

# How HRSA Programs Support SCHIP Outreach

By Aimee Ossman

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The implementation of the State Children's Health Insurance Program (SCHIP) and state Medicaid expansions have created great opportunities and challenges for programs supported by the Health Resources and Services Administration (HRSA). HRSA strives to ensure access to health care for underserved, vulnerable, and special needs populations. HRSA Administrator Dr. Earl Fox believes "all of HRSA's programs need to pull together to find eligible children, enroll them, and get them into care." HRSA-supported projects that work in urban neighborhoods, remote regions, and everywhere in between are stepping up to this challenge.

Four main avenues are HRSA's Area Health Education Centers (AHEC), Healthy Start projects, Rural Health Outreach Programs, and Community and Migrant Community Health Centers.

## Building community and educational partnerships through AHEC

HRSA's Area Health Education Centers (AHEC) Program aims to increase access to care by improving the supply and distribution of health care professionals. The emphasis here is on primary care through community/academic partnerships.

According to Marcia Brand, special assistant to HRSA's Administrator, the 40 AHEC programs and 160 AHEC Centers are in a good position to distribute SCHIP and Medicaid information. AHECs can reach 21,000 health professions students and 50,000 health care providers who participate in their programs annually.

For example, the Massachusetts AHEC/Community Partners, a program of the University of Massachusetts Medical School, coordinates the Health Access Networks program. Through the program, 500 community outreach workers, program supervisors, advocates, and state agency staff participate in monthly regional meetings to discuss state outreach efforts. The National AHEC program also supports an initiative in Texas that focuses on training community health workers or promotores to work in their own communities to enroll families into SCHIP and other programs (also see article Improving SCHIP Outreach in Rural Areas).

## Linking SCHIP and Medicaid with infant mortality outreach

Many of HRSA's Healthy Start projects are integrating SCHIP and Medicaid outreach into their existing activities relating to infant mortality prevention. Healthy Start is a community-based program that provides services, job training, and education to pregnant women and their families to ensure the birth of healthy babies.

The Cleveland Healthy Start project uses indigenous community health workers to reach women in such places as beauty shops and check-cashing establishments. The project, which targets African American women, has also developed culturally sensitive educational materials. Because of its success, Cleveland's outreach model has been replicated for outreach on children's health insurance.



The Syracuse Healthy Start project has supported the efforts of Onondaga County Health Department in enrolling children in Child Health Plus, New York's SCHIP program. The project also includes material on Child Health Plus in literature on teen pregnancy and healthy behavior.

## Improve rural health outreach through personal approaches

The purpose of HRSA's Rural Health Outreach is to support projects that demonstrate new and innovative models of outreach and health service delivery in rural areas that lack basic health services. Grants are awarded either for the direct provision of health services to rural populations or to enhance access to and use of existing services. HRSA's Office of Rural Health Policy oversees this program.

Some examples of grantees involved in SCHIP and Medicaid outreach include Iowa, Oregon, and Florida. The Iowa project has a community school nurse who makes direct contact with families to enroll them in HAWK-I, the state's SCHIP program. It is time-consuming but the grantee reports it is the only way to ensure follow-through. In Oregon, an outreach worker travels to most rural areas of a county and provides information about SCHIP at health fairs and children's festivals. Florida's grantee has two full-time staff members involved in outreach to American Indians/Alaska Natives, Hispanics/Latinos, and African Americans. Literacy volunteers help families complete applications as needed.

## Getting results with community health centers

The Mid-Atlantic Association of Community Health Centers has conducted a variety of activities such as distributing a bilingual (English/Spanish) newsletter to underserved areas in Maryland, working with minority schools, reaching homeless persons through soup kitchens, and developing partnerships with the faith community. Because of these efforts, member health centers have experienced a 3.7 percent increase in newly covered children last year.

The Association of Utah Community Health has worked with the state to translate the two-page SCHIP application into Spanish. California's Primary Care Association has partnered with the state on many activities such as training the certified application assistants and advocating for outreach grants for community-based organizations.

One clinic in San Francisco's Chinatown, Northeast Medical Services, ran SCHIP radio ads on Chinese stations and made a public service announcement for a Chinese television station. The result: 97 percent of Chinese people who are eligible for the program are enrolled. Chinese families were 20 times more likely to hear about SCHIP through the clinic ads than any other state efforts.

For more information, call Tina Cheatham, HRSA's senior policy analyst for SCHIP outreach at (301) 443-0649. Aimee Ossman is a public health analyst at Health Resources and Services Administration. ❖

