

**A Profile of Outreach, Enrollment, Retention,  
and Utilization Activities in Los Angeles  
County:**  
Results from the 2005 Survey of  
Community-Based Organizations

**USC Division of Community Health  
Keck School of Medicine**

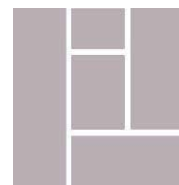
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**This study was conducted by the  
University of Southern California  
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Evaluation of the Children's Health Initiative of Greater Los Angeles**

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### **Acknowledgements**

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## **I. BACKGROUND**

The Los Angeles County Healthy Kids program was launched in July 2003 in an effort to increase children's health coverage. The local program offers health insurance coverage to uninsured children ages 0-18 living in Los Angeles County who are ineligible for Medi-Cal or Healthy Families and are living in families with incomes at or below 300 percent of the federal poverty level (FPL). Funding for coverage of children ages 0-5 comes from First 5 LA, which also supports outreach and enrollment activities. Funding for 6-18 year old children was raised by the Children's Health Initiative of Greater Los Angeles from a large number of private foundations and corporations. Since the program's inception, over 42,000 children have been enrolled, making it the largest local Children's Health Initiative program in California.

When Healthy Kids was first implemented, administrators recognized the importance of developing a sound and well-organized outreach and enrollment system to identify uninsured children and assist them in enrolling in a health coverage program. To accomplish this, First 5 LA partnered with the Los Angeles County Department of Health Services' (DHS) Children's Health Outreach Initiatives to design a comprehensive outreach, enrollment, and retention strategy. DHS issued a competitive Request for Proposals soliciting bids from community-based organizations (CBOs) desiring to participate in outreach and enrollment assistance activities. Fifteen agencies in the county received contracts to carry out these activities. These agencies (the Contractors) are located in all eight Service Planning Areas (SPAs) in the county with the distribution of awards proportional to the estimated distribution of uninsured children. During roughly the same period, The California Endowment (TCE) issued grants to 16 CBOs to

carry out similar activities. Half of the agencies funded by TCE were also recipients of DHS outreach and enrollment contracts. Both DHS and TCE-funded contractors employ certified application assistors (CAAs)<sup>1</sup> who help all family members to complete applications for appropriate health coverage programs, including Medi-Cal, Healthy Families, and Healthy Kids. They also conduct follow-up with families once an application has been completed to confirm enrollment and offer additional assistance, if needed, with such issues as accessing care. The outreach and enrollment activities of the 15 CBOs contracted by DHS are well documented through the purpose-built, web-based Children's Health Outreach Initiatives (CHOI) Database. The CHOI Database allows the Contractors to enter individual-level data on outreach contacts, applications submitted, follow-up efforts, renewals and utilization assistance.

This study was undertaken to develop a broader understanding of outreach, enrollment, retention, and utilization (OERU) activities conducted by community-based organizations in Los Angeles County. Earlier studies showed that many organizations were involved in OERU beyond those with the specific funding described above. Because only DHS Contractors and TCE-funded agencies use the CHOI Database, information about the OERU activities of non-contracted agencies in the county is not well understood. This study provides information that can help fill gaps in understanding the depth and breadth of OERU resources relative to need. As additional funding for OERU services becomes available, thoroughly understanding the current OERU efforts being carried out will enable funders and DHS to more effectively and efficiently allocate limited resources to areas and populations where need is highest.

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<sup>1</sup> Certified Application Assistors are trained staff of community-based organizations contracted through the SCHIP program to provide application assistance to families.

This report was developed as part of the four-year evaluation of the Los Angeles Healthy Kids Program. The evaluation is being carried out by a partnership between The Urban Institute (lead), the University of Southern California, the University of California at Los Angeles, Mathematica Policy Research, Inc., and Castillo & Associates. It is supported by contracts with First 5 LA and The California Endowment. The evaluation comprises a broad range of evaluation activities, including case studies of implementation, focus groups with parents of Healthy Kid enrollees, a longitudinal household survey, ongoing process monitoring of the outreach, enrollment, and service delivery systems, an enrollment analysis to determine Healthy Kids' affects on rates of uninsured and enrollment in Medi-Cal and Healthy Families, and analysis of the outreach infrastructure in Los Angeles County. This study, part of this final evaluation component, was supported by funding from The California Endowment.

## **II. METHODS**

In order to better understand county-wide OERU efforts, this study first conducted an inventory of all known agencies in the county offering OERU services. Following this, we surveyed a sample of these agencies to learn more about their OERU activities.

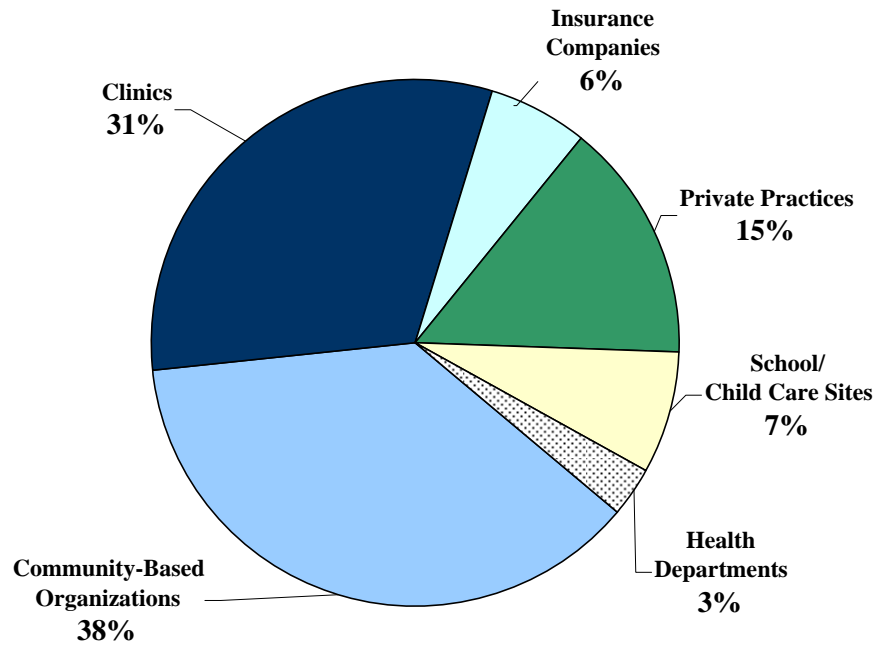
**A. *The Inventory.*** An inventory of agencies known to be conducting outreach and enrollment activities in Los Angeles County was first created in 2001 and subsequently updated in 2003 and again in 2005 (the 2005 Inventory). The primary purpose of the 2005 Inventory was to create and maintain a comprehensive list of all agencies and organizations in Los Angeles County, including the Contractors, who are conducting any OERU activities. The 2005 Inventory contains the agencies' names, addresses, contact

information, type (i.e. community-based organization, clinic, etc.), and location of services. The 2005 Inventory includes a total of 201 agencies representing 268 sites (including the Contractors) that are known to be carrying out OERU services in Los Angeles County, and served as the basis for this study.

**B. *The OERU Survey.*** To gather more detailed information about the OERU efforts carried out by the agencies identified in the 2005 Inventory, a telephone survey (the OERU Survey – see **Appendix 1**) was conducted with a sample of agencies in the summer of 2005. Based on the 268 sites in the 2005 Inventory, a stratified, random, 25 percent sample was created according to agency type and Service Planning Area (SPA). A total of 67 agencies were selected for participation in the OERU survey. All agencies responded to the survey, but seven agencies reported that they did not participate in any OERU activities and thus were excluded from our analysis, decreasing the agencies included in the analytic sample to n=61.

The final analytic sample included community-based organizations, clinics, insurance companies, private physicians, school and child care sites, and local health departments (see **Exhibit 1**). The distribution of the types of agencies included in the analytic sample is nearly identical to the 2005 Inventory, although the 2005 Inventory had a slightly higher proportion of CBOs (38 percent), school/child care sites (11 percent) and health departments (3 percent) and a slightly smaller proportion of private practices (15 percent).

### Exhibit 1. Distribution of Agency Type in the Analytic Sample



*Note: Agencies excluded from this analysis include six agencies that do not provide OERU services.*

The survey instrument was composed of six sections, with a total of 25 questions. Questions in the OERU survey explored a wide variety of issues, including: (1) types of outreach activities; (2) application and enrollment assistance practices; (3) data collection and tracking methods; (4) retention efforts; (5) utilization assistance activities; and (6) overall thoughts and suggestions for improving the outreach and enrollment process for families and advocates. Interviews were conducted by telephone with the agency’s central outreach coordinator or program manger, and each interview lasted approximately 15 minutes.

For the purposes of this study OERU activities were defined in the following way:

- **Outreach** was defined as those activities that an agency performs to identify and inform eligible, uninsured children and families about health insurance coverage.

- **Enrollment** included all activities provided by agencies to assist families with completing application forms, confirming enrollment, and assisting applicants with any issues that may surface during or after the enrollment process.
- **Retention** activities included efforts to maintain health coverage for children and families currently enrolled and assistance with problems related to disenrollment.
- **Utilization** activities included all efforts to increase access to care and educate and encourage enrolled families to use services.

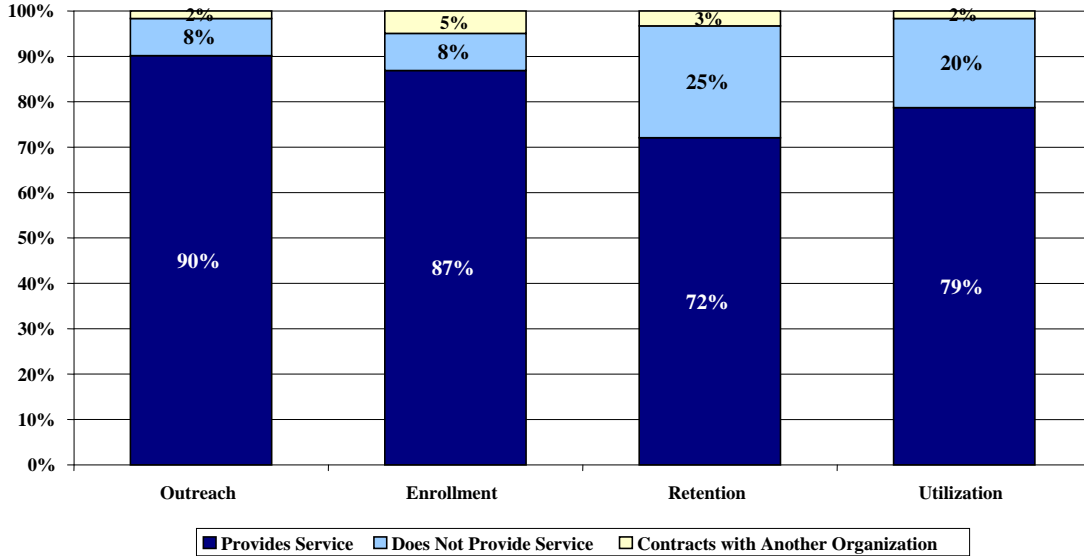
### **III. FINDINGS**

Survey results are presented by first profiling the agencies surveyed and then outlining findings related to the four activities covered by the survey: (1) outreach, (2) enrollment, (3) retention, and (4) utilization. It is important to note that the survey results are presented based on the number of agencies providing a specific service, rather than based on the entire analytic sample. For example, results regarding outreach activities are presented based on the 55 agencies in the survey sample that reported conducting outreach. Respondents who reported “don’t know” for a given question were not included in that particular analysis.

#### **A. Overview of Agencies**

**1. Services Provided.** Ninety percent of surveyed agencies reported that they provide outreach services and 87 percent reported that they provide enrollment assistance (See **Exhibit 2**). Fewer agencies provide assistance with eligibility renewal and access services (72 percent and 79 percent respectively). The majority of surveyed agencies (60 percent) provide all four types of OERU services. Slightly more than 20 percent offer at least three of the four services, eight percent reported offering at least two, and approximately 11 percent reported offering only one of the four services.

**EXHIBIT 2. Percentage of Agencies that Provide OERU Services**



*Note: Agencies excluded from this analysis include six agencies that do not provide OERU services. Some variables do not sum to 100 percent due to rounding.*

**2. Staff Profile.** The 61 agencies reported employing 384 full-time staff devoted to these efforts, averaging six employees per agency. More than three-quarters (80 percent) of OERU workers are trained CAAs. In addition to CAA training, nearly 30 percent of agencies reported that OERU employees went to more than one type of training session, including Children’s Health Access and Medi-Cal Program (CHAMP) training through Los Angeles Unified School District, internal agency training, and refresher courses and meetings available in the county.

Most OERU workers (92 percent) are multi-lingual. Ninety-one percent of the agencies reported employing individuals speaking both English and Spanish. Reflective of the county’s significant diversity, agencies also employ staff fluent in French, Swahili, Mayan, Korean, Cambodian, Vietnamese, Mandarin, Urdu, Hindi, Bengali, Tagalog, Farsi, Arabic, Armenian, and Persian.

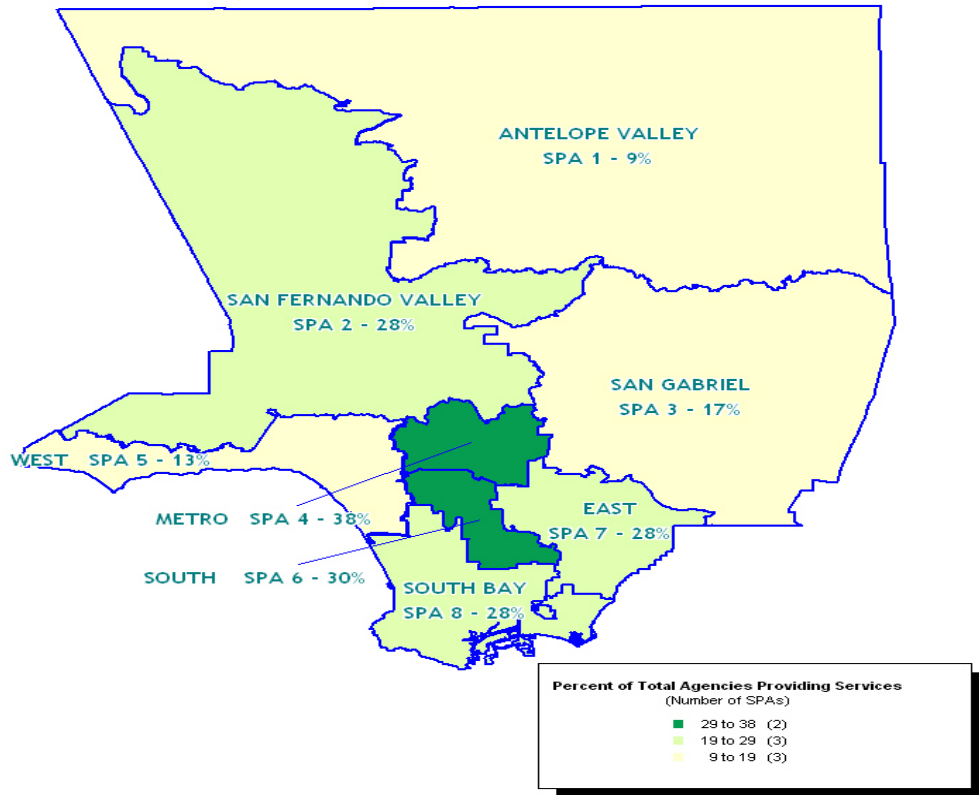
**3. Populations Served.** Nearly three-quarters (74 percent) of the surveyed agencies do not target any particular population defined by race/ethnicity, language, geographic region or age. Those agencies that do target particular populations typically direct services towards more vulnerable and underserved groups, most often children, or specific races and ethnicities, such as Latino, Korean, and South Asian groups.

**4. Location of Services<sup>4</sup>.** Los Angeles County is divided into eight SPAs. Survey results reveal considerable variation in the geographic distribution of OERU services (see **Exhibit 3**). The large proportion of agencies reported serving SPAs 4 (Metro) (38 percent) and 6 (South) (30 percent). Less than 20 percent of agencies reported serving SPAs 3 (San Gabriel) and 5 (West), and less than ten percent serve SPA 1 (Antelope Valley), the most geographically expansive area. Although the majority of agencies surveyed (64 percent) focus their OERU efforts in one SPA, 17 percent reported serving two SPAs, 11 percent served three SPAs, and eight percent served all eight SPAs in the county.

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<sup>4</sup> A total of eight agencies did not know whether they focused their outreach efforts by SPA and were therefore not included in the analysis.

**EXHIBIT 3. Distribution of Where Agencies Provide Services, by SPA**



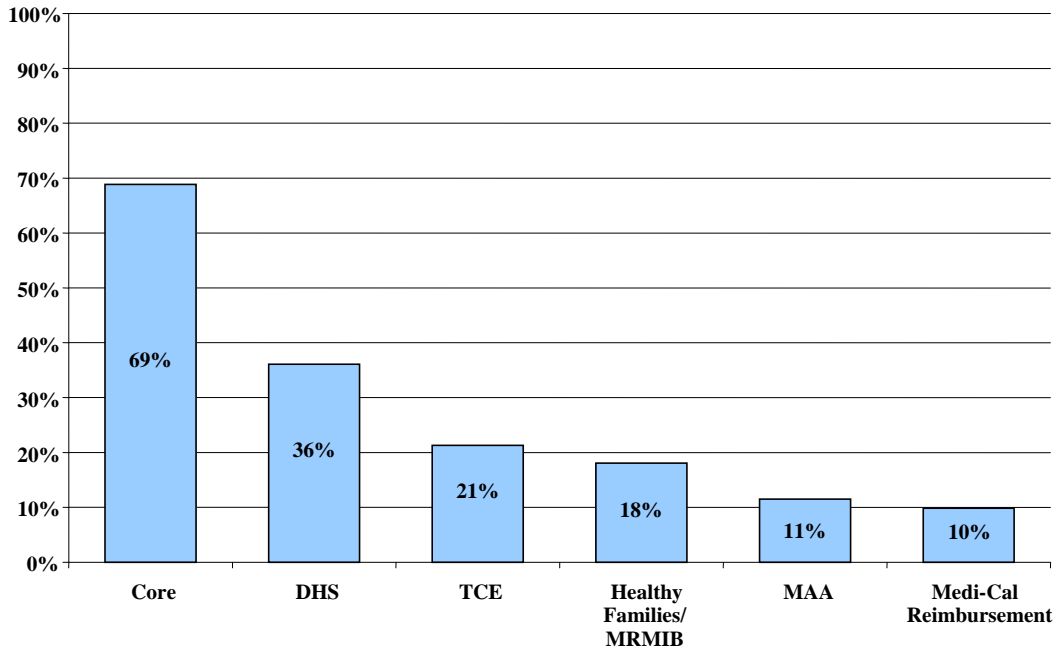
5. **Funding Sources.** Agencies were asked whether or not they currently received funding from any of the following funding sources: (1) Los Angeles County Department of Health Services (DHS); (2) The California Endowment (TCE); (3) Medi-Cal Administrative Activities (MAA) Funds; (4) Medi-Cal (Services) Reimbursements<sup>2</sup>; (4)

<sup>2</sup> For the purposes of this survey, evaluators asked agencies specifically about both “Medi-Cal (Services) Reimbursements” as a funding source as well as “MAA Funds”. While any funding received for OERU activities through the Medi-Cal program are generally through MAA funds, some agencies, particularly Federally Qualified Health Center (FQHC) clinics, may support OERU activities with Medi-Cal (Services) Reimbursements as part of their reimburse-able Medi-Cal expenses allowable under FQHC rules.

Core Agency support (i.e., funds provided internally by the agency conducting the OERU services); and (5) Managed Risk Medical Insurance Board (MRMIB)/Healthy Families. While any funding received for OERU activities through the Healthy Families program would be through MRMIB, many agencies are not aware that MRMIB is the non-governmental agency administers the state's SCHIP program and thus responded that they did not receive "MRMIB" funds but reported that they did receive funding from the "Healthy Families" program. Therefore, responses for both options are combined in this analysis.

Nearly 70 percent of agencies reported that the host agency itself provides a source of funding for OERU services (see **Exhibit 4**). DHS and TCE were the next most commonly identified sources of funding, with 42 percent and 28 percent of agencies receiving funds from DHS and TCE, respectively. Less than 16 percent of agencies reported receiving OERU funding from MAA funds. When agencies were asked about "other" sources of funding survey respondents most commonly identified First 5 LA as another funding resource.

**EXHIBIT 4. Percentage of Agencies Reporting Receiving Funding from the Following Sources**



*Note: Agencies excluded from this analysis include 6 agencies that do not provide OERU services. Don't know responses were included in the analysis and the following number of contacted staff surveyed did not know the agency's funding status: 9 DHS, 15 TCE, 17 MAA, 8 Core, 17 Reimbursement, 13 Healthy Families, and 16 MRMIB.*

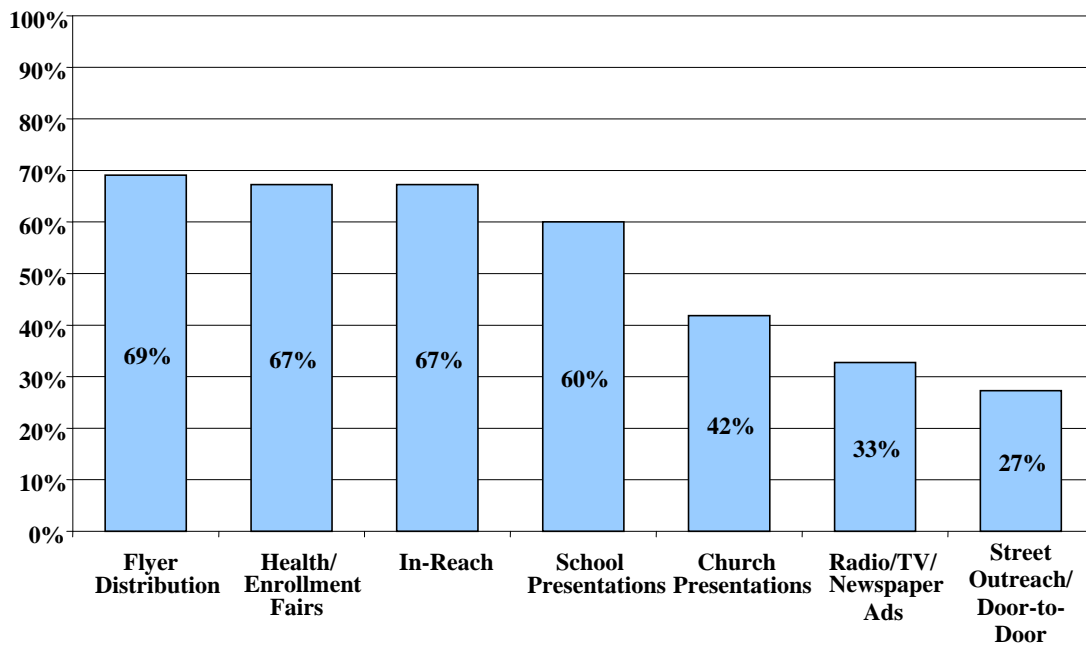
**B. Outreach**

**1. Outreach Activities.** Identifying families in need of coverage is the first step to increasing coverage among eligible, uninsured children and families. Surveyed agencies reported engaging in a wide variety of outreach activities to accomplish this goal. Nearly 70 percent of agencies reported utilizing at least one of the following strategies (see **Exhibit 5**):

- Flyer distribution,
- Health and enrollment fairs; and
- In-reach (conducted in a clinic or healthcare setting where services are already being provided).

Respondents reported that presentations conducted at local schools and churches were common outreach activities. About one-third of agencies reported using street or door-to-door outreach and/or media outlets such as radio, television, or newspaper advertisements in their outreach efforts.

**EXHIBIT 5. Percentage Distribution of Agencies Conducting Each of the Following Various Outreach Activities**

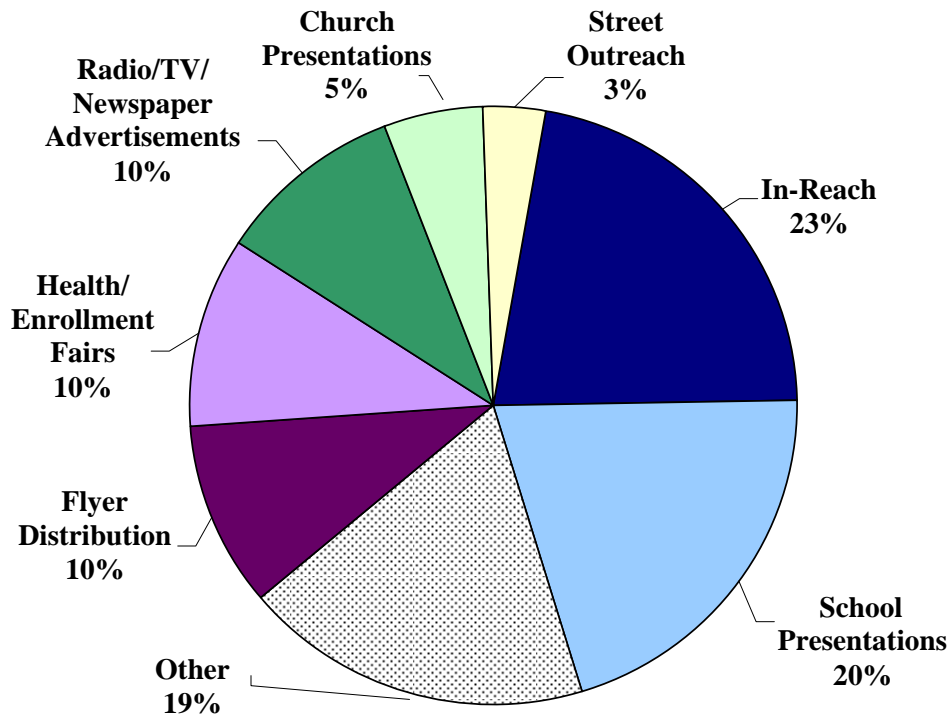


*Note: Agencies excluded from this analysis include 6 agencies that do not provide OERU services. Results are based on those agencies who reported conducting outreach services.*

When asked to identify the most effective method of outreach, no single strategy emerged as the “frontrunner” (see **Exhibit 6**). Approximately one-quarter (23 percent) of agencies surveyed found in-reach to be one of the most effective outreach methods because of the built-in relationship that already existed with families seeking medical attention. Likewise, citing reasons of inherent trust and direct access to target populations, 20 percent of agencies reported that school-based outreach was an especially

effective outreach method. Ten percent of agencies reported health fairs, flyer distribution and advertisements as effective forms of outreach. Other notable outreach strategies mentioned by agencies included word-of-mouth, CHAMP referrals, and Women, Infants, and Children (WIC) sites.

**EXHIBIT 6. Most Effective Outreach Strategies as Reported by Agencies**



*Note: Agencies excluded from this analysis include 6 agencies that do not provide OERU services. All agencies did not respond to this question and 7 agencies listed multiple outreach activities as most effective.*

**2. Outreach Materials.** According to respondents, outreach materials such as brochures were developed by the agencies themselves or were provided by local health departments, and the Healthy Families and Medi-Cal programs. Brochures include contact information and, in some cases, general information about programs, eligibility requirements and brief explanations about the type of verification forms that are required to apply for

programs. Many agencies use a booklet developed by DHS titled, “We’ve got you covered”, which provides information on free and low-cost health coverage options in Los Angeles County and is a common part of outreach materials provided by the responding agencies. Agencies also stated that they offer informational brochures on where to get care and the importance of preventive care. Often brochures are tailored to the location of outreach, such as school settings, and are frequently available in both English and Spanish.

**3. Challenges.** Agencies identified a number of challenges in their efforts to reach families. Obtaining the necessary funding to conduct outreach was one of the most commonly cited challenges. Limited funding hindered agencies’ ability to hire the necessary number of staff needed to carry out outreach activities and in hiring staff to work during “off-hours” such as weekends and evenings (when most families are available). Agencies also noted that they often do not have time to spend with families during the outreach process. The one-on-one communication between outreach workers and families, while necessary, is a labor intensive and time-consuming task, according to respondents.

Agencies also indicated that it is difficult to encourage families to apply for health insurance coverage and convince them of the importance of preventive care. Often families will not apply for coverage until health services are needed. In addition, agencies commonly cited public charge issues (e.g. fear of being deported or having their use of public benefits negatively affecting immigration status) as a major obstacle in the outreach process. Finally, language barriers and literacy issues reportedly contribute to families’ lack of understanding of insurance programs. In sum, these issues pose

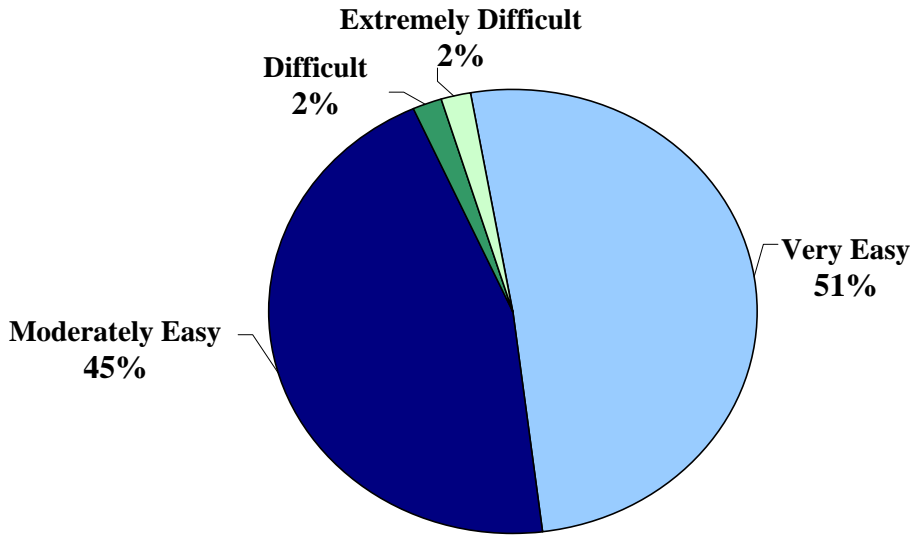
challenges to effective outreach and may result in lower-than-hoped for participation rates at outreach events and presentations.

### **C. Enrollment**

**1. Enrollment Process.** Once families are reached, the next step for most agencies is to provide application and enrollment assistance. While most agencies prefer to make appointments with families in advance so that families come in prepared with all required information and documents, the majority of agencies (68 percent) reported assisting families regardless of advanced appointments. During the process, agencies screen families for eligibility, determine appropriate programs, offer information, and help complete applications. Enrollment assistance is often the most time consuming task for agencies as it requires one-on-one time between eligibility workers and families. Nearly two-thirds of agencies reported that they spend between 30-60 minutes assisting families in applying for health coverage programs with an additional 12 percent who reported spending more than one hour on the enrollment process.

Despite the time intensive nature of the enrollment process, nearly all surveyed agencies perceived the enrollment process to be “moderately easy” or “extremely easy”, with only four percent of agencies rating the enrollment process as difficult (see **Exhibit 7**).

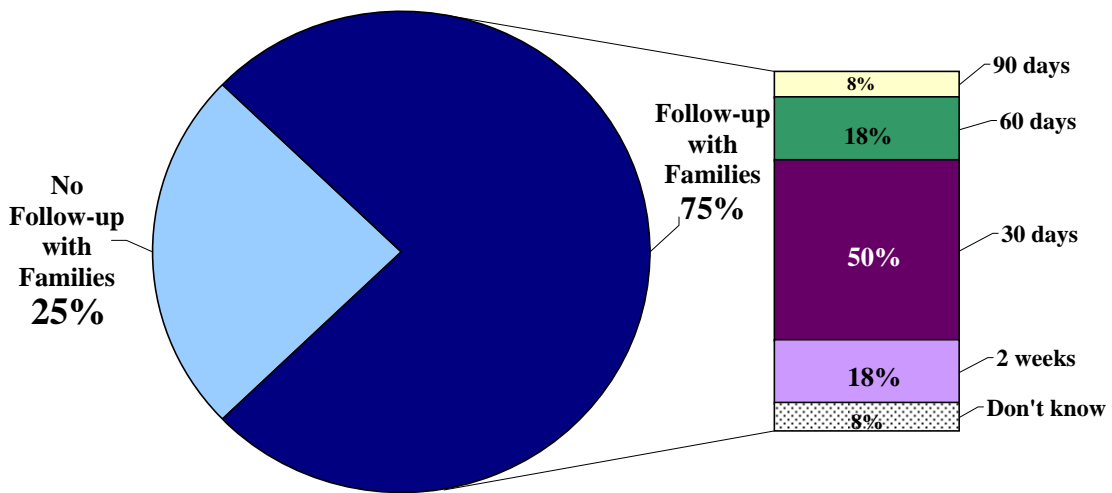
**EXHIBIT 7. Agency Ratings of the Enrollment Process**



*Note: Agencies excluded from this analysis include 6 agencies that do not provide OERU services. Results are based on those agencies who reported providing enrollment services.*

**2. Follow-up.** Once applications are completed, three-quarters of surveyed agencies providing application and enrollment assistance conducted follow-up with families (see Exhibit 8).

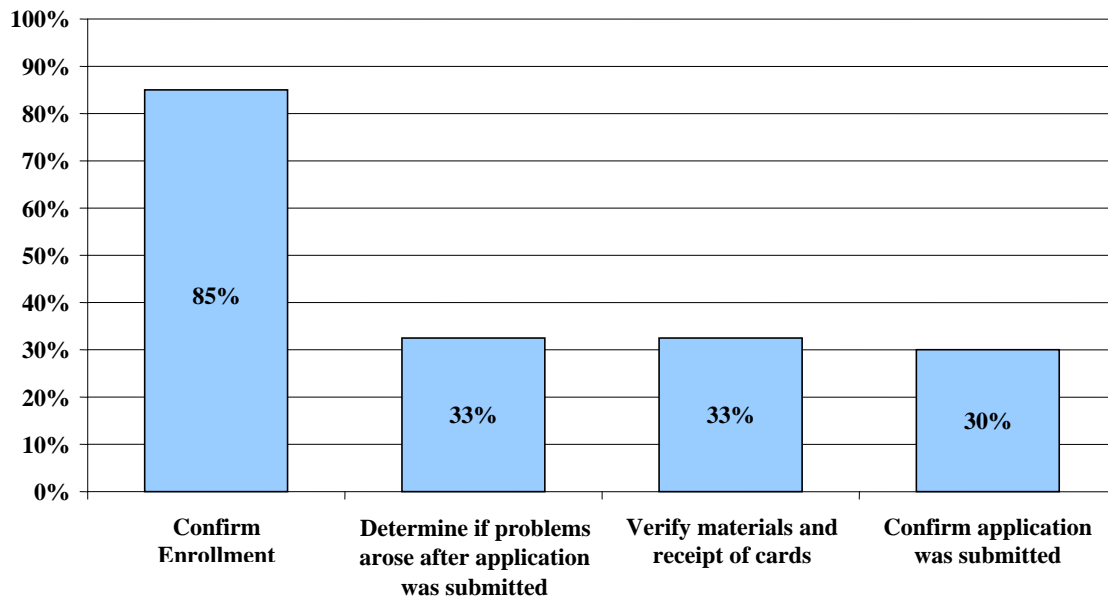
**EXHIBIT 8. Reported Agency Timelines for Enrollment Follow-up Activities**



*Note: Agencies excluded from this analysis include 6 agencies that do not provide OERU services. Results are based on those agencies who reported providing enrollment services. Some percentages do not sum to 100 percent due to rounding.*

While agencies assist families with completing the appropriate applications, agencies reported that roughly 70 percent of families mail the applications in themselves. Thus, agencies reported following-up with families within 30-90 days of providing application assistance to determine if the application was submitted and the applicant was enrolled. The majority of agencies conduct follow-up within the first 30 days; 18 percent do so within the first 2 weeks and roughly 50 percent do so within 30 days after the application assistance was provided. When conducting follow-up the survey found that 80 percent of agencies use a formal protocol, developed by the agency. Follow-up in most cases (85 percent) is conducted in order to confirm that an application was submitted and the applicant is enrolled into a health coverage program (see **Exhibit 9**).

**EXHIBIT 9. Percentage of Agencies that Address Various Follow-up Issues and Concerns**



*Note: Agencies excluded from this analysis include 6 agencies that do not provide OERU services. Results are based on those agencies who reported providing follow-up services.*

Agencies reported addressing other issues during the follow-up process including trouble-shooting problems that may have occurred after the application was submitted (33 percent) and verifying that necessary health insurance program materials and cards were received by the family (33 percent) to ensure access to care. Agencies also noted difficulty in reaching families during this process due to the sometimes transient nature of the targeted population.

**3. Challenges.** Respondents identified several challenges to California's complex enrollment system. First, there are several publicly-funded programs (e.g. Medi-Cal, Healthy Families, Child Health and Disability Program, and Access for Infants and Mothers) and privately-funded programs (e.g. California Kids and Kaiser Child Health Plan), each with its own application and eligibility requirements. Agencies reported that families are often confused about how to navigate through the complicated enrollment network. In particular, many families find it difficult to obtain the necessary income and address verification forms needed to complete the enrollment process for most health coverage programs.

#### **D. Retention**

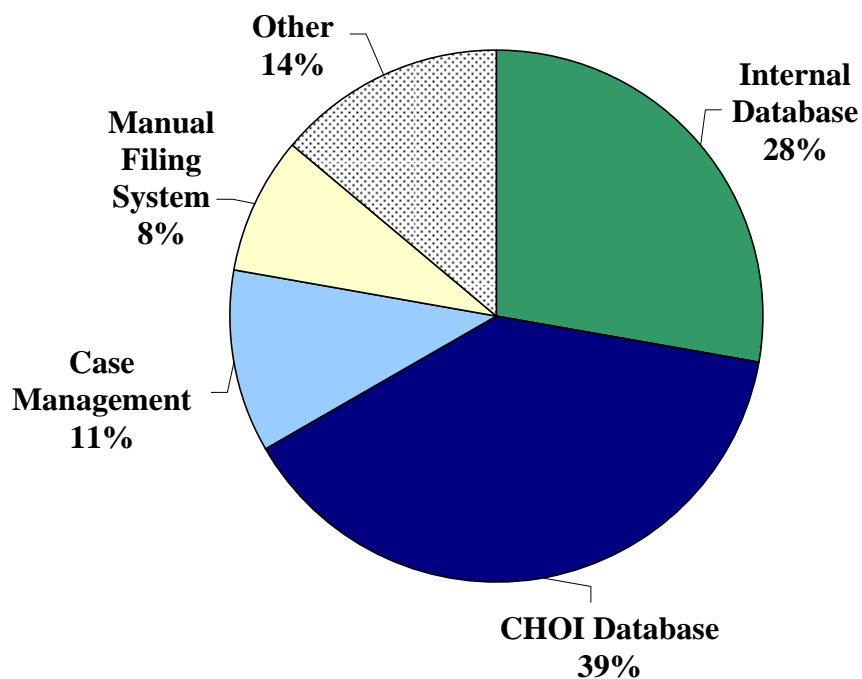
**1. Retention Process.** While it is important to identify and enroll uninsured families and children in coverage, the need to keep children and families enrolled in coverage is equally important as it helps ensure continuity of health care. Health coverage retention requires families to complete a renewal form, usually within 12 months of initial enrollment, to determine if the enrollee is still eligible for the program. Agencies often attempt to facilitate this process by reminding families either via telephone or mail to complete the renewal form and by offering to assist families with completing the renewal

form and answering questions about the process. Of those agencies that offer enrollment assistance to families, 57 percent reported “regularly and systematically” following-up with families when it is time for a child to re-enroll in a health insurance program.

**2. Data Systems.** Approximately 70 percent of agencies assisting families with retention reported having a system, either in electronic or manual form, for monitoring when it is time for their clients to renew coverage. For those agencies contracted by DHS and TCE, the electronic CHOI Database system allows agencies to input and track their OERU activities. The availability of this tracking system enables agencies to monitor when families may need retention reminders, when families need to be contacted for follow-up, and more. Use of the CHOI database is limited to those agencies contracted by DHS and TCE.

Nonetheless, of all agencies surveyed, sixty-one percent reported having a data system for tracking families assisted with OERU services. Nearly 30 percent of agencies use internal databases to track families assisted with OERU services. Internal databases, largely consisting of Excel spreadsheets or Access workbooks, are unique to the agency and generally contain background and demographic information, as well as enrollment and program information. Other data management systems identified included case management and manual paper filing systems (see **Exhibit 10**). Agencies that conduct case management to track families assisted with OERU services make use of patient charts for data management. Filing systems typically include applications for health coverage programs as well as outreach sign-in sheets and logs of calls received.

**EXHIBIT 10. Types of Data Systems Used for Tracking Families for Program Retention**



*Note: Agencies excluded from this analysis include 6 agencies that do not provide OERU services. Results are based on those agencies who reported conducting retention activities. One agency did not know what type of data tracking system it utilized.*

**2. Challenges.** Despite its importance, helping families retain coverage is a challenging process for families and the agencies assisting them. The biggest challenge agencies faced in the retention process was in contacting families to remind them to renew coverage. Most programs, particularly those covering children, offer 12-months of continuous coverage. Due to the sometimes transient nature of the targeted families, finding families nearly one year after providing them enrollment assistance was viewed as the biggest challenge. In addition, some agencies noted that families may lack information about the renewal process, and that language barriers (e.g., in the renewal letter from the program) may prevent families from returning the required paperwork.

## **E. Utilization**

**1. *Utilization Activities.*** While the retention of coverage is critical to the long-term health and continuity of care for families, ensuring that families understand how to access and use the services offered is also an important factor in increasing access to care. The survey found that fewer agencies were able to provide utilization services in comparison to outreach, enrollment and retention activities. However, of those agencies that did offer utilization services, survey respondents reported that they assist families with a range of utilization and access related issues. Nearly 80 percent of agencies reported that they assist families with finding a doctor, and 60 percent or fewer agencies reported providing assistance with determining where to get care (which is particularly important for adults who generally have fewer health coverage options and are more likely to be uninsured), finding a provider who speaks the appropriate language, finding a dentist, or making an appointment.

**2. *Challenges.*** Agencies revealed that families often have problems navigating their way through the various health coverage programs. This may be due, in part, to a lack of understanding of the various benefits, co-payments, and provider networks associated with the variety of programs. Survey respondents noted that, once enrolled, families may face several barriers that can cause delays in the utilization of services. Most frequently, families have not received health insurance cards in their enrollment package, are unaware of where to get the services they need, or are unable to get prompt appointments with their primary care provider. Additionally, families face challenges in finding transportation to their primary care provider, and often need assistance with changing providers because they unknowingly selected a doctor who was too far away.

#### **IV. LIMITATIONS**

Data regarding funding issues was limited by the high percentage of respondents who answered “don’t know” to many of the funding source options. Over one-quarter, 28 percent, answered “don’t know” when asked about these funding sources, particularly regarding funding received through MAA funds or MRMIB. High “don’t know” responses are likely due to the fact that those individuals interviewed were not necessarily aware of how their agency funds its OERU services, in addition to confusion about the various funding sources. Future studies should engage appropriate financial managers of the agencies regarding financial and funding issues.

Additionally, the survey did not ask agencies to identify dollar amounts received or indicate how much funding was received. This is particularly important because an agency may have multiple sources of funding for various activities, but the majority of OERU funding may come from only one source. Likewise, limited information was obtained on specific OERU activities and the amount of time spent on these activities. Agencies were only asked if they conducted a certain activity or service and were not asked the amount of time that spent on that particular activity and/or if that activity was among their primary activities. Future studies will seek to gain a better understanding of where OERU agencies spend the majority of their time.

#### **V. DISCUSSION AND CONCLUSIONS**

This study provides a systematic assessment of OERU activities in Los Angeles County. A random stratified sample of agencies, based on the 2005 Inventory, shows

that a large number of organizations are providing services beyond those that are funded by DHS and TCE. We make the following conclusions based on these data.

- ***Agencies are serving areas throughout Los Angeles County including those with highest need.*** Geographic distributions in OERU efforts are somewhat aligned with the distribution of uninsured children in Los Angeles County. For instance, the greatest proportion of agencies serve the Metro (SPA 4) and South (SPA 6) area where the rates of uninsured children are highest in the county.<sup>3</sup> A smaller proportion of agencies serve the Antelope Valley (SPA 1), West (SPA 5), and San Gabriel (SPA 3) areas that correspondingly have lower rates of uninsured children.<sup>4</sup> Additional analysis of outreach dollars, outreach activities and enrollments relative to need (percentage of uninsured children) will be provided in subsequent studies.
- ***Despite their importance, agencies were less likely to focus their efforts in retention and utilization activities.*** While the vast majority of agencies, 60 percent, in Los Angeles County provide a comprehensive range of OERU services, most of the agencies focus their efforts on outreach (90 percent) and enrollment (87 percent) activities. As the program has matured, a refocusing of efforts towards retention and utilization assistance maybe warranted as the number of eligible children linked to programs increase.
- ***One-on-one communication between outreach workers and families were reported as the most important and effective tool in the outreach and enrollment process.*** However, because of funding and resource limitations, agencies were more likely to conduct lower-cost and lower-yield outreach activities, such as the distribution of health flyers and health fairs. Additional training, program support, and incentives for one-on-one outreach and enrollment strategies may help to identify and enroll harder-to-reach families.
- ***The complicated enrollment process required agencies to spend considerable time with families.*** Enrollment assistance not only includes assisting families with completing the application, it also requires time explaining the various options, and for most agencies, following-up with families after the application has been submitted to confirm enrollment.
- ***Securing regular and on-going financial support is critical.*** Agencies commonly noted lack of funding and limited resources as one of the biggest challenges in their OERU efforts and often prevented many agencies from engaging and using the most effective OERU strategies.

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<sup>3</sup> Los Angeles County Health Survey 2002-2003.

<sup>4</sup> Ibid.

- ***Universal health care coverage for all children is necessary.*** Adopting a single program will reduce fragmentation and increase access to, and use of, necessary health care services for children and their families.

Future monitoring of OERU activities county-wide will include an update of the 2005 Inventory to maintain a comprehensive, current list of those agencies in the county providing OERU services and the latest data on uninsured children through the 2005 Los Angeles County Health Survey. Moreover, additional studies will continue to examine specific OERU activities to compare their effectiveness in identifying and linking eligible children and their families to available health insurance programs and health care providers.