I think what we've seen in research is that the retention and enrollment issue has a lot more to do frankly with the tactics of getting people to re-up than it does with the actual messaging. We are seeing really very little difference there than the messaging that we have just gone through here, reminding them of the services that are available to them, not necessarily reminding them of the coverage but telling them what they can get and where they can get it. Particularly important for those who have been enrolled in the program but frankly haven't used the services. So I know we've talked with states over time about how you can begin to target some of those lists and understand who are high users and not, because generally the ones who are using the services less are the ones that might not re-up.

Sandy Won: Great, thanks Alison. And a number of you have been asking just whether or not this presentation will be available online, and the answer is yes it will. There will be a recording of this webinar as well as the PowerPoint presentation available probably in the next couple of weeks on



insurekidsnow.gov. So you can get access to all of these messages after our webinar today.

Alison Betty: You know Sandy I see a question here that we got about whether or not there are negative perceptions of agency staff. You know, we really haven't seen that. Sometimes I am fascinated when talking with Medicaid staff about the stigma that the staff perceives is there, that we don't really see in the public opinion research. So we haven't really seen that. We hear every now and then about the complexity of an application process, whether it is that it is multiple steps or that it takes some time to figure out how to fill out the application and needing assistance, but we really haven't seen a negative perception of any staff or personnel.

Sandy Won: Another question that came through is just about messages for tribal audiences, we know this is a very key constituency for many of you. The messages for these groups tend to of course be the same motivators that work for all parents as we have just gone through. But there are some particular cultural sensitivities around working within the elders and the multigenerational communities that are so important to our tribal and American Indian groups. And I also wanted to ask Donna to comment a little bit on some of the eligibility, misconceptions about eligibility that may come up in your tribal audiences.

Donna Cohen Ross: Thanks Sandy. The one point that I would add to what Sandy has said, and I know there are probably a lot of our tribal grantees our outreach grantees on the phone that maybe have even more to say about this. Very often families may think that if they are getting services through tribal health clinics and such that either they might not be eligible for Medicaid or CHIP or that it isn't necessary, and I know that some of our tribal grantees have done a great job of promoting the message that enrollment in Medicaid and CHIP helps those tribal clinics and other tribal health facilities continue to operate at a very high level and be able to offer the services that the community needs because they are getting reimbursement through the health insurance programs, and that helps to sustain them and stabilize them. And so this concept of enrolling your child also helps your community is something that I think has, people have found to be very successful, and it is something to really keep in mind.

Sandy Won: Another question that has come through is, how do we figure out who to target in outreach efforts and the messaging that goes with that.



Alison Betty: You know, 'tis the season for that, with so many changes happening. You know, I think there is some really great data out there now in terms of uninsurance rates by age and by income that allow for that. Census of course has a lot of that, SHADAC does there at the University of Minnesota, and then I think coupled with what we are seeing with some of the public opinion data there really is a way to start to narrow down, I guess the best way I'll say it, is the types of profiles of people that are likely uninsured and would like to enroll. I would encourage kind of an overlay of digging through the research, the county by county research, that Census has and that others have, and then taking a look at the ample public opinion research so that you can begin to match up a little bit not only where to find these people but what they need to hear. And the good news is that what they need to hear is pretty consistent.

Donna Cohen Ross: Alison, this is Donna. May I just add one point to that?

Alison Betty: Yes, please.

Donna Cohen Ross: Great, I wasn't sure if I was on. I guess I would, I guess two quick things. One is less targeting issues, but just to let everyone on the phone know that we have a tool on insurekidsnow.gov which is basically a map, and if you click on your state it will tell you what the Medicaid and CHIP participation rate is in your state. Nationally we are doing really, really well, we are up to almost 86% participation which means the percentage of eligible children who are enrolled, and we have many states that are at or even above this national average, that's what makes it an average. But you can also see where your state falls and give you a sense of where you are in that pecking order so to speak. For some states, you may be able to get the participation data at a more localized level, that is if you are in a really big state it is sometimes easier to get that than a small state. So I wanted to bring people's attention to that. But the other way that some of our outreach partners have been targeting some of their efforts is to look at some of the local data that we have. For example, many of our partners have been able to get from their Department of Education a list of schools around their state or local area, a list of schools that have high percentages of children who are eligible for free or reduced price school lunches. That is sometimes a proxy for where we might want to go to target our outreach and enrollment efforts because we know that we have a greater chance of getting the population who might be eligible for Medicaid and CHIP because the income guidelines are very similar to the free and reduced price meal program. Those kinds of strategies are kind of, I would again call them sort



of proxy measures for where we might find the eligible but not enrolled and I would urge folks to think through what there might be, what other ways of finding those measures would be, and we can talk more about that. Thank you.

Sandy Won: Great, thank you so much Donna. Another question that has come through which is interesting is the social media aspect, is it a good way to share information with teens? Some of you have been using Twitter to share information on events and enrollment locations and that kind of basic information.

Alison Betty: Yeah, this is a constant conversation and a tricky one, and frankly I think it is ever shifting. I think two years ago we would have said, it's really not the place. And I think now we would say, it's sometimes the place because social media really just is a part of all the marketing and outreach that we are doing. I think what is probably important to remember about it is that social media is a place where people gather to have the conversation they want to have, and it is not a very successful way to push information into a conversation. So it needs to be relevant to teens in a way that would make sense for them, and in the kinds of places that they might be talking about maybe training for a sport at their school or some activity where getting health insurance would be a necessary part of that. That is just a bit for teens. With parents I think it is the same thing, some of those conversations can happen among social media areas that are talking about parenting that might be kids with chronic conditions, places where it would be really relevant to their life at the moment. I don't think it has proven yet to be a very successful medium for otherwise healthy people that don't have an immediate need for coverage. Again that is going to change over time, so if you are thinking a little bit ahead about how you perhaps are budgeting or where you are allocating your staff time and resources, I would say not to neglect it. It is probably not a primary area to encourage actual enrollment right now. Great for awareness when you can do it, but we haven't quite seen the data yet to prove that on enrollment.

Donna Cohen Ross: Alison, this is Donna again, and I wanted to just share with folks that I completely agree with what you said, particularly that we don't know as much as we hope that we will soon know about exactly how we best use social media. But one of the things that CMS is doing through a partnership with Text4Baby, which is a program that many of you may be familiar with. It is a text messaging program that provides health information to pregnant women and new moms about all kinds of things



related to pregnancy and care of children during the first year of life. And I think this goes to Alison's point about, it's good to communicate with people through social media on topics that they have kind of opted into or have already said they are interested in. The thing that we have just launched is a whole raft of messaging about Medicaid and CHIP and how to enroll. We just launched it with Text4Baby right before Christmas time, and in the next couple of months we will be getting some data about Text4Baby users and whether the messaging that we have that we hope is going to drive them to Insure Kids Now to sign up for health coverage for themselves or their children is actually working. And as we get that information and learn more about how to do this well, we will be sharing it with everyone. And so we are grateful for that opportunity and that partnership as well.

Sandy Won: Great, thanks Donna. There is another question here about how best to work with your county or local agencies.

Alison Betty: That is a great question. I guess there are a couple of different ways to address this. One is starting it for the first time, which I fundamentally believe nobody is doing for the first time. But how to really improve relationships with either local governments or county governments. I mean, there has just been so much success from a nonprofit perspective and often what is the collaboration kind of between local and state agencies might get left behind. The only example that I think I can really pull up in the front of my brain would be, with county governments... I mean, look, everybody's stretched. But with county governments, being able to really engage them with nonprofit lead organizations that are doing great work in their area and allowing them to have a little bit more ownership of it I think has been helpful. We have certainly seen that those folks can get kind of left out on a state program that has got community outreach and the county gets left behind. And this varies so much state to state because the role that the counties play in enrollment varies so much, but if there are ways for them to have a very substantive role in the outreach where they are also getting recognized and promoted as part of the effort, that can help. We would be happy to question or talk with you more about that. There are some great toolkits and some great things out there that might be helpful, and we would be really happy to work with you on that project.

Sandy Won: And just to tag on to Alison's point, we will be sharing information at the end of our webinar today on how to contact us, so if you have questions that were not answered, we will do our best to get you an



answer and you are always welcome to give us a call and email us and we will give you that information a little bit later in the presentation.

Donna Cohen Ross: Right. This is Donna. I would just say on that point about connecting with local governments, whether they are county or municipal governments, we are very interested in helping to make those connections. We are working with National League of Cities, so we would like to think about those channels. We also have connections with counties around the country who have been involved with the Connecting Kids to Coverage Campaign. If you look on insurekidsnow.gov and you look at our outreach library, you will see where some of those connections have been made and perhaps they will spark some ideas and interests. I am thinking particularly of Alameda County, California, where the county has invested heavily in outreach and enrollment with the goal of getting every eligible child in their county enrolled. So there are some precedents for this, and sometimes policy tools that we can use such as presumptive eligibility helps bring in county departments of public health and other kinds of agencies to help with the enrollment effort. So check out that outreach video library and if you have ideas or they spark ideas in you, please get in touch with our team and we would like to follow up with you and see what we can do to help make those connections.

Sandy Won: Great, thanks Donna. And we see a raised hand from Tony Not Afraid, so we are going to unmute your line and you are free to ask your question. Tony Not Afraid? OK, I am sorry, moving on. We have one question here that we thought was interesting about strategies in educating providers, federal qualified health centers and independent providers about outreaching to this population.

Alison Betty: Yes, good question Sandy. I do think that, you know, we hear time and time again that people hear about health insurance from kind of two people and two people alone. One is insurers, which doesn't help if they are uninsured, and second is their provider, their doctor or their nurse. So I agree, that is a really critical, it's a really critical audience. We can help you with some trainings, we've seen some states do some really, and I think there are probably other people on the phone who could weigh in, of doing some great trainings not only at clinics and federally qualified health centers but also at hospitals as well as other physicians or other providers that are serving this audience. To not only help them with the ins and outs of the program, but also to really understand kind of how it works and what kind of messages they need to hear. I do think that I would agree that it is really



one of the most valuable audiences to be involved, and with so much changing in health care right now, this is a really great time to get providers engaged on Medicaid and CHIP specifically. So we have, there are some toolkits along those lines but we would be happy to help you with that too, and we'll get in touch.

Sandy Won: We see one more hand raised, it's Thaddeus Dorch? Thaddeus, can you hear us, and if so please ask your question.

Alison Betty: Thaddeus may not have a microphone on the computer, and if that is the case we will ask that you could type in your question, and maybe we ought to move on to materials.

Sandy Won: Yes we will. Great questions everyone, thanks so much for submitting them, and we will have another Q&A period at the end of the presentation, so please feel free to continue asking your questions in the chat box. We do want to get onto our new materials. As Donna had mentioned, we are very excited to unveil some new materials created for the Connecting Kids to Coverage Campaign. And as you will see, we have designed these materials around the "peace of mind" message we know works so well with parents. So as Alison has said earlier, busy parents have a lot of things to think about, they've got their hands full. Whether it be their daredevil teen, mischievous school children, or a toddler that gets into everything, and health coverage is one less thing that they can worry about. The copy includes many of the points we just went over, and I know it is probably hard to read this on these slides, but it is basically, Medicaid and CHIP offer low-cost or free health insurance for kids and teens. Children can get regular checkups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions, and more. And it includes the eligibility income. A lot of these general purpose materials will be available. There are several photo options that we have available. You will see the skateboarder, muddy kids, and if we go to the next slide our little artist here. All of these will be available in Spanish and English as well. They are going to be available in two sizes. We have a poster that will be 11" x 17" and a postcard that will be 4" x 9". So you have the option of tailoring this through CMS Design Services. We can tailor certain elements of the copy which would be your state Medicaid and CHIP program, the phone number and website that you need people to contact, your state's eligibility income, and up to two logos for your organization or your state Medicaid and CHIP program. CMS will provide you with electronic files that you can then reproduce in a way that works best for you. And all of these materials will be



available on the insurekidsnow.gov website. We hope to get them up there in the next several weeks, and they will be as I said available for you to customize for your state programs and your outreach and your enrollment activities. These are general purpose materials that we wanted to have out in the field and help you with the great work that you are doing for outreach and enrollment. So in terms of our Connecting Kids to Coverage Campaign, we also wanted to give you an update on some of the activities that we're working on. The campaign is in full gear, and to introduce our efforts here I am going to hand this over to Christine Glunz. She is our field director for the campaign, and she's got some great updates to share.

Christine Glunz: Thanks Sandy, and good afternoon everyone. As Sandy mentioned, my name is Christine Glunz and I am the field director of the Connecting Kids to Coverage Campaign. I'm happy to provide the campaign update because we have a lot of interesting and innovative activities taking place in the field in different parts of the country during this Winter Wave. On behalf of the field team, I just want to let everyone know how excited we are to be well underway in this effort. We have at least six events planned in six target markets in the coming weeks. First I should mention though that we have some special guests on the webinar today from our target markets, and they are going to speak to what they have planned for their Winter Wave events. So from Atlanta we have Deamphis Williams....

Deamphis Williams: Hello.

Christine Glunz: Hey Deamphis. He is the Metro Manager from the Right from the Start Medicaid Outreach Project. And we also have Fredericka Roper, who is the Senior Outreach Coordinator from West End Medical Centers out of Atlanta. And from Cincinnati we have Trey Daly, the Senior Attorney at the Legal Aid Society of Greater Cincinnati. And right now I am going to turn this over to Deamphis who is going to start. Deamphis, I know you are there, go ahead.

Deamphis Williams: Good afternoon everyone. Just to introduce you to the Right from the Start Outreach Project, we are basically an outreach project. We were started twenty years ago, so this is our anniversary year, because of Georgia's high infant mortality rate. Since then we have went into a number of programs. We work with the PeachCare for Kids which is part of the CHIP program, with the Women's Health Medicaid which is for breast and cervical cancer, planning for the health of babies, to help families plan their children, and then Family Medicaid, which includes pregnant women and children. So we do all of that, we do outreach throughout the community. A



lot of outreaches are in churches, are in schools, health centers, libraries, any organization that we can partner with, that we can work with basically to get it out to the public to let them know what we do. So that is basically a quick, down-and-dirty overview of Right from the Start Medicaid. Frederica?

Christine Glunz: Great, thanks Deamphis. Fredericka, go ahead.

Fredericka Roper: Hi, I am Fredericka Roper with West End Centers, and we are an FOAC, so whoever had the FOAC question please afterwards when all the emails go out with the information, give me a call. West End Medical Center is a two year Cycle II grantee with the CHIP program and PeachCare and Medicaid. We have been in business for about thirty-five years and we have about six sites here in Atlanta and throughout metro Atlanta. Through all this excitement and our partnership with Right from the Start, because we have been working in partnership with Right from the Start for quite a while now. It just kind of trickled down that the campaign was coming to Atlanta. So we have been at the table with Right from the Start and the Department of Community Health here in Atlanta. And we are planning a Family Fun Valentine's event at the College Park City Auditorium in College Park. And the venue is at a kind of ideal spot because it is located in front of an assisted housing complex where it is a target market for PeachCare and CHIP. So on that day we are going to provide some free health screenings and we branded our program as the Peach Reach program, so we are going to have our mascot out that day which is Peach Bear for PeachCare, and we're going to do some arts and crafts with the children. And we are going to provide incentives for parents to just come through and obtain the information. And we have some people who have enrolled with us in the Cycle I cycle that we are following up with to make sure that they have done their renewal. So we are also going to use it not only as a first time enrollment event, but we are also going to try to target some of these people for retention as well. So that is basically what we are going to be doing on February 16 at the College Park City Auditorium.

Christine Glunz: Thank you so much Fredericka and Deamphis. I am now going to turn it over to Trey, who is out of Cincinnati.

Trey Daly: Hi, hello everybody. The Legal Aid Society of Greater Cincinnati is also a CHIP Cycle I and II grantee. The focus area of our Cycle II grant is school-based outreach. We also emphasize outreach to Latino families. We provide outreach enrollment and retention services in seven counties in Southwestern Ohio that range from urban to suburban to Appalachian rural counties. There is a growing Latino population in the Hamilton and Butler



county area which surrounds Cincinnati. We researched and found that four of the five schools with the highest number of limited English proficiency students in the area are actually in four different school districts but located within a very close geographic proximity in the northern Hamilton and southern Butler County area. From responses to other outreach activities, we also know there are pockets of uninsured children in that area. So as part of our grant, we have created a partnership with school districts in which we use various methods of identifying uninsured children in those districts, and referring the families for our service and then paying the school district a \$25 incentive for each student that gets enrolled in Medicaid as a result of our efforts. We asked one of our partner districts, Fairfield City School District, to host a Medicaid enrollment event at one of their schools, Central Elementary, which is one of the four schools with the highest number of limited English proficiency students. Our event is also Valentine's themed, a Valentine's Family Fun Day. It is targeted to Latino families but open to all. It is scheduled for Saturday, February 16th on a four hour period, 10:30 to 2:30 in the afternoon. The Medicaid enrollment activity is wrapped in a free family friendly festival featuring food, music, dancing, children's games, and health activities. The plan is that as families enter this school gym, the parents will sit at a table and talk to an application assister who will determine if their child is uninsured or otherwise interested in Medicaid coverage. If so, the application assister will complete the application with the family and gather any verification documents the family brought with them. Every family that completes an application will receive a \$10 Kroger grocery gift card. Kroger matched our purchase of gift cards with a 1 for 1 donation. After the family completes the application or while the parents are meeting with the application assister, the children can kick a soccer ball into a goal or shoot a basketball into a hoop and get a prize. They can also do face painting, flower making, decorate a cookie. We have Henry the Hand, a seven foot tall hand with a smiling face will be on hand to reinforce proper hand washing techniques to avoid cold and flu transmission. Our local children's hospital will also have an activity about wearing seatbelts. There will be free food and drink and also Zumba lessons and a salsa band and salsa lessons. We are looking to our local Covering Kids and Families Coalition to supplement project staff by volunteering to work the event. Specifically, we are relying on bilingual volunteers to help our three bilingual project staff in communicating with families that primarily speak Spanish. One of our Medicaid managed care plans has covered most of the out of pocket expenses for the event, which includes hiring the band, food, and children's prizes. To promote the Family Fun Day, approximately 7,000



students in the four targeted school districts will take home a bilingual flyer about the event. The Connecting Kids to Coverage team has helped us to develop the promotional flyer and will be managing additional publicity to drum up attendance at the event. We are excited about the potential of the event to encourage enrollment for a number of reasons. First, Medicaid enrollment is being emphasized and incentivized in the marketing of the event. Marketing is being targeted to populations that we know have a high rate of being uninsured. We designed the flow of the event so that interaction with an application assister will be incorporated as the first stop before many of the other fun activities. And as the coordinator of the event, we have some control over the event that we might not otherwise have if we were just participating in somebody else's health fair. So we will consider the event a success if at least fifty children are enrolled in Medicaid. We think that it would take probably about 200 guests to generate that number of enrollment, so we are looking forward to a very busy day on February 16.

Christine Glunz: That's right. Thank you, Trey. That is terrific. And thanks to all three of you for participating today and working so hard to plan the Winter Wave Activities. We are looking forward to all of them, and I think that they will all be very successful. So thanks for that. I just want to briefly describe what we have planned in the four other markets. In Albany, New York, we have teamed up with the New York State Department of Health and have partnered with the Boys and Girls Club of Albany to host a Hoops for Health Basketball Tournament on March 2. The outreach and enrollment event will be located at one of the main Boys and Girls Clubs in Albany, and as the basketball games go on throughout the day parents will have the opportunity to learn more about health coverage for their children and application assisters will be available to help them enroll on site. In Houston, Texas, we have teamed up with the Children's Defense Fund of Texas for a Valentine's Day-themed Show Your Family You Care community enrollment event. We are doing this through their longstanding partnership with Fiesta Markets Supermarkets. The event is going to take place on February 16 at several Fiesta store locations. and we are going to have application assisters onsite. So we are looking forward to that. In Tampa, Florida, we have teamed up with the Kids Healthcare Foundation for a flu prevention and enrollment event in partnership with St. Joseph's Children's Hospital on March 2. This even is going to bring families together to learn more about flu prevention and enroll in health coverage with the option of receiving a flu shot. Finally, in Orlando, Florida, we have teamed up with the Healthy Start



Coalition of Orange County, and we are partnering with the Boys and Girls Club of Orlando to organize a Hoops for Health event day on March 16. We are going to have an ongoing 3 on 3 basketball tournament for the kids during the day, and application assisters are going to be available onsite for enrollment assistance for parents. So again we anticipate great success with all of our Winter Wave events, and want to thank our target markets for their participation. As a reminder, the Connecting Kids to Coverage Field Team is here to help you. So our team is providing direct support for these ten target markets, but we are also providing wave specific support to organizations that are outside our target markets. The Field Team is organized as such into regions. Kate Kreps is working in the North Houston/Central areas of the country. Riley Greene is in the Southeast, and Ashley McPhail is covering the rest. If an organization contacts us for technical assistance and support, the call or email will be directed to the regional field desk representing that state and they will get back to you. So if you are an organization from Michigan and you have questions, you will be directed to Kate; in North Carolina, Riley; and in Colorado, Ashley. But no matter what part of the country you are in, the regional field desks are here to help you. And just to give you an idea of what type of support we are providing, we are here to help organizations throughout the country with event planning, so if you are interested in implementing your own set of wave events we can there and provide our technical support. We can also help with information on messaging that is working best for target audiences. We can provide template materials we have been using, tips on earned media, PSA, and other resources that will help support outreach and encourage local participation. We have already heard from so many of you and you're asking great questions. Of course, feel free to keep them coming, we are here to help. There are a couple of ways to reach the field team. Of course you can go to insurekidsnow.gov. You can also call us at 1-855-313-KIDS, or shoot us an email at InsureKidsNow@fleishman.com. And just one last note, additional training actions are going to be available to you through these webinars. The next one is scheduled for February 19, with a focus on our Allergies and Asthma Wave, which is the next wave starting April 1. So again, more to come in our next webinar on February 19. I am now going to hand it back over to Sandy.

Sandy Won: Thanks Christine. We now wanted to open back up for questions, and we've gotten some good ones. Just scrolling through what we have here.



Alison Betty: Here's one. This is fun going through these questions, thank you. We did have a question from Caroline Link. You are right, we have talked a lot about event based outreach, and she was asking if we could comment on outreach through other means, like while a person is visiting a food shelf. This is I think where really two things come into play that are important. One is the really clear simple materials, because in a lot of these other organizations that are sharing it, they are very busy doing all of their other outreach events. But to be able to include information about health coverage is important. I don't think, we are not suggesting that everything necessarily needs to be an event, in fact a lot of the outreach that you all are doing, and some of the most successful ones, are a little bit more of that steady drumbeat, getting target audiences when you can or when they might be interacting with other services. Two things come into play. One is the compelling materials, and the second is, how quickly can we connect them with somebody who can help them enroll. So being able to have a collaborative relationship with an organization that is doing enrollment where we can kind of connect them person to person can be really helpful. We see a lot of that with the school based outreach as well like what Trey was talking about. So you're right, it absolutely doesn't need to be an event all the time. It can be ongoing outreach that really does the trick.

Sandy Won: Great, thanks Alison. We have some questions too about the materials. The process of ordering these through insurekidsnow.gov, should be available within the next several weeks. We will send information out through our listserv to let you know when they are available and online and ready for customization. Just a reminder, we are able to tailor certain elements of these materials for your state program, and that would include the income eligibility for the state, your state Medicaid and CHIP programs as well as phone numbers and URLs for contacting. This information will all be available to you very soon, and we are opening this to partners and organizations that are doing outreach and enrollment.

Alison Betty: Great. And Donna, we got a question here from Natasha Robinson about whether or not any of this information or materials will be directly related to the Affordable Care Act, you know, messaging towards a family versus kids and teens, I guess I would say adults versus kids and teens. Would you mind taking that one?

Donna Cohen Ross: Sure, thanks Alison and thanks Natasha. So I guess there are two things to say. One is, the materials are the ones that Sandy showed you earlier, and they are focused on kids. But as I think we know



very strongly because of research and experience, one of the best strategies for enrolling children is to make sure eligible parents are enrolled as well. And so we are going to be talking about those kinds of strategies as we go forward. So we do know that we have parents now, not in every state but in many states, who are eligible for Medicaid but not enrolled, and we want to work on that as we work on enrolling children as well. When we get further down the road, [...inaudible...] Back to School Wave, we are going to be in a point and time that we are going to be bumping up against the open enrollment period that starts October 1 and goes through the end of the year. And this is the open enrollment period for the new coverage that will be available through Medicaid in states that [...inaudible ...] insurance opportunities through the exchange. And so as we get closer to that open enrollment period, we are going to be incorporating some messages that particularly are focused on pointing people in the right direction for getting more information about health insurance that might be applicable to them. But most importantly, and this piggybacks on Alison's really very complete and excellent answer to the previous question, and that is always hooking people up with some place where they can get help with that application. And we are going to have lots of new ways for people to apply, there's going to be a lot more focus on applying online. As we get further down the road we'll be talking about that and providing some thoughts about how to make that link for families. So, great question. It is never too early to start thinking about this. We are already thinking about it, and we're planning for that Back to School Wave to incorporate some of these ideas.

Sandy Won: Thanks Donna. We are going to do one question here, one last question, about marketing to different age groups, that was a really good one.

Alison Betty: You're looking at me, aren't you?

Sandy Won: Yes I am.

Alison Betty: That was a great question, I'm sorry we didn't get to it sooner. I do think that, from a message perspective I just have to say it since this webinar is about message, we really do not see a lot of difference in marketing to different age groups, or I will say parents of different age groups. The only age group that we are marketing to directly in some states, and I don't really mean we "us", I mean all of you, would be older teens. But in terms of tactics, I think it can make a great difference. As you all know,



parents of children at many different ages are kind of often in different circles and doing different activities with their children. So if there is a specific age group that you are targeting, I would assume it is teens because across the board that is where we see kind of the lower numbers. More often we are seeing some broader outreach there that is happening more so online, less event based, and very often through school. I think that has probably been the number one most successful outreach, across all kids frankly but definitely teens, is to really engage with schools. And if you are able to do that in your school district I think that would be a great start.

Sandy Won: Great, thanks Alison. A lot of great questions from all of you, thanks so much for sharing. The ones that are very specific, we are going to respond to you via email. You've asked some really good ones and we just want to make sure that we are directly addressing your questions. So we can respond to you via email and as we said earlier, we have contact information for our Connecting Kids to Coverage communications team. We are available whenever you need us at the hotline which is 1-855-313-KIDS, and we are open to responding, checking your materials, helping you with your messaging, anything that we've learned today that we can help you apply to your outreach and enrollment efforts we are happy to provide that assistance to you. So please don't hesitate to get in touch with us. I am going to turn it back over to Donna for some closing remarks.

Donna Cohen Ross: Great, thank you Sandy, and thanks to everyone, both our presenters and also all of our participants. I know that we've had, we had over 200 participants on the webinar today, and we all know that means some of you are huddled around the computer terminal in your office. So when we see 200 we know it is lots more people than that, and we are really grateful for that participation. So thank you so much for joining. I have a couple of announcements that I wanted to make before we say goodbye for today. First is a reminder to reach out to your field contact if you have a question, you have that great map with names connected to regional field folks, here it is again, from Christine and I really urge you to get to know that person, because they are a really fine team and when they get to know you and you get to know them you will be getting the kind of tailored assistance that you need and they have great ideas and great energy, and we hope that you all take advantage of that opportunity. Earlier we heard that the next webinar is already being planned, so I wanted to repeat that. Our next webinar, which is going to focus on our Allergies and Asthma Wave



and also talk about partnerships is scheduled right now for February 19, and we will be sending out more information through our listserv. We will also be having a broader set of webinars on some very specific topics. As we solidify that schedule, we will send that out to you through the listserv as well so that you can start holding that time on your calendar when you see a topic that is of particular interest to you. But we are, it is looking like we will have something at least once a month, maybe even a little bit more often, so we are very pleased about that and we know that there is a lot of interest and enthusiasm for learning but also for hearing from peers, and that is why I wanted to especially thank our partners from Atlanta and Cincinnati for their great presentations today. You can tell there are going to be some fine things going on around Valentine's Day in those areas and then also in the other target markets that we heard about, we are very excited about it, I wish I had a plane ticket but I don't. I wanted to make one last announcement before we close up for today. I am suspecting that most of you on the webinar today know about this, but in case you don't, I wanted to make sure that people knew that the solicitation for the third round of Connecting Kids to Coverage outreach and enrollment grants is now available, it has been available now for a couple of weeks. It is a funding opportunity through CMS. It will be a total of \$32 million in outreach and enrollment grants that is available to a wide range of applicants, whether it is state and local governments, nonprofit organizations, providers, school districts, much the same as we have made available in the past. If you haven't seen the solicitation, you can go on to insurekidsnow.gov. In the Spotlight box up in the right hand corner of the home page you will see a link to the funding opportunity. When you click on it will tell you more about the funding opportunity and what our areas of focus are this time, and it will also bring you to the solicitation itself, the application itself. So if you haven't seen it, I urge you to go check it out, and I want to also let everyone know that we have a deadline for submitting proposals of February 21. So there is not a lot of time, but I think there still is time if you haven't started the process of preparing what we know are going to be some really great applications. We are eager for them. The more we have and the better they are, it is a challenge for us, but we know at the end we will have some great projects going on around the country which will help get eligible children enrolled. So we are very excited about that. When you go onto that website, if you have questions about the solicitation itself it will tell you about a conference call that we are going to have at the beginning of February and it also has a special email box for you to send questions. So it is separate from the questions that you might be submitting about outreach and enrollment, I



just wanted to make that clear, there is a special box just related to the funding opportunity. Anyway, I am glad to have the opportunity to let you know about the resources that we have available, to urge you to apply, to urge you to take advantage of the opportunity to have those materials that you saw today tailored so that they best meet your needs, and we look forward to having you and your colleagues from around the country on our next webinar, again, scheduled for February the 19th. So I want to thank everyone again for joining us, I want to thank the team for some excellent presentations. And I think we'll say goodbye. Thank you everyone.