

Covering Kids Wisconsin

~ Regional Workgroup Results Executive Summary ~

Facilitated 6 regional outreach forums in the public health regions of Wisconsin:

<u>Date</u>	<u>Region</u>	<u>#Attended</u>
3/15	Northern	46
3/22	Southeastern	34
4/5	Northeastern	57
4/20	Milwaukee	92
5/17	Southern	85
5/24	Western	56
<i>Total Regional Participation</i>		<i>370</i>

Typical format of the day

- ☑ First portion of agenda (approximately 1 hour) was facilitated by a representative from the Bureau of Managed Health Care Programs, which encompassed agenda items usually covered at MA/Managed Care meetings (BadgerCare enrollment, HMO contracts, etc.)
- ☑ Provided background information about *Covering Kids* project – RWJ & other facets.
- ☑ Reinforced our purpose – which is to ensure all eligible children are enrolled in health coverage plans – we’re not going to stop until all children are enrolled!
- ☑ Provided information to dispel misconceptions out in the community:
 - “*Covering Kids* is a new health insurance program in Wisconsin.”
 - “BadgerCare is going bankrupt.”
 - Not duplicating efforts from the state, local health departments, Automated Health Systems, etc. – this project will enhance and offer support to existing programs.
- ☑ Brief data presentation that highlighted the status of the uninsured in the nation, state and region.
- ☑ Workgroup session – assigned seating, answering the following questions:
 - ◆ What are the 3 most successful health coverage outreach ideas?
 - ◆ What are the 3 least successful health coverage outreach ideas and why?
 - ◆ What are barriers for enrollment?
 - ◆ What can we do to break down barriers?
 - ◆ How should “success” be measured?
- ☑ Reporting back session – leaders presented workgroup’s results to all attendees.

Results of forums

- ☑ Evaluation comments were generally very positive (negative = not enough time for discussion.)
- ☑ Information provided raised awareness of the *Covering Kids* project.
- ☑ Created momentum behind our goals.
- ☑ People felt that their voices were being heard based on the format that we provided.
- ☑ A significant number of people attended the Medicaid Managed Care Forums for the first time (in some regions over 50%.)
- ☑ Because of the unique meeting format, the State received significant feedback that had not been shared at previous Medicaid Managed Care Forums.
- ☑ Attendees appreciated the workgroup discussions, which served as a catalyst for networking.
- ☑ Presentation of the entire *Covering Kids* project resulted in enough interest that people volunteered their participation in other aspects of the project, like the “health access kits.”

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- ☑ Both the northern and western regions specifically requested to work on *Covering Kids* issues at future MA/Managed Care meetings (held quarterly.) The ABC staff leaders of the *Covering Kids* project committed to their request and are coordinating their efforts with the Bureau. These special sessions will serve as additional *Covering Kids* committee meetings, where the regional attendees that participate will provide their experiences/services to help accomplish the objectives of the project. They kept saying "you have us, use us."

Regional Workgroup Results Document

Enclosed in this mailing is a final report which depicts all of the regional workgroup results. This report, although a snapshot, represents feedback from all of the regions and should serve as a valuable tool for the future direction of the *Covering Kids* project.

Please note a few formatting explanations:

- This report includes the workgroup reporting back sessions and notes left at the end of the day - some information could not be expanded upon.
- The report is kept in order of "categories" -- for example, all "successes" are grouped together.
- If the 2nd column is empty, the region had brought up the issue but didn't provide a specific example.
- In order to not show preference for a particular region, examples are consistently listed in order of when the forums were held. If specific examples weren't provided, the region is listed last for readability.

The format of the table is designed so you can easily see the general topic/issue related to the category. And, if a specific example or justification were provided, it is indicated in the second column along with the region to which it pertains.

Although many general topic/issues were discussed at every regional forum, there were regions that particularly focused on a specific issue. For example, all regions agreed that working with the school systems is a successful method of outreach, yet the southern region seemed to talk about it more than the others.

These results serve as a tool in coordinating statewide outreach efforts. This report also acknowledges unique strategies that are region-specific.



If you have any questions about the Regional Workgroup Results report, feel free to contact:

Anastasia Dillen, Project Manager – Health Coverage
Children's Health Alliance of Wisconsin
8 E. Hilltop Trail - Fort Atkinson, WI 53538
Phone: 920-563-0153
Fax: 920-563-0146
E-mail: adillen@chw.org

SUCCESSFUL OUTREACH		
GENERAL TOPIC/ISSUE	SPECIFIC EXAMPLE/REASONING	REGION
Use resources/ businesses families are already using	McDonald's tray liners. Grocery and pharmacy bag inserts. Day care centers. Head Start. Safety Net clinics. FQHC. Parent-teacher conferences. YMCA/YWCA. Kindergarten screenings. Guard Care.	Northern
	Family Resource Centers. Home visits. WIC. Head Start. School registration. Food baskets. School open houses. Report cards. Employers. Provide information to 'newly-delivered' moms. Especially have overlap with agencies visiting families.	Southeastern
	Garage sales – have poster and ask organizers to hand out fliers. Day care centers. Restaurant table tents. Grocery store bag stuffers. Church newsletters. Head Start registration. Pre and post-natal information packets. Sidewalk sale days in small towns. Fast food tray liners. First newborn visit. Farm fairs. Advocap. Posters on/in buses. Employers.	Northeastern
	Health fairs. Employers. Immunization clinics. Grocery stores. Child care centers. WIC sites. Parish nurses.	Milwaukee
	Employer outreach that includes temp. agencies & service industry. Build on FQHC model – place health benefits counselors in schools, local health departments, clinics. Require parents to fill out information about health coverage at school registration (need to educate school board as to importance of health personnel, etc.) Build upon established networks such as schools, churches, health check clinics.	Southern
	WIC sites. Day care centers. Fairs. Churches. Food pantries. School parent conferences. In Michigan's SCHIP program, they have applications available at laundromats. Have employers do pay check stuffers. Organize and advertise "Outreach Showers" through family resource centers – event especially for pregnant women with prizes that are donated, along with brochures and resources available at event (<i>contact</i> ⇨ <i>Cindy Grothe</i> .) Organize with immunization clinics "Super Shots Saturday – Carnival" where attendees receive immunizations and information/ resources (<i>contact</i> ⇨ <i>Kim Stein</i> .) Registration at Head Start and Kindergarten Round-up (<i>contact</i> ⇨ <i>Heidi Nighbor</i> .)	Western
Connect with school systems ⇨ free and reduced lunch programs	Enroll all children through school system (being done in Florida at this time.) Work on education/communication with school administration.	Northeastern
	Work with MPS (under development). Focus on principals who are not involved or interested in the community.	Milwaukee
	Target outreach to children eligible for free and reduced lunch.	Southern
	Send information with free and reduced hot lunch menus.	Western
		Northern
		Southeastern

SUCCESSFUL OUTREACH		
GENERAL TOPIC/ISSUE	SPECIFIC EXAMPLE/REASONING	REGION
Utilize hospitals and businesses for outstationing	Use locations that don't have stigma attached/have increased resource capacity. Send enrollment information with emergency room bills.	Northern
	Should be well-trained and, preferably, have health background.	Southeastern
	Place county workers where the clients are - emphasize working with clinics.	Northeastern
	Have on-site eligibility worker. Special events involving – MPS, faith-based, employer-based organizations, and hospitals (<i>contact ⇨ Jill Erickson or Gloria Townsend.</i>) Work with emergency departments - after crisis has passed, give application upon discharge and provide education regarding long-term vs. emergent coverage.	Milwaukee
	Provide on-site applications for all health benefits – medical/dental facilities, community centers, and child care centers.	Southern
	Marshfield Clinic has patient assistance counselors and outpatient enrollment intake for Medicaid in their clinics (<i>contact ⇨ Pat Beining.</i>) Chippewa County Public Health has health benefits advocates on staff and a FAMILIES MAP program. Gundersen Lutheran offers health benefits counseling through their pediatric specialty clinics.	Western
Have one-on-one contact with on-site enrollment workers	Have one person dedicated to outreach (instead of broadening existing job descriptions.) Telephone calls and home visits – giving specific information and questions to ask.	Northern
	Culturally diverse workers are necessary. Need a trouble-shooter to take a person through the application process.	Southeastern
	Home visits provide great case management (expensive.)	Northeastern
	Face to face, door to door service. Have at least one dedicated staff person.	Milwaukee
	In home visits.	Southern
	Face to face assistance and advocacy makes a difference (Marshfield Clinic model.)	Western
Media campaigns	TV (public access.) Radio (faith community networks.) Newspapers. Community papers. Fliers. Use local celebrities (don't use stereotyped images.) Need to realize differences between counties (great difference between Racine and Kenosha county.)	Southeastern
	BadgerCare "scroll" on public cable channel (<i>contact ⇨ Teri Carpenter.</i>)	Northeastern
	Bus posters. TV. Radio. Posters in medical offices. Newspapers.	Milwaukee
	TV. Bus terminals. Public service announcements. Advertisements in "shopping news." Booths with brochures at county fairs. Outreach through parish nursing programs. Print on grocery bags. Advertise in farm newsletters.	Southern

SUCCESSFUL OUTREACH		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
“One stop shopping”	Have redetermination for all programs. Have increased linkages between enrollment agencies and providers.	Northern
	People should be able to apply for Healthy Start and BadgerCare in same location.	Southeastern
	Consolidate services to reduce hassles.	Milwaukee
	Co-location of WIC/Healthy Start/health benefits advocacy improves communication and awareness of providers who refer parents.	Western
Comprehensive service	Provide follow-up when you do refer – did they enroll, why not? Reminder calls for appointments. Asking how they found out about BadgerCare, etc. - What/who was the source?-then we know what’s working.	Northern
	Individual to follow-up when “no insurance” is checked on immunization form.	Northeastern
		Milwaukee
Well-trained community advocates	They know who needs assistance – they can refer (teachers, doctors, school nurses, clergy...)	Northern
	Increase knowledge of all agency staff to improve communication of available resources to the community - for example, “Is it true that BadgerCare is going bankrupt?” (<i>contact ↷ Automated Health Systems for training session information.</i>)	Milwaukee
LEAST SUCCESSFUL OUTREACH		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
Mailings	Mailings with no follow-up.	Northern
	Especially with items that have to be returned.	Southeastern
	Need to make it look official and not like junk mail, be specific, and send it out before changes occur.	Northeastern
	In English language only.	Milwaukee
	Mass mailings - too much written material and information at once. Mailings that don’t include a personal contact/component.	Southern
	State enrollment materials - take too long, causing people to be misinformed. “Letters are very confusing, contradictory and impossible to figure out what to do next.”	Western

LEAST SUCCESSFUL OUTREACH		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
Print media	Letters. Newsletters. Fliers. BadgerCare brochure has picture of a farmer on it, yet most farmers can't qualify because of how equipment depreciation is counted.	Northern
	Post cards. Brochures. Fliers.	Northeastern
	Current BadgerCare brochure is "horrible." Because it says "for working families", people think they need a job to qualify.	Milwaukee
	Don't include FPL guidelines in brochures – discourages applicants. Don't use culturally insensitive messages, images. Avoid stereotypes. BadgerCare brochure states for "working families" and lacks critical information regarding free prescriptions, etc.	Southern
Special events	Health fairs. Church picnics.	Northern
	Need pre-planning and promotion to have successful special events. Don't schedule events in evening – once parents are home, they are not likely to leave again. Schedule in between getting off work and dinner.	Milwaukee
	Events held in evening hours.	Southern
	Unattended displays.	Western
Phone calls	Due to privacy management on phone services at home.	Southeastern
	Working parents aren't home. Numbers are often disconnected, or simply don't answer.	Milwaukee
	Potential applicants are difficult to get a hold of.	Southern
"There is no such thing as bad outreach – any effort is good"	Pharmacists providing information about BadgerCare – older population is calling about BadgerCare and finding out that they do not qualify. (The indirect referral could be successful because they may they tell their son/daughter, etc.)	Northern
	"Even residual effects are better than none. Any effort is useful."	Southern
Broad-based media	Use of TV/radio is too broad for rural area.	Northern
OUTREACH BARRIERS		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
Language and culture	Terminology – need to speak client's language.	Northern
	Makes it difficult for application process and understanding of program qualifications. Lack of sophistication of consumers and case managers in an extremely complicated process. Having to come back for an interpreter. Undocumented population may be afraid to apply because it may hurt their ability to achieve legal residency ("not supposed to ask for programs.") Transient families - changes in addresses/phone numbers.	Southeastern
	Literacy, not enough translators	Northeastern
	People don't seek health care until there's an emergency, don't understand how to enroll. Have diversity among workers. Interpreter should be available.	Milwaukee

OUTREACH BARRIERS		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
<i>Language and culture (continued...)</i>	Don't have interpreters available. Language and education level barriers – misunderstanding of words like “practice” (need to work with people who can communicate in their native language to tailor/translate materials so they are “language proficient.”) Use medical school students to assist you with culture questions.	Southern
	No interpreters available.	Western
CARES system	Don't have automatic system links between programs. Access to system (hours, workers.)	Northern
	Need one database for all public programs.	Southeastern
	Hours of access.	Northeastern
	Not accessible.	Milwaukee
	Not working correctly – especially with inexperienced staff.	Southern
	Current program is not inclusive. If you don't ask for the exact program you need, often workers don't facilitate application.	Western
Geographic area	Isolation – “rural area is more disadvantaged.” Hours of intake, transportation access and cost – can't make or keep appointments.	Northern
	Transportation.	Northeastern
	Lack of geographic distribution of free clinics (and 24 hour urgent care) – northwest side, far north and everything north of Capitol.	Milwaukee
	Transportation.	Western
Complicated enrollment appointment process	Most must have 2 separate appointments – 1 st to pre-register/screen and the 2 nd for actual appointment. Forms and paperwork are complex due to language barriers.	Southeastern
	System and forms are so complicated, parents just don't understand. Too many documents for parents to gather. Determining which assets 'count' is confusing.	Northeastern
	Application forms and correspondence are too complicated for user.	Milwaukee
	Complexity of programs and eligibility requirements (e.g. asset test for Medicaid.) Cumbersome paperwork.	Southern
Forward card	Too complicated.	Northern
	People receive HMO information package separate from card – they don't understand that they are fee-for-service until they choose an HMO.	Southeastern
	Period between applying and receiving card is too long – some providers are denying services.	Milwaukee
	Only confuses issues.	Western

OUTREACH BARRIERS		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
“Light touch”	Applicants have to ask to get coverage – “don’t ask, don’t tell.”	Northern
	Certifying agencies only give information on what is asked for -recipient needs to ask for specific program.	Southeastern
	“Counties need to be educated that outreach - not don’t ask, don’t tell – is a priority according to the Feds.” Place human service directors out in public.	Western
HMOs capping enrollment	People say “why bother.”	Northern
	Fear of cut off.	Northeastern
Too many 800 #s for people to call	Using 888# for Milwaukee instead of advertised 800#. Hotlines with limited hours.	Milwaukee
		Northern
Emotions involved with child support referrals		Northern
Costs involved in home visits		Northern
Web access vs. phone use when simplifying forms, etc.	Should concentrate on phone access because everyone has a phone.	Northern
Low number of providers		Northern
Few providers accept Medicaid		Northern
SOLUTIONS TO BARRIERS		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
Re-train economic support workers	Hiring/training culturally-competent workers. Treatment of clients by county caseworkers is poor.	Northern
	Prior bad experiences causes people to avoid. Identify where ‘problem’ lies – could be one worker that can bring down an entire site/program. Require staff to ask all clients – (1) do you have children?, if yes, (2) do they have health coverage? How do you train for people to have a better “mind-set”? Train how to return phone calls.	Southeastern

SOLUTIONS TO BARRIERS		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
<i>Re-train economic support workers (continued...)</i>	Parents don't want to deal because of bad experiences. Intake staff needs to take on a "customer focus" approach. "Workers intimidate families." "Access to workers is difficult." "System has changed but worker attitudes haven't."	Northeastern
	Poor treatment at sites ⇨ <i>need to call Jill Erickson or Gloria Townsend with problems.</i> Insensitivity to social/family structure and cultural differences. Phones aren't answered.	Milwaukee
	Lack of customer service from enrollment worker. "Get rid of the bureaucratic approach." Need to receive cultural competence training.	Southern
	"Negative attitude of workers makes public feel ashamed and harassed."	Western
Simplify application process.	Make sure all information can be cross-matched.	Southeastern
	Fax to have secured filing date. When people apply, they are being told they have to wait for an appointment. Have one set of eligibility requirements for all programs.	Northeastern
	Shorter application. Computer/mail-in application.	Milwaukee
	Start applications on phone. Shorten application forms.	Southern
	Phone enrollment. Short mail-in form.	Western
		Northern
Extend intake hours to accommodate working families	Advertise extra hours on outstation site materials. More effectively schedule outstation workers to use resources well.	Southern
	Currently have no availability of evening appointments, despite advertising efforts for "working families." If you want to target working families, then make yourself available in the evening.	Western
		Southeastern
		Northeastern
		Milwaukee
Stop deterioration between state and county worker partnerships	"Don't have same link of communication as had in the past." "All need to work together/get along in spite of differences."	Northern
	Promote teamwork between public health programs, economic support, human services and clinic medical providers.	Western
		Southeastern

SOLUTIONS TO BARRIERS		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
Provide consistent information	State needs to provide consistent message to all stakeholders.	Northern
	Federal regulations inconsistently interpreted by different levels. "72 counties provide serves and interpret program guidelines in 72 different ways – need consistent statewide effort and interpretation."	Southern
	"Lack of clear explanations from state when seeking assistance for clients – two different people provide two different answers to same question." Different information comes from state, county, and HMOs.	Western
Use one name for programs	"BadgerCare" for everything.	Northern
	Stigma of welfare – call Medicaid "health insurance."	Milwaukee
	So many names for programs.	Western
Coordinate efforts	Community calendar developed by one agency where all agencies and events are posted.	Milwaukee
	Better communication between advocates and human services. Health Care Access Coalition.	Southern
Client empowerment	Have decision makers react to family needs, not families having to react to policies.	Northern
		Southeastern
Assure that policy-makers actively support enhancing enrollment	Keep legislators accountable.	Southeastern
		Northern
Submit information to the "do-ers"	Mailings get lost on upper management desks.	Northern
Reduce loans for physicians or dentists who accept MA or BadgerCare		Northern

MEASUREMENT OF SUCCESSFUL OUTREACH		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
Increase in enrollment numbers	Need to know eligible vs. enrolled.	Southeastern
	Access to quality care in a timely manner. Also look at numbers of new enrollees (not in system prior to 7/99.)	Northeastern
	How many accessed care?	Milwaukee
	Increase in utilization of primary care and prevention health services.	Southern
		Northern
		Western
Increase in immunization rates	Rates at national goal or higher.	Southeastern
		Northern
		Northeastern
		Milwaukee
		Southern
User evaluation of application process	Feedback from community leaders to measure community satisfaction. State should want to know if providers and participants are satisfied.	Northeastern
	Place government workers in community settings for accountability of customer service.	Milwaukee
	Client satisfaction survey of process satisfaction.	Southern
	Have a toll-free phone line dedicated solely on customer satisfaction (like a "suggestion box.")	Western
		Southeastern
Decrease in number of ER visits	Well-care vs. emergency care.	Northern
	Charity care for children and parents decreases.	Southeastern
		Milwaukee
	UW-Madison is currently collecting uninsured data for Dane County Forum. Decrease of dollars spent by providers/written off for indigent/uncompensated care.	Southern
Retention in program	People are staying in the program.	Northeastern
		Northern
		Southeastern
		Southeastern
Increase in number using Health Check		Southeastern
		Milwaukee
		Western

MEASUREMENT OF SUCCESSFUL OUTREACH		
<i>GENERAL TOPIC/ISSUE</i>	<i>SPECIFIC EXAMPLE/REASONING</i>	<i>REGION</i>
Regional commitment	Provide quarterly meetings so <i>Covering Kids</i> objectives - all eligible children are enrolled in health coverage programs - can be met (<i>contact ⇨ ABC for Health, Inc.</i>)	Northern
	Continue to work on <i>Covering Kids</i> objectives on a regular basis. (<i>contact ⇨ ABC for Health, Inc.</i>)	Western
Number of HMOs that participate		Northern
Decrease in infant mortality rate		Northeastern
“Children have equal access to quality health care in any capacity”		Northeastern