

EVALUATION OF THE
Child Care – Health Insurance
Linkage PROJECT

FINAL REPORT



About the USC Division of Community Health

The Division of Community Health (The Division) is a multi-disciplinary team based in the Keck School of Medicine, Department of Family Medicine at the University of Southern California. The Division is devoted to promoting the health and well-being of communities, particularly underserved populations, and evaluating the impact of community interventions. The Division pools the extensive expertise of USC faculty and researchers with backgrounds in evaluation, health education, public policy, health services administration, survey research, epidemiology, international health, and biostatistics. The Division also contributes to the education and training of future researchers by providing opportunities to undergraduate and graduate students.

About This Study

This study was conducted by the Division of Community Health for the Children's Defense Fund and the 100% Campaign, and is a project of Community Partners in Los Angeles, California. Primary researchers include Dolly T. Yang, M.P.H. Candidate and Maxanne Hatch, M.P.A. Candidate, University of Southern California, under the direction of Principal Investigator Michael R. Cousineau, Dr.PH. Also contributing to this report were Lori M. Nascimento, M.P.H., Eriko O. Wada, M.P.P., and Gregory D. Stevens, Ph.D. from the Division of Community Health.

Acknowledgments

We acknowledge the valuable contributions of several individuals who generously provided their time and attention to this project. These include Beth Osthimer, Isobel White, and Kim Brettschneider of the Children's Defense Fund, California, who provided guidance in the design of the evaluation and helped review drafts of reports. Also contributing to this effort were Holly Mitchell, D'Ann Morris, and Anchulee Raongthum from Crystal Stairs, Inc., Jane Martin and Cynthia White from the Central Valley Children's Services Network, and Teresa Alvarado from the Fresno Health Consumer Center. We are particularly grateful to the individuals who participated in the focus groups for this evaluation. The professional commitment to address the issue of uninsured children in California was apparent in all the individuals with whom we spoke.

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Keck School of Medicine
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A Project of Community Partners

This study was conducted by the Division of Community Health for Children's Defense Fund as part of the 100% Campaign, a collaborative of Children Now, Children's Defense Fund, and The Children's Partnership.

The 100% Campaign is funded through the generous support of The California Endowment.

JUNE 2005

Table of Contents

About the USC Division of Community Health	2
List of Tables	5
Executive Summary	6
Background	9
Evaluation Approach and Methods	13
Findings	17
1. Has the linkage project enhanced the capacity of the participating organizations to successfully identify uninsured children and enroll them into health coverage programs?	17
2. Has the linkage project successfully identified and referred families with uninsured children to enrollment assistance programs?	19
3. Has the linkage project connected children with health insurance coverage?	21
4. Have there been other ancillary benefits to the linkage project?	23
5. What challenges did the agencies face in implementing the linkage project?	24
Conclusions	25
Recommendations	27
References	29
Glossary	30

List of Tables

TABLE 1.	Evaluation Design	14
TABLE 2.	Outreach Activities in Los Angeles Pilot Project	20
TABLE 3.	Outreach Activities in Fresno Pilot Project	21
TABLE 4.	Outcomes of the Child Care – Health Insurance Linkage Project	23

Executive Summary

There are many programs designed and funded to enroll eligible, uninsured children into publicly-financed health insurance programs in California. In spite of the success of several of these efforts, more than 800,000 children remain uninsured. To close the gap in insurance coverage, community organizations and collaboratives across California continue to develop new and innovative strategies to identify uninsured children and provide parents and families with the knowledge and tools to connect their children with available health coverage programs. The Children’s Defense Fund, California (CDF) has identified the child care provider network as a strategy to connect families requesting child care information and referrals to health insurance. The project is called the Child Care Health Insurance Linkage project (CCHILP). To test the effectiveness of this strategy, CDF piloted two projects over a nine-month period in 2004, one in Los Angeles and one in Fresno.

The USC Division of Community Health conducted an external evaluation from April – December 2004, concurrent with the pilot project implementation in Los Angeles and Fresno. The purpose of this evaluation was to document the successes and challenges in constructing a linkage between child care consumers and children’s health insurance, and offer recommendations for improving the effectiveness of each project. The evaluation methods included the following:

1. Participant observation
2. Document review
3. Focus groups/guided interviews
4. Analysis of program data

SUMMARY OF FINDINGS

The CCHILP project strengthened the capacity of the participating organizations to work collaboratively to identify uninsured children and enroll them into appropriate programs. Several children became enrolled as a result of the project. CCHILP accomplished the following:

- Engaged a wide range of individuals within each organization to participate in this project and work together for a common goal.
- Deployed a variety of outreach strategies to reach uninsured children such as telephone contacts, poster displays, informational flyer distribution and/or displays, newsletter mailings, and presentations at child care provider trainings and orientations.

- Established new avenues of communication between agencies, and among departments within an agency, about the need for health insurance for parents requesting child care referrals.
- Educated parents about the different insurance options available to their children.
- Created working partnerships between agencies that assist families with different types of needs.
- Implemented an outreach and education strategy incorporating screening and referrals for families using child care services that reached approximately 7,700 individuals in Los Angeles and 8,200 individuals in Fresno.
- Referred 204 families for health insurance enrollment, nearly three-quarters of whom (152 families) were assisted with health insurance enrollment.
- Linked 77 previously uninsured children to health coverage.
- Followed up with families once their health insurance applications were submitted for processing to determine the enrollment status of their children.
- Provided information to families about the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) by sending out flyers to families targeted for outreach and enrollment through child care channels of communication, and/or conducted workshops on EITC and CTC tax credits during the tax season.

CONCLUSIONS

This pilot project demonstrates how a new strategy of linking existing family service organizations can help to address the problem of uninsured children. The expanded capacity for conducting outreach, education, and referral to public health insurance programs increases families' access within the community to places where enrollment can occur and reduces the overall fragmentation that families feel in trying to get their needs met. We note the following caveats:

- The start-up period for the project required a substantial and unexpected amount of time for planning which delayed implementation.
- High turnover rates in the pilot organizations contributed to the delayed start of the project.
- Many parents identified by the program already had health insurance for their children.
- Many parents continue to perceive public charge as an obstacle to enrollment.

RECOMMENDATIONS

- 1.* Improve and sustain communication within and across participating organizations to maximize time and resources.
- 2.* Consider how to use child care providers themselves to identify uninsured children.
- 3.* Conduct systematic and regular follow-up contacts with families referred for health insurance.
- 4.* Expand education on how families can access and utilize health services.

Background

There has been a steady decline nationwide in the number of uninsured children, mostly due to the expansion of public programs in the late 1990s (Gilmer and Kronick, 2005). In particular, the introduction of the State Children's Health Insurance Program (SCHIP) in 1997, dramatically expanded the number of children eligible for public health insurance coverage. SCHIP focused its efforts on those children whose family income was above Medicaid's income limits. Similar trends are noted in California, where there are a number of health coverage options available to children including Medi-Cal (California's Medicaid Program) and Healthy Families (California's State Children's Health Insurance Program), along with other special or privately-funded programs in some counties, such as Healthy Kids (Newacheck et al, 2004; Brown & Lavarreda, 2004). The percentage of uninsured children declined from 14.2% in 2001 to 11.3% in 2003 (Brown & Lavarreda, 2004). In spite of this overall decline, nearly one million children in California were uninsured for at least some part of the year in 2003, more than half of whom were potentially eligible for some type of health care coverage (Brown & Lavarreda, 2004). There are many reasons why eligible children remain uninsured. Some parents may not be aware of what programs are available or not know how or where to complete and submit an application. Others are dissuaded to apply by a somewhat complicated enrollment process and the extensive paperwork requirements, especially for Medi-Cal (Castaneda et al, 2003; Kenney & Haley, 2001; Cohen-Ross & Cox, 2000).

In an effort to reach these eligible, yet uninsured children, private foundations, state and local county health and human service agencies in California have expanded their investment in outreach and enrollment. A review of recent outreach strategies across the country demonstrates the value in spreading the word about public health insurance programs as a means to facilitate enrollment (Castaneda et al, 2003). Outreach is found to be especially effective when new outreach and enrollment efforts are added to existing community programs and services such as schools, health clinics, Women, Infant and Children Program (WIC) sites, and churches, where structures for engaging the population already exist, and trust and a positive reputation have been established (Perry et al, 2000). As such, the child care community holds potential as an effective vehicle for reaching families with uninsured children. These families, most of whom are low-income according to participating agencies, contact child care resource agencies to inquire about child care options for their children. If not already enrolled, these children are likely to be eligible for public health insurance coverage. The Child Care – Health Insurance Linkage Project (CCHILP) coordinated by The Children's Defense Fund, California (CDF) was developed in 2004 and utilizes this

particular method of outreach to identify eligible, uninsured children and enroll them into available health coverage programs.

THE CHILD CARE – HEALTH INSURANCE LINKAGE PROJECT

In order to assess the effectiveness of CCHILP, CDF piloted two projects, one in Los Angeles and one in Fresno, over a nine-month period in 2004. Crystal Stairs, Inc. (CSI) in Los Angeles and the Central Valley Children’s Services Network (CSN) in Fresno were selected as the local child care resource centers to carry out this pilot project. Both agencies are well-known community organizations that assist families in obtaining affordable and subsidized child care services, in addition to providing a number of other non-child care services. At both sites, the participating organizations were already independently well-established in either providing services regarding child care or in helping individuals obtain health insurance, but connecting child care consumers directly with health coverage assistance had not occurred. The participating organizations, CSI in Los Angeles, and CSN in Fresno, implemented strategies to directly link children of parents requesting or using child care services with health insurance assisters, which included the establishment of a referral system between the agencies or linking already existing programs within agencies. As an additional component of the pilot project, program staff informed child care clients about the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC), refundable federal tax credits for people who work full or part-time but earn low wages.

THE LOS ANGELES PILOT PROJECT

In Los Angeles, CDF collaborated with CSI to identify and enroll eligible, uninsured children into available health insurance programs. CSI is one of California’s largest nonprofit child care resource and referral organizations. While CSI mostly provides services, research and advocacy in the fields of child care and child development, the organization also has other departments to serve additional needs of families, including assistance with employment and family functioning.

For the purposes of this pilot project, CSI connected several of their existing programs to more effectively link children with available health insurance coverage. Specifically, the following CSI programs worked together to streamline and increase children’s health insurance: Children’s Health and Wellness (CH&W), the UCLA Student Health Outreach Team (SHOUT), Resource and Referral (R&R), SAGE (a child care center and community resource run by Crystal Stairs), and Intake. The programs worked with the populations they usually service (i.e. R&R with child care providers, SAGE with parents) to inform people of health insurance assistance and provide referrals to CH&W. The CH&W Program is comprised of several certified

application assistors (CAAs) engaged in outreach strategies to promote health insurance coverage and educate and inform parents of public health insurance options available to them and their children. The CH&W staff helps families determine their eligibility status and complete appropriate health insurance applications. This program then enlisted the aid of eight student CAAs participating in the UCLA Student Health Outreach Team (SHOUT), who focused their efforts on reaching the Asian/Pacific Islander community.

CSI staff conducted outreach to providers and/or families which helped generate referrals to CH&W to link uninsured children with health insurance. CSI was able to expand its target audience to reach more parents and families, and increase the number of uninsured children who enroll in coverage programs due to increased interactions between CSI programs, specifically through distributing information and providing referrals.

THE FRESNO PILOT PROJECT

In Fresno, the pilot project was carried out through a partnership between CSN, a local child care program, and the Fresno Health Consumer Center (FHCC), a health consumer advocacy group. CSN is a child care resource and referral agency that assists families in the community by providing resources, information, and education on child care, early childhood development, and family issues. FHCC assists low-income individuals and families resolve a myriad of health consumer problems and issues, including enrollment into appropriate health insurance programs. Both CSN and FHCC work to address important needs of children and families, and the collaboration of these agencies for the purpose of linking uninsured children to coverage provides a new channel and expanded opportunities to improve the health of children.

CSN is comprised of 13 departments, each of which addresses a different facet of child care. For the pilot project, three departments within CSN were selected to participate: the Centralized Eligibility List (CEL), FIND Care, and Outreach. For subsidized child care, the CEL was established by several agencies in Fresno County to efficiently and equitably serve families who need help meeting the cost of child care. Low-income families that are eligible to receive financial aid for child care are placed on the CEL, and participating agencies then access the CEL to provide assistance. At CSN, specialists on the CEL respond to families seeking information on subsidized child care programs, at which time the child care specialist has an opportunity to also inquire about a child's health insurance status. Children without health insurance coverage are referred to the FHCC for application assistance. The CEL specialist organizes all referrals generated from CSN and transmits this information on a bi-weekly basis to FHCC for assistance with children's health insurance enrollment.

The FIND Care division at CSN maintains a database of all the licensed child care providers and centers throughout Fresno County in order to assist and educate parents on the different types of available care. As part of the pilot project, FIND Care counselors, who primarily answer phone calls from parents inquiring about child care, also asked families about their children’s health insurance status. The appropriate contact information for each family is then transmitted to FHCC for further assistance with health insurance applications and enrollment. FHCC provides additional services as well, such as assisting clients with EITC and CTC benefits, based on their eligibility.

The third CSN division involved in this pilot project, Outreach, conducts various outreach activities in the community to disseminate information on CSN’s various programs and services, highlighting how they can help children who are uninsured obtain health insurance coverage. Through the pilot project, the Outreach division also delivered information on available health coverage programs to the community and generated new referrals for enrollment into coverage programs as a result of these efforts. Thus, uninsured children in Fresno were able to obtain child care and health insurance services through a single, integrated network.

Evaluation Approach and Methods

The Division conducted an external evaluation over a nine-month period, April – December 2004, concurrent with the pilot project implementation in Los Angeles and Fresno. The evaluation methods included (1) participant observation, (2) document review, (3) focus groups/guided interviews, and (4) analysis of program data. The purpose of this largely formative and process evaluation was to document the successes and challenges of constructing a linkage between child care agencies and children’s enrollment into health insurance programs. The evaluation design incorporated both qualitative and quantitative research methods built around the following five research questions (also see Table 1):

RESEARCH QUESTIONS

1. Has the linkage project enhanced the capacity of the participating organizations to successfully identify uninsured children and enroll them into health coverage programs?
2. Has the linkage project successfully identified and referred families with uninsured children to enrollment assistance programs?
3. Has the linkage project connected children with health insurance coverage?
4. Have there been other ancillary benefits to the linkage project?
5. What challenges did the agencies face in implementing the linkage project?

TABLE I. Evaluation Design

	RESEARCH QUESTION	INDICATOR	METHODS
Structural Evaluation	Has the linkage project enhanced the capacity of the participating organizations to successfully identify uninsured children and enroll them into health coverage programs?	Systems for Outreach and identification	Participant Observation
		The establishment of a referral system for children’s health insurance enrollments	Document Review
		Inter-organizational linkages and partnerships	Focus Groups/Guided Interviews
		Sustainability after the grant	
Process Evaluation	Has the linkage project successfully identified and referred families with uninsured children to enrollment assistance programs?	The number of children and families reached through the project	Analysis of Program Data
	What challenges did the agencies face in implementing the linkage project?	The number of families referred to assisters for health insurance enrollment	Analysis of Program Data
Outcome Evaluation	Has the linkage project connected children with health insurance coverage?	The number of children assisted with enrollment	Analysis of Program Data
		The number of children linked to coverage	
	Have there been other ancillary benefits to the linkage project?	The number of families who were reached with information regarding EITC and CTC tax credits	Participant Observation
		The number of families assisted in claiming the EITC/CTC	Document Review

EVALUATION METHODS

Participant Observation. The evaluation team attended numerous events regarding strategic planning and operations of the project. We documented our observations and the issues discussed at the meetings, such as target outcome goals, and communicated with staff from CSI, CSN, and FHCC (either in-person, by telephone, or through email) on a bi-monthly basis throughout the evaluation period. Information derived from participant observation guided the evaluation team in developing a tracking system to capture pilot project activities and outcomes for each participating organization.

Document Review. The evaluation team reviewed the Memorandums of Understanding developed between the funding agency and each participating organization, meeting agendas and notes, including strategic planning sessions, grant proposals and reports.

Focus Groups/Guided Interviews. From October through November 2004, the evaluation team conducted focus groups and guided interviews for the agencies participating in the pilot project. For the Los Angeles pilot, one focus group session involved staff from CSI's CH&W department. A second focus group session incorporated staff from other participating CSI departments and programs including Resource & Referral, SAGE, and Intake. In the Fresno pilot, one focus group involved staff from CSN, and a guided interview was conducted with the FHCC program manager. All three focus groups were conducted in-person, and the guided interview was completed by telephone. Information collected through these focus groups and guided interviews enabled the evaluation team to gain more knowledge of the pilot project's goals and objectives, understand each agency's involvement with the project and their perception of the project's successes and challenges, and also provide suggestions for improving the pilot program.

Analysis of Program Data. Each pilot project provided monthly data to the evaluation team concerning process and outcome measures (see data elements below for more detail). Data collection took place over a nine-month period, from April to December 2004. This relatively short evaluation period allowed the evaluation team to provide timely feedback to the project organizations.

For the Los Angeles pilot project, data elements reported included the:

- Number of families referred to CH&W as a result of the outreach efforts from other CSI departments and programs.
- Number of successful contacts CH&W made with these families.
- Number of appointments CH&W had set up for these families to meet with a Certified Application Assistor (CAA) to apply for child health insurance.
- Number of children eligible to be enrolled into a health coverage program.
- Number of successful linkages of these children with health insurance after a 90-day follow-up.

For the Fresno pilot project, data elements included the:

- Number of referrals for children’s health insurance enrollment received from CSN.
- Number of families that were successfully contacted by FHCC.
- Number of applications completed for health insurance enrollment.
- Total number of assisted children confirmed enrolled in a health coverage program.

Findings

1. Has the linkage project enhanced the capacity of the participating organizations to successfully identify uninsured children and enroll them into health coverage programs?

The results of the pilot project suggest that the organizations involved did enhance their capacity to identify and enroll eligible, uninsured children into available health coverage programs.

This section highlights structural evaluation findings related to the success of the CCHILP in building organizational capacity to identify families in need of children's health insurance. Findings are based on data collected through participant observation, document review, focus group sessions, and guided interviews with the participating organizations.

Identifying uninsured children. Both projects built an infrastructure for identifying eligible, uninsured children using child care referral programs. To begin, staff members in each participating department were instructed to ask parents whether their children have health insurance, in addition to providing information on child care services and referrals. If parents and providers answered "No", they were given a toll free number and were referred to the respective health insurance enrollment program for assistance to obtain more information. In some cases, staff recorded the contact information, number of children, and best time to call back for interested families, and then gave this information directly to the enrollment program for follow-up. The Microsoft Excel software program was used to capture and track these data. CSI and CSN referred 204 families to enrollment assistance agencies. After approximately five months into the pilot project, the various programs of each organization's child care referral service reported that data and inquiries regarding child health insurance were incorporated into their programs.

Referrals. Both pilot projects created appropriate and effective referral systems for child health insurance enrollment through the different child care components of their agencies. In Los Angeles, the various programs within CSI that provide services to parents seeking child care provided referrals to the CH&W program. CH&W assisted families that were referred to their department by first screening them for eligibility, then setting up an appointment for the family to meet with a CAA to complete the appropriate application, and lastly contacting the family 90-days post-application completion to determine the final enrollment status. In Fresno, referrals from the child care partner organization were transmitted to staff at the FHCC,

where they contacted the families by telephone to begin an intake process that involved asking parents a series of questions to determine the family's eligibility for available health coverage programs, and then scheduling an appointment to meet with a CAA. After an application was processed, the FHCC verified the enrollment status of applicants using available automated eligibility verification systems. If an application was confirmed enrolled, FHCC then agreed to follow-up with the family approximately 11 months post-application submission to ensure that the family was not having difficulties with their health benefits.

Improving relationships between organizations. The Fresno partnership between CSN and FHCC provided an opportunity for these two organizations to work together for the first time. These organizations established new lines of communication and shared a work plan. Staff from the FHCC attended a special event hosted by CSN to gather referrals for children's health insurance enrollment. FHCC staff utilized CSN offices on several occasions to meet with families in their child care network and assist them with the health insurance application process. In return, CSN augmented its pool of resources to benefit the families they serve, while FHCC gained access to new outreach venues.

Program enhancement and sustainability. Our evaluation findings suggest that many aspects of the CCHILP will be sustained beyond the initial grant. First, the partnership in Fresno resulted in several CSN staff members training to become CAAs despite the lack of financial support. CSN and FHCC also indicated that they would maintain the referral system even after pilot funding ends. One hundred percent of the focus group and guided interview participants agreed that sustaining these new departmental and inter-organizational relationships would be valuable for the families served through the child care network, and that the continuation of such collaboration would be beneficial even after the pilot phase was completed.

Similarly in Los Angeles, CSI decided to institutionalize many aspects of the project following the pilot period. CSI now uses an agency-wide phone message for callers who are put on hold to inform them about the available children's health insurance services, in both English and Spanish, along with a hotline number they can call for more information. This new marketing technique, coupled with the organization's continued distribution of health insurance enrollment outreach materials to all child care consumers, may lead to increasing numbers of children in Los Angeles with health coverage.

2. Has the linkage project successfully identified and referred families with uninsured children to enrollment assistance programs?

The results of the pilot project indicate that eligible, uninsured children were identified as a result of the pilot project, however it is unclear as to which outreach strategies were most effective in reaching uninsured children.

This section presents evaluation findings related to CSI and CSN/FHCC's efforts in identifying and referring families in the child care network who have uninsured children. Findings in this section are based on analysis of monthly data collected from each project organization, discussions with CSI, CSN, and FHCC staff, focus group sessions, and the guided interview.

CSI. The Los Angeles pilot reached approximately 7,700 individuals who came into contact with the child care network. These 7,700 individuals were encountered through a variety of outreach strategies including telephone or face-to-face referrals, poster displays, flyer distribution, mailings to child care providers and/or parents, and presentations at provider orientations or child care-related events (Table 2). Flyer distribution and displays accounted for more than 50 percent (more than 4,000) of the individuals reached in Los Angeles County. Mailings with information on available health insurance programs were sent directly to child care providers and parents and constituted more than one-quarter, or 26 percent (approximately 2,200) of all contacts made during the pilot period. Presentations and events, such as provider orientations, comprised 13 percent (approximately 1,000) of the contacts made during the pilot period. Telephone or in-person referrals made by the various CSI departments generated 5 percent of all contacts made.

TABLE 2. Number of Contacts for Outreach Activities in Los Angeles Pilot Project, April – December 2004

	RESOURCE & REFERRAL DEPT.	INTAKE DEPT.	SAGE PROGRAM	OTHER CSI DEPT./ PROGRAMS*	TOTAL
Telephone or One-on-One Referrals	248	0	0	171	419
Poster Displays	20	0	2	5	27
Flyer Distribution/ Displays	1,300	1,622	150	1,009	4,081
Mailings sent to Parents/Providers	2,100	0	60	0	2,160
Orientation/ Event Attendance*	847	164	4	0	1,015
TOTAL	4,515	1,786	216	1,185	7,702

*Flyers on health insurance programs were also distributed at these events along with a brief announcement.

**Other departments/programs include the Customer Service Center, Front Desk, Child Care Assistance Program (CCAP), and Contracts.

CSN and FHCC. Although the Fresno pilot project was structured somewhat differently from the one in Los Angeles, CSN and FHCC reported similar findings (Table 3). CSN's scope of activities included telephone referrals, community outreach events, and newsletter/other mailings. These activities generated 8,249 outreach contacts, which reached approximately 4,400 individuals (multiple outreach contacts were made to the same individuals) in the Fresno County community, all of whom were potential enrollment referrals for FHCC.

Two departments at CSN – CEL and FIND Care — gathered telephone referrals for ninety-one parents and child care providers who expressed interest in obtaining child health insurance coverage and were directly referred to and/or assisted by FHCC. FHCC helped a majority of these parents either work out logistical issues with their existing health coverage program, fill out new applications for children's health coverage, or set up an appointment for the family to meet with a CAA.

TABLE 3. Number of Contacts for Outreach Activities in Fresno Pilot Project, April 1 – December 22, 2004

	CEL	FIND CARE	COMMUNITY OUTREACH	OTHER CSN DEPT./ PROGRAMS	TOTAL
Telephone Referrals	29	62	0	0	91
Mailings sent to Parents/Providers	—	—	0	3,768	3,768
Event Attendance*	—	0	4,390	0	4,390
TOTAL	29	62	4,390	3,768	8,249

*Flyers on health insurance programs were also distributed at these events.

“—” denotes unknown. These activities were reported to have occurred, however, they were not consistently accounted for.

3. Has the linkage project connected children with health insurance coverage?

During this pilot project, seventy-seven children were confirmed enrolled in health insurance programs. However, it is difficult to measure the degree of success of this effort since the pilot period was only nine months in duration, and because this is the first time these organizations have worked together in this capacity.

This section presents evaluation findings related to the Los Angeles and Fresno project organizations’ efforts in increasing the number of insured children in the child care network. Findings in this section are based on analysis of monthly data collected from each project organization and discussions with CSI, CSN, and FHCC staff.

Once families were referred to them, both CH&W and FHCC assisted families with enrollment by answering any questions they may have had about the different insurance programs, determining eligibility, assisting them in completing the appropriate application, and following up with each family to ensure that they submitted the application and were confirmed enrolled.

CSI. From April to December 2004, various departmental staff within CSI referred 121 families to CH&W for screening and health insurance enrollment assistance for one or more of their children. Of these 121 referrals, 85 percent (103 families) were directly assisted by CSI’s enrollment staff, e.g. they were screened by phone for eligibility, had their questions about child health insurance answered, or were given an appointment with a CAA for application assistance. Nearly 80 percent of the families

referred (95 families) during the pilot period had a scheduled appointment with a CAA to formally apply for coverage. Among those families with appointments, 134 individual children were found to be eligible for enrollment in a health coverage program. CH&W staff were able to confirm that 30 percent of these children (40 children) were successfully enrolled in a health coverage program as of February 2005. Determining the health insurance coverage status for the remaining 94 children was limited for the following reasons:

- a.* the parents may have missed their appointment with the CAA and did not complete an application for health coverage;
- b.* the family may have completed an application with a different agency; or
- c.* the names used during initial screening when an appointment was scheduled may not have matched the actual spelling of surnames used on the application, in which case, it is possible that a family did make an appointment and an application was sent for processing. Thus, it appears that CH&W was not able to determine successful enrollment status among some children who may have been eligible.

CSN & FHCC. Between April and December 2004, FHCC received 83 referral families from CSN. Among these families, FHCC staff were able to contact nearly 60 percent (49 families) to further assess their health insurance needs. As a result, FHCC staff assisted 23 families with applications for children’s health coverage who had not previously applied, for a total of 39 children. FHCC confirmed enrollment for nearly 95 percent (37 children) of the children assisted with applications during the pilot period. The two remaining children were found to be uninsured due to a delay in the submission of the application.

TABLE 4. Outcomes of the Child Care – Health Insurance Linkage Project, April – December 2004

	LOS ANGELES PILOT PROJECT	FRESNO PILOT PROJECT
Referrals received	121	83
Families assisted	103	49
Appointments made with CAAs	95	23*
Children to be enrolled into health coverage program	134**	39**
Connected children with health insurance coverage	40[§]	37[§]

*Applications were completed for all families who made appointments with a CAA.

**Because families have multiple children, the total number of children expected to be enrolled into a health coverage program is greater than the number of appointments made for families to apply for insurance with a CAA.

[§]This value reflects the total number of children who have been confirmed to be enrolled into a health insurance program as of February 9, 2005 via a 90-day post-application completion follow-up phone call with CH&W clients.

[§]This value reflects the total number of children who have been confirmed to be enrolled into a health insurance program as of March 2, 2005 via a 90-day post-application completion follow-up at FHCC.

4. Have there been other ancillary benefits to the linkage project?

Findings suggest that this project provided an opportunity for participating organizations to educate families about the tax credits available for low-income families utilizing child care services. Also, participating organizations found new ways to work together in efforts to enroll eligible children into health insurance programs.

This section presents evaluation findings related to the project's effort at increasing the number of families who apply for the Earned Income Tax Credit (EITC) and the Child Care Tax Credit (CTC) in the child care network. Findings in this section are based on participant observation, document review, and discussions with CSI, CSN, and FHCC staff.

In Fresno, flyers on EITC were sent to families targeted through the FHCC database based on income level, and eligibility for Healthy Families, Kaiser, and Medi-Cal. CSN conducted two workshops, one in Spanish and one in English, to provide information about the EITC and CTC tax credits for child care providers and parents. In Los Angeles, CSI included an EITC/CTC flyer in a mailing to all

providers at the beginning of the tax season. Also throughout the tax season, they provided information on tax credits in their newsletter to the various departments for them to display in their offices. We were unable to determine the number of families who benefited from these educational efforts due to a lack of data.

Findings from the focus groups also indicate that communication among the participating organizations and programs improved, and as a result, participating staff members felt more invested in achieving the goals and objectives of the CCHILP project. In particular, one participant mentioned, “The project [was] a good opportunity to document our efforts and push what we have already done. [For example], there was an opportunity to do a mailing and only because of the CDF project did it click that we should include one of the CDF flyers.”

5. What challenges did the agencies face in implementing the linkage project?

Both pilot projects faced challenges in the areas of communication, obtaining timely feedback based on their efforts, knowledge about the available health coverage programs, and clarity on their specific roles in the project.

While both pilot projects developed new systems that enabled participants across departments to better communicate the overall needs of their clients, clear communication among, and between, the departments and programs involved in the pilot remained a challenge. Furthermore, not all offices within the child care organizations understood the goals of the project. Findings from focus groups and interviews indicate that there was little, if any, feedback or updates on the project throughout the pilot period. Some participants complained that they did not know whether a family referred for coverage ever received assistance or were enrolled in health care.

In addition, some participants reported being unsure as to how to ask clients about health insurance, including when to ask them specific questions. Also, some staff members expressed their own uncertainty on the details of insurance enrollment, such as eligibility requirements and types of available health coverage programs. Specifically, some workers reported that their lack of knowledge about health insurance may have inhibited their efforts to properly engage and educate the child care consumers. Findings suggest that staff members who were not directly involved in the planning of the projects had more difficulty understanding their roles and details of the project. Despite these challenges, overall findings from the focus group indicate that over time, communication did improve and that the linkage project was more effective, not only in facilitating referrals, but in improving the overall working relationships between departmental staff, especially at CSI.

Conclusions

The Child Care – Health Insurance Linkage pilot project is an innovative strategy for expanding health insurance to uninsured children. Overall, 204 families were referred for enrollment assistance by the child care agencies involved in this pilot project; namely, CSI and CSN. Nearly three-quarters of these families (152 families) were assisted with health insurance enrollment. The remaining families (52 families) were considered lost to follow-up because they already had health insurance for their child, or were interested in receiving assistance with technical problems for their existing health coverage and not enrollment (see Table 4). As a result of the pilot project, 77 children were confirmed enrolled in a health coverage program at the end of the pilot period.

This pilot project demonstrates how existing organizations can work together to reach and enroll eligible, uninsured children. The expanded capacity for conducting enrollment into health insurance programs via the child care network strategy increases the points in the community where enrollment can occur and may reduce the overall fragmentation that families feel in trying to get their health care needs met. Furthermore, the new partnerships can lead to other positive changes. For example, in Fresno, the partnership between CSN and FHCC has generated support to the emerging local Children’s Health Initiative in Fresno County, thus expanding the availability of health coverage programs for children in the local community.

This pilot project also produced ancillary benefits, as noted by the fact that many families received EITC or CTC information through the project. In addition, although the primary aim of the pilot project was to identify and enroll eligible, uninsured children through the child care network, the CCHILP project was also successful in extending this service to parents of uninsured children. Moreover, the CCHILP project improved communication between departments within the participating pilot organizations.

Success was limited in the first year by the following:

- The start-up period for the project required a substantial and unexpected amount of time for planning, which delayed implementation.
- High turnover rates in the pilot organizations also delayed the start of the project as well as completing the evaluation deliverables in a timely manner.

- Consistent communication was not regulated among all participating departments within the project organizations, thus delaying more concerted contributions to the pilot project activities.
- Many parents identified by the program already had health insurance for their children.
- Many parents continue to perceive public charge as an obstacle to enrollment.

Recommendations

Based on the findings of this pilot project, the evaluation team makes the following recommendations to improve the child care network strategy.

RECOMMENDATION 1: IMPROVE AND SUSTAIN COMMUNICATION.

All participating entities, both programs within one agency and different organizations within a collaborative, should have open and frequent communication, especially in the start-up phase. One way to accomplish this is to send out weekly or bi-weekly email updates to participating groups. These emails could include a summary of the project's current status, successes, upcoming events and encouragement in furthering the project's goals. Additionally, this would serve to keep project participants at the forefront and ensure continuity. Communication could also be enhanced through periodic "project" updates, either face-to-face or by phone. This could serve as a forum in which successes and challenges could be highlighted and addressed. New ideas or upcoming opportunities to promote the project could also be discussed, and any underlying problems could be resolved. The efforts of individuals who have done exceptional or innovative work since the last meeting could also be highlighted.

RECOMMENDATION 2: CONSIDER HOW TO USE CHILD CARE PROVIDERS TO IDENTIFY ELIGIBLE, UNINSURED CHILDREN.

Both CSI and CSN have consistent daily contact with child care providers themselves. Opportunities for contact arise through many occasions, including when the providers contact the organizations, when new providers attend orientation meetings or workshops, or when providers pick up their bimonthly checks (only at CSI) or forms. Child care providers remain an untapped resource for gaining access to a potentially vast pool of uninsured children. Furthermore, interested providers could be trained as certified application assisters.

RECOMMENDATION 3: FOLLOW-UP WITH FAMILIES.

It is important that all agencies conduct systematic and regular follow-up with families referred for health insurance. Regular follow-up can help to identify problems in the enrollment process, and assist families with access to and utilization of, health care for their children and understand the operations of the health care systems.

RECOMMENDATION 4: EXPAND EDUCATION ON HOW TO ACCESS AND UTILIZE HEALTH CARE PROVIDERS AND SERVICES.

Consistently throughout the pilot projects, the outreach and enrollment entities came across families who may have already had health coverage for their children but were unaware of how to use their benefits. We suggest developing new workshops and programs that focus on assisting families to use needed health care services within the context of a health plan. This includes how to choose a doctor or health plan, how to use ancillary services (e.g., x-rays, pharmacies, etc.), how to use specialty care, and solve other problems they may encounter when entering the health care system.

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Glossary

CAA	Certified Application Assisters
CCHILP	Child Care Health Insurance Linkage Project
CDF	Children’s Defense Fund
CEL	Centralized Eligibility List
CH&W	Children’s Health and Welfare
CSI	Crystal Stairs, Inc.
CSN	Central Valley Children’s Services Network
CTC	Childcare Tax Credit
EITC	Earned Income Tax Credit
FHCC	Fresno Health Consumer Center

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