

**HEALTHY FAMILIES PROGRAM
and
MEDI-CAL FOR CHILDREN CAMPAIGN

ANNUAL OUTREACH PLAN**

**OUTREACH PLAN
FOR FISCAL YEAR 2000-2001
and
EVALUATION
OF FISCAL YEAR 1999-2000**

**SECOND ANNUAL REPORT TO THE LEGISLATURE
In Compliance with Welfare and Institutions
Code Section 14067(b)**

April 2000

**STATE OF CALIFORNIA
Department of Health Services**

HEALTHY FAMILIES PROGRAM (HFP) AND MEDI-CAL FOR CHILDREN (MCC) OUTREACH AND EDUCATION CAMPAIGN

*California Department of Health Services
2000 Report to the Legislature*

- Highlight Report -

This report is mandated by Assembly Bill 2780 (Chapter 310, Statutes of 1998), which amended Section 14067 of the Welfare and Institutions Code. Under the provisions of this bill, the Department of Health Services (DHS), in conjunction with the Managed Risk Medical Insurance Board (MRMIB), is required to submit an annual outreach plan to the Legislature describing: 1) the specific milestones and objectives to be completed for the upcoming year; 2) geographic areas and special populations to be targeted, if any, and why special targeting is needed; 3) coordination with other state or county education and outreach efforts; and 4) results of previous years outreach efforts.

Principal Findings and Recommendations

- Indicators of the campaign's success in reaching the targeted populations include: 156,000 phone calls to the campaign's toll-free line for information and referral service (a significant increase in toll-free calls during active media weeks.); 125,000 applications and handbooks mailed out between July 1, 1999 and January 31, 2000; and over 35,000 requests for applications as a result of school outreach efforts. As of January 31, 2000, there were over 233,000 children (64 percent Latino) enrolled in HFP. HFP enrollments since October 1999 have averaged at 16,800 per month.
- Funds are designated to continue the \$50 application assistance fee for community-based organizations (CBO) enrolling children into HFP. Increased HFP enrollments resulted in a significant increase in fees being paid, and a higher level of funding (\$5 million) has been budgeted for FY 2000-2001. The extent to which the \$6 million CBO contracts may reduce the projected need for increased funds for application assistance fees cannot be accurately determined at this time.
- The revised, shortened HFP/MCC joint application has helped to increase enrollments. However, work still needs to be done to enroll the "harder-to-reach" populations. Expanded media (increased to \$19.4 million) will assist in efforts to target this population.
- Continue \$6 million funding of local CBOs through contracts to conduct local outreach.
- Continue the \$1.77 million advertising and public relations program to focus on expanding enrollment of eligible children living in immigrant communities.
- Utilize public awareness survey findings to refine future advertising/public relations strategies.
- Increased access: Medi-Cal expansions to increase eligibility to 100 percent of the Federal Poverty Level (FPL) for the Section 1931(b) program and to allow parents with earned income less than 100 percent of the FPL to be eligible for Medi-Cal. HFP expanded income eligibility from 200 to 250 percent of the FPL, expanded coverage to infants up to age one with incomes between 200 to 250 percent of the FPL, and uses a Medi-Cal income deduction in determining eligibility.

- Providing one year of HFP coverage for qualified alien children who arrived in the United States after August 22, 1996.
- Increase efforts to heighten public awareness through a variety of activities including celebrity endorsers, sponsorship promotions and school outreach among the Latino, African-American and other communities.

Fiscal Impact of Report Recommendations

- In the current year, \$6 million was allocated to fund local CBOs through contracts to conduct local outreach. \$6 million is also planned for FY 2000-2001.
- The \$50 application assistance fee will be maintained only for those enrollment entities (EEs) not receiving funding under a HFP/MCC contract. \$5 million is budgeted in FY 2000-2001 for application assistance fees.
- The budget allocation for advertising increased to \$19.4 million for FY 2000-2001.

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EXECUTIVE SUMMARY

The Healthy Families Program (HFP) and Medi-Cal for Children (MCC) education and outreach campaign has built upon its first year momentum and has continued enrolling uninsured children into the HFP/MCC during its second year. California's large, diverse multilingual and multicultural population made it necessary for the State to develop an integrated and creative education and outreach approach that strategically joins the powerful forces of mass media education with local community-based outreach.

The multifaceted, multilingual campaign was designed to ensure that the key campaign messages are delivered to target audiences. All campaign components work together to promote public awareness about the availability of health coverage through HFP/MCC. Together these efforts result in program enrollments. Community-based outreach through community-based organization (CBO) contracts, enrollment entities (EEs) and Certified Application Assistants (CAAs) along with a variety of school outreach activities are combined with advertising, public relations, collateral marketing materials and a toll-free information line to stimulate enrollments in HFP/MCC. Through this multifaceted campaign approach, we will continue to target California's diverse population to increase program enrollments.

During Fiscal Year (FY) 1999-2000, significant resources were spent in generating widespread public awareness, in stimulating interest in the new programs, and in creating a cadre of people in the community who could assist families in enrollment. During FY 1999-2000, the HFP/MCC campaign implemented a variety of innovative activities to increase public awareness about the availability of HFP/MCC and to increase enrollments. Campaign accomplishments include the following:

- Governor Davis announced that First Lady Sharon Davis would be the official spokesperson for the HFP. Mrs. Davis' participation in the education and outreach campaign activities included radio and television public service announcements (PSAs) and media events.
- Implementation of a new \$1.77 million advertising and public relations program to focus on the expanding enrollment of eligible children living in immigrant communities that are under served and linguistically diverse.
- Expanded community-based contract allocations from \$1 million during FY 1998-1999 to \$6 million in FY 1999-2000, resulting in 72 contracts being awarded throughout the state.
- The Governor's revised FY 1999-2000 Budget increased incentive payments for application assistance fees by \$1.5 million due to increased enrollments in HFP/MCC.
- Successful school outreach activities resulted in approximately thirty percent of

all requests to the toll-free telephone line for the HFP/MCC application during the first six months of FY 1999-2000.

- Advertising periods increased toll-free call volume from 700-800 per day to more than 1900 calls per day.

In addition, to increase enrollment of eligible uninsured children and their families in a health care coverage program, several initiatives and program expansions have been recently implemented or in the process of being implemented. Provided below are these HFP/MCC improvements:

Healthy Families Expansions

To further reduce the number of uninsured children in California, the HFP was expanded on November 24, 1999. These program changes included: (1) expansion of income eligibility from 200 percent to 250 percent of the FPL; (2) expansion of HFP to cover children from birth to age one, in families with incomes between 200 and to 250 percent of the FPL; and (3) use of MCC income deductions in determining eligibility; and (4) providing one year of HFP coverage for qualified alien children who arrived in the United States after August 22, 1996. As a result, 134,582 additional children are eligible for HFP health care coverage. Since HFP began enrolling children on July 1, 1998, total enrollment has grown to over 250,000 children.

Medi-Cal Expansions

Effective March 1, 2000, there were two changes that provided a large expansion of the Medi-Cal program that will cover approximately 250,000 adults who are currently either on Medi-Cal with a share-of-cost or have only applied for Medi-Cal coverage for their children. One of those changes will allow parents in two-parent households who have an earned income less than 100 percent of the FPL to be eligible for Medi-Cal. The other change increases the income for the 1931(b) program to 100 percent of the FPL.

New Medi-Cal Mail-in Application

During fall 2000, the Medi-Cal program will adopt a new mail-in application for adults and families to use in applying for Medi-Cal. Applicants will no longer need to apply in person or have a face-to-face interview. The new mail-in application will follow the same format as the new joint HFP/MCC application, which has been well received as being simple to use. In addition, DHS will be developing a simplified Medi-Cal quarterly status report that will make it easier for Medi-Cal beneficiaries to remain on the program.

Projected Enrollments

While these efforts will lead to increased eligibility for the HFP/MCC programs, further modifications are necessary to the State's outreach approach in FY 2000-2001 to continue to increase HFP/MCC enrollments. The campaign will be challenged to make an impact on "harder-to-reach" populations and will need to initiate a number of different strategies to effectively reach and motivate targeted families to enroll in HFP/MCC. The Governor's FY 2000-2001 Budget proposes:

- Expanding the media effort by \$13.5 million to reach the "harder-to-reach" and as yet unenrolled eligible children that remain a challenge to enroll.
- \$5 million incentive payments for certified application assistants to help families enroll in HFP.
- Continued \$6 million funding of CBO contracts.

Media will continue to be an effective tool to educate the "harder-to-reach" population about the availability of children's health care coverage. Campaign activities will need to interface with local efforts being conducted by CBOs. A critical success in this outreach effort is the utilization of CBOs that currently serve the programs' target populations. The campaign's outreach plan must not only take advantage of these existing relationships, but it must also provide the CBOs with resources to be effective and to create long lasting support systems. To expand enrollments through increased media and effective advertising strategies that will reach targeted populations, the campaign will solicit input from partner groups, including the HFP/MCC Outreach and Education Advisory Committee, a network of community-based contractors, EEs and CAAs.

The Governor's budget proposes an increased budget of \$37.8 million for HFP/MCC education and outreach activities. The FY 2000-2001 education and outreach plan for HFP/MCC proposes the following:

- Continue contracts with CBOs for a total of \$6 million; \$164,000 is budgeted for the administration of these contracts.
- Conduct an expanded media effort (by \$13.5 million) with an increase to \$19.4 million for an advertising campaign that utilizes television, radio and print advertising to reach the "harder-to-reach", and as yet unenrolled children population. Survey data on uninsured children show the children eligible for Medi-Cal represent the "harder-to-reach" children. Specific media focus will be given to enrolling children in Medi-Cal.
- Continue the \$1.77 million advertising and public relations program to focus on expanding the enrollment of eligible children living in immigrant communities that are under served and linguistically diverse. \$1.3 million is budgeted for

advertising and \$470,000 for public relations.

- Continue the 1-888-747-1222 toll-free outreach line staffed with bilingual operators fluent in ten languages to support families in becoming familiar with both programs. The toll-free line staff also fulfills application requests from callers and mail-in referrals from school outreach efforts. \$2 million remains budgeted for this purpose.
- Support CBOs by providing training and technical assistance; collateral marketing materials and forms; camera-ready print advertising; PSAs that can be localized with a CBO's tag line; and a 800 telephone line for CAA questions about the application process. \$182,000 is budgeted for training and presentations; \$925,000 is budgeted for CBO support; and \$400,000 is budgeted for the toll-free telephone assistance to CAAs.
- Continue the \$50 application assistance fee for HFP/MCC enrollments. The continued budget of \$5 million for application assistance fees recognizes higher HFP enrollments based on the recent HFP expansions and HFP annual eligibility reviews (AER).
- Continue public relations activities at a slightly reduced level; increase focus on maintaining current corporate sponsors on increasing the number of new corporate sponsors; and obtain celebrity spokespersons for the program. \$600,000 has been budgeted for this purpose.
- Continue to develop and produce collateral marketing materials for use by enrolled entities, certified application assistants, public and private sponsors to generate public awareness about the programs and to increase enrollments. \$600,000 is budgeted for collateral development, distribution and postage.
- Continue to fund costs for the administration of the contracts, costs for business-related travel for contract staff, and costs to conduct research on the effectiveness of the campaign's outreach and education activities. \$250,000 is budgeted for this purpose.

DHS continually reviews short and long-term strategies to reduce the stigma associated with Medi-Cal. Those strategies being reviewed include:

- Outstationing Medi-Cal eligibility functions out of the county social services office and into the community.
- Expanding the use of the Medi-Cal mail-in application and the implementation of a toll-free telephone line to answer questions from Medi-Cal applicants.

- Emphasizing Medi-Cal as a health care program that includes coverage of working families and eliminating the perception of Medi-Cal as a welfare program. This process could include promotional collateral marketing material, a revised or new benefit identification card, and eventually a change in the name of the program.
- Media designed to inform the public about the changes in Medi-Cal such as the mail-in application, family coverage and enrollment in health plans.

Enrolling California's uninsured children will continue to require the leadership and effort of everyone: the Administration; state legislative and other constitutional officials; the federal government; counties; cities; community and religious leaders; school superintendents, principals, teachers and school boards; business leaders; labor unions; health care providers; and most importantly, the parents and families of uninsured children.

INTRODUCTION

On July 1, 1998, California's new Healthy Families Program (HFP) joined forces with the Medi-Cal for Children (MCC) program to provide low-cost and no-cost comprehensive health care coverage to the state's most vulnerable population – uninsured children under 19 years of age in low-income families. HFP is administered by the Managed Risk Medical Insurance Board (MRMIB), while MCC and the education and outreach campaign is administered by the California Department of Health Services (DHS). HFP provides low-cost medical, dental, and vision care coverage to uninsured children in low-income families who are not eligible for no-cost MCC. Monthly premiums are \$4 to \$9 per month with a maximum of \$27 per family. MCC provides no-cost comprehensive medical, dental and vision care coverage for children and pregnant women. Eligibility for both HFP and MCC is determined by family size, childrens' ages and family income. If a child qualifies for no-cost MCC, he/she does not qualify for HFP, but if the family income is too high to be eligible for no-cost MCC, the child may qualify for HFP.

Exhibit 1, entitled "Program Elements" provides a side-by-side comparison of HFP/MCC.

To further reduce the number of uninsured children in California, the HFP was expanded on November 24, 1999. These program changes included: (1) expansion of income eligibility from 200 percent to 250 percent of the FPL; (2) expansion of HFP to cover children from birth to age one, in families with incomes between 200 percent to 250 percent of the FPL; and (3) use of MCC income deductions in determining HFP eligibility. As a result, 134,583 additional children are eligible for HFP health care coverage. Since HFP began enrolling children on July 1, 1998, total enrollment has grown to over 250,000 children.

Exhibit 2 provides a detailed income guideline chart for both HFP and MCC based upon family size and age of the child.

The multifaceted, multilingual campaign was designed to ensure that the key campaign messages are delivered to target audiences. All campaign components work together to promote public awareness about the availability of health coverage through HFP/MCC. Together these efforts result in program enrollments. Community-based outreach through CBO contracts, EEs and CAAs along with a variety of school outreach activities are combined with advertising, public relations, collateral marketing materials and a toll-free information line to stimulate enrollments in HFP/MCC. Through this multifaceted campaign approach, we will continue to target California's diverse population to increase program enrollments.

In conducting the HFP/MCC education and outreach campaign, DHS has contracted with Runyon Saltzman and Einhorn (RS&E), as the prime contractor. RS&E has the responsibility for overall contract administration and oversight of the subcontractor team that includes Hill and Knowlton (H&K), Richard Heath and Associates (RHA), Electronic Data Systems (EDS), the Bravo Group; DAE Advertising, consultant DISCRETION and The National Health Foundation (NHF).

Exhibit 3 provides a description of the roles and responsibilities of the campaign's contractor and subcontractors and organization chart.

Statutory Reporting Requirement

Section 14067 of the Welfare and Institutions Code requires that DHS, in conjunction with MRMIB, develop and conduct a community outreach and education campaign to help families learn about, and apply for, HFP/MCC programs.

In conducting the campaign, DHS, in conjunction with MRMIB, continues to obtain input from, and contract with, various entities and programs that serve children, including, but not limited to, the California Department of Education; counties; the Women, Infants, and Children program agencies; Head Start and Healthy Start programs; and CBOs that assist potentially eligible families and children in the outreach, education, and application completion process.

Section 14067 also requires that an annual outreach plan be submitted to the Legislature by April 1 of each FY. The plan must address both HFP and MCC, and must include:

- 1) Specific milestones and objectives to be completed for the upcoming year and their anticipated cost.
- 2) A general description of each strategy or method to be used for outreach.
- 3) Geographic areas and special populations to be targeted, if any, and why the special targeting is needed.
- 4) Coordination with other state or county education and outreach efforts.
- 5) The results of previous year outreach efforts.

Report's Format

This report highlights HFP and Medi-Cal program expansions, HFP/MCC Campaign Budget for FY 1999-2000 and FY 2000-2001, the HFP/MCC Campaign Outreach Plan for FY 2000-2001, and an evaluation of FY 1999-2000 campaign activities.

IMPROVEMENTS TO INCREASE ENROLLMENT

During FY 1999-2000, the HFP/MCC campaign implemented a variety of innovative activities to increase public awareness about the availability of HFP/MCC and increase enrollments. Campaign accomplishments include:

- Governor Davis announced that First Lady Sharon Davis would be the official spokesperson for the HFP. Mrs. Davis' participation in campaign outreach activities included radio and television PSA and media events.
- Implemented a new \$1.77 million advertising and public relations program to focus on the expanding enrollment of eligible children living in immigrant communities that are under served and linguistically diverse.
- Expanded the community-based contract allocation from \$1 million during FY 1998-1999 to \$6 million in FY 1999-2000, resulting in 72 contracts being awarded throughout the state.
- The Governor's revised FY 1999-2000 Budget increased incentive payments for certified application assistants by \$1.5 million due to increased enrollments in HFP/MCC.
- Successful school outreach activities resulted in more than 35,000 requests for the HFP/MCC application during the first six months of FY 1999-2000.
- Advertising periods increased toll-free call volume from 700-800 per day to more than 1900 calls per day.

One of the Administration's highest priorities is to extend health care coverage to additional children and enroll all uninsured eligible children in health care coverage programs. The Governor's 2000-2001 Budget proposes these enhancements:

- \$5 million incentive payments for certified application assistants to help families enroll in HFP/MCC.
- Continued \$6 million funding of CBO contracts.
- Expanding the media effort by \$13.5 million to reach the "harder-to-reach" and as yet unenrolled eligible children that remain a challenge.

The characteristics of "*harder-to-reach*" populations may include families who: have not yet received HFP/MCC information; distrust or have misinformation about government programs; believe government sponsored health care programs are low-quality; do not apply for government-sponsored health care coverage because of the stigma associated with receiving public aid; live in rural or isolated geographic areas; have a transient lifestyle or are migrant workers; are from underenrolled immigrant or

linguistically diverse communities; have uninsured teenage children, and lack knowledge of the importance of preventive health care, particularly for their teenage children.

To increase enrollment of eligible uninsured children and their families in health coverage several initiatives and program expansions have been recently implemented or are planned to be implemented in early FY 2000-2001. A description of these improvements to the Medi-Cal and Healthy Families program are described below.

Medi-Cal Expansion

Effective March 1, 2000, there were two changes that provide for a large expansion of the Medi-Cal program that will cover approximately 250,000 adults who are currently either on Medi-Cal with a share-of-cost or have only applied for Medi-Cal coverage for their children. Additionally, this expansion covers an unknown number of families who have not applied for Medi-Cal. Implementation of this program provides an opportunity to significantly reduce the number of uninsured adults in California. One of those changes will allow parents in two-parent households who have an earned income less than 100 percent of poverty, to be eligible for Medi-Cal. The other change increases the income eligibility for the Medi-Cal Section 1931(b) program to 100 percent of the FPL.

New Medi-Cal Mail-in Application

During fall 2000, the Medi-Cal program will adopt a new mail-in application for adults and families to use in applying for Medi-Cal. This will eliminate a major barrier for people applying for Medi-Cal. Applicants will no longer need to apply in person or have a face-to-face interview. The new mail-in application will follow the same format as the new joint HFP/MCC application, which has been well received as being simple to use. DHS has asked counties and members of the health care advocacy community to review the draft application and status reporting materials. In addition, DHS will develop a simplified Medi-Cal quarterly status report that will make it easier for Medi-Cal beneficiaries to remain on the program.

As part of the simplification, the quarterly status reporting form that asks beneficiaries, utilizing simple check boxes, to report if there have been changes in their household, income or property circumstances.

Public Charge

In last year's report to the Legislature, DHS identified public charge as an important barrier to the participation of some immigrants in the HFP/MCC. In May 1999, the United States Department of Justice and the Immigration and Naturalization Service (INS) issued a proposed regulation and field guidance on public charge to address the public confusion about how public charge policies would be applied to immigrants who received public benefits. In conjunction with the publication of the proposed regulation, the INS also published its own fact sheet and a series of questions and answers on

public charge. The Department disseminated the INS fact sheet and questions and answers to all county welfare directors, EEs and CAAs in June 1999. The fact sheet was also provided to the toll-free phone line operators who were instructed to provide the fact sheets to persons who requested them.

Therefore, in 1999 DHS, in cooperation with MRMIB, took steps to provide counties and CBOs with the most current public charge information available. This effort included the distribution of INS public charge fact sheets in English and Spanish-language. Both programs distributed the fact sheets in an effort to provide clarification about public charge as it relates to the HFP and MCC programs.

Healthy Families Program Expansions

The FY 1999-2000 budget provided for the expansion of the HFP to allow more children of low-income families access to affordable health care coverage. The main components of the expansion included:

- Increasing income eligibility levels from 200 to 250 percent of the FPL;
- providing HFP coverage to infants from birth to age 1 with household income between 200 to 250 percent of the FPL. Applicants are able to apply for HFP coverage for an infant up to 3 months prior to the birth of the child.
- Applying Medi-Cal income deductions (for work expenses, child care, alimony, and child support) when determining eligibility for HFP.
- Providing one year of HFP coverage for qualified alien children who arrived in the United States on or after August 22, 1996.
- Expanding the definition of an applicant to include an emancipated minor, or a minor who is not living in the home of a natural or adoptive parent, legal guardian, caretaker relative, foster parent, or stepparent.

As a result of these changes, approximately 134,582 additional children became eligible for HFP, raising the total number of potentially eligible children for the HFP to 496,143.

Implementation of HFP Expansions

On July 27, 1999, the State implemented the expansion of coverage to qualified alien children who entered the United States on or after August 22, 1996. This component of the HFP expansions is state-funded and it did not require submission of an amendment to its State Plan for federal review and approval. Since implementation of this component of the expansion, the State also notified prior applicants whose children were denied HFP coverage due to their date of entry into the United States that their children may now be eligible and encouraged families to submit new applications. Also on July 27, 1999, the definition of an applicant was implemented and did not require submission of an amendment to the State Plan.

Federal Approval

Since HFP is funded through state and federal funds, the State submitted the State Plan Amendment (SPA) and requested approval from the Health Care Financing Administration (HCFA) to obtain Federal Financial Participation (FFP) for HFP expansion. On November 23, 1999, the SPA for the other three expansions was approved. The day following receipt of the approval on the expansion, the State began processing applications under the expanded income eligibility guidelines.

Outreach on Expansions

Upon federal approval of the SPA, a press release was issued by Governor Davis announcing the HFP expansions. In addition, the following actions were implemented by the State to publicize the HFP enhancements:

MRMIB:

- updated the HFP/MCC application in conjunction with DHS, and the HFP handbook;
- distributed a letter explaining the changes in income guidelines and included an application to all families who were denied HFP eligibility due to excess income since July 1998;
- notified all HFP plans; and
- collaborated with other children's health plans, such as Kaiser Permanente Cares for Kids and California Kids, to coordinate efforts to announce changes in HFP eligibility and expansions.

DHS:

- included an announcement of the HFP expansions in the February 2000 issue of the Medi-Cal Provider Bulletin;
- issued an All County Letter to all county administrative officers and county welfare, public health and mental health directors; and
- through its School Health Connections Office integrated HFP expansion information into its school outreach activities and materials.

HFP/MCC campaign:

- issued an informational bulletin to notify HFP/MCC EEs about the HFP enhancements;
- revised the HFP/MCC training materials and the reference manual;
- trained toll-free operators and provided State-approved scripts to advise callers about the HFP's expansions to respond to questions from CAAs regarding the new expansions;
- updated HFP/MCC television ads; distributed PSA announcer copy in English and Spanish-language to radio stations; and scheduled a series of radio talk show interviews with MRMIB Spanish-language staff.

Future HFP Expansion Components from the FY 1999-2000 Budget

As a result of community groups' interest in sponsoring children's monthly premiums while the family learns about and becomes accustomed to having health care for their children, the FY 1999-2000 budget also changed state statute to allow family sponsors to pay the family's premiums for the first 12 months of enrollment. MRMIB approved the regulations at the November 8, 1999, meeting. The State submitted a SPA to HCFA on December 3, 1999, and it was approved in March 2000. The Family Contribution Sponsor program is viewed by the State as a new component of its multifaceted outreach effort.

**HEALTHY FAMILIES
AND MEDI-CAL FOR CHILDREN
EDUCATION AND OUTREACH BUDGET
(DOLLARS IN THOUSANDS)**

	Revised FY 1999- 2000	Proposed FY 2000- 2001
Outreach and Assistance		
CBO Contracts	\$ 6,000	\$ 6,000
Administration of Contracts	164	164
Application Assistance Fee	2,500	5,000
Payment Processing Fee	538	450
Total	\$ 9,202	\$ 11,614
Outreach Support		
Collateral Material & Distribution	\$ 553	\$ 600
Training/Presentations	329	182
Applicant Assistant 800 Line	450	400
CBO Support Staff/Reporting	1,164	925
Advertised Toll-Free 888 Line	2,005	2,080
Total	\$ 4,501	\$ 4,187
Education		
Advertising	\$ 5,900	\$ 19,400
Public Relations	727	600
Administration/Research/Travel	300	250
Total	\$ 6,927	\$ 20,250
Focus on Immigrant Communities		
Advertising	\$ 1,300	\$ 1,300
Public Relations	470	470
Total	\$ 1,770	\$ 1,770
Grand Total	\$ 22,400	\$ 37,821

FY 2000-2001 OUTREACH PLAN

OUTREACH AND ASSISTANCE COMPONENT

The objective of the outreach support component of the HFP/MCC campaign in FY 2000-2001 will be the continued support and expansion of CBO outreach to families of potential applicants, with added focus on organizations that target the “harder-to-reach” populations. To facilitate the CBO’s individual needs and strategies, CBOs will be able to apply for contract funds or receive application assistance fees. The State will continue to support CBOs with toll-free telephone lines for eligibility policy clarifications, publish informational newsletters about programmatic or policy changes and clarifications, provide appropriate training/presentations, and distribute applications and collateral marketing materials.

CBO Contracts

Plan: \$6 million is budgeted for CBO Contracts in FY 2000-2001.

Due to the procurement process, these contracts were executed in February and March 2000. DHS and MRMIB will amend the current FY 1999-2000 HFP/MCC contracts and extend these existing contracts through June 30, 2001 to allow CBOs appropriate time to fully implement their outreach strategies and develop their infrastructure. These contracts are performance-based and require measurable outcomes such as successful enrollments. These contract extensions will avoid a gap in outreach services that would occur if DHS were to pursue a re-procurement of these contracts at this time.

The activities performed under these outreach contracts include providing linguistically and culturally appropriate information and services in areas that are heavily frequented by the target populations. The contractors increase public awareness about the importance of preventative health care and the availability of no-cost and low-cost health care programs through non-English video and radio PSAs, cable access television, news and magazine articles, and radio talk show programs. These local media outreach activities complement the State’s broader statewide media and public relations campaign.

The contractors are heavily involved in many local community and school events, conduct presentations at work sites with large numbers of low-wage or part-time employees, canvass the neighborhoods at laundromats, cultural centers, shopping malls, door-to-door residences, etc. Most contractors offer flexible hours for appointments to complete the application form. A number of contractors have mobile “offices” and travel to remote or rural locations to reach families who are geographically isolated or living in rural areas. A number of school districts were awarded contracts and are collaborating with CBOs, parent volunteers, and local businesses to increase enrollments and spread public awareness about the link between a child’s health status and academic success.

Administration of Contracts

Plan: Because the objective of these contracts is outreach, and may involve a significant amount of local media development, RS&E will be allocated \$164,000 for staff to administer the \$6 million contracts. This will include provision of technical assistance to the contractors regarding media and initial monitoring to ensure that progress reports are submitted with invoices and that the amount invoiced is supported by the progress reports. Invoices and progress reports will then be forwarded to DHS for review of performance outcomes and payment.

Application Assistance Fees

Plan: \$5 million is budgeted for application assistance fees in FY 2000-2001. The extent to which the HFP/MCC enrollments made by the \$6 million CBO contracts may reduce the projected need for increased funds for application assistance fees cannot be accurately determined at this time.

The \$50 application assistance fee for HFP/MCC and the \$25 AER fees will continue to sustain the efforts of the CBO network. The fees allow the CBOs to have an option on how to fund their outreach activities based on their individual organizational needs, choosing between CBO contracts or application assistance fees. The increased budget needed for FY 2000-2001 recognizes higher HFP enrollments based on the recent HFP expansions and HFP annual eligibility review (AER).

Payment Processing Fees

Plan: \$450,000 is budgeted for payment processing in FY 2000-2001.

The payment process for the application assistance fees was improved and streamlined in FY 1999-2000 with the new 4-page application, enhancements to the payment processing system, and revisions to the monthly activity reports to EEs. Existing operator staff from the advertised toll-free line will continue to answer calls from EEs who are inquiring about their payments, resulting in faster response to these calls. For CBOs awarded HFP/MCC contracts, the \$50 fees will continue to be electronically blocked for applications that were completed during the contract period. Monthly activity reports will continue to be generated for CBOs, both those receiving the \$50 and those who have HFP/MCC contracts, to track their applications.

OUTREACH SUPPORT COMPONENT

Collateral Marketing Materials and Distribution

Plan: \$600,000 is proposed for collateral development, production, reprinting, and distribution in the FY 2000-2001 budget.

In order to be responsive to the continued high volume of requests for collateral marketing materials by CAAs, EEs, CBOs and sponsors, the campaign will maximize the available budget and build upon the initial set of basic collateral marketing materials

developed and produced in previous fiscal years. The campaign will concentrate on making collateral marketing materials available to CAAs, EEs, and CBOs via the Healthy Families Web site, www.healthyfamilies.ca.gov. Focus will also continue on the development of more ready-to-copy materials for CAAs, EEs, and CBOs to customize and reproduce, such as the camera-ready flyer.

In developing materials, input will be obtained from the HFP/Medi-Cal Outreach and Education Advisory Committee and testing will be conducted through community-based contractors prior to development and final production. Collateral marketing materials will continue to be produced in English and Spanish, and to the extent that the limited funding permits, in the other eight threshold languages, including Korean.

Training/Presentations

Plan: \$182,000 is budgeted for training and presentations in FY 2000-2001.

RHA has provided CAA training to approximately 2,800 EEs and over 11,000 CAAs who continue to actively enroll families into these programs. Based on the extensive training provided during the last two years and the high number of trained active EEs, fewer training sessions will be needed in FY 2000-2001. Future training sessions will be provided to accommodate turnover in CBO staff, as well as limited refresher training on an as-needed basis. Funds will also be used, when necessary, to update the CAA Reference Manual.

Application Assistant Toll-free Line (1-888-237-6248)

Plan: \$400,000 is budgeted for the Application Assistant Toll-free Line in FY 2000-2001.

RHA provides technical assistance on the joint HFP/MCC application in English and Spanish-language through their toll-free HELP line, which is operational Monday through Friday, from 7:45 a.m. to 6 p.m. CAAs with questions about income, eligibility, and family composition can obtain assistance from an operator while completing an application for a family. Operators also link organizations with active local EEs, accept requests for program materials or training, update the RHA database of EE/CAA information, and refer callers to the appropriate State contractor for questions on advertising, public relations, and reimbursements. Since most CBOs and CAAs have more than one year of experience in working with the HFP/MCC programs, it is anticipated that the volume of calls from CAAs requiring technical assistance on the application will decrease in FY 2000-2001.

CBO Support Staff Reporting

Plan: \$925,000 is budgeted for this purpose in FY 2000-2001.

RHA will continue to provide support to the network of CBOs by processing collateral marketing material orders, sending out informational newsletters to EEs and contracting CBOs, referring to EEs callers who request assistance in completing the application

when they call the toll-free information line, and linking CAAs to events where application assistance has been requested. RHA's updated database of active EEs will allow RHA to provide faster and more cost efficient services through extensive use of E-mails, "Fax blasts," and Web pages.

Advertised Toll-Free Line (1-888-747-1222)

Plan: \$2 million is budgeted for support of the toll-free line in FY 2000-2001. Calls to the toll-free line will continue to be evaluated to determine the staffing level and languages of operator assistance needed to support campaign enrollment objectives.

The statewide toll-free information line service is a key component to all aspects of the campaign and funding will continue for this activity to meet the demands of advertising, public relations activities, sponsorships, and collateral marketing materials. Operators are available from 8 a.m. to 8 p.m., Monday through Friday.

The current operator staff of 21 operators are fluent in ten languages and will continue to respond to the 1-888-747-1222 caller requests for applications. The number continues to appear on all collateral marketing materials and media as a call-to-action for families to obtain information about HFP/MCC and may be used by CBOs in local advertising efforts. Quality customer service continues to be a high priority for this activity.

School Outreach

Plan: Funding for this activity is primarily from the Packard Foundation in the form of a \$243,000 grant for the period January 2000 through December 2000. This funding is subject to annual renewal. Additionally, \$200,000 is proposed from the FY 2000-2001 HFP/MCC campaign to support successful school outreach activities such as informational mailings to schools and duplication and distribution of HFP/MCC campaign flyers in schools.

Future implementation goals for FY 2000-2001 include providing technical assistance to state and local-level partners on HFP/MCC outreach and enrollment efforts targeted to schools; maintaining and expanding partnerships with state-level, school-affiliated associations to encourage local members to take an active role in outreach and enrollment efforts; completing mailings to at least 8,000 opinion leaders including school boards and superintendents; developing and distributing three statewide newsletters to school-affiliated organizations; placing articles in at least seven school-affiliated organizational newsletters; establishing Web site linkages; exhibiting at school-related professional conferences; and distributing collateral marketing materials to approximately 6,000 agencies.

School Health Connections, along with its partners, will continue to work through schools to conduct outreach via the School Lunch Program as well as to integrate outreach through other existing school activities. This is critical to reach children who are either not eligible for Free and Reduced Price Meals or who choose not to participate in the School Lunch Program but are still eligible for HFP. Many teens, for

example, choose not to participate in the School Lunch Program. Therefore, other outreach mechanisms to reach teens will be explored.

In addition, School Health Connections will explore ways to enhance current tracking mechanisms that will further measure which methods are most effective.

EDUCATION COMPONENT

The objective of the education component of the HFP/MCC campaign for FY 2000-2001 will be to implement new aggressive steps targeting the "harder-to-reach" and as yet unenrolled eligible children. Based upon the findings of the HFP/MCC Public Awareness Survey and input received from the HFP/Medi-Cal Outreach and Education Advisory Committee and community-based contractors, creative strategies will be developed, tested, produced, and broadcast to increase public awareness about the availability of HFP/MCC and the benefits of enrolling children in health care coverage (as well as the need for annual re-enrollment). New creative materials will be produced and advertising will be placed throughout the state to educate families about the importance of preventive health care coverage. Also, planned media will generate calls to the toll-free information line for individuals seeking free information about HFP/MCC and to request an application. A description of each education strategy to be completed in the upcoming year is provided below:

Advertising

Plan: FY 2000-2001 advertising expenditures are being increased to \$19.4 million.

In both FY 1998-99 as well as FY 1999-2000, toll-free call volume indicates that statewide media advertising (English and Spanish-language television and radio ads) is a very effective tool in providing general awareness of HFP/MCC and elicits a strong call-to-action from the target population. Combined with local community outreach, media advertising supports and enhances the campaign reach to the diverse HFP/MCC target populations.

As a result of the recent HFP expansions, 134,582 more children are eligible for HFP/MCC. Media is an effective tool to educate this population about the availability of children's health coverage. The campaign will be challenged to make an impact on "harder-to-reach" populations and will need to initiate a number of different strategies to effectively reach and motivate targeted families to enroll in HFP/MCC. Increased funding will help DHS meet the challenge to reach and enroll every HFP eligible child. Campaign activities will need to interface with local efforts being conducted by CBOs. In determining the most effective advertising strategies that will reach targeted populations, the campaign will request input from partner groups, including the HFP/Medi-Cal Outreach and Education Advisory Committee, the network of community based contractors, EEs, and CAAs as well as refer to the results of the public awareness survey and conduct focus groups with the targeted population.

The level and type of advertising could be geared toward local community efforts supported by statewide exposure or may be targeted to specific under enrolled communities. For example, advertising can be targeted to various communities (such as Latino, African-American, or rural) and can be broadcast during specific times, i.e., August-September (back-to-school time), or could be broadcast continually at the same level throughout the year. Outdoor and print advertising are effective methods of reaching other targeted, non-English speaking populations at a relative low cost.

However, these methods are secondary to the more effective television and radio advertising.

This increased advertising budget will continue to support statewide English and Spanish-language television and radio advertising that will maintain overall campaign exposure, while at the same time launch new community-based and regional advertising efforts. Additionally, the increased funds will enable the campaign to implement new advertising strategies, such as purchase of local newspaper advertising or other local media outlets to target populations that are not reached by other traditional media or local community outreach. To further increase the State's partnership with CBOs, advertising materials may be designed and produced for local customization by community-based contractors and EEs. Advertising mediums such as outdoor advertising (i.e., billboards), could be utilized to impact areas where television and radio broadcasts are not accessible.

For FY 2000-2001, statewide media purchases will be targeted to the groups who are under enrolled in HFP/MCC. These purchases would be focused on "harder-to-reach" and as yet unenrolled eligible children as well as the existing HFP enrollees who must reenroll annually. In targeted communities, the campaign also may develop and produce paid advertising spots featuring celebrity spokespersons to increase reach to the Latino and African-American communities. New HFP/MCC messages, and specific messages on improvements and expansions in Medi-Cal may be developed, such as the mail-in application, expanded eligibility for working parents and availability of health plans. To help support community partners' outreach efforts, a short video compilation of new advertising messages and testimonials could be produced for use in waiting rooms, school functions, health fairs, and other community outreach venues. DHS/MRMIB also will incorporate a strong anti-tobacco use focus where appropriate in media messages for the HFP/MCC campaign. These messages will be directed primarily toward the reduction of teen smoking and increasing awareness regarding the harmful effects of secondhand smoke.

Public Relations

Plan: Funding of \$600,000 will be focused primarily on public relations activities that publicize the campaign's continuing achievements, programmatic improvements, and successes to increase enrollments.

Public relations continues to be an important function of the overall education and outreach campaign strategy to reach the campaign target audience, publicize positive sponsorship relationships, and expand future sponsorship opportunities. FY 2000-2001 will maintain the momentum gained during this past year. HFP spokesperson First Lady Sharon Davis was featured in events to publicize enrollment milestones and program improvements. The need for state-funded promotional events will be similar in FY 2000-2001. Further, it is expected the CBO contractors will enlist the support of local media to publicize the programs according to their individual outreach strategies.

Maintaining ongoing relationships with current corporate sponsors that provide valuable exposure continues to be a priority. Sponsorship partnerships with supermarket and drug store chains such as Albertson's/Sav-On, Raley's/BelAir, and Long's that print HFP/MCC information on their milk cartons, bags and checkout coupons, and Edison International, which printed English and Spanish-language HFP/MCC information for the second year in 4.5 million southern California utility billings, provide the campaign with widespread exposure that extends and supports the paid advertising and public relations media messages.

Based upon our past successes with enlisting sponsors, the campaign will continue activities with sponsors that require minimal sponsor's time and involvement yet result in high exposure for HFP/MCC. Activities such as distribution of collateral marketing materials in banks, supermarkets, drugstores and other frequently used venues have been an effective way to publicize the availability of HFP/MCC.

Other planned sponsorship activities for FY 2000-2001 include the following:

- Continuing the effort to establish additional sponsors that serve African-Americans, Latinos, and other underenrolled target populations.
- Continuing to solicit sponsors to underwrite or partially underwrite new collateral marketing materials, incentives, bus boards or other advertising.

The pro bono involvement of spokesperson and leaders to augment the activities of First Lady Sharon Davis will continue by enlisting the support of celebrities or locally recognized personalities with established credibility in the underserved Latino and African-American communities. Celebrity spokespersons may be featured in PSAs paid advertising and public relations events to increase public awareness about HFP/MCC. During the PSA development process, input and advice from the target audience and community advisors will be obtained.

Administration/Research/Travel

Plan: \$250,000 is proposed for FY 2000-2001 budget to fund these activities.

RS&E, as the prime contractor, oversees and administers DHS contract 97-11933 in accordance with specified contract terms. RS&E is responsible for the work of all subcontractors, submission of all deliverables, such as work plans, deadlines, budgets and billing issues, and reporting to DHS via weekly status reports.

Research guides the advertising program from creative concepts to implementation by measuring and improving the effectiveness of the paid media program as it relates to theme, audience, media, tonality, key messages, and calls-to-action, if any. The Department has recently completed a comprehensive public awareness survey that is detailed on page 53 of this report. During FY 2000-2001, research will continue to employ formal and informal focus groups with target audiences that include Latinos,

African-Americans, and Asians to ensure camping messages and strategies are understood by targeted groups.

Advertising and Public Relations to Expand Enrollments in Immigrant Communities

Plan: \$1.77 million is proposed for FY 2000-2001 to targeted advertising and public relations to focus on expanding enrollment of children living in immigrant communities that are under served and linguistically diverse. During FY 1999-2000 this focus was broadened to include outreach in under enrolled African-American communities.

In FY 2000-2001 this activity will be further developed using the creative strategies designed during FY1999-2000 that deliver campaign messages in a simple, yet empowering manner that raise overall public awareness about HFP/MCC. The campaign will consult with the HFP/Medi-Cal Outreach and Education Advisory Committee and community-based contractors to ensure that these activities interface with community efforts. Additionally, as part of the State's anti-smoking effort, the campaign will include an anti-tobacco message in components of this HFP/MCC outreach effort.

FY 2000-2001 activities will incorporate local media buy partnerships, media relations and sponsorship support. Targeted advertising and public relations activities that complement each other and expand other campaign activities will be continued based upon their success to generate public awareness and increase enrollment in HFP/MCC during FY 1999-2000.

These activities may include continuation of the Latino community outreach through distribution of fotonovelas in urban and rural Spanish-language community newspapers and additional distribution through community-based partners, local radio talk shows, and partnerships with media groups, such as Univisión.

To target the African-American community, the campaign may continue increased media purchases on radio stations with high African-American participation and television advertising on the Black Entertainment Television cable network in selected markets.

To reach Asian populations, the campaign may continue the use of in-language radio, print advertising and radio talk-show programming along with complimentary in-language news articles that maybe submitted to ethnic community newspapers and can also be reprinted and shared with community-based partners.

To target the Armenian and Russian communities, radio and print advertising may continue along with complimentary in-language news articles that will be submitted to ethnic community newspapers and can be reprinted and shared with community-based partners.

Additionally, the Farsi and Cambodian communities may be reached with various public relations activities such as news articles that may be submitted to ethnic newspapers and enrollment materials that can be shared with community based partners.

EVALUATION OF THE FY 1999-2000 OUTREACH AND EDUCATION CAMPAIGN

BACKGROUND/INTRODUCTION

Statutory Authority

State law mandated that the HFP/MCC outreach and education campaign be a joint effort between MRMIB and the DHS. The State was charged with the responsibility of creating a comprehensive public awareness and outreach campaign that targeted qualifying low-income working families and encouraged them to apply for, and enroll in, the low-cost or no-cost State health coverage programs. Education and outreach efforts were to be multicultural and specifically target families in a wide variety of ethnic groups, including the Latino, African-American, and Asian communities.

Federal Authority

In August 1997, the federal Social Security Act was amended to add Title XXI, which established CHIP. Funding for CHIP was enacted by the Balanced Budget Act of 1997 and provided additional options to states to initiate comprehensive medical care programs for eligible low-income individuals.

State Authority

The California Legislature adopted two options provided in the federal Balanced Budget Act of 1997. These options allowed states to:

- Expand no-cost Medicaid coverage for children ages 14 up to 19 whose family income does not exceed 100 percent of the FPL; waive the asset test for children in the FPL programs; and provide a one-month Medi-Cal “bridge program.”
- Establish a low-cost health insurance program (i.e CHIP) for children ages 1 up to 19 who do not qualify for no-cost Medi-Cal and whose family income does not exceed 200 percent of the FPL.

These options resulted in HFP/MCC. In addition, the Legislature passed related bills mandating an education and outreach campaign to increase public awareness about the availability of these new programs to reduce the number of uninsured children in California:

- Welfare and Institutions Code, Section 14067 authorized Medi-Cal to develop and use a simplified application; make children ages 14 to 19 whose family income is up to 100 percent of the FPL eligible for coverage; and develop and operate the education and outreach campaign.
- AB 1126 (Chapter 623, Statutes of 1997) established HFP to provide health care coverage to no-cost Medi-Cal eligible, uninsured children ages 1 through 18.

- AB 1572 (Chapter 625, Statutes of 1997) appropriated funds to MRMIB and DHS for administrative start-up costs for the mandated education and outreach campaign.
- SB 391 (Chapter 294, Statutes of 1997) specifically mandated that DHS, in conjunction with MRMIB, develop and conduct a community outreach campaign to help families learn about, and apply for, HFP and Medi-Cal.

Role of DHS, MRMIB and Healthy Families Advisory Groups

DHS and MRMIB are mandated by state law to develop and conduct community education and outreach activities that create public awareness about, and encourage and assist families to apply for, HFP/MCC. In conducting this campaign, DHS must elicit input from and contract with various entities and programs that are in contact with potentially eligible families and children. To assist in this process, DHS and MRMIB are guided by a 14-member Advisory Panel and a 7-member Outreach and Education Campaign Advisory Committee.

DHS has primary responsibility for developing and implementing the HFP/MCC education and outreach campaign activities. In addition to assisting in the development of the campaign, it is MRMIB's role to provide policy and administrative oversight for HFP.

Healthy Families Advisory Panel

State law mandated that MRMIB appoint a 14-member Healthy Families Advisory Panel effective February 1, 1998. The purpose of the panel is to advise MRMIB on policies, regulations, operations, and program implementation measures.

HFP/Medi-Cal Outreach and Education Campaign Advisory Committee

This committee was established to provide DHS and MRMIB with broad-based community input, recommendations, and advice regarding the campaign's education and outreach activities to help more low-income families obtain the health care their children need. DHS and MRMIB work closely with the committee, as well as a number of community groups, to develop and implement the various facets of the outreach and education campaign.

Number of Uninsured Children

MRMIB and DHS still find it difficult to determine the size and composition of the target population due to the lack of a reliable data source and the large fluctuations that result from analysis of Current Population Survey (CPS) data. The best available estimates on the number of uninsured children in California are based on analysis of federal CPS data and are provided by the University of California at Los Angeles (UCLA) Center for

Health Policy. While this data source is commonly accepted as the "best available," it relies on a small sample size and therefore is subject to large year to year variations. In addition, the CPS does not specifically ask families if their children are uninsured, instead it relies on a "residual" calculation in which persons are assumed to be uninsured if they do not identify one of the survey's sources of coverage. Many observers believe this tends to overstate the actual number of uninsured persons.

Throughout 1999, MRMIB and DHS used estimates released in February 1999 by the UCLA Center. The UCLA Center's February 1999 estimates were based upon the March 1998 CPS and projected that there were 1.1 million children statewide who were eligible for either MCC or HFP. Of the 1.1 million children potentially eligible, 788,000 children were estimated to be eligible for Medi-Cal and 328,000 for HFP.

The most recent projections of the number of children eligible for HFP and MCC were released in January 2000 by the UCLA Center.

- Using the March 1999 CPS, the UCLA Center projects that even without incorporating the number of children newly eligible for HFP due to the expansion of the program, there was an increase in the total number of uninsured children eligible for either MCC or HFP from 1.1 million to 1.26 million. Of the 1.26 million children potentially eligible, an estimated 838,000 children were eligible for MCC and 424,000 were eligible for HFP. The CPS historically under reports Medi-Cal enrollments and thus the number of people reported as Medi-Cal eligible but unenrolled is overstated
- When the expansion of HFP is incorporated into the FY 2000 projections, the UCLA Center estimates that there are 1.48 million uninsured children eligible for MCC or HFP. Of the 1.48 million children potentially eligible, 838,000 children are eligible for MCC and 639,000 children are now eligible for HFP.
- It should be noted that the March 1999 CPS queries families about their health coverage status in 1998. The HFP opened in July 1998 and therefore the impact of the program is unlikely to be reflected in the 1999 CPS data.
- An additional 277,000 uninsured citizen and legal immigrant children remain ineligible for either program due to having a family income above 250 percent of the FPL.

The estimates provided by the UCLA Center should be viewed as rough approximations, as noted above, since the sample size of uninsured children in the CPS is small and may therefore yield imprecise estimates. Another factor that may adversely affect the accuracy of the estimates is the fact that the UCLA Center must adjust the data to exclude children who are ineligible for HFP or full-scope Medi-Cal due to their immigration status. The estimates of the number of children who are ineligible due to their immigration status are not precise.

Exhibit 4 details the most recent estimates of uninsured children in California by the UCLA Center.

HFP Enrollment Projections

As of June 30, 1999, MRMIB had enrolled approximately 138,000 children into HFP, or 42 percent of the 328,000 children projected to be eligible for HFP. MRMIB projects that current year enrollment for HFP will be 279,450 by June 30, 2000. As part of the May 2000 revision to the Governor's budget, MRMIB is in the process of considering a revision of the projected enrollment figure based upon the newly released estimates from the UCLA Center.

Since HFP began enrolling children on July 1, 1998, total enrollment has grown to over 250,000. More information and outreach about the HFP expansions will contribute to the growth and enrollment.

FY 1999-2000 OUTREACH CAMPAIGN

For the FY 1999-2000, the campaign's budget was designated to four major areas: **(1) Outreach and Assistance** consisting of CBO contracts, administration of contracts, application assistant and payment processing fee; **(2) Outreach Support** such as collateral marketing materials and distribution, support for EEs, CAAs and applicant toll-free information services; **(3) Education**, including advertising, public relations, administration, research, travel and the public awareness survey; and **(4) Focus on Immigrant Communities**, including targeted advertising and public relations.

CBO Contracts

CBO contracts were awarded by the State to strengthen the community infrastructure to sustain local HFP/MCC outreach activities and increase enrollments of targeted uninsured children in these programs. It has been reported by numerous sources that targeted families are more likely to enroll their children into a health care program when outreach is conducted by a recognized and trusted CBO that understands the target population's cultural and linguistic needs.

Mini Contracts

One million dollars (a maximum of \$50,000 per contractor) was awarded effective March 1, 1999 through September 30, 1999, to fund 34 HFP/MCC mini contracts. The mini contracts complemented the statewide HFP/MCC media and public relations activities with local grass roots outreach. Contractors were to use these funds to enhance existing outreach activities and reach the target population.

Based upon the progress reports submitted by the mini contractors, many had utilized contract funds to purchase varying amounts of local media, including ethnic media, to increase public awareness about the HFP/MCC programs and promote enrollment events. Some organizations taped infomercials or produced ads for non-English language cable access and local television. Most organizations developed and distributed flyers throughout their neighborhoods to promote enrollment events at health fairs, schools, and other local venues. Rural outreach was targeted by some contractors. These contractors visited work sites, clinics, schools, and homes to increase public awareness about available health care programs and to overcome fears and misconceptions about public charge policies. Participating school districts have also been successful in their outreach activities due in large part to the active involvement of a large support base consisting of parent volunteers, committed school staff, and local businesses.

Exhibit 5 provides a table of the \$1 million HFP/MCC contracts awarded to CBOs.

\$6 Million Community-Based Contracts

DHS awarded \$6 million in community-based contracts to 72 community organizations (maximum amount of the awards were \$100,000 for a single entity and \$200,000 for a collaborative). The contracts were awarded in December 1999 or January 2000 (depending upon the individual proposals) through September 30, 2000. The FY 1999-2000 State Budget Act appropriated up to \$2 million in State General Fund for advance payments to these contractors.

These contracts are performance-based, requiring measurable outcomes, such as successful enrollments or media development and placement to increase local public awareness and generate enrollments in HFP/MCC. Contract award criteria, as specified in Welfare and Institutions Code Section 14067, included how well the proposal targeted areas with under served health care needs, targeted populations who are under enrolled in HFP/MCC, represented collaborative efforts, and had demonstrated experience with the targeted population. The review included consideration of factors, such as participation of applicants as EEs, the applicant's track record for successful enrollments, and demonstrated ability to establish the infrastructure needed to ensure the State's goal of an inclusive outreach effort.

Exhibit 6 provides a table of the organizations awarded the \$6 million HFP/MCC contract.

Medi-Cal Section 1931(b) Outreach Contracts

With the implementation of federal welfare reform in the fall of 1996, states were allocated \$500 million in Medicaid Section 1931(b) outreach funds through September 30, 1999. California's allocation was \$83 million. These funds enabled states to conduct outreach activities that would ensure the continuation of Medicaid benefits to eligible families as they transition from time-limited cash assistance to work. Contracts were awarded last year to 50 county and city collaboratives under this provision. In late November 1999, the federal government removed the September 30, 1999 sunset date, and states now have an indefinite amount of time to expend the outreach funds.

DHS is extending the current 1931(b) contracts with additional funds through June 30, 2001. Counties that had not previously contracted for these funds were provided an opportunity to apply for the outreach funds. \$17.9 million will be allocated in FY 1999-2000 and FY 2000-2001, subject to the FY 2000-2001 State Budget Act appropriation. Extending the contracts will allow the collaboratives to review their outreach activities.

Outreach activities conducted during the past year included the development of local media, infomercials and numerous pamphlets, brochures, and flyers; disseminating

information; and providing application assistance at health fairs, schools, community events, provider offices, clinics, etc. The contract counties and cities have subcontracted with local CBOs or hired outreach workers to reach potentially eligible families. A number of the HFP/MCC \$6 million contractors and subcontractors are collaborating with the Medi-Cal Section 1931(b) outreach effort to coordinate and enhance the outreach efforts.

Role of the Enrollment Entities (EEs)

CBOs play an important role in providing information to potential applicants about the changes in the Medi-Cal program, informing them about the HFP, and helping them apply for these programs. Community or government-sponsored groups can become EEs if they demonstrate that their organization has a history of providing services to the target population. EEs or their employees can attend a training session to become CAAs. EEs can receive reimbursement from the State for the assistance they provide in helping children and pregnant women successfully enroll in HFP or MCC. CAAs are responsible for:

- Assisting the applicant in properly completing the application.
- Conducting individual or group sessions to assist and educate applicants.
- Answering questions pertaining to the application.
- Reviewing and explaining the types of documentation to be submitted with the application.
- Helping applicants to learn to use the HFP Handbook to find a health, dental, and vision plan.
- Ensuring that they have the language capability to serve the target population.
- Helping to calculate the monthly HFP insurance premium.
- Assisting the applicant in screening for eligibility.

RHA is responsible for providing technical assistance and training to the CAAs on an ongoing basis and linking families requesting application assistance with EEs in their local area.

There are currently about 2,700 active EEs and over 11,000 CAAs working with active EEs. RHA is responsible for maintaining the EE/CAA database and keeping the information on the database current. This database is an important tool to the toll-free information line operators who refer callers to the CAAs maintained on the database when callers request help with the application.

Some CAAs provide assistance without seeking reimbursements and provide assistance to a small population base. Over 120,000 applications have been received as of January 31, 2000. Sixty percent of these applications were completed with assistance from a CAA.

Referrals to EEs for Client Follow-up to Enhance Enrollments

Since January 1999, all new callers requesting applications have been informed about the availability of EEs and referral information of those wishing to receive help from an EE that has been transmitted to EEs for follow-up. Contact by the EE is made after the application had been received to answer client questions about the application and to assist in completing the form. A data file of callers who requested assistance is forwarded weekly to RHA for distribution to interested, active local EEs. This process has been a successful method to link EE's to families.

Application Assistance Fees

The budget for application assistance fees was increased from \$1 million to \$2.5 million based upon higher anticipated enrollments from the recent HFP expansions and the HFP AER. A \$50 fee was paid to EEs for each successfully enrolled HFP or Medi-Cal application that included a request for fee payment. A \$25 fee was paid to EEs who assisted families in completing their AER forms. These fees are designed to encourage participation by a broad range of CBOs in outreach activities. CBOs who received HFP/MCC contracts were federally prohibited from receiving both contract funds and the fees.

Payment Processing Fees

This budget was increased from \$250,000 to \$538,000 for EDS to implement a number of enhancements and to reduce the backlog of payments that existed during the spring and summer of 1999. Two of the important changes implemented in FY 1999-2000 were:

- a significant reduction in the backlog of payment requests in the summer of 1999; and
- a revised monthly activity report to EEs beginning December 1999 that provides more detailed information about the status of payment requests and applications.

OUTREACH SUPPORT COMPONENT

Collateral Marketing Materials and Distribution

A variety of collateral marketing materials produced in ten threshold languages continue to support the CBO, public relations/media activities, sponsorship, and spokesperson efforts to further reach targeted populations. Like the advertising and media components of the campaign, collateral marketing materials are designed to stimulate calls to the state's toll-free phone lines and further increases enrollments into HFP/MCC.

During FY 1999-2000, the high volume of requests for the collateral marketing materials continued. As of January 31, 2000, a total of 315,078 pieces were distributed. \$600,000 was budgeted for the production and distribution of ongoing collateral marketing materials. The campaign continued to build upon the initial set of basic collateral marketing materials developed and produced in FY 1998-1999. Materials were produced in English and Spanish-language, as well as the other eight threshold languages, including Korean. Items that were developed and produced included:

- New camera ready flyer for CBOs
- Updated panel cards
- Updated tear-off pads and displays

These materials were updated to refer to recent HFP/MCC program enhancements, Medi-Cal information, the dual HFP/MCC logo and the campaign toll-free phone number. To maximize available funds, focus continued on the production of ready-to-copy materials for CAAs, EEs, and CBOs to customize and reproduce, such as the camera-ready flyer. In addition, the Department also began exploring the feasibility of making collateral marketing materials available to CAAs, EEs, and CBOs via the Healthy Families Web site. It is hoped that these may be available during FY 2000-2001.

HFP/MCC Partnerships

The Department also sought additional methods and resources to disseminate campaign materials to the “harder-to-reach” target population. In FY 1999-2000, state senators were given the opportunity to help promote HFP/MCC in their districts. During January 2000, the Senate Rules Committee distributed a sample packet of specially designed HFP/MCC marketing outreach materials to all senators for their use as part of their constituent outreach services. The Senate’s HFP/MCC promotion was implemented as a result of several senators’ interest in informing families in their districts about the availability of HFP/MCC.

These materials are based upon HFP/MCC campaign collateral marketing materials and include: 1) a two-sided English/Spanish-language tear-off pad and display board; 2) a tri-fold HFP brochure; and 3) two HFP/MCC camera-ready flyers (English/Spanish-language). These print materials were modified by the Senate Rules Committee to include space for each senator to customize and incorporate district contact information. The senators were able to order their materials through late January 2000.

In addition, NHF in collaboration with the California Wellness Foundation, the Department’s HFP/MCC campaign and MRMIB joined efforts to produce the Children’s Health Access and Medi-Cal Program flyer. The flyer provides referral information and income eligibility charts for various no-cost and low-cost health care programs, such as Medi-Cal for pregnant women and children, HFP, AIM, Kaiser Cares for Kids and California Kids. More than 900,000 copies of the English and Spanish-language flyers

were distributed by the California Department of Social Services at 51 food banks sites across the state during January and February 2000. Funding for this activity was provided by the California Wellness Foundation.

Training/Presentations

In FY 1999-2000, 39 certification training sessions were scheduled, two each in November and December 1999, and five sessions per month in January through June 2000. NHF was subcontracted by RS&E to provide ten CAA training sessions to the CBOs awarded HFP/MCC outreach contracts in FY 1999-2000. NHF underwrote the costs for four of the sessions. Further, NHF provided an additional half-day training session on other low-cost health care coverage programs for families who are not eligible for HFP/MCC.

Application Assistant Toll-Free Line (1-888-237-6248)

Technical assistance on the mail-in application was provided to EEs/CAAs in English and Spanish-language through a toll-free HELP line, which is operational Monday through Friday, from 7:45 a.m. to 6 p.m. Six full-time operators assist organizations seeking application assistance from EEs in their service areas, accept requests for program materials or training, facilitate database information changes, and refer callers to the appropriate contract provider for questions on advertising, public relations, and payment of the application assistant fees. Operators handled an average of 250 calls per day. The majority of the calls were requests for technical assistance or training, ordering materials, or updating the EE/CAA organizational information. The amount budgeted for this purpose in FY 1999-2000 was \$450,000.

CBO Support Staff Reporting

RHA provided support to the CBO network by processing collateral marketing material orders, sending out informational newsletters providing CBOs with referrals of those callers who requested application assistance when they called the advertised toll-free information line, and linking CAAs to events where application assistance had been requested. To continue the school outreach efforts that were already underway in the Los Angeles Unified School District (LAUSD), RHA provided one full-time staff person in the Los Angeles field office to support the LAUSD outreach and education activities.

RHA was also responsible for managing their database of information on each EE and CAA (e.g., tracking the CAA training sessions provided and their number of enrollments). Since January 1999, RHA referred over 80,000 applicants who called the campaign's toll-free outreach line and requested application assistance to active EEs (see Referrals to EEs for Client Follow-up). More than 27 percent of families who called the toll-free line requested application assistance during FY 1999-2000.

In addition, several improvements were made in FY 1999-2000 to support CBO outreach activities. The first improvement was a major update to RHA's EE and CAA database to eliminate those entities who were no longer actively enrolling families and to update e-mail addresses and telephone and fax numbers. This allowed RHA and EDS to make better referrals when families needed application assistance.

The second improvement was to provide faster and more cost-effective services to EEs and CAAs through the expanded use of e-mail, faxes and Web pages to provide technical assistance and broadcast information about programmatic changes.

The third improvement was a major streamlining of the CAA Reference Manual to be much shorter and more user-friendly format. The revisions were modeled after the successful CAA training manual developed by the NHF.

Advertised Toll-Free Line (1-888-747-1222)

This HFP/MCC outreach toll-free information service is managed under the RS&E contract by H&K. To implement this dedicated call center, H&K subcontracted with EDS. The toll-free number, 1-888-747-1222, has been publicized since February 1998 as part of MCC outreach and pre-enrollment for the HFP. This statewide toll-free information line provides one-on-one guidance and information to the caller about the HFP/MCC application process and initiates referrals to EEs. The line supports HFP/MCC outreach, such as television, radio, outdoor and print advertising, collateral marketing materials, and public relations activities. Multilingual operators also provide support for the joint HFP/MCC application by assisting the public who call for an application, information, and referral services.

The line is staffed by a team of operators proficient in the ten designated threshold languages that correspond to printed campaign materials (English, Spanish, Vietnamese, Chinese, Cambodian, Hmong, Russian, Armenian, Farsi, and Korean). In April 1999, Korean was added due to the high demand for this language, and Lao was discontinued due to the lack of demand, although the application and collateral marketing materials continue to be available in Lao. DHS and MRMIB assess the usage of languages and continue to adjust staffing as needed.

The phone line is staffed Monday through Friday, 8 a.m. to 8 p.m. Pre-recorded information in ten languages is available 24 hours a day, 7 days a week, including holidays. After hours, a caller may leave a voice mail message to request an application or other information. The role of the operators is to respond to requests for applications, to assist with questions about the application packet, and to provide referrals to EEs using the RHA database of EEs that is updated weekly.

Operators transfer calls regarding HFP to the HFP enrollment staff at EDS

(1-800-880-5305) who are under contract with MRMIB. Operators may also refer callers who have complex Medi-Cal eligibility questions or have previously submitted the mail-in application for the Medi-Cal program to county Medi-Cal eligibility workers.

Operators receive ongoing training on customer service techniques, general HFP/MCC program information, as well as state-approved scripted responses for the most frequently asked questions. Scripted information includes program descriptions and eligibility criteria for the HFP, MCC and pregnant women; description of the availability of free assistance in completing the application by trained and certified EEs; and responses for questions about public charge issues. In addition to scripted responses to callers directing them to contact Immigration Rights groups or legal aid regarding their public charge questions, operators have provided an Immigration and Naturalization Services (INS) document on public charge to callers. Exhibit 7 provides the English version of this document. This INS public charge document is available in English, Spanish, Chinese, Cambodian, Korean and Vietnamese and can also be downloaded from the INS Web site www.ins.usdoj.gov via the public affairs link.

Effectiveness

Provided below is a summary of callers by language from July 1, 1999, through January 31, 2000:

Language	# of Callers
English	198,219
Spanish	81,330
Vietnamese	2,864
Cantonese	2,229
Russian	528
Armenian	284
Hmong	206
Cambodian	148
Farsi	129
Korean	882
Total	286,819

During this period, 125,000 applications and handbooks were mailed to callers.

As of January 2000, more than 2,700 EEs statewide requested to be listed as active entities in the database used by the operators to provide callers with referrals to community programs where CAAs could help families in completing the application. Families are provided referrals to the closest EEs based upon the caller's language needs. In addition to obtaining referrals to local EEs through the toll-free line, families may also access the EE database via Internet through MRMIB's Healthy Families Web site.

Callers are routinely asked to identify the primary source that made them aware of the HFP/MCC. Some callers may have heard about HFP/MCC in more than one place. This data is reviewed to assess the success of outreach efforts, with caution that the report is only as accurate as the responses given by each caller.

During this report period approximately 25 percent of the callers responded to this question. While not a scientific study utilizing standardized research methodology, these findings provide a gauge of the campaign's efforts. A report of the findings on how the toll-free callers heard about HFP/MCC during July 1999 through January 2000 showed: 30 percent of callers identified various forms of advertising; 33 percent identified a local outreach effort; and another 20 percent responded that friends and family had told them about HFP/MCC.

This data indicates that the HFP/MCC campaign's integrated strategy of advertising, public relations, and outreach marketing is reaching and promoting program awareness. The number of calls to the toll-free line during periods of television advertising often increases from an average of 700-800 calls per day to more than 1,900 calls per day. This increased call volume shows that advertising generates public awareness and stimulates call to the toll-free line.

As part of the toll-free line's customer service follow-up program, a sample of callers are randomly contacted approximately three weeks after their initial call to ensure timely receipt of their requested application and handbook, as well as to assess the quality of service provided. Callers have reported that they are receiving the applications and handbooks in a timely manner (i.e., within 10 working days), and that they are satisfied with the quality of service and the information provided by the operators.

Beginning February 23, 1999, the toll-free information line has supported the national INSURE KIDS NOW campaign sponsored by several federal agencies, including HCFA. Outreach has included English and Spanish-language television and radio ads with the tag line, "Insure your kids now, call 1-877- KIDS NOW, 1-877-543-7669." This national toll-free number automatically connects California callers to the HFP/MCC toll-free information service (1-888-747-1222) operators.

The success of the toll-free information line is contingent upon the success of all campaign education efforts, including advertising and public relations, and the resultant exposure of the toll-free number and caller volume.

Referrals to EEs for Client Follow-up to Enhance Enrollments

Since January 1999, all new callers requesting applications have been informed about the availability of EEs and referral information of those wishing to receive help from an EE has been transmitted to EEs for follow-up. EEs then contact callers to answer client questions about the application and to assist in completing the form. A data file of callers who requested assistance is forwarded weekly to RHA for distribution to interested, active local EEs. This process has been a successful method to link EEs to families. From July 1, 1999 through January 31, 2000, 80,000 callers have granted permission for an EE to follow-up with their family to assist in completing the application. However, many callers prefer to review the application package first and if they want to be helped further by an EE, call the toll-free line for this assistance at a later time.

Follow-up Activities by EEs and Results

RHA recruited the participation of more than 300 active EEs statewide who agreed to accept the referrals from the toll-free line. As of January 31, 2000, of the approximate 80,000 toll-free referrals made to RHA for distribution to EEs, 96 percent of the EEs have responded back to RHA with the results of the referrals. Twelve percent of the families reported that they had already completed and mailed in the application, and 44 percent of the families scheduled an appointment with the EE to complete the application. The remaining 44 percent of the families responded that they would complete the application without assistance or could not be contacted because their phone number/address had changed, or they did not return their phone messages.

School Outreach

School Health Connections, an interdepartmental program between the DHS and the CDE, has taken a lead role in implementing state-based school outreach efforts. School Health Connections takes advantage of the pivotal position of schools in reaching children and families by combining health education, health promotion, disease prevention, and access to health-related services in an integrated and systematic manner.

Summary of Outreach Efforts During FY 1999-2000:

- *Grant Funds for School Outreach:* School Health Connections received a second year of funding (January – December 2000) from The David and Lucile Packard Foundation to carry out the HFP/MCC *School Outreach Plan*. This grant enables School Health Connections to designate staff specific to HFP/MCC school outreach. Funding for some of the direct mailings described below was provided by the DHS

Medi-Cal support budget that is not part of the HFP/MCC outreach and education budget. The *plan* is based upon the premise that a systematic approach is essential in effectively reaching schools due to California's 5.6 million public school students, approximately 1,000 school districts, 58 county offices of education, and more than 7,800 schools.

The *School Outreach Plan* is designed to identify and enlist key education-associated organizations throughout California in promoting affordable health care for children to their membership and boosting enrollment in HFP/MCC. This approach allows for the needed flexibility, which is essential given that California school districts are locally controlled. In surveys conducted of school-affiliated groups, in summer/fall 1999, baseline information showed that knowledge about HFP/MCC was very uneven. Most survey respondents had heard of these programs, but only a few were knowledgeable enough to describe the programs and who these programs targeted. Therefore, a statewide systems approach to broadly disseminate ongoing messages to key decision/policymakers within the school's complex infrastructure is essential.

- *School Health Advisory Group for Health Care Access*: An informal School Health Advisory Group for Health Care Access was established to: 1) provide input and guidance about the effective implementation of school outreach strategies; 2) encourage coordination of activities statewide; and 3) serve as a mechanism to update partners on key state and national issues. Communication takes place through bi-monthly conference calls. Participation in the group includes:

- Large and small school districts (Los Angeles and Lodi)
- County offices of education (Los Angeles and San Bernardino)
- School board official (San Jose)
- Health insurance organizations/health foundation (Kaiser Permanente and National Health Foundation)
- Universities/American Academy of Pediatrics (University of California, San Diego, Community Pediatrics)
- Advocacy group (Consumers Union)
- MRMIB
- CDE(Healthy Start, Childcare, Head Start)
- DHS (School Health Connections, Medi-Cal Eligibility Branch (MEB))
- HFP/MCC Campaign Contractors (RS&E and RHA)

Direct Mailings

School outreach was a significant source for requests for HFP/MCC information and applications during the first six months of FY 1999-2000 with the School Lunch effort described below eliciting the highest number of requests (over 30,000) for HFP/MCC information and applications. This amounted to over one-third of all requests for applications generated from school outreach efforts including the School Lunch

Program and the Superintendents mailings. An additional 7,000 phone callers to the campaign's toll-free line identified schools as how they heard about HFP/MCC during this same time. These figures do not include information request flyers that were returned by parents via the School Lunch Program that schools kept for direct follow-up. Below is a description of the School Lunch and Superintendents mailing that played a significant role in the high number of requests:

School Lunch Mailing: In April 1999, CDE School Nutrition Program, in collaboration with the DHS's School Health Connections Office and MEB, MRMIB, and the West Coast Regional Office of Consumers Union, sent a direct mailing to all California school district Food Service Directors urging them to inform parents about HFP/MCC. School Food Service Directors were asked to include a HFP/MCC Request for Information flyer in the Free and Reduced Price Meals Application packets sent home to parents. Parents who wanted to learn more about HFP/MCC completed the flyers and returned it to the school. The schools forwarded the flyers to DHS to have applications mailed to interested parents. Over 140 school districts from approximately 48 counties participated in this effort. Additionally, Consumers Union worked closely with four school districts in four counties (Contra Costa, Los Angeles, San Mateo and Santa Clara) to test various methods of follow-up with the families who returned the HFP/MCC flyers.

Superintendents Mailing: In June 1999, a direct mailing was sent to all county and district superintendents, school nurses and Healthy Start coordinators. Distribution was close to 3,000. The letter was co-signed by DHS, CDE, and MRMIB. The letter requested that schools send home an enclosed HFP/MCC information flyer (available in 11 languages) to parents in back-to-school packets, back-to-school nights, with school lunch menus, and a variety of other venues throughout the year. DHS set up a mechanism that allowed school districts to order bulk quantities of the flyer. Approximately 130 school districts from 40 counties participated in this effort. Data shows that the majority of the school districts that participated in these efforts were *in addition* to those districts that participated in the School Lunch effort.

- *California School Boards Association:* Through a partnership with the California School Boards Association (CSBA), School Health Connections, together with CDE, completed a sample school board policy, administrative regulation and resolution to incorporate HFP/MCC outreach and enrollment efforts as part of an integral component to ensuring the health and academic success of children. CSBA distributed the policy and administrative regulation in December 1999 to its school board member policy subscribers. School board members typically turn to CSBA for guidance in setting local policy and frequently adapt CSBA sample policies provided to them.

During spring 2000, the policy, administrative regulation, and resolution will be distributed to all of CSBA's school board membership (approximately 5,500) to encourage a greater number of school board members to adopt the policy. The mailing will include action steps to identify ways that districts can implement the sample policy,

administrative regulation, and resolution. The mailing will be co-signed by CSBA's executive director, CDE's superintendent of public instruction, DHS' director, and MRMIB's executive director.

• *Technical Assistance:* School Health Connections has served as a resource to federal, state, and local agencies related to HFP/MCC school outreach efforts. Following are specific examples:

- At the request of HCFA, School Health Connections coordinated a panel for its northern California regional meeting on successful local school-based strategies for CHIP enrollment.
- School Health Connections coordinated a State team to attend the National Summit on School-Based Outreach for CHIP and Medicaid, sponsored by the U.S. Department of Health and Human Services in collaboration with the U.S. Departments of Education, Agriculture, and Justice. The team consisted of representatives from the DHS, CDE, local school districts, and local agencies/organizations working with schools. The State team also provided input into a March 2000 national report to President Clinton. The report provides an overview of current successful school-based outreach strategies and recommendations on specific actions that will encourage and integrate health insurance enrollment and outreach into schools.

• *Outreach in Action...Connecting Kids to Health Care Newsletter:* School Health Connections developed a tri-annual newsletter, *Outreach in Action...Connecting Kids to Health Care*. The first edition was distributed in fall/winter 1999 to school board members, county and district superintendents, school nurses, Healthy Start coordinators, county health officers and other school-affiliated individuals/organizations (distribution of approximately 10,000). The newsletter provides easy tips on how schools can be more involved in outreach and highlights successful local-level school outreach efforts. Messages are tailored to promote the connection between health and educational achievement. Parent information flyers were also offered. In one month, approximately 70 districts/schools and CBOs working with schools have contacted School Health Connections for materials and technical assistance as a result of the newsletter.

• *Newsletter Articles and Web Site Linkages:* HFP/MCC articles were submitted and printed in a number of educational-related newsletters, including Head Start (whose fall newsletter theme was HFP/MCC outreach), California Parent Teacher Association, Association of California School Administrators, California County Superintendents Educational Services Association, and the California School Boards Association. These articles have also generated calls to School Health Connections for parent flyers and technical assistance.

The following organizations created Web site linkages to the HFP Web site: California Parent Teacher Association, Association of California School Administrators, Healthy Kids Resource Center, California School Nurses Organization, and the California School Boards Association.

FY 1999-2000 EDUCATION CAMPAIGN

Advertising and Media

During the first half of FY 1999-2000, the HFP/MCC campaign conducted three major periods of statewide broadcast media. The advertising schedule was selected as being the most cost-efficient use of the advertising budget funds to maintain public awareness about campaign messages and to complement other outreach efforts. Ads resumed airing at the launch of the new school year to continue the momentum created by outreach efforts through the School Lunch Program and the other school-based outreach efforts.

Statewide advertising began in August 1999 and ran over a six-week period on general market (English) and Spanish-language radio and television stations, Spanish-language interior transit, and ethnic newspapers (African-American, Chinese, Cambodian, and Vietnamese) with an emphasis placed in the Los Angeles area. After a three-week hiatus, the second period of statewide general market and Spanish-language television and radio ads were broadcast from October 11 through November 29, 1999. The third period of HFP/MCC advertising began the week of December 27, 1999, and ran through February 7, 2000.

As required by the RS&E contract, the contractor's team of media buyers have continued to negotiate at least 30 percent minimum bonus weight on behalf of the state for promotional media buys. As a result, the campaign received rate discounts, programming upgrades, pro bono radio and television time slots, and opportunities to have MRMIB spokespersons participate in live radio and television program interviews.

Changes in Campaign Advertising

The campaign continues to utilize advertising materials to generate broad-based public awareness about the availability of children's health care coverage and to prompt calls to the campaign's toll-free phone line. General market television advertising includes both 30-second and 15-second spots, 30-second Spanish-language television ads and 60-second English and Spanish-language radio ads. All general market television ads feature multiethnic talent to represent the state's diverse population.

While the FY 1999-2000 advertising plan did not include production of new advertising, certain low-cost edits were completed to keep the general market and Spanish-language television ads current and to promote the recent HFP expansions. All general market and Spanish-language 30-second television ads were edited to display superimposed banner copy, "Now More kids qualify" and "Call now". The Spanish-language ads also had new announcer copy inserted to emphasize that HFP/MCC offered "low-cost and no-cost health" coverage for children.

Response to Advertising

A key measure of advertising success is the higher call volumes to the toll-free line during periods of advertising. As of January 31, 2000, the toll-free operators have responded to 156,000 calls since July 1, 1999. During campaign media weeks, calls increased to more than 1,900 calls per day, compared to non-media weeks that averaged 700 to 800 calls per day. Additionally, when operators asked callers how they heard about the HFP/MCC, nearly 30 percent of the callers identified advertising as the primary source.

Ad placement strategy has continued since January 1999 to reach an even higher proportion of working families with increased programming purchases that air after 8 p.m. Additionally, in the most recent media buys, there has been an increased use of radio programming to help reach more newly eligible families up to 250 percent of the FPL. The campaign's marketing strategy utilized general market advertising through television and radio messages to create overall visual and auditory recognition of HFP/MCC. Advertising messages were focused on targeted populations, such as African-American families, monolingual Latinos, and Asian families, through a combination of mass media efforts.

Ethnic Advertising

It is critical that the HFP/MCC campaign ensures that advertising will be targeted to under enrolled ethnic groups. To this end, the campaign has utilized contractors, multicultural and multiethnic consultants, advisory committee members, and focus groups comprised of representative target populations. Ads were placed primarily on general market and Spanish-language television and radio programming to specifically reach ethnically targeted populations.

Provided below is a summary of HFP/MCC ethnic advertising buy strategies and outcomes during the first seven months of FY 1999-2000:

Latinos: Television, radio, and interior transit ads have been used statewide to reach Latinos. The campaign uses Spanish-language radio ads as its primary vehicle to reach young Hispanic families. Twenty-eight percent of statewide media dollars have been dedicated to the Spanish-language media market. In Los Angeles, 28 percent of the population is Spanish-speaking, and more than 33 percent of HFP/MCC campaign spending in Los Angeles has been in Spanish-language media.

Extensive outreach was conducted in the Latino community to advise families about the HFP expansions. During the December 1999 to January 2000 advertising period, 13 Spanish-language radio stations promoted the HFP expansions through use of announcer copy PSAs that informed families, "Now children may qualify for Healthy Families even if they were not previously eligible. Call for more information." Additionally, 20 Spanish-language television stations agreed to play the Spanish-

language CHIP PSAs as part of their 30 percent bonus weight commitment to the campaign.

In addition, MRMIB bilingual English and Spanish-language staff participated in television and radio news interviews and talk shows focusing on the availability of HFP/MCC and the recent HFP expansion to heighten program awareness and increase enrollments. These programs aired throughout the state in densely populated Latino communities, such as Los Angeles, the San Francisco Bay Area, Fresno, and Bakersfield. These public relations efforts were highly successful in generating calls to the toll-free line for applications and more information about HFP/MCC eligibility. Exhibit 8 provides a listing of the radio, TV, and newspaper interviews conducted by MRMIB staff.

African-Americans: A mix of television, radio and print has been utilized to reach African-Americans statewide. Two percent of statewide media dollars have been directed to African-American newspapers; the general market placements have been predominantly in low- to moderate-income, ethnic mediums and communities. For instance, HFP/MCC messages appeared throughout television programming with very high African-American audience participation, including prime-time programs like *Moesha* and the *Parkers*.

As a result of RS&E's media negotiations with the Warner Brothers TV station in the San Francisco Bay Area, HFP/MCC received a pro bono opportunity to place a full-page print advertisement in the November 1999 Dubba News publication. The African-American print ad was featured in this promotion that was mailed to 260,000 households in the San Francisco Bay Area during the week of November 1, 1999. Additionally, Warner Brothers secured a cross-promotional opportunity and distributed 100,000 copies of their publications through Bay Area Blockbuster Video stores during November 1999.

Asians: Four percent of statewide media dollars have been directed to Asian print advertising. Five Asian ethnic groups have been targeted with in-language HFP/MCC print messages (Chinese, Cambodian, Vietnamese, Hmong, and Lao) in 15 newspapers that are circulated to reach targeted communities or statewide readers.

Print and Transit Advertising

Print ads and interior transit advertising continued to be utilized during FY 1999-2000. These methods were found to be a cost-effective and efficient advertising strategy to reach targeted ethnic groups based upon population and geographic cluster areas of the state. As discussed above, in the television and radio advertising section, the contract requires the contractor to negotiate a minimum of 30 percent bonus weight for promotional media. As a result of the contractor's negotiations, the campaign has received bonus advertising and added value in the form of reduced transit advertising rates and print rates.

Community Advertising Requests

In response to CBO requests, a selection of HFP/MCC ethnic print advertising was designed for CBOs to customize. These print advertisements included one English language ad featuring an African-American family; one Spanish-language ad featuring a mother with her son; and one Asian language ad featuring happy healthy children in Chinese, Cambodian and Vietnamese languages. Since the ads were made available in 1999, more than 500 ads have been requested by EEs and community-based contractors.

Since the launch of the HFP/MCC campaign, the television and radio advertising has been well-received in the community. DHS has received many requests for copies of the ads to be shown at schools, community meetings, clinics, church groups, youth groups, and PTAs. At the request of the Healthy Families/Medi-Cal Outreach and Education Advisory Committee, the campaign's contractors submitted letters to the Screen Actors' Guild (SAG) and the American Federation of Television and Radio Artists seeking a waiver from talent fee and residual payments for use in areas other than paid broadcasts. SAG has responded that talent fees cannot be waived for use in the venues the campaign identified. Other options are being researched to provide community partners with campaign materials.

Public Relations

The public relations component is managed under the RS&E contract by H&K. The public relations plan created heightened awareness and enthusiasm about HFP/MCC through activities designed to enhance media and outreach programs. The strategy included local community events that generated media attention for the campaign, special market projects that reached out to multicultural communities (with an emphasis on the Latino community), and cross-cultural and ethnic-specific initiatives. Specific public relations work plans included media events and media relations, spokespersons, sponsorship, and public service messages.

Media Relations

The campaign's media relations program generates accurate news coverage in a variety of mainstream and multicultural outlets. This is primarily accomplished through major daily newspapers and the Latino media. Key messages were communicated through trained state spokespersons. The statewide mailing proposed for FY 1999-2000 to enlist the assistance of elected officials, community and religious leaders, and other key influencers was not conducted since many of these leaders were contacted via other channels, including the local contracts.

La Opinión, the leading Spanish-language daily publication in California, printed a series of six weekly articles featuring HFP/MCC between March and May 1999. The same

articles were printed in the weekly magazine publication, La Opinión Para Ti. Topics included health and dental care, adolescent health needs, children's health and academic performance, and children's emergency care versus preventive care. On May 12, 1999, La Opinión and La Opinión Para Ti published a supplement containing all previously published articles plus a copy of the recently released HFP/MCC shortened application. More than 300,000 copies were circulated throughout the Los Angeles area with an estimated readership of over one million people.

As a result of the popularity of the La Opinión supplement, a partnership was formed with La Opinión and the California Health Care Foundation to repackage and reprint the HFP/MCC supplement for distribution to 11 media markets throughout the state with an estimated reach of 1.3 million readers. Some of the California Spanish-language newspapers that carried the supplement included: *El Mexicalo*, (Bakersfield), *Azteca News*, (Santa Ana), *El Mensajero*, (Sonoma), and *MiniOndas*, (Westminster). The supplement was released during summer 1999.

Corporate Sponsorship Activities

Corporate sponsorship alliances and endorsements is another component of the public relations program that helped to increase campaign awareness and support increased enrollments. An impressive base of sponsors continued to support the HFP/MCC education and outreach campaign during FY 1999-2000. The sponsorship component was geared to create mutually beneficial collaborations that required a minimum commitment by sponsor and State staff while returning the maximum possible results. Sponsorship efforts built upon FY 1998-1999 successes include ongoing or increased support from such sponsors as Raley's/BelAir, Edison International and Sav-On/Albertson's (American Drug Stores/Lucky). The added value and campaign visibility provided by sponsors reinforced other outreach efforts and expanded campaign message distribution to the target population and community leaders in non traditional venues. FY 1998-1999 corporate sponsors were recognized for their important contributions to promote the HFP/MCC with letters of appreciation and plaques. Sponsorship efforts continue to be directed toward African-Americans, Latinos, and other underenrolled target populations.

Major corporations and agencies throughout California supported the campaign by becoming corporate sponsors of the HFP/MCC campaign. Current corporate sponsors and their major sponsorship activities during the FY 1999-2000 are listed below:

- 1) American Drugstores (Sav-On and Lucky Stores recently merged to become Albertson's/ Sav-On)**
 - Distributed HFP/MCC collateral marketing materials in English and Spanish-language at all store locations;
 - Distributed HFP/MCC campaign messages through direct mailing of the company's circular ads to households; and

- Placed ads in food and drug circular.
- 2) Bay Area Rapid Transit (BART)**
- Donated space on its 56 Metro Vision monitors in all San Francisco and Oakland terminals for HFP/MCC campaign messages to run as often as every ten minutes in English and Spanish-language.
- 3) Edison International**
- Distributed HFP/MCC messages on its bill stuffers to customers during the period between January 5 and February 2, 2000;
 - Coordinated promotional events at an Anaheim Angels exhibition game;
 - Sponsored PSAs and community service messages aired during a Los Angeles Galaxy game;
 - Played Healthy Families messages in English and Spanish-language on the Edison International Big A message board; and
 - Co-sponsored outreach efforts with MTA (see below).
- 4) Food 4 Less**
- Distributed HFP/MCC collateral marketing materials in English and Spanish-language at its 80 stores in southern California.
- 5) Founders National Bank**
- Distributed HFP/MCC collateral marketing materials in English and Spanish-language at its four branch offices in Los Angeles.
- 6) Longs Drugs**
- Provided HFP/MCC information and a hyperlink to the HFP Web site on the Longs Drugs company Web site; and
 - Printed program information in its newspaper circulars that are circulated to seven million households and 1.5 million shopping bags.
- 7) Metropolitan Transportation Authority (MTA)**
- Distributed English and Spanish-language HFP/MCC tear-off sheets in more than 2,000 MTA buses in Los Angeles County. This effort was a joint sponsorship of MTA and Edison International that reached one million riders per day over a three-month period.
- 8) Pezhvak Monthly (Farsi-language monthly publication)**
- Distributed Farsi-language HF program panel cards along with information about the HFP in its November 1999 issue of the monthly newspaper to 4,000 subscribers. Another 4,000 were sold at 42 locations in northern California Iranian communities.

- 9) **Raley's Inc. (Raley's and Bel Air Markets, Food Source, and Nob Hill Foods)**
- Distributed HFP/MCC collateral materials in English and Spanish-language at all store locations and printed HFP/MCC messages on register receipts, grocery bags, and milk and juice cartons.
- 10) **San Diego Pharmacy Alliance**
- Distributed HFP/MCC collateral marketing materials in English and Spanish-language at 120 pharmacy locations.
- 11) **Swiss Dairy**
- Printed English and Spanish-language HFP/MCC messages on 225,300 milk cartons distributed through 200 grocery outlets in southern California.
- 12) **Tosco (Circle K Stores and 76 Gas Stations)**
- Circle K distributed HFP/MCC collateral marketing materials in English and Spanish-language at their 407 Circle K stores and gas stations; and
 - 76 Gas Stations distributed its "Team Tosco" newsletter featuring the HFP/MCC programs to 5,500 gas station managers and made them available to all gas station employees in California.
- 13) **United Commercial Bank**
- Printed and mailed HFP/MCC messages in English and Chinese to its customers.
- 14) **United Pharmacists Network, Inc.**
- Distributed HFP/MCC collateral marketing materials in English and Spanish-language at 700 independent pharmacies in Los Angeles County.
- 15) **The Gas Company**
- Distributed HFP/MCC collateral marketing materials in English and Spanish-language through customer mailing packets to low-income families in southern California.
- 16) **Union Bank of California**
- Distributed HFP/MCC collateral marketing materials in English and Spanish-language at four *Cash & Save* branch locations in Los Angeles County.

California First Lady Mrs. Sharon Davis Public Relations Activities

Public relations events are important functions that generate media interest to reach the HFP/MCC campaign target audience, CBOs and other influencers. Working in conjunction with the Governor's Office, the DHS Office of Public Affairs and MRMIB, a public relations event was conducted in July 1999 featuring HFP spokesperson and First Lady, Mrs. Sharon Davis. Underscoring the administration's education agenda, Mrs. Davis explained that "a healthy child is better able to be in school - ready to learn." This event, which celebrated the campaign's first anniversary and the announcement of the enrollment of the 100,000th child in the HFP was hosted by the Sacramento Unified School District. The event was a success in capturing the attention and support of local media and Capitol Press Corps and also publicized the campaign's continuing achievements, programmatic improvements, and success in increasing enrollments.

Awards

Recognition by professional organizations within the advertising and public relations industry provide further credibility to campaign efforts and underscores the quality of work performed. The HFP/MCC campaign received three awards on May 13, 1999, from the Public Communicators of Los Angeles (PCLA) PRO Awards Program. The PRO awards, that recognize outstanding achievement in public relations, publicity, and organizational communications, are considered a symbol of professional excellence among practitioners in Los Angeles. HFP/MCC received first place for "Continuing Program by a Not-for-Profit Entity With a Budget of \$10,000 or greater", "Printed Materials", and "Corporate Identity" (the logo and theme), and honorable mention for the "HFP/MCC Communications Plan".

Campaign Spokespersons

Spokespersons in the HFP/MCC campaign are used to increase the reach, awareness, and message delivery among the general public and target populations through high visibility in media and other communications from respectable third party spokespersons who are well-known and credible.

During FY 1999–2000, Governor Davis selected First Lady Sharon Davis to serve as the official spokesperson for the HFP in order to expand the public education and outreach efforts. In her role as official spokesperson for the HFP, Mrs. Davis appeared in a television PSA and recorded a radio PSA that will be distributed statewide to promote the benefits of the program. Distribution is planned for spring 2000.

Also, during FY 1999-2000, renown Spanish-language radio health personality, Dr. Aliza Lishitz (known as "Dra. Aliza" by the Latino population), agreed to produce a Spanish-language radio PSA for HFP/MCC. In the 30-second PSA, Dr. Aliza explained that emergency rooms are not the best place to go for a routine doctor's visit and encouraged listeners to call the campaign's toll-free line for information about

HFP/MCC. The PSA began airing the week of August 9, 1999, in conjunction with the campaign's existing media buy on KBLA-AM, (Los Angeles) and Radio Única, KIQI-AM, (San Francisco). The Radio Unica audience in San Francisco alone is comprised of approximately 103,100 listeners.

Dr. Aliza's involvement brought an impressive background to the HFP/MCC education and outreach campaign. Spanish-language radio listeners know her through her many years as a health reporter for Univisión and for her role as medical editor of "Primer Impacto," Univisión's highest-rated news magazine.

Advertising and Public Relations to Expand Enrollments in Immigrant Communities

As a result of the FY 1999-2000 State Budget Act, the HFP/MCC campaign budget was increased by \$1.77 million (\$1.3 million for advertising and \$477,000 for public relations) to focus on expanding the enrollment of eligible children living in immigrant communities that are under served and linguistically diverse. After discussions with Legislative staff and Latino advocates, this focus has been broadened to include outreach in under enrolled African-American communities. Targeted advertising and public relations activities that complement each other and expand current campaign activities were implemented with the additional augmentation funds.

Goals:

- To increase enrollment of eligible children.
- To raise overall public awareness about the HFP/MCC within the targeted diverse populations.
- To educate the families of potentially eligible children about the benefits of preventive care and the availability of state-sponsored health coverage for children.
- To increase calls to the HFP/MCC outreach toll-free phone line 1– 888-747-1222.

Strategy:

The creative strategy was designed to deliver messages in a simple, yet empowering manner that raise overall public awareness about HFP/MCC. The campaign will consult with the HFP/Medi-Cal Outreach and Education Advisory Committee and community-based contractors to ensure that these activities interface with community efforts. Input will be requested in the development phase and during informal focus group testing of advertising messages and public relations materials.

The planned activities incorporate media buy partnerships, media relations, and sponsorship support. A key element in the success of these activities will be the involvement of community newspapers as fundamental vehicles for reaching the ethnic populations they serve. Additionally, as part of the State's anti-smoking effort, the campaign will include an anti-tobacco message in components of this HFP/MCC outreach effort.

To target the Latino community, fotonovelas will be distributed through Spanish-language community newspapers in rural and urban settings, as well as distributed through community-based contractors. Other activities include radio talk show broadcasts on Radio Bilingüe and a media partnership with Univisión.

To target the African-American community, media will be purchased on radio stations with high African-American participation and on the Black Entertainment Television cable network in selected markets. Additionally, the campaign is developing a media partnership with United Paramount Network to further reach African-American households.

To target Asian communities, in-language HFP/MCC radio advertising is being developed to reach Cantonese, Vietnamese, Hmong and Korean communities. Also complementary in-language news articles will be submitted to ethnic community newspapers and can be reprinted and shared with community-based partners.

To target the Armenian and Russian communities, radio advertising and print advertising is planned along with complementary in-language news articles will be submitted to ethnic community newspapers and can be reprinted and shared with community-based partners.

Additionally, the Farsi and Cambodian communities will be reached with various public relations activities, such as news articles that will be submitted to ethnic newspapers and enrollment materials that can be shared with community-based partners.

Federal Outreach Campaign Efforts

At the 91st annual meeting of the National Governor's Association in August 1999, President Bill Clinton applauded California as one of the top three states leading the nation in CHIP outreach. The President praised the State's impressive HFP/MCC outreach efforts as an example to other states that are working to improve their CHIP outreach and enrollment efforts.

The national campaign has used four 30-second English and Spanish-language PSAs that were developed and produced by HCFA for states' CHIP outreach that display a national toll-free number. These four PSAs also were edited to incorporate California's HFP/MCC logo and toll-free number. One of the PSAs played hourly at the Los Angeles County Fair in Pomona on a color Jumbotron television (23 feet x 13 feet)

during an 18-day run in September 1999. The HFP/MCC campaign plans to make video tapes of these customized CHIP PSAs available to community partners to provide to local stations with other HFP/MCC campaign promotion activities. The benefit of using these PSAs over the state-produced PSAs is that there are no talent or holding fees associated with usage of the spots since the federal government bought out the rights. Further, there were no production costs for the HFP/MCC community partners.

The national toll-free number automatically connects California callers to the HFP/MCC outreach operators. As of December 1999, more than 10,000 calls had been transferred to the HFP/MCC campaign's toll-free line as a result of the national CHIP outreach efforts.

In conjunction with the HFP/MCC December 1999 – January 2000 media buy, Spanish-language CHIP PSAs were distributed to stations for statewide airing.

Public Awareness Survey

The objectives of the HFP/MCC public awareness survey were to measure the progress of outreach efforts to date, evaluate the target audience's understanding of HFP/MCC, better understand the relationships between media outreach mechanisms and target audience attitudes/behaviors, and provide recommendations to enhance future advertising/public relations strategies.

H&K managed this research project for the HFP/MCC campaign and solicited requests for applications from research vendors to ensure an impartial assessment of the campaign's public awareness efforts. Communication Sciences Group (CSG), an independent research firm specializing in social marketing, was selected to conduct this research based on their demonstrated competency, ability to meet required timelines and experience with low-income populations.

To ensure that California's diverse populations were addressed in the survey, the HFP/MCC public awareness survey workgroup was assembled to develop survey criteria and help design the survey instruments. CSG worked closely with the multi-disciplinary workgroup that included MRMIB and representatives from throughout DHS. Based upon workgroup recommendations, a two-pronged methodology was developed for the public awareness survey:

- Quantitative - telephone survey to provide statistically significant results.
- Qualitative - focus groups to explore opinions related to the outreach campaign (results cannot be projected to a broad population).

The target audience for the research was defined as:

- Families' primary health care and health insurance decision-makers between the ages 18-49;
- Families with income at or below 200 percent of the FPL; and
- HFP/MCC enrollees and non-enrollees in urban and semi-urban areas.

While the HFP was recently expanded to 250 percent of the FPL, the original target audience for campaign advertising utilized during FY 1999-2000 was families with income at or below 200 percent of the FPL.

Focus Groups

Fourteen focus groups consisting of 8-12 participants each were conducted using in-language moderators in three media markets: San Francisco, Fresno, and Los Angeles. Focus group sites, languages, and participants were selected using the criteria established for the telephone survey.

Focus groups explored opinions about the HFP/MCC campaign on a one-to-one basis to explore what group participants actually thought and felt about current education and outreach efforts. Discussion topics included: HFP/MCC program knowledge, attitudes and barriers to enrollment, reaction to current advertising and how to better reach the target audience advertising and public relations. Focus group participants received \$25 for their participation in the two-hour focus groups.

Survey Results

By reviewing and analyzing the results from the two complementary research components, the public awareness survey will provide valuable insight and understanding of the issues that need to be addressed in future campaign advertising messages to effectively reach targeted audiences. The preliminary report confirms the effectiveness of the advertising and public relations strategies that have been implemented over the past two years and provides direction for refinement of these strategies for future activities. Further, the preliminary report validates the campaign's use of community outreach through trusted sources including schools, CBOs and medical offices.

The preliminary report is included as a reference to highlight findings from the initial analysis. Final analysis of the research will not be completed until late spring 2000.

Regardless of their children's enrollment status, respondents agreed that these programs would be helpful to their children (98 percent HFP and 96 percent MCC). Results of the survey indicate that Medi-Cal was familiar to nearly all survey respondents (92 percent). However, they were only somewhat aware of HFP

(67 percent). Generally, families with no children enrolled in HFP/MCC had limited knowledge, misconceptions or confusion about both HFP and MCC.

Exhibit 9 provides a copy of the draft Executive Summary for the Healthy Families and Medi-Cal Public Awareness Survey Preliminary Report. The preliminary report indicates that initial campaign advertising messages were received and understood by the target audience. Respondents with program knowledge most often named television as their source of information regarding HFP/MCC (59 percent). However, survey respondents also said that advertising needed to include more in-depth information to motivate them to take the action necessary to apply for HFP/MCC. Further, respondents wanted to see more personal, hard-hitting advertising that educates about HFP/MCC and motivates them to enroll their children. Other campaign media mentioned by respondents as information sources include radio (32 percent), bus boards (34 percent) and print (24 percent).

Respondents expressed the need for more detailed HFP/MCC information via increased personal assistance, enrollment help and advertising. Based on this input, the campaign will develop strategies to build upon the momentum established during the campaign's first phase to mobilize the "harder-to-reach" populations.

EXHIBITS

PROGRAM ELEMENTS

	Healthy Families Program (HFP)	No-Cost Medi-Cal for Children (MCC)
Age	Birth through 18 years of age.	Birth through 18 years of age.
Income Limits	Up to 250% of the federal poverty level based upon family size and gross family income. Children must not be eligible for no-cost Medi-Cal.	Varies from 100% to 200% of the federal poverty level based upon a child's age, depending on the number of persons in the family.
Income Deductions	Entitled to federal and state income deductions when determining eligibility.	Entitled to federal and state mandated income deductions.
Resources	Family resources not considered for eligibility.	Family resources not considered for eligibility.
Social Security Number	Not required. Federal law prohibits states from requiring a SSN of applicant.	Required when full-scope benefits are requested. Restricted services are provided if applicant does not provide SSN.
Residency	California resident not in jail or a mental hospital.	California resident, not in jail, prison, or any other public institution.
Citizenship or Alienage	<ul style="list-style-type: none"> • U.S. Citizens • Nationals • Eligible Qualified Immigrants. 	<ul style="list-style-type: none"> • U.S. Citizens • Nationals • Eligible Immigrants <p>All immigrants who meet basic eligibility requirements are eligible for either full or restricted Medi-Cal benefits, depending upon their immigration status.</p>
Benefits	Low-cost, comprehensive health, dental, and vision care coverage.	No-cost comprehensive health, dental, and vision care coverage; or no-cost restricted services, if not eligible for full benefits.

PROGRAM ELEMENTS
(Continued)

	Healthy Families Program (HFP)	No-Cost Medi-Cal for Children (MCC)
Premiums	Low monthly premiums: \$4 to \$9 for each child up to a maximum of \$27 for all children in a family, based upon family size, family income, and type of plan chosen.	None.
Copay	A low \$5 co-payment for non-preventive services. No co-payment for preventive services.	No co-payments for children.
Other Health Coverage	Not eligible for HFP if, in the previous 3 months, was covered by employer-sponsored health plan, or is currently eligible for CalPERS health benefits.	Coverage under another health insurance plan does not affect Medi-Cal eligibility.
Continuation of Coverage	Not applicable.	One month of continued no-cost coverage for children who change from no-cost Medi-Cal to share-of-cost Medi-Cal and who appear to qualify for HFP. This "bridge" provides time for the family to apply for HFP.
Estimated Number of Eligibles	639,000	838,000

Healthy Families Program and Medi-Cal for Children Income Guideline Chart

Family Size	Child age 0 to 1 or Pregnant Women Medi-Cal	Child Age 0 to 1 Healthy Families	Child age 1 thru 5 Medi-Cal	Child Age 1 thru 5 Healthy Families	Child age 6 thru 18 Medi-Cal	Child age 6 thru 18 Healthy Families
1	\$0 - \$1,392	\$1,393 - \$1,740	\$0 - \$926	\$ 927 - \$1,740	\$0 - \$696	\$697 - \$1,740
2	\$0 - \$1,875	\$1,876 - \$2,344	\$0 - \$1,247	\$1,248 - \$2,344	\$0 - \$938	\$939 - \$2,344
3	\$0 - \$2,359	\$2,360 - \$2,948	\$0 - \$1,569	\$1,570 - \$2,948	\$0 - \$1,180	\$1,181 - \$2,948
4	\$0 - \$2,842	\$2,843 - \$3,553	\$0 - \$1,890	\$1,891 - \$3,553	\$0 - \$1,421	\$1,422 - \$3,553
5	\$0 - \$3,325	\$3,326 - \$4,157	\$0 - \$2,212	\$2,213 - \$4,157	\$0 - \$1,663	\$1,664 - \$4,157
6	\$0 - \$3,809	\$3,810 - \$4,761	\$0 - \$2,533	\$2,534 - \$4,761	\$0 - \$1,905	\$1,906 - \$4,761
7	\$0 - \$4,292	\$4,293 - \$5,365	\$0 - \$2,854	\$2,855 - \$5,365	\$0 - \$2,146	\$2,147 - \$5,365
8	\$0 - \$4,775	\$4,776 - \$5,969	\$0 - \$3,176	\$3,177 - \$5,969	\$0 - \$2,388	\$2,389 - \$5,969
9	\$0 - \$5,259	\$5,260 - \$6,573	\$0 - \$3,497	\$3,498 - \$6,573	\$0 - \$2,630	\$2,631 - \$6,573
10	\$0 - \$5,742	\$5,743 - \$7,178	\$0 - \$3,819	\$3,820 - \$7,178	\$0 - \$2,871	\$2,872 - \$7,178

Add the following dollar amount for each additional family member:

	\$484	\$605	\$322	\$605	\$242	\$605
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*Monthly Income Levels effective April 1, 2000.

Contractors and Subcontractors

In conducting the HFP/MCC education and outreach campaign, DHS has contracted with the following:

Runyon Saltzman and Einhorn (RS&E)

As the prime contractor, RS&E's responsibilities include overall contract administration, oversight of the subcontractor team, advertising development and production, and media buying and placement.

Hill and Knowlton (H&K)

As a subcontractor, H&K manages a variety of campaign activities, including public relations, local events, media relations, collateral marketing materials development and production, toll-free information line service, research, evaluation, spokespersons, and corporate sponsorships.

Richard Heath and Associates (RHA)

As a subcontractor, RHA is responsible for CBO outreach assistance, certified application assistance (CAA) training, enrollment entity (EE) and CAA database maintenance, distribution of collateral marketing materials, and CAA telephone assistance line.

Electronic Data Systems (EDS)

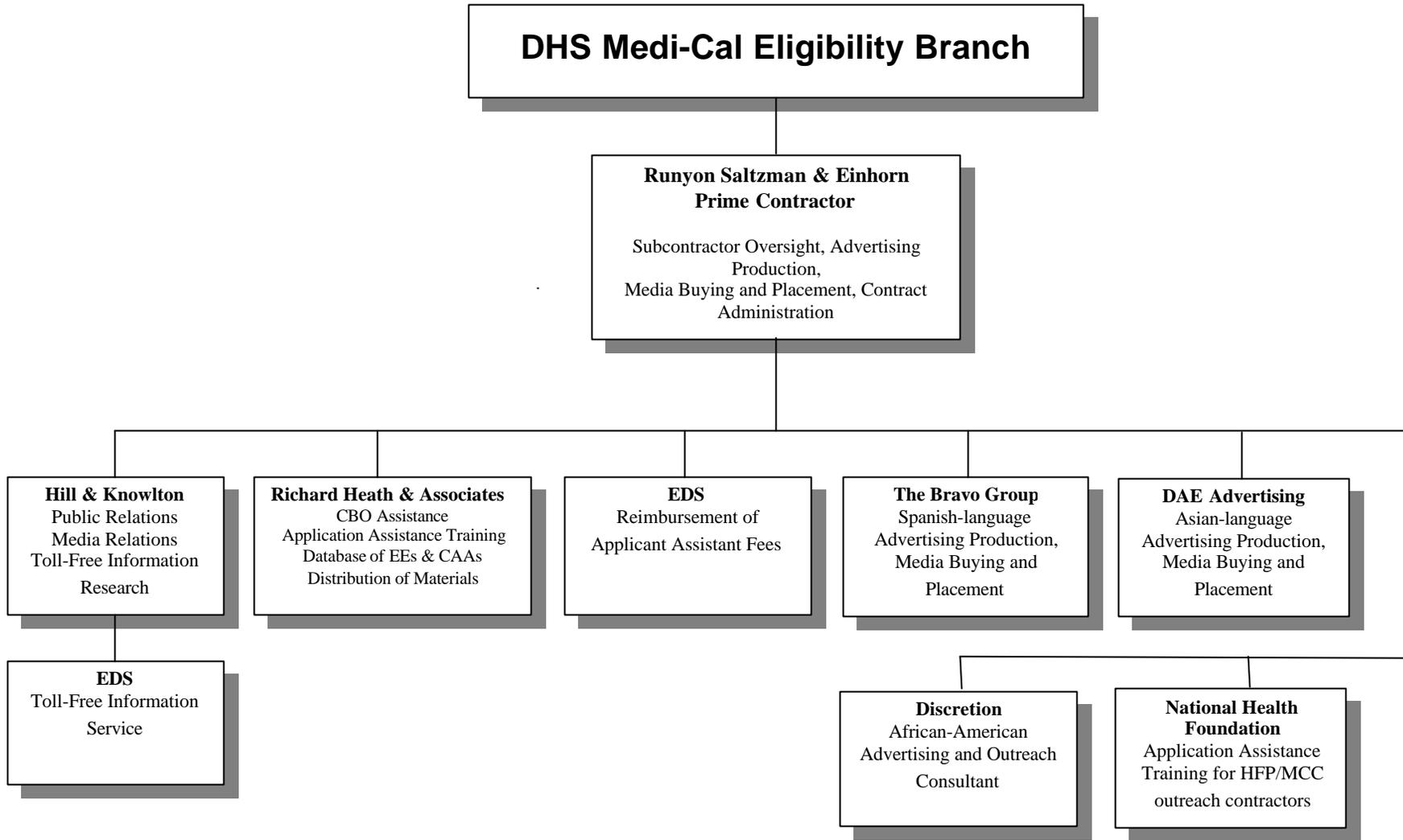
As a subcontractor to H&K, EDS conducts the campaign's toll-free information line activities. EDS is also a subcontractor to RS&E to issue reimbursements to EEs for successful HFP/MCC enrollments. (These subcontracted activities are independent of EDS' roles in serving as the HFP single point of entry administrator and as DHS's fiscal intermediary.)

RS&E also subcontracts with a team of cultural and linguistic communications specialists to develop campaign advertising and collateral marketing materials. These include: **The Bravo Group** to develop, produce and place Spanish-language advertising messages; **DAE Advertising** to develop, produce and place Asian-language campaign messages; and consultant **DISCRETION**, to ensure that culturally competent messages target the African-American community.

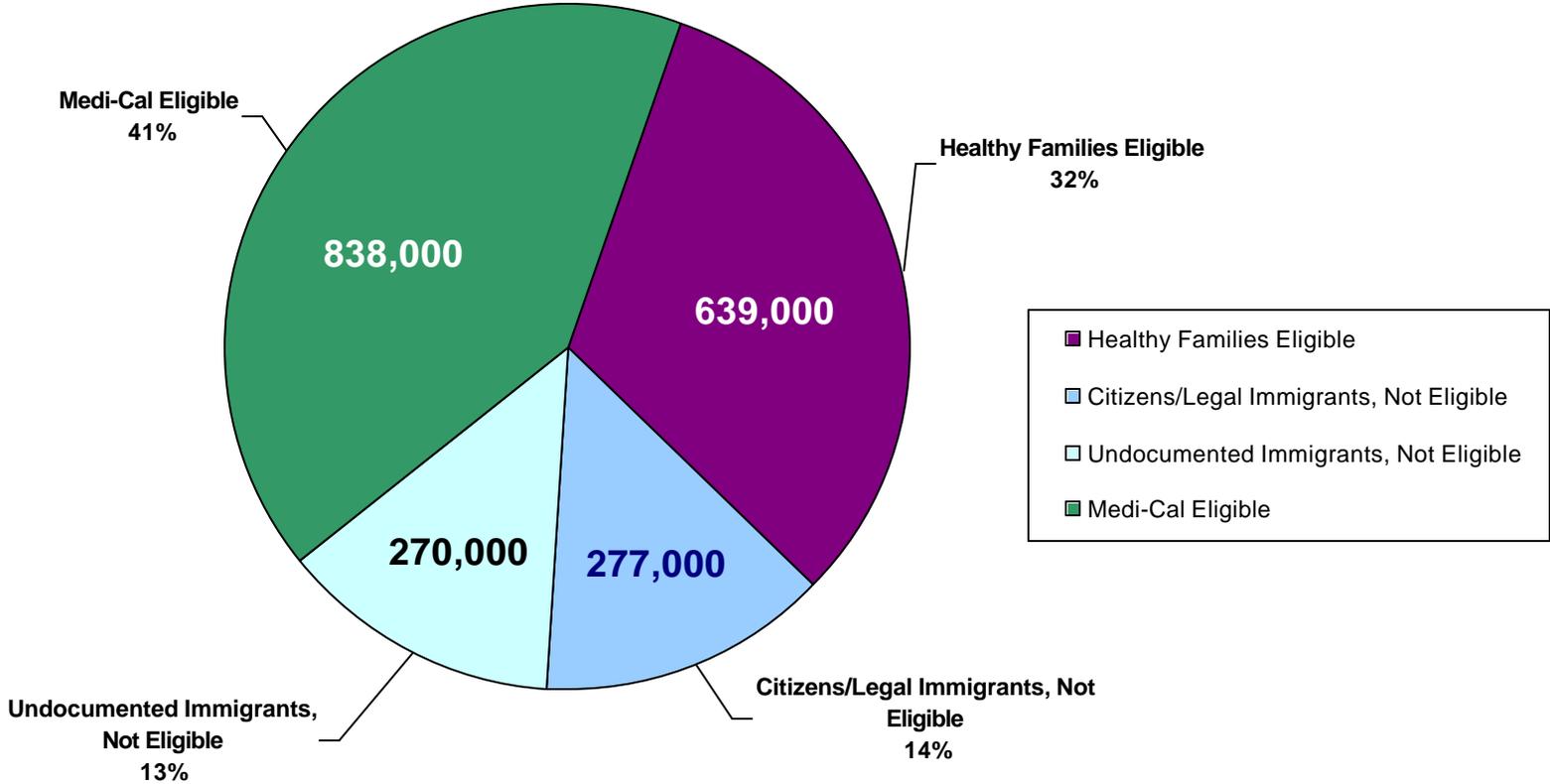
The National Health Foundation (NHF)

NHF subcontracted with RS&E to provide CAA training to community-based organizations that received contracts to conduct HFP/MCC outreach.

Healthy Families and Medi-Cal for Children Outreach and Education Contractual Relationships



Estimated 2.02 Million Uninsured Children in California, Ages 0-18



Source: UCLA Center for Health Policy Research

Note: The source of this data underreports the enrollment of Medi-Cal by up to 500,000 children. Many of the 838,000 Medi-Cal eligible children may be from families who have their children enrolled in Medi-Cal, but did not report the enrollment.

**\$1 Million Healthy Families Program and Medi-Cal for Children
Mini Contracts Awarded to CBOs - Bay Area**

Contract No.	Organization Name	County	Target	Comments	Amount Funded
98-15800	Asian Health Services	San Francisco, Oakland, Bay Areas	Asian communities	Develop, produce, and broadcast Healthy Families Program (HFP) Resource Announcements and advertise in newspapers. All money would be committed for advertising.	\$25,000
98-15801	Tri-City Health Center communities Solicit support of comm. leaders; Frequent	Alameda County	Latino & Asian	Recruiting outreach workers from target population; religious & educational sites; Develop materials in appropriate language	
98-15802	Alum Rock Union Elementary School District	Santa Clara County	Hispanic Students	HFP sign-up days at schools. Hire a Coordinator and increase two part-time Outreach Worker positions to full-time. Flyers, Poster, Banners, and TV announcements.	\$40,000
98-15803	Health Access Foundation	San Francisco	Low income	Meet w/ school personnel from low-income areas; churches, clinics, day care centers, and other CBOs. Distributing HFmaterials. Hosting enrollment trainings and one open enrollment night in each neighborhood with CBOs and certified enrollment entities.	\$25,000
TOTAL:					\$123,400

**\$1 Million Healthy Families Program and Medi-Cal for Children
Mini Contracts Awarded to CBOs - Central Valley**

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15796	City of Sacto.-Mayor's Comm On Our Children's	Sacramento	low income	Staff- 2 new application assistors. Assistors will respond to referrals from 11 SCUSD school sites. Will also respond to other Commission outreach efforts including 29 schools.	\$17,090
98-15797	Sacramento START	Sacramento	Afr. Ams, Hisp, Am.Ind, Russian, Lao, Mein, Viet, Chinese	Hire 3 p/t outreach workers to conduct after school educational meetings. Distribute flyers & direct students to Application Assistors from the Mayor's Commission. on Our Children's Health or CBO's. Translators & Refreshments.	\$20,140
98-15798	Migrant Education - Region II	Sacto, Solano, Yolo Counties	700 Hispanic migrant worker families	Create an "office on wheels" to give outreach to isolated families, make presentations at schools. Hire six ex-migrant workers and train them as Application Assistors. Van rental, cell phone rental, copier.	\$30,000
98-15799	Family Health Care Network	Tulare	Migrant seasonal farm worker families	App assistance & enroll 700; pres. at schools, migrant/parent groups, daycare center; health fairs; \$50 fee waived.	\$30,000
TOTAL:					\$97,230

**\$1 Million Healthy Families Program and Medi-Cal for Children
Mini Contracts Awarded to CBOs - Los Angeles**

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15774	My Sister's Keeper, Inc.	Los Angeles	African American	Target local housing development (door -to-door canvassing), coordinate with churches and organizations in target area, train staff & volunteers to assist with enrollment, develop PSAs, ads, conduct health fairs, and presentations.	\$24,000
98-15775	Jewish Family Service of Los Angeles	West LA, West & North Hollywood	Russian, Farsi	Aggressive media campaign that will include mailings, flyers, radio, tv & web site.	\$38,000
98-15776	Public Health Foundation Enterprises, Inc.	Central & South Central Los Angeles	Latino families	"Worksite Wellness Project": outreach & recruit. To target apparel/textile, food processing & furniture manufacturer industries.	\$13,000
98-15777	VNA Foundation	San Gabriel Valley, Orange Valley	Hispanic population	2 project coordins to recruit 2 p/t wrkrs & 6/8 volunteer wrkrs assts - outreach at comm. organizs. Admin. Oversight, 2 prgm coordins, 2 wrkrs. Volunteers compens'd by vouchers. Banners, brochures.	\$25,000
98-15778	Northridge Hospital Medical Center	Los Angeles	Foreign-born, esp. Spanish speaking	Existing staff plus 6 new health educators. Each team of 2 educators will be assigned 3 churches.	\$25,000

**\$1 Million Healthy Families Program and Medi-Cal for Children
Mini Contracts Awarded to CBOs - Los Angeles**

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15779	Community Health Councils, Inc.	Long Beach, So. Los Angeles	African American	Compliments existing ABC Project and M/C Outreach: subcontract w/ media firm to dev posters, flyers, slides for PSAs (movie theatres), event signage, banners, and radio PSAs; promo items, newspaper ads, brochures.	\$40,000
98-15780	Adept Management Systems	LA, Commerce, Pasadena	Children of low-income workers	Using telemarketing subcontractors to enroll low-income families.	\$21,270
98-15781	Inglewood Family Care Center	LA/Riverside/San Diego	African Amer, Hispanic, Amer.Indian	To recruit, train & educate grass roots volunteers; to create innovative education and outreach strategies; to increase coordination and collaborative efforts to develop research capabilities	\$21,000
98-15782	Families In Good Health/ St. Mary Med. Ctr. Foundat	LA County/Greater Long Beach Area	Cambodian, Lao, Hmong, Latino, Pacific Islander	Media: cable tv newspapers, magazines, radio w/intensive comm. outreach conducted in homes, (door to door canvassing), schools, churches, Buddhist temples & comm. events (Cambodian New Year, Lao New Year, Cinco de Mayo).	\$31,707
98-15783	Coalition of Mental Health Professionals, Inc.	Los Angeles	Belizian Community	Outreach workers will meet daily w/members of the Belizian community, offer enrollment assistance, establish a 24 hour hotline.	\$40,000

**\$1 Million Healthy Families Program and Medi-Cal for Children
Mini Contracts Awarded to CBOs - Los Angeles**

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15784	Black Women for Wellness	So Central LA	African American population	Build on existing community activities, develop in-service education seminars for gatekeeper organizations in African American communities re: HFP. Coordinate 2 outreach events, (clothing exchange) scheduled for March and June.	\$20,077
98-15785	Community Perinatal Network	LACounty	Latino	Develop culturally & linguistically-appropriate & appealing outreach materials; placement of messages.	\$40,000
98-15786	Plaza Community Center	Los Angeles & Unincorporated East LA	Hispanic	Existing staff and 2 new outreach workers. Health fairs, presentations -schools, community orgs, recreational sites, libraries, flyers, newspaper, radio, TV., billboards.	\$37,000
98-15787	Pomona Valley Ctr For Community Dvlpmt.	East San Gabriel/Pomona Valley	Spanish-speaking immigrants; women-headed/unemployed	Expand current HF outreach/enrollment activities. Door to door canvassing at-risk & socially isolated populations w/outreach in ethnic marketplaces, churches, hospitals, clinics, schools, childcare & WIC centers.	\$22,420
98-15788	Venice Family Clinic	West LA	Uninsured adolescents 13-18	Two full-time workers and five to ten teenage volunteers to reach uninsured teens where they frequent. In addition, recruit up to 50 school personnel in three school districts to voluntarily promote healthy families outreach in school settings.	\$44,684
TOTAL:					\$443,158

\$1 Million Healthy Families Program and Medi-Cal for Children
Mini Contracts Awarded to CBOs – North Coast

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15804	Alliance Medical Center	Sonoma County	Isolated rural Latinos	To employ outreach workers and project coordinator.	\$15,500
98-15805	Bilingual Broadcasting Foundation Inc. (KBBF)	Sonoma County	Spanish-speaking low-income workers	Inform the listening audience of KBBF of the program-interviews with medical providers-interviews w/other CBO mini-dramas	\$42,000
98-15806	Mendocino Coast Clinics, Inc.	Mendocino County	Isolated communities of low-income, Latino	Outreach through schools, clubs, teachers, school nights, home visits. Applicant also proposes a degree of in-reach at their clinic.	\$10,000
98-15807	The Women's Resource Center/Community	Humboldt County	Spanish-speaking	Using existing programs for faith-based outreach flyers, letters, grocery bag suffers.	\$15,632
TOTAL:					\$83,132

\$1 Million Healthy Families Program and Medi-Cal for Children
Mini Contracts Awarded to CBOs - Southern California

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15789	Community Health Centers of the Central Coast, Inc	Santa Barabara, San Luis Obispo Counties	Hispanic, migrant workers	Offer free immunization & distribute info to people who attend. Attend community events and local organization meetings. 3 outreach workers, RN, newspaper, radio & tv.	\$32,000
98-15790	Libreria del Pubelo, Inc.	SBERdu-High Desert Central Villy-West End	Hispanic	Develop flyers & brochures; disseminate information at schools, churches, and shopping centers; request PSA; educate the target population.	\$31,000
98-15791	San Ysidro Health Center	S. San Diego	Latino	Improves community knowledge screen and counsel 75% to assist 150-200 people.	\$40,000
98-15792	Partners for Community Access	North San Diego County	Hispanic, African Am., Am. Indian, Asian, White	Umbrella for Vista/Escondido/NCounty. Train outreach wrkrs to conduct ext. public relations, promos & comm. Presentations. Hire Marketing Mgr & reassign an Exec Director. Staff Training, Office Equip., Media Ads.	\$50,000
98-15793	Korean Health,Education, Information &Research Ctr	So. Cal/Statewide	Low-income Korean	Existing staff. Television, Radio, and Newspaper Ads.	\$40,000

\$1 Million Healthy Families Program and Medi-Cal for Children
Mini Contracts Awarded to CBOs - So. California
 (Continued)

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15794	Girls and Boys Club of Garden Grove	Orange	low income Spanish, English, Vietnamese	Existing staff. 50 parent speakers for 100 speeches (\$40 stipend each), refreshments.	\$31,880
98-15795	Ontario-Montclair School District	San Bernardino County	White,Hisp., Afr.Amer.,Am.Ind., Asian, Filip,Vietn	Along w/partners Escondido Comm. Health Center; North County Health Services; Vista Community Clinic. Existing staff plus 31 people in 31 schools at .50FTE Outreach- Internal campaign conducted through 31 schools.	\$30,000
TOTAL:					\$254,880

\$6 Million Healthy Families Program and Medi-Cal for Children Community-Based Contracts

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Alpha of San Diego, Inc.	\$104,716	Latino, White, and African American children	Provide outreach, screening, application assistance, and follow-up services to residents in the mid-city and Balboa Park communities, distribute promotion materials to 7,500 contacts, distribute flyers & leaflets, hold 12 community events.	Enroll 200 children in Healthy Families Program and Medical for Children (HFP/MCC).
AltaMed Health Services	\$78,111	Under-enrolled Latino children and other minority groups	Distribute flyers, make 113 presentations, provide outreach to 20 new agencies, follow-up services with 975 contacted individuals, assist 780 families fill out applications.	Enroll 1,170-1,950 children in HFP/MCC programs.
Alum Rock Union Elementary School District	\$104,282	Latino, Asian, African-American, and American Indian children	Telephone calls, flyers, posters, and television community service announcements. Flyers and posters will be placed in local businesses, local colleges/universities and other public locations, mail out letters and hold 6 community events.	Enroll 300 children in HFP/MCC programs.
Arroyo Vista Family Health Center	\$74,611	Latino children	Health education and wellness promotion, customer service, public relations, networking, community development, local print, and electronic media.	Enroll at least 1,455 children in HFP/MCC programs.
Asian Health Services	\$115,566	Cambodian, Chinese, Filipino, Korean, Laotian and Mien children	HFP/MCC announcements in multiple Asian language media outlets, TV commercials, radio announcements, community events to reach population that cannot be reach through traditional outreach activities.	Enroll 400-500 children in HFP/ MCC programs.

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Asian Pacific Health Care Venture	\$105,000	Vietnamese, Filipino, Korean, and Laotian children	Provide training sessions to various providers, develop mass media outreach plan, conduct one mass media outreach per month, develop/modify adapt educational materials, conduct presentations, face-to-face outreach.	Enroll 1000 children in HFP/MCC programs.
California Council For Veterans' Affairs Inc.	\$30,000	African-American and Hispanic children	Disseminate HFP/MCC information to neighborhood churches, senior citizens complexes, conduct workshops, 50% in English and 50% in Spanish, distribute flyers to indicate times and locations of workshops, etc.	Enroll 480 children in HFP/MCC programs.
California Family Health Council, Inc. Community Perinatal Network	\$78,111	Hispanic children	Delivery of program and application information by both telephone and on-site contacts, make contact with and schedule presentations at community organizations, WIC administrators, schools, child care centers, parks, employers etc.	Enroll at least 525 children in HFP/MCC programs.
California Health Collaborative	\$74,336	Hispanic children	Print and disseminate flyers and surveys in languages and volumes necessary to participating schools, conduct a minimum of 30 assistance sessions at 18 committed schools, distribute printed information about all available health care programs.	Enroll 1400 children in HFP/MCC programs
California Rural Indian Health Board, Inc.	\$65,346	American Indian children	Create a needs survey to identify families who need information about HFP/MCC, generate media releases with tribal newspapers/radio, conduct outreach activities, health fairs, community festivals.	Enroll 200 children in HFP/MCC programs.
Care R Us	\$65,346	Arab and Muslim children	Private "In Your House" consultations, extended office hours, increase education, outreach and enrollment opportunities. Conduct presentations at mosques, churches and temples, attend holiday events.	Enroll at least 600 in HFP/MCC programs.

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Catholic Charities of Los Angeles/Immigration & Refugee Department	\$78,111	Vietnamese, Laotian, Hispanic, Armenian and Cambodian children	Outreach media will consist of targeting four major ethnic populations: Hispanic, Armenian, Vietnamese and Cambodian. Distribution of flyers, HFP/MCC program information broadcasted through television and/or radio announcements, participating in a bi-monthly radio and television talk show program, explaining about the HFP/MCC programs.	Media based contract therefore, enrollment goals not applicable.
Catholic Charities of Orange County	\$62,990	Latino and Vietnamese children	Conduct door- to-door outreach campaign, print announcements in parish and school bulletins, make pulpit announcements, post material at adult education centers, set up enrollment assistance booths at health fairs and churches.	Enroll at least 2000 children in HFP/MCC programs.
Child and Family Guidance Center	\$71,511	Hispanic and Latino children	Prepare, copy and distribute memos for teachers and parents w/ information about the HFP, make presentations at back to school nights, door to door home visits, give presentations in community based agencies and churches.	Enroll 455 children in HFP/MCC programs.
City of Sacramento - Mayor's Commission on Our Children's Health	\$46,353	Hispanic, African-American, Asian and White children	Screen school emergency cards to identify eligible families, distribute pre-stamped interest cards to Child Action clients for self-referral, distribute flyers, distribute outreach materials to churches, make presentations.	Enroll 3000 children in HFP/MCC programs.
Clinica de Salud de Valle de Salinas	\$115,566	Hispanic children	Engage in a number of outreach activities involving communication in person, by telephone and in writing, distribute brochures/material, develop media activity, conduct one on one contact and presentations.	Enroll 1560 children in HFP/MCC programs.
Clinica Sierra Vista	\$65,346	Latino and African-American children	Outreach at health clinics and WIC sites, conduct door-to-door and telephone outreach, conduct presentation at school or community sites, participate in health fairs, make referrals to other programs.	Enroll 1500 children in HFP/MCC programs.

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Clinicas de Salud del Pueblo, Inc.	\$82,396	Hispanic children	Outreach staff rotating to 11 schools to enroll 325 eligible children, provide access and information to 12 housing developments and 40 daycare facilities, 12 collaborative presentations will be made to preschools, daycare sites etc.	Enroll 795 children in HFP/MCC programs.
Coachella Valley Healthy Children Collaborative	\$115,566	Hispanic children	Provide application assistance to 240 families per month, media coverage 4 times in 7 months, conduct presentations at child care centers, work sites, churches, fairs etc.	Enroll 562 children in HFP/MCC programs.
Coalition of Orange County Community Clinics	\$104,716	Hispanic and Asian children	Outreach efforts in neighborhoods, member clinics, schools, Head Start programs, churches, motels, WIC offices, community events and health fairs, distribute information via email, fax and phone calls.	Not available
Community Guidance Media Network	\$56,611	Spanish-Speaking children	On-the-air broadcasts, place ads and newspapers stories, attend education events, develop specialized or mixed programming, and obtain viewer listener response via telephone or audience participation.	Media based contract therefore, enrollment goals not applicable.
Community Health Clinic Ole	\$65,346	Low-income, uninsured Hispanic children	Conduct door to door outreach. Enrollment assistance at church & various Napa sites, presentations at migrant farm worker camps, health fairs, work sites and Head Start. Distribute fliers at above locations and Latino-based areas.	Not available
Community Health Councils, Inc.	\$118,611	African-American and Latino children	Conduct 145 community and business presentations, distribute 1,450 fliers re the HFP/MCC Program and services, distribute information regarding health coverage to 2,730 families, assist 900 families filling out their application.	Enroll 1,180 children in HFP/MCC programs.

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Community Health Foundation of East Los Angeles, Inc.	\$159,111	Latino, Native American and low-income children	Door to door outreach, identify community organizations with potential target population members, presentations at community events, Sunday mass, parish fairs and health fairs.	Not available
County of Riverside, Health Services Agency	\$55,426	Latino and African-American children	Expand application assistance sites, participate in 30 community activities, operate toll-free line to provide eligibility assistance, develop system to record names/addresses for all eligible clients, provide monthly follow-up.	Enroll 2000 children in HFP/MCC programs.
County of Sonoma, Department of Health Services	\$82,396	All uninsured/eligible children, Hispanic focus	Target Hispanic churches, provide info and application assistance to families calling on their toll-free line, enter data tracking forms, coordinate biweekly meetings to review/improve outreach activities.	Enroll 1200 children in HFP/MCC programs.
County of Tulare Health & Human Services Agency	\$90,456	Latino and Southeast Asian children	Enroll families monthly at Healthy Start centers in targeted communities, distribute applications at Sequoia Regional Shopping Mall each Friday evening, schedule media announcements, hand out flyers, follow up with phone calls and home visits	Enroll 911 children in HFP/MCC programs.
Crystal Stairs, Inc.	\$159,111	Uninsured children in Los Angeles County Service area	Provide outreach and education to 40,000 families, distribution of written information on HFP/MCC to over 1,200 child care providers, conduct at least 1,000 outreach encounters at public events.	Enroll 1,100 children in HFP/MCC programs.
Del Norte Clinics, Inc.	\$61,936	Children of Farmworkers, Native-Americans, and Isolated Rural populations	Conduct presentations (2 per week), develop/adapt outreach materials (fliers/ads to inform selected families of documentation needed to complete application.	Enroll 240 children in HFP/MCC programs.

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East Valley Community Health Center, Inc.	\$78,111	Low-income, uninsured, working poor, and homeless children	Each team of two Community Health Workers will implement at least 3 outreach group sessions, conduct mailings to employers, and provide outreach presentations.	Enroll 485 children in HFP/MCC programs.
Ebony Counseling Center	\$65,284	African American, Latino, other minority children	Door-to-door contact, community health fairs, faith community meetings, school events, distribute information within the geographic area, shopping malls, parks, bus stops, recreation centers and health centers, etc.	Enroll 150 children in HFP/MCC programs.
Family Connections	\$65,346	Native American, Latino and Anglo children	Implementation of nine media messages via newspapers and 8,500 flyers targeted to locations frequented by the target population, newspaper, radio and TV promotions have also been donated.	Enroll 1,038 children in HFP/MCC programs.
Family Resource Center Collaborative (FRCC)	\$46,353	Hispanic and Asian children	Outreach via door-to-door, food pantries, homeless shelters, day labor sites, swap meets, bus stops, small businesses, neighborhood stores, homes, mobile screening/enrollment teams visit schools, churches and other community locations.	Enroll 1550 children in HFP/MCC programs.
Folsom Cordova Health Start	\$73,096	Hispanic, African-American, Southeast Asian, and Russian children	Direct family contact through home visits, supermarkets, special promotions and training, work with low income/affordable housing apartment managers and distribute flyers, put on special events.	Enroll 202 children in HFP/MCC programs.
Health & Wellness Medical Clinic	\$78,111	Latino and African-American children	Implement Health & Wellness Fairs, presentation to churches, distribute flyers, schedule enrollment appointments. Door to door outreach.	Enroll 1562 children in HFP/MCC programs.

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Health Access	\$72,476	African-Americans, Latino, and Asian children	Target population consisting of African Americans, Asians and Latinos, conduct enrollment and information activities at churches, health fairs, conduct outreach at after-school programs, low-income childcare, churches, etc.	Enroll 732 children in HFP/MCC programs.
Health for All, Inc.	\$41,290	Latino and Hmong children	Participate in 3 health fairs and community events per month, collaborate with 15 CBOs, conduct informal presentations, clinic visits and/or workshops, provide follow-up to enrollees.	Enroll 190 children in HFP/MCC programs.
High Desert Youth Center	\$95,726	African-American, Anglo, Asian-American, and Hispanic children	Collaborate with 4-8 agencies to develop strategy, conduct 2-5 workshops, conduct focus groups, field test and revise material and messages developed, conduct 6-7 outreach activities each week.	Enroll 768 children in HFP/MCC programs.
Inglewood Family Care Center	\$52,400	African-American, Indian, Hispanic, and White children	Community service bulletins, media, press release, newspaper, distribution of flyers, posters, letters, applications, home calls/visits, swap meets, check cashing places, medical centers, parks and community centers.	Enroll at least 240 children in HFP/MCC programs.
Inland Agency	\$44,886	Low-to-middle income Hispanic children	Door-to-door public education and enrollment campaign in the east side of Riverside, education and enrollment of home health care workers through caregivers program, education and enrollment through mobile health vehicle.	Enroll 350 children in HFP/MCC programs.
Kern County Economic Opportunity Corporation (KCEOC)	\$46,353	Children of Hispanic and non-Hispanic Agricultural workers	Outreach workers will conduct outreach and recruitment activities at all Head Start centers, WIC offices, churches, door-to-door, community events, areas where migrant workers may congregate, e.g., laundromats.	Enroll 2,232 children in HFP/MCC programs.

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Lao Family Community of Fresno, Inc.	\$59,766	Refugee children	Door-to-door outreach, conduct six community workshops at different refugee groups in Fresno, conduct presentations to schools, churches, community centers, radio announcements, health fairs.	Enroll 317 children in HFP/MCC programs.
Little Company of Mary Health Services	\$78,111	Latino children	School-based strategy involving four communities and door-to-door marketing campaign, conduct presentations to inform parents about available health care options.	Enroll 2,100 children in HFP/MCC programs.
Long Beach Department of Health & Human Services	\$159,111	Hispanic and Cambodian children	Meet with leaders of the community to identify community sites, churches/temples, day care centers, laundromats, health fairs, ethnic fairs, community events, work with the state and local advocacy agencies to develop materials addressing public charge.	Enroll at least 750 children in HFP/MCC programs.
Los Angeles County Office of Education	\$46,353	Uninsured school-age children in selected districts	Hold healthcare fairs, parent meetings, provide parent training, conduct parent conferences, community events, distribute application request flyers, organize HFP/MCC enrollment days, provide CAA' s at scheduled school events, conduct mailings.	Enroll 300 children in HFP/MCC programs.
Los Angeles Unified School District/CHAMP	\$159,111	Latino children	Hire a community outreach worker (culturally and linguistically appropriate), parent-to-parent outreach, coordinate district-wide effort, general information dissemination, provide 13 enrollment events in target clusters.	Enroll 2,025 children in HFP/MCC programs.
Mendocino County Department of Public Health	\$63,734	Latino and Native American children	Outreach to schools, kindergarten registration, Head Start and state preschool registrations, send flyers home with students, pamphlets, posters, application packets, articles in local papers, on-air interviews.	Enroll 420 children in HFP/MCC programs.

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Minerva Lobarbio Norwalk Office	\$78,111	Asian, Hispanic and Pacific Islander children	Participate in a health fair, distribute flyers to employment training centers, pharmacies, dental offices, shopping centers, coordinate with local hospitals to set up programs for Healthy Families day and enroll on site, Conduct an open house at the medical office (where the project will be held)	Enroll 1,230 children in HFP/MCC programs.
Mission City Community Network, Inc.	\$78,111	Latino children	Reach a minimum of 1,320 rental units within the four census tract areas, begin door to door educational campaign, develop school-based education and outreach at three LAUSD schools involving a minimum of 100 teachers and admin.	Enroll 510 children in HFP/MCC programs.
MotherNet Los Angeles	\$155,611	Latino and African-American children	Attach HFP/MCC enrollment info to weekly bulletins at five Compton schools, conduct promotion activities at PTA meetings, assemblies and/or school performances at each school, incentive raffle, conduct home visits.	Enroll 1,875 children in HFP/MCC programs.
National Family Life and Education Center/CHAAFC	\$159,111	African-American children	Placement, installation and maintenance of 500 messages at high traffic locations, outreach by telephone and on-site contacts including: religious/spiritual institutions, recreation sites, apartments, beauty parlors.	Enroll at least 700 children in HFP/MCC programs.
New Economics for Women	\$158,611	Low-income Latino and Korean children	Initiate bilingual media campaign (radio and billboard), door-to-door enrollment, community workshops (e.g., churches and community), follow-up with agency case managers/intake workers.	Enroll 1,526 children in HFP/MCC programs.
Oakland Chinese Community Council, Inc.	\$60,510	Asian Immigrant children	Media through Chinese newspapers, dissemination of flyers, brochures, bulletins, community presentations, conduct active outreach throughout annual community events such as Chinatown Streetfest, New Year's Bazaar	Enroll 608 children in HFP/MCC programs.

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Ontario-Montclair School District	\$77,436	Hispanic, White and African-American children	Memos to principals and school staff, presentations at school sites, display posters at schools, send introductory letter in English, Spanish, and Vietnamese to all families, give presentation at back-to-school nights.	Not available
Parent Resource Center	\$40,236	Culturally diverse low-income children	Customize HFP/MCC brochures in English and Spanish, obtain media coverage through newspapers, TV, and radio. Presentations at health care facilities, educational fairs, school sites	Enroll 600 children in HFP/MCC programs.
Pasadena Public Health Department	\$159,111	African-American and Latino children	Outreach staff stationed at Pasadena Unified School District schools, distribute information packets in English/Spanish to students, WIC, clinics, school events, publish articles in newsletter.	Enroll 600 children in HFP/MCC programs.
Plaza Community Center	\$78,111	Hispanic children	Develop three, 20-minute presentations geared to parents, plaza staff and volunteers. Staff will reach a total of 7,000 people directly through health fairs, presentations at schools, recreation sites, libraries and local public agencies.	Not Available
Pomona Valley Center for Community Development	\$65,361	Latino, Asian and African-American children	Parent group presentations, leaflet schools, visit childcare center, visit WIC centers, door-to-door canvassing, church front outreach, hospitals, clinics, doctors offices, community events, cultural program outreach.	Enroll 455 children in HFP/MCC programs.
San Diego Unified School District	\$77,436	Low-income, uninsured Hispanic students	School outreach to children without health insurance chosen from a sample of 50 schools, families from the targeted schools will be contacted by mail, telephone and personal parent meetings, home visits.	Enroll 3,300 in HFP/MCC programs.

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San Fernando Valley Neighborhood Legal Services, Inc.	\$159,111	Latino Immigrant children	Outreach staff stationed at Pasadena Unified School District schools. Distribute information packets in English/Spanish to students, WIC, clinics, school events. Publish articles in newsletter.	Enroll 475 children in HFP/MCC programs.
San Francisco Neighborhood Legal Assistance Foundation	\$62,990	Asian and Latino children	Provide community outreach to low-income families. Project staff will include ethnically diverse, former welfare recipients, fluent in Chinese, Vietnamese, English and Spanish. Conduct activities in various low-income locations, conduct presentation and questions and answer clinics at private law firms, community based organizations, etc.	Enroll 130 children in HFP/MCC programs.
San Gabriel Unified School District	\$132,611	Low-income children within the SGUSD/San Gabriel Community	Distribute materials at health fairs and community events, discuss importance of health insurance with pregnant women and parenting teens. Presentations at school sites, council meetings, staff meetings, run articles in newsletters.	Enroll 480 children in HFP/MCC programs.
San Joaquin County Health Care Services	\$83,016	Latino, Southeast Asian and African-American children	Schedule and make presentations at employment, education, recreation and community centers, health fairs; schedule and broadcast info on radio and TV; door-to-door outreach, events leafleting, targeted contacts.	Enroll 2,000 children in HFP/MCC programs.
Shasta Healthy Families Project	\$77,126	White, Hispanic, Asian, Native American and African-American children	Conduct direct mailings, expand media advertisement of the HFP/MCC programs, ½ hour presentations at local community-based organizations, participate in health fairs and community events.	Enroll 540-900 children in HFP/MCC programs.
Solano Coalition for Better Health	\$114,946	Hispanic and African-American children	Conduct at least 9 enrollment events, provide walk-in assistance at 5 locations, contract w/schools to increase enrollments and remove barrier/stigma of government programs.	Enroll 1,200 children in HFP/MCC programs.

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South Asian Network	\$38,112	South Asian children	Community sponsored cultural, religious, and entertainment events, mammography screenings, citizen workshops and legal days, local south Asian community establishments (shops, groceries, etc.) will be targeted.	Enroll 250 children in HFP/MCC programs.
The Health Trust	\$51,396	Latino and Asian children	Distribute flyers, provide outreach at 15 primary care sites (20 per month), outreach at 5 social services sites (9 per month).	Enroll 441 children in HFP/MCC programs.
Tracy Family Center	\$35,338	Latino children	Distribute flyers to 10,000 children in school district, disseminate flyer in utility bills, extend outreach to community center sites, health clinics, WIC sites, door-to-door outreach. Participate in community events and health fairs.	Enroll 700 children in HFP/MCC programs.
Tucker Associates	\$65,344	Not specified	Outreach to medical community, participate in school fairs, outreach to employers, churches, and child care centers. Media promotion and public speaking engagements.	Enroll 500 children in HFP/MCC programs.
Valley Community Clinic	\$122,111	Latino children	Schedule site visits and promote public awareness, conduct small group enrollment sessions in housing projects, conduct educational forums at school based sites, provide ongoing case support services	Enroll 450-552 children in HFP/MCC programs.
Ventura County Health Care Agency – Public Health Department	\$55,426	Low-income Hispanic children	Attend special events, canvass low-income neighborhoods, schools, shopping centers and businesses, provide promotional items to attract potential clients to outreach activities.	Enroll 1,050 children in HFP/MCC programs.

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Community-Based Contracts**

Veterans in Community Service, Inc.	\$32,112	Low-Income Hispanic children	Outreach staff would target six adult school campuses and two off site offices to provide education and enrollment services. All current staff performing these services are bilingual Spanish/English, community outreach by distributing informational flyers at six adult schools and two other agency sites.	Enroll 156 children in HFP/MCC programs.
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FACT SHEET

05/25/99

Public Charge

In an effort to protect the public health and help people become self-sufficient, the Clinton Administration is publishing a proposed rule in the *Federal Register* on May 26 that clarifies the circumstances under which a non-citizen can receive public benefits without becoming a “public charge” for purposes of admission into the United States, adjustment of status to legal permanent resident, and deportation.

The new regulations, for the first time, define “public charge” and state which benefits a non-citizen may receive without concern for negative immigration consequences. The regulation describes the various issues that must be considered in making a public charge determination. This information will help non-citizens and their families make informed choices about whether to apply for certain benefits. The regulation also enhances the administration of the nation’s immigration laws by promoting fair and consistent decision-making.

Background

“Public charge” has been part of U.S. immigration law for more than 100 years as a ground of inadmissibility and deportation. An alien who is likely at any time to become a public charge is inadmissible and ineligible to become a legal permanent resident of the United States. Also, an alien can be deported if he or she becomes a public charge within five years of entering the United States from causes that existed before entry. Instances of deportation on public charge grounds have been very rare.

Recent immigration and welfare reform laws have generated considerable public confusion and concern about whether a non-citizen who is eligible to receive certain Federal, State, or local public benefits may face adverse immigration consequences as a public charge for having received public benefits.

This concern has prompted some non-citizens and their families to deny themselves public benefits for which they are eligible -- including disaster relief, treatment of communicable diseases, immunizations, and children’s nutrition and health care programs -- potentially causing considerable harm to themselves and the general public. This impact undermines the government’s policies of increasing access to health

insurance and health care and helping people to become self-sufficient by drawing temporarily on public support during a transition period.

Definition of Public Charge

The proposed rule, which was drafted after an extensive interagency process with benefit-granting agencies, defines “public charge” to mean an alien who has become (for deportation purposes) or is likely to become (for admission or adjustment of status purposes) “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense.” This definition alone, however, cannot be used to determine if an alien is a public charge -- other issues must be considered, as specified below.

The Immigration and Naturalization Service (INS) is implementing this definition of public charge immediately through field guidance discussing the definition and standards for public charge determinations. The field guidance will be published along with the proposed rule in the *Federal Register*. In addition, the United States Department of State (DOS) will send a cable to U.S. consulates abroad providing guidance on public charge determinations for admission purposes. By making this guidance effective immediately, INS and DOS are helping to relieve public concerns about receiving health care and other important services, as well as providing field personnel with the tools needed to enforce immigration law in a clear and consistent manner.

At the same time, INS is seeking public comment on this approach. The proposed rule includes a 60-day public comment period.

Benefits Subject to Public Charge Consideration

The proposed rule specifies that cash assistance for income maintenance includes Supplemental Security Income (SSI), cash assistance from the Temporary Assistance for Needy Families (TANF) program and State or local cash assistance programs for income maintenance, often called “General Assistance” programs. Acceptance of these forms of public cash assistance could make a non-citizen a public charge, if all other criteria are met (as described below in the section “Criteria for Public Charge Determinations.”)

In addition, public assistance, including Medicaid, that is used for supporting aliens who reside in an institution for long-term care -- such as a nursing home or mental health institution -- will also be considered by INS and DOS officials as part of the public charge analysis. Short-term institutionalization for rehabilitation is not subject to public charge consideration.

Benefits Not Subject to Public Charge Consideration

Non-cash benefits and special-purpose cash benefits that are not intended for income maintenance are not subject to public charge consideration. Such benefits include:

- Medicaid,
- Children's Health Insurance Program (CHIP),
- Food Stamps,
- the Special Supplemental Nutrition Program for Women, Infants and Children (WIC),
- immunizations,
- prenatal care,
- testing and treatment of communicable diseases,
- emergency medical assistance,
- emergency disaster relief,
- nutrition programs,
- housing assistance,
- energy assistance,
- child care services,
- foster care and adoption assistance,
- transportation vouchers,
- educational assistance,
- job training programs,
- and non-cash benefits funded under the TANF program.

Some of the above programs may provide cash benefits, such as energy assistance, transportation or child care benefits provided in cash under TANF or the Child Care Development Block Grant (CCDBG), and one-time emergency payments under TANF.

Since the purpose of such benefits is not for income maintenance, but rather to avoid the need for on-going cash assistance for income maintenance, they are not subject to public charge consideration.

Criteria for Public Charge Determinations

The proposed rule states that an alien's mere receipt of cash assistance for income maintenance, or being institutionalized for long-term care, does not automatically make him or her inadmissible, ineligible to adjust status to legal permanent resident, or deportable on public charge grounds. The law requires that INS and DOS officials consider several additional issues as well. Each determination is made on a case-by-case basis.

Admission and Adjustment of Status

Before an alien can be denied admission to the United States or denied adjustment of status to legal permanent resident based on public charge grounds, a number of factors must be considered by INS and DOS, including: the alien's age, health, family status, assets, resources, financial status, education and skills. No single factor -- other than the lack of an Affidavit of Support, if required -- will determine whether an alien is a public charge, including past or current receipt of public cash benefits for income maintenance.

Deportation

The INS can deport an alien on public charge grounds only if the alien has failed to meet the benefit-granting agency's demand for repayment of a cash benefit for income maintenance or for the costs of institutionalization for long-term care. INS may initiate removal proceedings only if the benefit-granting agency has the legal authority to demand repayment and has:

- chosen to seek repayment within five years of the alien's entry into the United States;
- obtained a final judgment;
- taken all steps to collect on that judgment; and
- been unsuccessful in those attempts.

Even if these conditions are met, the alien is not deportable on public charge grounds if the alien can show that he or she received public cash benefits for income maintenance or was institutionalized for long-term care for causes that arose after entry into the United States.

Other Public Charge Clarifications

There is no public charge test for naturalization.

Public charge is not a factor in whether a non-citizen can sponsor a relative to come to the United States.

Benefits received by one member of a family are not attributed to other family members for public charge purposes, unless the cash benefits amount to the sole support of the family.

-- INS --

**Healthy Families Program
Radio, TV & Newspaper Interviews By the Managed Risk
Medical Insurance Board Staff**

Outlet	Location	Date	Language	Source
La Opinion	Los Angeles	1/19/99	Spanish	Newspaper
KWKW	Los Angeles	4/19/99	Spanish	Radio
KIQI	San Francisco	4/22/99	Spanish	Radio
KLNV	San Diego	5/4/99	Spanish	Radio
La Buena	San Francisco	8/17/99	Spanish	Radio
Congressman Thompson Children's Network of Solano County	Vacaville	8/18/99	English	2 local newspapers
Estero Sol	San Francisco	8/20/99	Spanish	Radio
KTNQ 1020	LA Orange Santa Barbara Ventura North San Diego South Kern	12/8/99	Spanish	Radio
Radio Unica	San Francisco	12/9/99	Spanish	Radio
KGST-AM	Fresno	12/10/99	Spanish	Radio
KSPE-FM	Santa Barbara	12/10/99	Spanish	Radio
KWKW-AM	Los Angeles	12/10/99	Spanish	Radio
KEYQ-FM	Camarillo	12/13/99	Spanish	Radio
KGZO-AM	Camarillo	12/13/99	Spanish	Radio
KMRO-FM	Camarillo	12/13/99	Spanish	Radio
KBBF-FM	Santa Rosa	12/14/99	Spanish	Radio
KWIZ-FM	Santa Rosa	12/15/99	Spanish	Radio
Para Ti	Los Angeles	12/15/99	Spanish	Newspaper
KCHJ-AM	Bakersfield	12/16/99	Spanish	Radio
KWAC-AM	Bakersfield	12/16/99	Spanish	Radio
Spanish Press Conference	Los Angeles	12/21/99	Spanish	1 Radio 3 local newspapers 3 TV
Radio Unica	San Francisco	12/27/99	Spanish	Radio
Radio Unica	San Francisco	12/28/99	Spanish	Radio
La Buena	San Francisco	1/5/00	Spanish	Radio
Sacramento Bee	Sacramento	1/20/00	English	Newspaper
Tu Vision	San Francisco	1/24/00	Spanish	TV
Press Conference	Stockton	1/28/00	English & Spanish	Newspaper TV-Univision/Spanish
La Opinion KLVE	Los Angeles	2/9/00	Spanish	Newspaper 2 Radio Stations
Que Buena	Sacramento	2/9/00	Spanish	Radio
KFTV-TV	Fresno	2/14/00	Spanish	TV
KMSG-TV	Fresno	2/16/00	Spanish	TV
KCSO-TV	Modesto	2/18/00	Spanish	TV
KUVS	Modesto	2/22/00	Spanish	TV

DRAFT

HEALTHY FAMILIES AND MEDI-CAL PUBLIC AWARENESS

Telephone Survey and Focus Group Project

**REVISED EXECUTIVE SUMMARY
FEBRUARY 22, 2000**

EXECUTIVE SUMMARY

This report presents key findings from the research project on the basis of preliminary analyses. It is intended to highlight areas of greatest interest and potential impact. As such, it contains *directional* findings that will be explored in greater detail in an upcoming full report.

The objective of this research project was to assess public awareness about the Healthy Families and Medi-Cal for children (HF/MC) education and outreach campaign efforts, with the goal of guiding and providing recommendations for future campaign strategies. Its focus was on the education components, advertising and public relations and addressed several key audiences and cultures statewide.

Under the direction of the California Department of Health Services (DHS) and the Managed Risk Medical Insurance Board (MRMIB), Hill and Knowlton (H&K) supervised the research through a sub-contracted research vendor, Communication Sciences Group. Runyon Saltzman & Einhorn received copies of conference reports, questionnaires and discussion guides and reports but did not direct the project.

The research project sought to understand how targeted audiences' awareness, knowledge, perceptions, beliefs/attitudes and perceived barriers affect behaviors of importance to the programs -- including the decision to enroll, follow-through on enrollment procedures and willingness to recommend and advocate the program to others. It also explored reactions to program messages and interest in sources of information and potential information channels.

Key Findings

In general, most findings from the survey and from the focus groups were consistent with each other. Differences seemed to surface depending on whether a topic was explored in more depth in the survey or in the focus group format.

- **SKEPTICISM** An atmosphere of skepticism regarding HF/MC arose in most of the focus groups. In some, this was manifested through skepticism that the Healthy Families program might be "too good to be true." This perception was shared by over half of survey respondents, including enrollees and non-enrollees. Skepticism also prevailed concerning the quality of medical care that would be received.
- **STIGMA AND QUALITY CONCERNS** In the focus groups many expressed concerns that they would be stigmatized when they attempted to use program services. They believed that when they used HF or MCC health coverage, they would not be

treated the same as patients that have private health coverage. They also worried that the quality of the medical care they received through HF and MC would be second-rate, a perception shared by a majority of survey respondents.

- **COST-BENEFITS OF APPLYING** Many participants in the focus groups felt strongly that they wouldn't apply unless they could get more information in advance of applying. No one in the groups was willing to go to county social services to obtain information or to enroll. Two-thirds of survey respondents held this view as well. Group participants also wanted information about whether they would qualify before going through with the application process because the effort involved was too great if they were not going to qualify anyway.
- **CONCERNS ABOUT INCOME REQUIREMENTS OF HEALTHY FAMILIES** Financial circumstances were strained for many, too strained to afford private health coverage. Yet, past experiences had caused them to be worried that they would be 'just above' the income requirements for either program. Participants in several groups reported that their applications for Medi-Cal had been denied or they had been "cut-off," in both instances because their gross income level fell just outside of the eligible range. As a result, these participants were very reluctant to apply for Healthy Families.
- **SYNERGY BETWEEN PERSONAL AND GROUP INTERACTIONS AND AD REINFORCEMENT** As the discussion proceeded in some focus groups, information about the programs coming to light lessened people's skepticism. Participants became more receptive to learning more about Healthy Families. And by the end of the group they were asking for materials about the programs. While the ads provided some familiarity with the programs, an opportunity to get questions answered would reinforce the ads according to some groups. In addition, participants endorsed group discussions as one of the ways that they would like to receive additional information about the programs.

Program awareness

- Focus Group participants and telephone survey respondents were only somewhat aware of Healthy Families. Medi-Cal was familiar to nearly all survey respondents and focus group participants.
- Focus group participants whose children were not enrolled in Healthy Families, including those with Medi-Cal, had limited knowledge of and, in a number of instances, misinformation about the Healthy Families program. Participants appeared not to readily recognize Healthy Families when initially read a brief description of the program.
- On an unaided basis, half of survey respondents (50%) either were aware of a state-sponsored health care coverage for children or were able to name a program when asked. 29% of respondents were not aware of efforts to provide health care coverage for children. When those who had not named Healthy Families were asked about it by name, 50% recognized it and of those who were read a description of it, 15% recognized it.

- Telephone survey respondents reported a high level of *aided* awareness and knowledge about the Medi-Cal program. Nearly all were able to recognize Medi-Cal if they had not volunteered it when asked about health care programs for children. Furthermore the information that they had about Medi-Cal tended to be correct.

Program knowledge

- From the survey, it was learned that enrollees were fairly knowledgeable about the programs in which they were enrolled. However, Healthy Families enrollees were more knowledgeable than Medi-Cal enrollees about the program in which they are enrolled. Non-enrollees were able to produce some correct answers but held some misunderstandings about eligibility and coverage.

Perceptions and beliefs about the programs

- Among survey respondents, most enrollees in both programs (98% in Healthy Families and 83% in Medi-Cal) said that they knew where to go to get questions answered.
- Non-enrollee survey respondents felt confused about eligibility and the program's features. Negative associations with Medi-Cal, contact with county social services, and skepticism about the quality of health care and the stigma of enrollment were impediments for many non-enrollees. This affected their perceptions of both programs.
- Most survey respondents believe these types of programs are or would be helpful for their children, regardless of current enrollee or non-enrollee status.

Barriers to applying

- The primary reasons that focus group participants had not applied for Healthy Families included: lack of awareness of the program and knowledge of its benefits, concerns that the application process would be lengthy and intrusive, an assumption of ineligibility, and a belief that the program would provide low-quality care. Reasons for not applying to Healthy Families overlapped with their reasons for not applying to the Medi-Cal program. Moreover, many participants believed that Healthy Families was simply a slightly different version of Medi-Cal.
- Concerns about being stigmatized by applying or in using the programs were voiced by the majority of focus group participants.
- Of the eligible non-enrolled, most survey respondents (86%) said the reason that they had not applied was because they didn't know enough about it to apply. Just nine percent had made a conscious decision not to apply.

Sources of information, ad recall, and reactions to media executions

- Focus group participants said that they and others would be more likely to apply for Healthy Families if they had access to more information about the program and help through community outreach efforts, personal assistance, and increased program promotion.
- Focus group participants wanted harder-hitting ads, ads in which a person like themselves addressed them directly. They also wanted more informative ads.

- Survey respondents most often named TV as the source through which they heard about the programs, but the next most mentioned sources were all interpersonal. Fifty eight percent said they remembered seeing an ad when asked. Most recall of specific ad content was somewhat vague although not inaccurate. For two ads in the mainstream media, nearly half thought they had seen it based on aided recall questions. The recall of ads among Spanish and Vietnamese language respondents was higher.
- Focus group participants were dubious about what they might gain from calling a toll free number. This seemed to reflect previous negative experiences with calling 1-800 numbers in general. Survey respondents were aware that there is a toll-free number, but few had tried to use it.

Suggestions for Outreach Strategies

Three themes emerged from focus groups to improve outreach strategies.

- **Community Outreach:** Use schools, group settings and more point-of-contact such as work site and places of worship for promotion and information about the program.
- **Personal Assistance:** Provide more and better personal assistance for the enrollment process and as a source of general information about the programs and eligibility requirements.
- **Increase Media Penetration:** Increase advertising, develop ad content that speaks more directly to eligible families and use more radio, which people listen to at work and throughout the day.

**WEB SITES WITH INFORMATION ABOUT
HEALTHY FAMILIES/MEDI-CAL FOR CHILDREN**

Exhibit 10

Web site Address	Host Organization	Description
http://www.healthyfamilies.ca.gov	Managed Risk Medical Insurance Board (MRMIB)	Web site designated for the Healthy Families Program (HFP), which provides: <ul style="list-style-type: none"> • General information and answers to frequently asked questions. • Downloads for application form, handbook, and help information. • Online information about on participating health plans and health care providers.
http://www.mrmib.ca.gov	MRMIB	Provides information and direct links to three health care programs under its administration: <ul style="list-style-type: none"> • Access for Infants and Mothers (AIM) • MRMIP • HFP <p>Also, provides frequently updated HFP enrollment data and reports on the HFP.</p>
http://www.dhs.ca.gov	California Department of Health Services (DHS)	Direct link: http://www.dhs.ca.gov/director/healthy_families/index.html This Web page provides details: <ul style="list-style-type: none"> • HFP Overview • State Plan • Education and Outreach • MRMIB
http://www.Medi-Cal.ca.gov	DHS	Provides information about Medi-Cal: <ul style="list-style-type: none"> • Provider Services. • Publications. • Electronic Data Interchange. • Related Sites (a link to the Healthy Families Web site)
http://www.insurekidsnow.gov	National Governors' Association (NGA)	<ul style="list-style-type: none"> • Advertises the NGA's "Insure Kids Now" • 1-877-KIDS NOW (1-877-543-7669) hotline and related Web sites. • Provide hyperlinks to each state's health insurance coverage program for children in working families.
Web site Address	Host Organization	Description

**WEB SITES WITH INFORMATION ABOUT
HEALTHY FAMILIES/MEDI-CAL FOR CHILDREN**

Exhibit 10

http://www.nga.org	NGA	Provides direct link (http://www.nga.org/Center/Activities/CHIP.asp) to the following documents that present concise reviews about various states' health care programs for children: <ul style="list-style-type: none"> • 1998 State Children's Health Insurance Program (CHIP) Annual Report • NGA supplement to the 1998 CHIP Annual Report
http://www.ca.gov	State of California	State of California Home Page Provides direct links to Healthy Families Web site, and to DHS's sites and other departments of the California Health and Human Services (CHHS) Agency under the "Health Care" sub-page.
http://www.cde.ca.gov	California Department of Education (CDE)	Provides links to the HFP Web site and the DHS Web site under CDE's Healthy Start sub-page.
http://www.cpta.org	California Parent Teacher Association	Provides information and a link to the HFP Web site under their Resource: Health sub-page.
http://www.csno.org	California School Nurses Organization	Provides a link to the HFP Web site under the School Nursing Links: Health Resources.
http://www.longs.com	Longs Drug Stores	Provides HFP/MCC information and a hyperlink to the HFP Web site on its "Inside Longs"/ "Promotion" sub-page.
http://www.californiahealthykids.org	CA Healthy Kids Resource Center	Provides a link to HFP Web site
http://www.acsa.org	Association of CA School Administration	Provides direct link to the HFP Web site under "CA Internet Resources for Educators" sub-page. Also provides a brief description of HFP.
http://www.csba.org		Provides direct link to the HFP Web site. HFP/MCC was placed as "Top Story" for the week on the home page twice during this fiscal year, and currently listed as a "feature." Policies, articles and other information related to HFP/MCC are also on the site.

GLOSSARY OF TERMS

AER	Annual Eligibility Renewal
AIM	Access for Infants and Mothers
CAA	Certified Application Assistant
CBO	Community-Based Organization
CDE	California Department of Education
CHHS	California Health and Human Services
CHIP	Children's Health Insurance Program
CPS	Current Population Survey
CSBA	California School Board Association
DHS	Department of Health Services
EE	Enrolled Entity
EDS	Electronic Data Systems
FFP	Federal Financial Participation
FPL	Federal Poverty Level
FY	Fiscal Year
H&K	Hill & Knowlton (Subcontractor)
HCFA	Health Care Financing Administration
HFP	Healthy Families Program

INS	Immigration and Naturalization Service
ITP	Invitation to Participate
LAUSDA	Los Angeles Unified School District
MCC	Medi-Cal for Children (federal poverty level programs)
MRMIB	Managed Risk Medical Insurance Board
NHF	National Health Foundation
NGA	National Governors' Association
PSA	Public Service Announcement
RFA	Request for Application
RHA	Richard Heath and Associates (Subcontractor)
RSE	Runyon, Saltzman & Einhorn (Prime Contractor)
SAG	Screen Actor's Guild
SPA	State Plan Amendment
UCLA	University California Los Angeles